

PUBLIC HEALTH ASSOCIATE PROGRAM (PHAP): Assessment of Quality and Value

CSTLTS Information Collection Request

SUPPORTING STATEMENT – Section A

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Table of Contents

Section A. JUSTIFICATION..... 3

- 1. Circumstances Making the Collection of Information Necessary Background.....3
- 2. Purpose and Use of the Information Collection..... 5
- 3. Use of Improved Information Technology and Burden Reduction..... 5
- 4. Efforts to Identify Duplication and Use of Similar Information..... 6
- 5. Impact on Small Businesses or Other Small Entities..... 6
- 6. Consequences of Collecting the Information Less Frequently..... 6
- 7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5..... 6
- 8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency..... 6
- 9. Explanation of Any Payment or Gift to Respondents..... 6
- 10. Protection of the Privacy and Confidentiality of Information Provided by Respondents.....6
- 11. Institutional Review Board (IRB) and Justification for Sensitive Questions..... 6
- 12. Estimates of Annualized Burden Hours and Costs..... 6
- 13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers.....7
- 14. Annualized Cost to the Government..... 7
- 15. Explanation for Program Changes or Adjustments..... 7
- 16. Plans for Tabulation and Publication and Project Time Schedule..... 8
- 17. Reason(s) Display of OMB Expiration Date is Inappropriate..... 8
- 18. Exceptions to Certification for Paperwork Reduction Act Submissions..... 8

LIST OF REFERENCES – Section A..... 8

LIST OF ATTACHMENTS – Section A..... 8

Section A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary Background

Background

The Centers for Disease Control and Prevention (CDC) is requesting approval for extension to the 0920-1078 Information Collection Request. This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241) (See Att. A Public Health Service Act). The Centers for Disease Control and Prevention (CDC) works to protect America from health, safety and security threats, both foreign and in the U.S.¹ CDC strives to fulfill this mission, in part, through a

competent and capable public health workforce. One mechanism to developing the public health workforce is through training programs like the Public Health Associate Program (PHAP).

The mission of the Public Health Associate Program (PHAP) is to train and provide experiential learning to early career professionals who contribute to the public health workforce.² PHAP targets recent graduates with bachelors or masters degrees who are beginning a career in public health. Each year, a new cohort of up to 200 associates is enrolled in the program. Associates are CDC employees who complete two-year assignments in a host site (i.e., a state, tribal, local, or territorial health department or non-profit organization). Host sites design their associates' assignments to meet their agency's unique needs while also providing on-the-job experience that prepare associates for future careers in public health. At host sites, associates are mentored by members of the public health workforce (referred to as "host site supervisors"). It is the goal of PHAP that following participation in the two-year program, alumni will seek employment within the public health system (i.e., federal, state, tribal, local, or territorial health agencies, or non-governmental organizations), focusing on public health, population health, or health care.

Efforts to systematically evaluate PHAP began in 2014 and continue to date. Evaluation priorities focus on continuously learning about program processes and activities to improve the program's quality and documenting program outcomes to demonstrate impact and inform decision making about future program direction.

The purpose of this ICR is to inform these evaluation priorities through the collection of information from two key stakeholder groups: host site supervisors and alumni. A description of each effort is below.

PHAP Host Site Supervisor Survey: data collected will assess host site supervisors' perspectives of PHAP's value to their agencies and gather suggestions for improvement to ensure the program is most effective in facilitating a meaningful host site experience (and overall PHAP experience) for all involved.

PHAP Alumni Survey: data collected will assess evidence of program outcomes, specifically documenting how many alumni are retained as members of the public health workforce, where alumni are employed, what topical and functional public health areas alumni support (e.g., chronic disease, infectious disease, survey, communications, etc.), to what extent alumni support the capabilities of public health agencies at the federal, state, territorial, local, tribal, and non-governmental organizational levels, and to what extent PHAP has influenced alumni career paths (if at all). If alumni are participating in educational programs or other endeavors, the survey will capture their activities.

Value of 0920-1078

These data collections have been instrumental in helping PHAP staff learn about these important stakeholder perspectives and have yielded results that describe quality, impact and value. Data have also informed program improvements such as refining the host site selection and matching process. Collection of this information moving forward will continue to meet these aforementioned purposes and allow for longitudinal evaluation of PHAP, giving program leadership opportunities to see how PHAP influences alumni career progression and contributions to public health overtime.

Overview of the Data Collection System

The information collection system consists of a web-based surveys (see Attachment B: PHAP Host Site Supervisor Survey, Attachment C: PHAP Alumni Survey).

Items of Information to be Collected

PHAP Host Site Supervisor Survey

The PHAP Host Site Supervisor Survey will gather information on host site supervisors' perceptions of PHAP's value to their agencies and their suggestions to improve the program. As PHAP is a two year program, the survey will be administered once every two years, to capture the perspectives of new supervisors as associates cycle in and out of the program. Surveys will be administered electronically; a link to the survey web site will be provided in the email invitation. The survey contains 25 items, consisting of both closed-ended and open-ended questions. The survey will contain logic to direct respondents to relevant questions.

PHAP Alumni Survey

The PHAP Alumni Survey will gather information on the status of alumni careers, career progression, and perceptions of how (if at all) PHAP has influenced alumni career paths. The survey contains 47 items and will be administered at three different time points (1 year post-graduation, 3 years post-graduation, and 5 years post-graduation) to PHAP alumni. Survey questions will remain consistent at each administration (i.e., 1 year, 3 years, or 5 years post-PHAP graduation). The language, however, will be updated for each survey administration to reflect the appropriate time period. For example, the survey administered at 1 year post-PHAP will ask alumni to reflect on their experiences within the past year; the survey administered at 3 years post-PHAP will ask alumni to reflect on their experiences within the past 3 years. Surveys will be administered electronically; a link to the survey web site will be provided in the email invitation.

The PHAP Alumni Survey will consist of both closed-ended and open-ended questions. The survey will contain logic to direct alumni to additional questions that are relevant to their current position status. For example, if an alumnus is currently employed, he/she will be directed to additional questions about his/her employment status. All alumni will be asked to provide information on their perceptions of PHAP and how (if at all) PHAP has influenced their career paths.

2. Purpose and Use of the Information Collection

The purpose of this ICR is to collect information from two key stakeholder groups (host site supervisors and alumni) to: a). learn about program processes and activities to improve the program's quality, and b). document program outcomes to demonstrate impact and inform decision making about future program direction. The results of these surveys may be published in peer reviewed journals and/or in non-scientific publications such as practice reports and/or fact sheets.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via web-based surveys allowing respondents to complete and submit their responses electronically. This method was chosen to reduce the overall burden on respondents. The information collection instruments were designed to collect the minimum information necessary for the purposes of this project.

4. Efforts to Identify Duplication and Use of Similar Information

Information concerning PHAP host site supervisors and alumni perspectives and activities have been collected previously through this approved ICR. The purpose of this extension is to continue these efforts, as PHAP is an active program requiring on-going learning of program processes and

outcomes to continuously improve quality and demonstrate value to inform program decision making.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this information collection.

6. Consequences of Collecting the Information Less Frequently

There are no legal obstacles to reduce the burden. The consequences of not collecting this information would be:

- Failure to systematically collect information to document evidence of the effectiveness, value and impact of the PHAP program.
- Limited guidance to the program on how to adjust and strengthen the PHAP program.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 60-day Federal Register Notice (FRN) was published in the Federal Register on 07/28/2020, vol. 85, No. 145, pp. 45434-45436. There were no comments received (see Attachment D.)

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The Privacy Act does not apply.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

This data collection is not research involving human subjects. No information will be collected that are of sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

Both instruments were pilot tested and previously deployed:

PHAP Host Site Supervisor Survey: The estimate for burden hours is based previous deployment of the web-based survey. The maximum time for completion, including time for reviewing instructions and completing the survey was 20 minutes; the minimum amount of time was 11 minutes. To generate the estimate for the burden table calculations, the maximum time was used (i.e., 20 minutes).

PHAP Alumni Survey: The estimate for burden hours is based on previous deployment of the web-based survey. In previous survey deployments, the average time to complete the survey, including time for reviewing instructions and completing the survey was approximately 7.5 minutes (range: 6-8 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 8 minutes) is used.

Estimates for the average hourly wage for respondents are based on the US Department of Labor (DOL) National Occupational and Wage Estimates for life, physical, and social science occupations.³

Based on DOL data, an average hourly wage of \$35.06 is estimated for all 1,000 respondents. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents

Data Collection Instrument Form Name	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
PHAP Host Site Supervisor Survey	PHAP Host Site Supervisors	400	1	20/60	133	\$35.06	\$4,663
PHAP Alumni Survey	PHAP Alumni	600	1	8/60	80	\$35.06	\$2,805
Totals		1,000			213		\$7,468

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no direct costs to the respondents other than their time to participate in each information collection.

14. Annualized Cost to the Government

The government costs include personnel costs for federal staff involved in project oversight, data collection, analysis, and reporting. The total cost to the federal government is \$7,839.

Table A-14: Estimated Annualized Cost to the Federal Government

Staff	Average Hours per Collection	Average Hourly Rate	Average Cost
GS-12, step 1 Health Scientist	160	\$38.73	\$6,197
GS-15, step 10 Associate Director	20	\$82.12	\$1,642
Total			\$7,839

15. Explanation for Program Changes or Adjustments

This is an extension to an existing approved information collection request. No edits or adjustments have been made.

16. Plans for Tabulation and Publication and Project Time Schedule

The following schedule will be followed for each data collection instrument.

Project Time Schedule

A.16 – 1 Project Time Schedule	
Activity	Time Schedule
Email invitation sent to respondents	Upon approval in accordance with data collection plan
Data Collection	Upon approval in accordance with data collection plan
Analyses	Approximately within 3 months of close of data collection
Report Developed	Approximately within 6 months of close of data collection: communicate to leadership, program, or stakeholders about results and recommendations for improvement or actions
Publication of Report	The project team will determine if this step is appropriate based on data analysis. If appropriate, finding will be submitted 6 months or more from close of data collection.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

Display of the OMB Expiration Date is appropriate for this information collection.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

LIST OF REFERENCES – Section A

1. Centers for Disease Control and Prevention. About CDC: Mission, Role, and Pledge. Accessed 08.02.17; <http://www.cdc.gov/about/organization/mission.htm>
2. Centers for Disease Control and Prevention. Public Health Associate Program. Accessed 08.02.17; <http://www.cdc.gov/phap/>
3. Bureau of Labor Statistics. May 2013 National Occupational Employment and Wage Estimates United States for Life, Physical, and Social Science Occupations. Accessed 08.02.2017; http://www.bls.gov/oes/current/oes_nat.htm

LIST OF ATTACHMENTS – Section A

Attachment A: Public Health Service Act

Attachment B: PHAP Host Site Supervisor Survey

Attachment C: PHAP Alumni Survey

Attachment D: Published 60 day FRN