

CDC Funded Recipient Experience Survey

STLT Generic Information Collection Request
OMB No. 0920-0879, exp. 8/31/2026

Supporting Statement – Section A

Date: April 26, 2024

Program Official/Project Officer

Brittany Argotsinger, MPH

Health Scientist

National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce
Centers for Disease Control and Prevention

1600 Clifton Rd NE, Atlanta, GA 30329

Table of Contents

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

1. **Purpose of the data collection:** This data collection will assess the experience of state, tribal, local, and territorial (STLT) health department officials that rely on CDC funding to implement essential public health services in their jurisdictions. Data will be collected to explore opportunities to improve services and support throughout the grants management lifecycle.
2. **Intended use of the resulting data:** Data generated from this collection will be used to identify opportunities for improvement in CDC systems and support related to the grants management lifecycle that can have the greatest positive impact on recipient capacity and funding outcomes.
3. **Methods to be used to collect data:** An optional, Web-based survey will be administered by a contractor using their secure survey platform.
4. **Respondent universe:** Respondents will be officials from STLT health departments or their delegates (n=2,000), who serve as the primary principal investigator or project director (PI/PD) for at least one domestic CDC cooperative agreement or grant, active as of December 2023.
5. **How data will be analyzed:** Quantitative variables (rating scales, multi-select) will be analyzed descriptively. Open-ended data will be analyzed qualitatively. All data analysis will be conducted under the advice of a CDC data analyst.

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This information collection is being conducted using OMB No. 0920-0879 “Information Collections to Advance State, Tribal, Local and Territorial Governmental Agency System Performance, Capacity, and Program Delivery” nicknamed the “STLT Generic.” The respondent universe for this information collection aligns with that of the STLT Generic. Data will be collected from an estimated total of 2,000 respondents across 475 state, local, tribal, and territorial (STLT) health departments and delegate organizations (bona fide agents; other units of local and state government responsible for essential public health services on behalf of their jurisdictions; and tribal-serving organizations that provide essential public health services to benefit affiliated Tribal Organizations or Tribal Governments). Respondents acting in their official capacities include primary principal investigators and project directors (PIs/PDs) for domestic CDC grants and cooperative agreements active as of December 4, 2023.

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service(s) of

- 1. Assess and monitor population health status, factors that influence health, and community needs and assets
- 2. Investigate, diagnose, and address health problems and hazards affecting the population
- 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- 4. Strengthen, support, and mobilize communities and partnerships to improve health
- 5. Create, champion, and implement policies, plans, and laws that impact health
- 6. Utilize legal and regulatory actions designed to improve and protect the public's health
- 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
- 8. Build and support a diverse and skilled public health workforce
- 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- 10. Build and maintain a strong organizational infrastructure for public health¹

The STLT Generic is managed by CDC's National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, also referred to as the Public Health Infrastructure Center (PHIC). PHIC's goal to strengthen public health infrastructure in the U.S. is advanced through partnerships with STLT health departments operating in a larger public health system, many of which rely on federal resources and related support to do their important work.

CDC provides around \$12 billion annually² to strengthen the U.S. public health system and ensure the availability of essential public health services in U.S. communities. However, little is known at an agency level about the experience of STLT partners during the grants management lifecycle. Even less is known about the extent to which non-monetary support from CDC during the grants management lifecycle affects STLT agency capacity to deliver the essential public health services they are funded to provide or the extent to which specific changes may improve this capacity.

To address this gap, PHIC's Office of Data Reporting and Evaluation (ODRE) proposes to conduct a new survey of STLT health department officials (primary PIs/PDs) and delegates concerning their experiences with CDC systems and support throughout the grants management lifecycle. Understanding and addressing the needs of funding recipients ("recipients") throughout the grants management lifecycle is critical to understanding and improving recipient capacity to use funds effectively. The purpose of this data collection is to assess the experience of CDC funding recipients and identify ways they can more effectively be supported as they use CDC grants and cooperative agreements to mobilize their communities, implement services, and expand organizational infrastructure in the jurisdictions they serve. The survey has been designed to help CDC understand important barriers that could impose unnecessary burden on STLT public health agencies, prevent efficient administration of funds, or hinder recipients' ability to achieve the goals of their award.

Past efforts to measure CDC recipient satisfaction and related improvement opportunities occurred in 2012 (“Technical Assistance and Service Improvement Initiative (TASII),” OMB No. 0920-0879, exp. 03/31/2014) and in 2020 (“CDC Project Officer Support: SHD Officials Assessment,” OMB No. 0920-0879, exp. 01/31/2021). These collections were narrower in scope (e.g., number and types of awards) and focus of assessment but have informed the present survey design.

For the proposed collection, CDC will contract with an outside vendor through an interagency agreement with the Department of Interior (IAA# 23FED2300209OE1). The identified contractor has led survey design efforts and will implement the Web-based survey with STLT agency officials using its secure survey platform.

Overview of the Information Collection System

Data will be collected from an estimated 2,000 state, tribal, local, and territorial (STLT) public health department or delegate respondents via a Web-based survey (**see Attachment A—Instrument: Word Version and Attachment B—Instrument: Web Version**). The instrument will be used to gather information from STLT health department officials (primary PIs/PDs) who have regular contact with CDC systems, project officers, and grants management specialists regarding the extent to which CDC support meets their needs throughout the grants management lifecycle.

The information collection instrument underwent cognitive testing with 9 recipients to refine questions for understanding. It was pilot tested by 6 public health professionals, with feedback from this group used to ensure accurate programming and skip patterns and establish the estimated time required to complete the information collection instrument.

Items of Information to be Collected

The data collection instrument consists of 97 main questions of various types, including 66 interval (rating scales) questions, 21 multiple choice questions, and 10 open-ended questions. The survey includes conditional branching, therefore the actual number of items to which participants respond will vary. Effort was made to limit questions requiring narrative responses whenever possible. The instrument will collect data on the following:

- Aspects of the application and award processes
- Monitoring and reporting requirements related to an award
- Training and technical assistance related to an award
- CDC communication efforts related to an award
- Aspects of partnership with CDC personnel
- Overall satisfaction and satisfaction compared with recipients’ expectations and ideals
- Future behaviors attributed to CDC support, including trust and capacity to achieve goals and objectives of funding
- Overall suggestions for improvement of CDC services and support
- Demographic information used for data segmentation during analysis

2. Purpose and Use of the Information Collection

The purpose of this data collection is to assess the experience of CDC funding recipients and identify ways they can more effectively be supported as they use CDC grants and cooperative agreements to mobilize their communities, implement services, and expand organizational infrastructure in the jurisdictions they serve. The survey has been designed to help CDC understand important barriers that could impose unnecessary burden on STLT health agencies, prevent efficient administration of funds, or hinder recipients' ability to achieve the goals of their award.

Resulting data will inform improvements to CDC systems and services that reduce recipient burden and contribute to recipient success. The information collected will assist CDC in its efforts to understand and effectively respond to the needs and concerns of its recipients. Findings also may be used to inform future contact with recipients as CDC works to strengthen and streamline its operations in support of improved recipient capacity.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a Web-based survey. This method was chosen to reduce the overall burden on respondents by minimizing time required to respond. The data collection instrument was designed to collect the minimum information necessary for the purposes of this project. The use of conditional branching (skip patterns) ensures respondents only answer relevant questions. Respondents can leave the survey and return later to complete it, allowing them flexibility to respond when most convenient.

To reduce survey length and response burden, respondents will not be asked to report variables available in CDC administrative data files. These include the following:

- Budget and/or project periods
- Grant or cooperative agreement funding type
- Funding source or amount
- Place of performance and geographic location of the recipient
- Recipient jurisdiction type
- Research or nonresearch award type

4. Efforts to Identify Duplication and Use of Similar Information

The proposed new data collection effort is unique in that it represents an agency-wide assessment of recipient satisfaction among a census of PIs/PDs from STLT health departments and delegate entities with active funding awards. It also presents an opportunity to characterize the recipient experience and CDC opportunities for improvement in ways not previously possible at the agency level, as it assesses the recipient experience across more domains of the grants management lifecycle than previously explored.

The information gathered through this data collection request is not available from other data sources or through other means nor does it duplicate any information currently being collected. Efforts to identify duplication and use of similar information included a comprehensive review of previous CDC and other federal agency surveys. While aspects of the current collection have been informed by previous surveys (“Technical Assistance and Service Improvement Initiative (TASII),” OMB No. 0920-0879, exp. 03/31/2014; “CDC Project Officer Support: SHD Officials Assessment,” OMB No. 0920-0879, exp. 01/31/2021), it is not duplicative of past efforts.

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

This request is for a one-time data collection. There are no legal obstacles to reduce the burden. If no data are collected, CDC will be unable to:

- Obtain agency-level information about the experience of STLT funding recipients throughout the grants management lifecycle for domestic cooperative agreements and grants.
- Identify the best areas to invest resources to improve recipients’ experience and capacity to achieve intended outcomes of funding awards.
- Improve the consistency and quality of CDC’s funding-related systems and supports.

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

There are no special circumstances with this data 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

This data collection is being conducted using the Generic Information Collection mechanism of the PHIC STLT Generic Information Collection Service (STLT Generic) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on January 23, 2023, Vol. 88, No. 14, pp. 3991-3992. One non-substantive comment was received; no changes were made to the generic clearance. Additional public comment periods are not required for project-specific data collection requests submitted under this generic clearance.

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the

same timeframe. In addition, an intra-agency advisory group with representation from all CDC Centers, Institutes, and Offices with eligible awards was formed to consult on survey content and ensure usefulness/use of findings.

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 to this data collection. STLT governmental staff and / or delegates will be speaking from their official roles. Data will be kept private to the extent allowed by law.

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

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

12. Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on a pilot test of the data collection instrument by 6 public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 16 minutes (range: 6–28). For the purposes of estimating burden hours, the average (i.e., 16 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for Social and Community Service Managers http://www.bls.gov/oes/current/oes_nat.htm. Based on DOL data, an average hourly wage of \$40.10 is estimated for all 2,000 respondents. Table A-12 shows estimated burden and cost information.

There will be a total of up to 2,000 respondents and 2,000 responses.

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
Attachment B –	Local health	500	1	16 / 60	133	\$40.10	\$5,333

Instrument: Web version	agency staff or delegates						
Attachment B – Instrument: Web version	State health agency staff or delegates	1275	1	16 / 60	340	\$40.10	\$13,634
Attachment B – Instrument: Web version	Tribal health agency staff or delegates	150	1	16 / 60	40	\$40.10	\$1,604
Attachment B – Instrument: Web version	Territorial health agency staff or delegates	75	1	16 / 60	20	\$40.10	\$802
	TOTALS	2,000	1		533		\$21,373

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 data collection.

14. Annualized Cost to the Government

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff and contractors to develop the data collection instrument, collect data, and perform data analysis. The total estimated cost to the federal government is \$84,720. Table A-14 describes how this cost estimate was calculated.

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

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Total Average Cost
Health Scientist – GS-13, Step 4: Protocol design, OMB package preparation, and quality assurance.	96	\$57.79 /hour	\$5,548
Health Scientist – GS-14, Step 10; Contractor oversight, project management.	80	\$80.71 /hour	\$6,457
Health Scientist – GS-15, Step 7: Strategic lead and project champion.	40	\$87.63 /hour	\$3,505
Contractor: Instrument development, Web- based survey programming, data collection, data cleaning and analysis, report preparation.	360		\$69,210
Estimated Total Cost of Information Collection			\$84,720

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Raw response data collected by the contractor will be stored in the contractor's secure online database. It will be linked to securely-shared administrative data (i.e., award characteristics) to support segment analysis prior to deidentification of the data. Deidentified all-response data will be transferred to the CDC project team using a secure, password-protected CDCPartners SharePoint site, and these files will be stored in secure, access-limited folders on the CDC project team's internal SharePoint site. No personally-identifiable information will be shared with CDC, and all data sharing will comply with guidance from CDC personnel with information technology security credentials.

Quantitative and qualitative analysis will be performed by the contractor. Respondents who began the survey but opted not to continue at any point prior to the end of the survey (i.e., partially completed) will be excluded from analysis. If a respondent was unable to answer a minimum number of questions (i.e., too often selected, "Not applicable" as a response), the respondent will be removed from the analysis and identified as a partial complete. For quantitative response data included in the analysis, the contractor will provide descriptive summary statistics overall and by key segments of the respondent pool (e.g., jurisdiction type, average award size, type of funding mechanism, funding divisions). Qualitative thematic analysis will be performed for all open-ended responses.

Results of the survey will be shared internally with CDC leadership and staff across the agency. To support use of results for improvement activities, summary findings will be shared across multiple internal agency channels, including but not limited to:

- PHIC intranet and SharePoint sites
- PowerPoint presentations to key internal audiences
- Factsheets and CDC Connects articles

Given the nature of the data collection in support of funding partnerships, summary findings and resulting recommendations will be shared with recipients and public health partners after the assessment is complete. Findings may be shared in the form of a public-facing report, webpage, webinar presentation, peer reviewed manuscripts, and/or content in other public health partner information channels. Care will be taken to ensure data are reported at a level and in a way that prevents individual respondent identification.

Project Time Schedule

- ✓ Design instrument (COMPLETE)

- ✓ Develop protocol, instructions, and analysis plan (COMPLETE)
- ✓ Pilot test instrument (COMPLETE)
- ✓ Prepare OMB package (COMPLETE)
- ✓ Submit OMB package (COMPLETE)
- OMB approval (TBD)
- Conduct data collection (Open 6 weeks)
- Code data, conduct quality control, and analyze data..... (3 weeks)
- Prepare summary report(s) (3 weeks)
- Disseminate results/reports (2 months)

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

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

- A. Attachment A – Instrument: Word Version**
- B. Attachment B – Instrument: Web Version**
- C. Attachment C—CDC Survey Prenotification**
- D. Attachment D—Survey Notification Email**
- E. Attachment E—System-Generated Survey Reminder Emails**
- F. Attachment F—Personal Survey Reminder Email**
- G. Attachment G—Final Project Officer Reminder Email**

REFERENCE LIST

1. Centers for Disease Control and Prevention (CDC). "The 10 Essential Public Health Services." [CDC - 10 Essential Public Health Services - Public Health Infrastructure Center](#). Accessed on 3/19/2024.
2. Centers for Disease Control and Prevention (CDC). *Office of Financial Resources (OFR): FY 2023 Assistance Snapshot at CDC*. <https://www.cdc.gov/funding/documents/fy2023/fy-2023-ofr-assistance-snapshot-508.pdf>. Accessed on 4/23/2024.