INFORMATION COLLECTIONS TO ADVANCE STATE, TRIBAL, LOCAL, AND TERRITORIAL (STLT) GOVERNMENTAL AGENCY AND SYSTEM PERFORMANCE, CAPACITY, AND PROGRAM DELIVERY

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SUPPORTING STATEMENT PART A

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- **Goal:** This is a three-year revision request for an approved generic clearance. The purpose of this generic clearance is to advance state, tribal, local, and territorial (STLT) governmental agency system performance, capacity, and program delivery.

- **Intended use of the resulting data:** Information will be used to assess situational awareness of current public health emergencies; make decisions that affect planning, response, and recovery activities of subsequent emergencies; fill CDC gaps in knowledge of programs and/or STLT governments that will strengthen surveillance, epidemiology, and laboratory science; improve CDC's support and technical assistance to states and communities.

- **Methods to be used to collect:** CDC will conduct data collections across a range of public health topics utilizing standard modes of administration including online, telephone, and in-person data collections.

- **The subpopulation to be studied:** The respondent universe is comprised of STLT governmental staff and delegates acting on behalf of a STLT agency involved in the provision of essential public health services in the United States. The STLT agency is represented by a local, state, tribal or territorial governmental entity or delegate with a task to improve the public's health.

- **How data will be analyzed:** Analysis will include descriptive and inferential statistics. Linking collected data to existing data sources by non-personal identifiers (state, county, city names, etc.) may be used to increase the overall utility of a proposed data collection. All data analysis will be conducted under the advice of a CDC statistician/data analyst.

Part A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary Background

The Centers for Disease Control and Prevention (CDC) is requesting approval for a revision to this "generic" clearance under the authority of Section 301 of the Public Health Service Act (42 USC Sec. 301 [241]) (Attachment A). The purpose of this generic clearance is to advance state, tribal, local, and territorial (STLT) governmental agency system performance, capacity, and program delivery.

Background

CDC's mission is to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. CDC seeks to accomplish its mission by collaborating with partners throughout the nation and the world to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training.

CDC priorities include addressing the leading causes of disease, injury, and disability in the United States. Approaches to improvements include: strengthening surveillance, epidemiology, and laboratory

science; health promotion and disease prevention across the lifespan; better supporting efforts in states and communities; and pursuing strategies that have an impact on the population's health. As such, CDC's relationship with STLT governmental staff and their delegates is key to its health promotion, disease prevention, and emergency preparedness responsibilities.

In 2011, CDC obtained OMB approval for a new generic information collection request (ICR) establishing a framework for expeditious approval of individual data collections designed to enhance STLT performance, capacity and program delivery (OMB no. 0920-0879). This framework characterizes the population from whom the data is to be collected and the methods typically used to collect the data, as well as the topics about which CDC usually collects such data. CDC submits a customized ICR to OMB for each project (also called a "GenIC"). The GenIC request includes the data collection instrument(s) and a supporting statement that describes the project's background, data collection goal, design, and sampling and analysis plans.

Circumstances underlying data collection will vary for each project. Examples of types of data collections include (but are not limited to):

- assessing STLT and delegate resource and program capacities
- identifying technical assistance needs
- assessing workforce development and training needs
- identifying resource needs and constraints within STLT programs
- assessing and developing communication tools to meet STLT needs
- informing quality improvement activities within CDC programs
- identifying strengths and barriers in STLT and CDC programs
- tailoring CDC products and services to STLT needs
- quick assessment of program impact
- prioritizing CDC program activities
- preparing and evaluating Health and Human Services (HHS) requests and CDC funding opportunity announcements
- developing policies and laws
- identifying issues of impact; data gaps and linking new or existing datasets
- supporting needs for current, time-sensitive information, and information relevant to specific priorities of HHS and CDC.

2. Purpose and Use of the Information Collection

The respondent universe is comprised of STLT governmental staff and delegates acting on behalf of a STLT agency involved in the provision of essential public health services in the United States. The STLT agency is represented by a state, tribal, local, or territorial governmental entity or delegate with a task to improve the public's health.

The scope of data collection is limited to responsibilities and duties of governmental staff or delegates acting in their official capacity in delivering essential public health services. Thus, individual data collections that require Institutional Review Board review are not covered. OMB will decline an individual data collection request if it includes respondents that are governmental staff or delegates with official tasks other than public health. The collection will include the following categories of STLT governmental officials: 1) state, tribal, local, and territorial governmental staff or delegate; and 2) local/county/municipal/city (herein referred to as local) government staff or delegate.

State, tribal, and territorial government agency staff or delegates are in a unique position to provide CDC with the information for a given jurisdiction concerning public health threats, status of public health infrastructure, and workforce and financing at state, tribal, and territorial levels. For that reason, CDC will collect data from that category if, for example, the assessment of the magnitude of a particular public health problem is needed (surveillance), or when assessment of the jurisdiction's capacity to respond to a particular health problem (assessment and performance management) is warranted, etc.

Local governmental staffs or delegates are at the forefront of public health service delivery and emergency response. Examples of data collections for that category may include, but not be limited to, assessment of their performance in provision of public health services, progress they are making in accreditation processes, new policy development initiatives, etc.

CDC conducts data collections across a range of public health topics related to essential public health services, using standard modes of administration (e.g., telephone, mail delivery of a paper form, web, e-mail, and in-person). Information will be used to assess situational awareness of current public health emergencies; make decisions that inform planning, response, and recovery activities of subsequent emergencies; fill CDC gaps in knowledge of programs and/or STLT governments that will strengthen surveillance, epidemiology, and laboratory science; or improve CDC's support and technical assistance to states and communities.

In general, CDC expects that these collections will be solicited from governmental staff or delegates, in an occupational category (e.g., all epidemiologists, food safety program manager, laboratory technicians or delegate, or to the subset of professional staff) for which a particular health problem is thought to be relevant. This collection of information will employ statistical methods for analysis as described in Supporting Statement Part B.

Data collections will gather information on administration, quality, quantity, improvement, inputs, activities, outputs, and outcomes related to delivery of essential public health services. Questions will be formulated around one or more of the three themes of the ten essential public health services listed below.

Assessment

- Monitoring health status to identify community health problems
- Diagnosing and investigating health problems and health hazards in the community
- Evaluating effectiveness, accessibility, and quality of personal and population-based health services

Policy Development

- Development of policies and plans that support individual and community health efforts
- Enforcement of laws and regulations that protect health and ensure safety
- Research for new insights and innovative solutions to health problems

Assurance

- Linking people to needed personal health services and assure the provision of health care when otherwise unavailable

- Assuring a competent public health and personal health care workforce
- Informing, educating, and empowering people about health issues
- Mobilizing community partnerships to identify and solve health problems

OMB will review and approve an individual GenIC in an expedited manner. However, if the specific information collection falls outside the scope of the generic clearance or is otherwise inconsistent with the terms of the generic clearance, OMB will return the proposed information collection to the agency for additional consideration or require that the full Paperwork Reduction Act (PRA) process be followed, including public notice and comment, for the review and approval of that information collection.

In general, CDC does not expect these collections to yield data that can be generalized but will produce needed information regarding important health topics that affect STLT public health issues. CDC expects to use these findings to understand better the range of experiences among STLT governmental staff or delegates, and as one of many inputs into decision making and/or program management or assessment.

3. Use of Improved Information Technology and Burden Reduction

Where feasible, data collections will be conducted using readily available and appropriate electronic modes of data collection, including web-based instruments, online focus groups, or telephone interviews. However, a broad range of information collection modes may be employed. Electronic technologies are preferred and will be used by many of the individual projects, however, the nature of some proposed activities requires in-person, direct interaction between respondents and project staff, especially in the case of qualitative interviewing and cognitive testing. Also, in cases when respondents do not have readily available access to electronic means of communication, a paper-based data collection mode may be implemented.

4. Efforts to Identify Duplication and Use of Similar Information

CDC recognizes and understands the fact that many collection requests are made to governmental health agencies and their delegates, and thus intends to use this generic clearance judiciously to ensure only the most relevant collections are undertaken and that they are not duplicative of other efforts. CDC will require the program to determine whether the information already exists. Prior to proposing a new data collection, the sponsoring program will conduct an extensive search for existing data collected by CDC or its partners to ensure there is no duplication of effort. It is important to note that CDC efforts under this generic clearance will not be duplicative of information collections already conducted by the Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), and other public health organizations.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection

6. Consequences of Collecting the Information Less Frequently

The purpose of CDC's request for this generic clearance is to ensure collection of data that is not otherwise available in current, time-sensitive or relevant formats to specific or emergent priorities of HHS and CDC. In some cases, existing data collections efforts may have several limitations that

necessitate need for a project-specific GenIC information collection that fills a gap or provides timely supplementary information. For example:

- Public health infrastructure data collections by CDC partners organizations (NACCHO) are conducted only every 2 years and thus have limited utility for CDC from the point of view of program monitoring and assessment, which usually require more frequent data collection.
- Existing data collections may lack specific elements or perspectives that are needed to plan and evaluate a CDC program or service relevant to the unique needs of STLT agencies.
- Data needed to characterize CDC investments in public health infrastructure through cooperative agreement mechanisms may not be collected on a routine basis.
- Data needed to respond to requests from HHS and Congress may not be available in currently active data collections of STLT government staff or delegates delivering essential public health services.

Specifically, without new or additional data collection facilitated through this generic there would be:

- No timely feedback regarding effectiveness of CDC's support and technical assistance to governmental public health agencies, which enable in-stride improvements to CDC's delivery of support and technical assistance to STLT partners.
- Less effective interventions and data-driven decisions that need to be often made between CDC and STLT governmental health agencies in an expedited manner during emergencies and disease outbreaks.
- Persistent gaps in other extant information collections, because of limited timing, content, or respondent focus, i.e., CDC will not be able to complement data collection activities of other entities.
- Limitations to effective and timely assessment of capacities of governmental agencies to fulfill their public health mission.

There are no legal obstacles to reduce the burden.

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 guidelines of 5 CFR 1320.5.

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

A 60-day Notice was published in the Federal Register on May 12, 2026, Vol. 91, No. 91, pp. 25882-25884 (see Attachment B). No public comments were submitted to CDC in response to the Federal Register Notice. There were no efforts to consult outside the agency.

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

Respondents (STLT government agency employees or delegates) will be speaking from their official roles. If asked to provide any identifiable information, it will relate to their official duties (e.g., title, professional email address). All identifiable information will be securely stored. In general, all findings will be reported in the aggregate with all identifiable information removed, or shared with permission. Information about privacy safeguards and any exceptions to the statements above will be submitted with each project-specific ICR.

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

This generic does not support research involving human subjects. The (non) applicability of IRB approval requirements will be documented for each project-specific information collection request. No sensitive personal information will be collected. Context and justification will be provided for any items that could be considered sensitive for STLT respondents or STLT delegates.

12. Estimates of Annualized Burden Hours and Costs

This generic is administered by the National Center for STLT Public Health Infrastructure and Workforce and is available for use by all CDC/ATSDR programs. The estimated annualized burden is 27,000 hours and the estimated annualized burden cost (adjusted, fully loaded) is $3,266,460. OMB approval is requested for 3 years. Over the 3-year period the total requested burden is 81,000 hours and the total estimated burden cost (adjusted, fully loaded) is $9,799,380. Detailed information about these estimates is provided below.

The burden is calculated based on the assumption of querying at most 100% of all available state, territorial (800) and county (3,000) health officials/employees and a representative sample of at most 100 municipal/city employees. An estimate of 800 is made based on 50 states, 8 territories, 575 federally recognized tribes, and additional room for various positions in health department (chronic diseases and conditions, laboratories, infectious diseases, etc.). CDC estimates that it will conduct up to 15 queries with state, territorial or tribal health officials/employees. This includes all state, local, government staff, the state programs, and the delegates. These are upper limit parameters assumed for the purpose of calculating total burden capacity for the generic clearance. The actual number of respondents in a data collection and number of responses per respondent will vary depending on the purpose of each individual GenIC request. The universe of respondents is described in section B.1.

Table A-12A: Estimated Annualized Burden Hours

Type of Respondent	No. of Respondents	No. of Data Collections per Respondent Type	Average Burden per Respondent (in Hours)	Total Burden Hours
State, Territorial, or Tribal government staff or delegate	800	15	1	12,000
Local/County/Municipal/ City government staff or delegate	3,000	5	1	15,000
Total				27,000

Respondents for STLT data collection may be individuals from a wide variety of occupational series. For the purpose of estimating burden cost, $60.49 was used as the average hourly base rate. This rate represents the mean of the following occupational categories (see U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics, Occupational Employment and Wage Statistics (May 2025)): Physician ($133.30); Epidemiologist ($47.06); Medical and Health Services Manager ($67.77);

Registered Nurse ($48.76); Clinical Laboratory Technologist ($32.38); Health Education Specialist ($35.23); Community Health Worker ($27.01); Computer and Information Systems Manager ($92.39).

Table A-12B: Estimated Annualized Burden Cost to Respondents

Type of Respondent	No. of Respondents	No. of Data Collections per Respondent Type	Total Burden Hours	Avg. Base Hourly Wage Rate	Wage Rate Multiplier*	Total Respondent Costs
State, Territorial, or Tribal government staff or delegate	800	15	12,000	$60.49	x 2	$1,451,760
Local/County/ Municipal/City government staff or delegate	3,000	5	15,000	$60.49	x 2	$1,814,700
Total			27,000	$60.49	x 2	$3,266,460

*A wage rate multiplier of 2 was applied to ensure the value represents a fully-loaded respondent burden cost that accounts for all applicable costs, such as benefits, overheads, and fringes.

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
There are no equipment or overhead costs. The only cost to the federal government is the salary of CDC staff (or contractors) supporting the data collection activities and associated tasks. GenICs will be prepared by contractors or CDC staff (FTE). An FTE manager will review all data collections. Usability teams will vary across CDC teams but typically an FTE and contractor will work together on data collection preparations, conducting the data collections, and analyzing data. Additionally, a senior-level FTE will typically review and approve the activities. The amount of time staff and contractors spend on data collections will vary depending on the number of participants for each data collection and the number of questions.

A maximum number of 20 data collections a year was assumed for estimation purposes (15 web-based and 5 in-person), although utilization may vary throughout the 3-year requested period of this Revision. These are higher end estimates based on the number of requests and cleared GenICs through this mechanism, as well as the number of inquiries that are received. The estimated annualized cost to the federal government is $116,883.60. Table A-14 describes how this cost estimate was calculated.

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

Federal Government Staff or Contractor	Average Hours per GenIC	Average Base Hourly Wage Rate	Wage Rate Multiplier*	Fully Loaded Average Hourly Rate	Average Cost per GenIC	Total cost per GenIC	No. GenICs per Year	Total Cost per Year
FTE-Generic coordinator (GS-13**)	3	$62.02	2	$124.04	$372.12	-	-	-
FTE-GenIC PI instrument preparation, data collection, data analysis (GS-13**)	20	$62.02	2	$124.04	$2,480.80	-	-	-
Contractor instrument preparation, data collection, data analysis (GS-12 equivalent**)	20	$52.16	N/A	-	$1,043.2	-	-	-
Average cost per information collection (web based)	-	-	-	-	-	$3,896.12	15	$58,441.80
Average cost per GenIC (in person)***	-	-	-	-	-	$11,688.36	5	$58,441.80
Estimated Total Average Annual Cost	-	-	-	-	-	-	20	$116,883.60

*A wage rate multiplier of 2 was applied to ensure the value represents a fully-loaded respondent burden cost that accounts for all applicable costs, such as benefits, overheads, and fringes.

**Mean of range for Atlanta-based FTEs (see OPM SALARY TABLE 2026-ATL).

*** It is assumed that the cost of in-person data collections will be 3 times higher than web-based.

CDC has assigned a Health Scientist to manage the Generic ICR. The position is housed in the National Center for STLT Public Health Infrastructure and Workforce (NCSTLTPHIW). GenIC data collection requests are managed by NCSTLTPHIW, the CDC Information Collection Review Office, the numerous and diverse CDC Program Officials, Project Officers, and Principal Investigators.

Each request will be closely reviewed by NCSTLTPHIW based on a predefined set of criteria to include but may not be limited to: 1) scope of request, 2) burden/impact at the respondent level, 3) relevance to

CDC priorities, 4) applicability of questions associated with STLT government staff or delegate roles and functions.

The ICR process will include but may not be limited to: 1) description of a sample (e.g., all 50 states or some sample); 2) description of need and purpose proposed work (or SOW); 3) sampling methods and the target respondent (e.g., food safety officer), 4) data collection instrument, 5) estimate of response burden, and 6) supporting documents.

15. Explanation for Program Changes or Adjustments

There are no proposed changes to the purpose or scope of the generic clearance, however, the requested number of responses and total burden hours will decrease by 50% based on CDC review of utilization of the generic clearance, and revised projection for future use. The annualized number of projects (project-specific ICRs, or GenICs) will decrease from 40 to 20; the annualized number of responses will decrease from 54,000 to 27,000 and the annualized burden hours will decrease from 54,000 to 27,000. The proposed reductions reflect a more realistic assessment of upcoming utilization of this generic, while still allowing for substantial utilization during a period of organizational change.

16. Plans for Tabulation and Publication and Project Time Schedule

Data collection will be ongoing throughout the approval period for the generic clearance. Each GenIC will include information about project-specific implementation plans.

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

CDC does not request exemption from display of the OMB expiration date.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.