

State Chronic Disease Prevention and Control Programs: Training Needs

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Section B – Information Collection Procedures

A. Respondent Universe and Sampling Methods

The respondent universe consists of state health department staff from the 50 states and the District of Columbia (DC) funded by CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). The total number of respondents will be 306 (6 per state and DC health department). The respondents will consist of 102 program managers (2 per state and DC), 102 program coordinators (2 per state and DC), and 102 health education specialists (2 per state and DC). These roles represent positions primarily funded by NCCDPHP cooperative agreements and those that are chiefly responsible for implementing strategies within NCCDPHP funding opportunity announcements (FOAs). Staff in these positions are the primary audience for trainings provided by NCCDPHP and often provide technical assistance to public health staff and partners, therefore these position types are critical to assess.

Respondents will be asked to identify their training needs related to NCCDPHP's core competencies for state health department chronic disease staff and the State Public Health Actions (1305) cooperative agreement.

Respondents will be identified by the state chronic disease director. As the lead of the chronic disease unit, the chronic disease director is best positioned to select respondents that possess diverse skills and represent varied chronic disease areas to ensure training needs of state chronic disease prevention and control program staff are accurately described. All respondents will be staff who work for state health departments and implement CDC chronic disease prevention and health promotion strategies and interventions.

B. Procedures for the Collection of Information

In the first stage of data collection, CDC Regional Team Coordinators will email the contact instrument (see **Attachment C— Contact Instrument**) to the state chronic disease directors who are responsible for program operations within the state health department chronic disease unit. The email will introduce the data collection, explain the procedures, and provide instructions for sending the names, title/positions, and email information for the selected respondent types (i.e., program manager, program coordinator, and health education specialist) that the director designates to answer the training needs assessment. Each Chronic Disease Director will identify two respondents per respondent type, totaling 102 program managers, 102 program coordinators, and 102 health education specialists.

The contact information obtained in stage 1 will then be used by ICF International, a professional services consulting firm, to contact the designated persons within each state health department to complete the training needs assessment instrument (total: 306 respondents). ICF will send the invitation email, including a link to the online needs assessment instrument (see **Attachment F— Invitation Email**), to the respondents. The notification email will explain:

- The purpose of the assessment, and why their participation is important
- Method to safeguard their responses
- That participation is voluntary
- The expected time to complete the assessment

- Contact information for the assessment team

The invitation email will also state instructions for participating and will provide a link to the online assessment and consent form. Respondents will be asked to submit their response to the instrument within a 2-week period to allow ample time for completion. Respondents may complete the assessment in multiple sessions, if necessary. Reminders will be sent at the beginning of the second week to non-respondents to urge them to complete the assessment (see **Attachment G—Reminder Email**).

Data from the web-based instrument will be downloaded, cleaned, and analyzed in Excel and SPSS version 20. Quantitative analysis will be conducted on all responses. Data will be analyzed in the aggregate and responses will not be connected to any individual respondent. Qualitative data will be analyzed using a thematic analysis of “other” comments written in by respondents to the survey.

C. Methods to Maximize Response Rates Deal with Nonresponse

Individuals will be sent an invitation email (see **Attachment F—Invitation Email**) with clear instructions about the needs assessment. All respondents will be informed about the estimated time it will take to complete the survey. A reminder email will be sent to those who have not completed the assessment during the second week of the assessment period (see **Attachment G—Reminder Email**).

Although participation in the assessment is voluntary, the project lead will make every effort to maximize the rate of response. The online assessment tool was designed with particular focus on streamlining questions by maximizing multiple choice options and minimizing the amount of “other” answer options thereby minimizing response burden.

D. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the Contact Instrument and Needs Assessment Instrument by 8 public health professionals.

Contact Instrument: The average time to complete the Contact Instrument, including reading the introductory email, reading the instructions, and completing the associated table with contact information took 4 minutes.

NCCDPHP State Health Department Training Needs Assessment: the training needs assessment was pilot-tested from the perspective of those who would complete the “basic” (sections 1 and 2) as well as the “enhanced” (sections 1-3) versions of the assessment. Time to complete the assessment, including reviewing instructions, gathering needed information and completing the instrument, are outlined below.

“Basic” (Sections 1, 2): Three of the eight public health professionals pilot-tested the assessment completing only sections 1 and 2. The average time to completion was 16 minutes (range 11-20 minutes).

“Enhanced” (Sections 1-3): Five of the eight public health professionals pilot-tested the assessment completing sections 1-3. The average time to completion was 21 minutes (range 11-30 minutes).

For the purpose of estimating burden hours, the upper limit of the range (i.e., 30 minutes) is used.

E. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

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LIST OF ATTACHMENTS – Section B

F. Invitation Email

G. Reminder Email