

From: Walker, Misha (Nikki) (CDC/CCEHIP/NCEH)
Sent: Thursday, August 24, 2006 11:48 AM
To: Conner, Catina (CDC/OD/OCSO); Gissendaner, Petunia (CDC/CCEHIP/NCEH)
Cc: OMB Clearance (CDC); Karr, Joan F. (CDC/OD/OCSO)
Subject: RE: OMB Questions regarding Helping to End Lead Poisoning package (0920-05AD)

Thank you for your comments. We chose to do a random sample of the larger population to minimize burden and cost to our respondents (and to CDC) but still gain scientifically valid and useful data from our research.

However, we will accept OMB's suggestion to sample the entire population of potential respondents. The revised burden and cost tables are as follows:

Burden Table:

Respondents	No. of Respondents	No. of Responses per Respondent	Average Burden Per Response (in hours)	Total Burden Hours
Targeted Medicaid Providers in Wisconsin (mailed questionnaire)	440	1	10/60	73
Targeted Medicaid Providers in Wisconsin (telephone follow-up): "Yes"	110	1	10/60	18
Targeted Medicaid Providers in Wisconsin (telephone follow-up): "No" or mailed.	550	1	2/60	18
Total	1100			109

Cost Table:

Respondents	No. of Respondents	Average Burden Per Response (in hours)	Average Hourly Rate	Respondent Costs
Targeted Medicaid Providers in Wisconsin (mailed questionnaire)	440	10/60	\$67	\$4913
Targeted Medicaid Providers in Wisconsin (telephone follow-up): "Yes"	110	10/60	\$67	\$1228
Targeted Medicaid Providers in Wisconsin (telephone follow-up): "No" no response via mail	550	2/60	\$67	\$1228
Total	1100			\$7369

Item	Annualized Cost
CDC Personnel - Salary (1/4 time)	\$10,000
Evaluation Specialist (1/4 time)	\$7,500
Epidemiologist (1/4 time)	\$7,500
Printing	\$3,000
Mailing	\$1,375
Up-front Incentives	\$1,100
Total	\$30,475

Please let us know if you have further questions or concerns.

Thanks you for your consideration.

Nikki Walker, MPH
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Lead Poisoning Prevention Program
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
770.488.7225

From: Conner, Catina (CDC/OD/OCSO)
Sent: Tuesday, August 22, 2006 9:48 AM
To: Gissendaner, Petunia (CDC/CCEHIP/NCEH); Walker, Misha (Nikki) (CDC/CCEHIP/NCEH)
Cc: OMB Clearance (CDC); Karr, Joan F. (CDC/OD/OCSO)
Subject: RE: OMB Questions regarding Helping to End Lead Poisoning package (0920-05AD)

Good morning Petunia and Nikki,

I had an opportunity to speak with John late yesterday afternoon and it seems he has a suggestion regarding the HELP package, I have added his statement below for your review. Please let me know how you would like to proceed by COB Thursday.

Re: responses to items 3 (power) and 4 (sample selection): It would seem that the basis for calculating study power would be the minimum difference in response that would be meaningful to CDC vis a vis key questions. Since CDC wants to look at differences in responses by provider type and other (urban/rural) variables, wouldn't it be better to send questionnaires to ALL providers who meet your minimum criteria (treat 50 or more Medicaid children), rather than just 400? Maximizing the sample will maximize the utility of your study by allowing more comparisons. (If CDC accepts the suggested change the burden tables and the cost estimates should be updated to reflect the new figures.)

Thank you and please let me know if you have any questions.

Catina Conner

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From: Walker, Misha (Nikki) (CDC/CCEHIP/NCEH)
Sent: Thursday, August 10, 2006 8:48 AM
To: Conner, Catina (CDC/OD/OC SO); Gissendaner, Petunia (CDC/CCEHIP/NCEH)
Cc: OMB Clearance (CDC); Perryman, Seleda (OS/RM)
Subject: RE: OMB Questions regarding Helping to End Lead Poisoning package (0920-05AD)
Importance: High

Good Morning Catina...

Here are our responses to the questions posed below. Please let me know if we need to provide additional information and what our next steps will be.

Thanks! << File: Responses_8906.doc >>

Nikki Walker, MPH
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From: Conner, Catina (CDC/OD/OC SO)
Sent: Tuesday, August 08, 2006 9:10 AM
To: Gissendaner, Petunia (CDC/CCEHIP/NCEH); Walker, Misha (Nikki) (CDC/CCEHIP/NCEH)
Cc: OMB Clearance (CDC); Perryman, Seleda (OS/RM)
Subject: OMB Questions regarding Helping to End Lead Poisoning package (0920-05AD)
Importance: High

Good morning,

I am forwarding on questions sent from John Kraemer regarding the latest submission of the above mentioned package. Please review all questions and respond to by Thursday afternoon OMB-DC is requesting a response by COB Thursday.

Questions

1) The 1st sentence on pg 3 "To date, funding for lead poisoning prevention services remains a critical issue for most state and local health departments." If this is the case, what type of additional insight will this survey provide?

2) What is the total number of Medicaid practitioners in Wisconsin (universe?) Will you stratify by urban and rural providers or large vs. small areas? If not, will you collect data on this aspect since it is likely to influence the response.

3) What is the basis of the sentence at the bottom of pg 9 "In order to have a significant power for the study we need 200 responses." What is this conclusion based upon? What type of a difference are you looking for?

4) How will CDC select the 400 providers to whom questionnaires will be sent? Does Medicaid produce a list of providers? If yes, will CDC stratify your sample by type of provider (nurse practitioner vs.. internal medicine doctor, for instance) since it is likely that attitudes differ among those with different training and different types of responsibilities? How will CDC deal with multiple providers from the same office (say two doctors or a doctor and a nurse?) in the random sampling process?

5) We do not find a data analysis plan. Please discuss how the specific data being collected by CDC will form the basis to promote effective strategies that promote lead testing? Please provide examples of how CDC would use specific responses - how this information provides utility.

6) Will there be an evaluation plan for the "effectiveness strategies" designed so that you will understand the value of implementing them elsewhere?

7) It seems like the questionnaire should collect information about: level of urbanization (question 2) and type of provider (question 4) if the sample will not be stratified based on these attributes. How about adding size of practice?

Please feel free to contact me, should you have questions.

Thank you

Catina Conner

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