

**Addendum to Supporting Statement – Section B  
for  
Evaluating Channels for Dissemination and Influencing Factors for  
Implementation of CDC’s Dental Infection Control Guidelines**

**0920-06BE**

***B3. Methods to Maximize Response Rates and Deal with Nonresponse***

With respect to actions we plan to maximize the survey response rate, first, we have sub-contracted conduct of the survey of dentists to the American Dental Association’s Survey Center. We anticipate that the dentists we sample will likely be most responsive to a survey conducted by their own professional association. The ADA’s Survey Center routinely conducts surveys of dentists and has gotten response rates as high as 85% for some of its surveys. This survey will be performed in the same manner as their other surveys and the survey and advance letter will carry the ADA logo on it. The questionnaire is intentionally short (4 pages) and has been designed to be its own envelope. It has the ADA return address and return postage paid pre-printed on it to make it easy for respondents to return. We will seek to achieve at least a 70% response rate (responses from 4,550 out of 6,500 sampled dentists).

In addition to employing the ADA Survey Center to oversee conduct of the survey, we have carefully planned the survey in an effort to maximize the opportunities for the sample dentists to respond. The data collection plan is discussed in some detail in Section B2 in the OMB document. Here is the plan in a nutshell. We will send *an advance letter* to all sampled dentists to explain the purpose of the survey and to stress the importance of responding to the topic of the survey. Approximately a week after sending out the advance letter, we will mail out *a cover letter and a questionnaire*. Two weeks later we will mail out *a thank you/reminder postal card* thanking persons who have responded and reminding those who have not to do so. Two weeks after that we will mail out *a second cover letter and questionnaire* to dentists who have not responded to the survey by that time. Two weeks later that will be followed by *a second thank you/reminder postal card*. The sequence of sending cover letters with questionnaires and thank you/reminder postal cards at two week intervals will be repeated with continued non-respondents for a third time.

The final reminder will be initiated two weeks after the third reminder sequence and consist of telephone prompts of continued non-respondents. We will make up to six calls to reach the non-responding dentist. Depending on whether we have achieved a 50% response rate by that point in the survey or not, the telephone prompting will be performed differently. In geographic areas (states or regions) with a sub-50% response rate, the telephone calls to dentists will be an effort to get the questionnaire completed over the telephone with a trained interviewer. Where the response rate is 50% or higher, the calls will be personal reminders to complete and return the questionnaires. If a dentist no longer has a copy of the questionnaire to complete, but indicates a willingness to complete one, we will mail out a fourth cover letter and questionnaire to that dentist.

Because we will have the ADA Survey center selecting the sample according to specifications developed by RTI, there will be some selected demographic (age, gender, etc.), geographic (state, region, etc.) and professional (years in practice, specialty, etc.) information collected from earlier surveys and ADA membership applications that will be available for the entire sample of dentists.

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This information will be used to perform a non-response analysis and to make weighting class (subgroup) adjustments for non-respondents, so that the analysis of the responding sample can be weighted to represent the entire population of dentists from which the sample was selected. Refer to Section B1 in the OMB document where we discuss in greater detail our plans for weighting and non-response adjustments.