

# Early Hearing Detection and Intervention Hearing Screening and Follow-up Survey

## Reinstatement with Change

of ICR 0920-0733

### Section B

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# B Collections of Information Employing Statistical Methods

## B.1. Respondent Universe and Sampling Methods

The respondent universe for the revised version of the ICR includes all 50 U.S. states, Washington D.C., and five U.S. territories (Guam, Puerto Rico, Saipan, Mariana Islands and the U.S. Virgin Islands) from the original ICR plus one additional territory, the Republic of Palau. This additional territory is being added because they are now actively engaged in newborn hearing screening activities. Due to the small universe size (N=57) and the intention to calculate regional statistics, states and territories will not be sampled.

Sampling Universe	
Type of Respondents	Number of Respondents
State and territory EHDI Program Coordinators	57

This proposed survey utilizes all the race and ethnicity classifications listed in OMB Directive No. 15 – *Race and Ethnic Standards for Federal Statistics and Administrative Reporting*. A space is provided where respondents can enter information about those individuals reporting multiple races. Respondents will be asked to specify the combination of race for those reported as multiple races.

## B.2. Procedures for the Collection of Information

A probability sample is not being used because this data collection is intended to target all U.S. states and six U.S. territories.

The information will be collected by CDC-EHDI via an online reporting form available on a secure website. As with the original ICR potential respondents in states and U.S. territories will receive an email that includes a request to complete the survey, related background information, a requested completion date, and a link to the online survey (Attachment 12). The information from the revised ICR will continue to be electronically placed into a secure database that has been specifically designed for this application.

Designated members of the CDC-EHDI team with training in this database will continue to be responsible for downloading information from the ICR database.

As with the original ICR, the data validation process for the revised ICR will include encouraging EHDI program personnel to view the information that is posted for their state or territory on the CDC-EHDI website. In addition, data from the National Center for Health Statistics about the number of live births and general population demographics will be used to help check the reasonableness of the data. Any states or territories that reported information that appears to be outside of expected limits will be contacted (Attachment 11).

Staff from CDC-EHDI with backgrounds in statistics will continue to be responsible for the collection, analysis, and summary of the data reported by respondents on the revised ICR. The experience of individuals responsible for working with the collected data includes both formal training in statistics and knowledge gained through the analysis of data from past surveys and the development of databases.

### **B.3. Methods to Maximize Response Rates and deal with Nonresponse**

Identified personnel within the 57 U.S. state and territorial EHDI programs will be sent an email requesting that they respond to the revised ICR (Attachment 12). The email will include a request to notify CDC-EHDI (the sender of the email request) if this message should be sent to another person within the state or territorial EHDI program. The information requested by this survey pertains to the key components of the EHDI process including: number screened for hearing loss, referred for and receiving rescreening and diagnostic evaluation services, identified with hearing loss, enrolled in intervention, and other related information.

Follow-up procedures for the revised ICR to ensure a high response rate so that accurate and reliable statistics can be generated will continue to involve a three step process. The first step is intended for all 57 potential respondents and involves sending an email one week prior to the requested completion date to remind respondents to please complete the survey (Attachment 13). The second step is designed to

occur three business days after the requested completion date and will be targeted towards those states and territories that did not respond. This email will remind respondents about the survey and indicate that although the requested due date has passed they are still encouraged to respond (Attachment 14). Step three consists of contacting the designated EHDl program personnel via telephone in those states and U.S. territories that do not respond within five business days after the reminder email sent in step two. Voice messages will be left when possible if the intended program person is unavailable. Follow-up calls will be made if there is no response to a voice message. If any of the potential respondents refuse to respond to the survey they will be asked for the reason(s) so these may be taken into account and possible accommodations made for the next time the survey is distributed (i.e., the following year).

The anticipated response rate for the revised ICR is 87% or more (i.e., at least 50 out of a possible 57 respondents). This is based on the response rate for the original ICR. Also, there are no indications from states and U.S. territories that they are planning to stop reporting EHDl-related data when requested.

#### **B.4. Test of Procedures or Methods to be Undertaken**

A pretest of the original ICR was conducted with 5 respondents from different state EHDl programs from the intended respondent universe (e.g., Colorado, Connecticut, Massachusetts, Minnesota, and Wyoming). In addition, the ICR was reviewed by representatives of the Directors of Speech and Hearing programs in State Health and Welfare Agencies (DSHPSHWA) and a member of CDC-EHDl who was formerly the manager of the EHDl program in New Jersey. Feedback about the design and content of this survey was positive from all respondents, with only minor suggestions related to phrasing and the addition of items. This feedback was incorporated into the original ICR that was approved by OMB in October 2006. Feedback from members of the proposed respondent group indicated that the proposed survey would have a high response rate as well as a minimal level of burden and a high degree of utility. Response rates of 87% or greater and positive feedback from respondents were accomplished for the original ICR.

Representatives of four state EHDl programs that included Colorado, Nebraska, New Jersey, and Wyoming reviewed the revised version of the ICR and provided comments. Based on the positive

feedback from these four states and the high response rate to the original ICR, it is expected that the revised ICR will also have high a response rate along with a minimal level of burden and a high degree of utility.

## **B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or**

### **Analyzing Data**

The following individuals were consulted on the statistical design aspects of the original ICR. Dr. Craig Mason was also consulted on the statistical design of the revised ICR.

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As with the original ICR the information from the revised ICR will be collected and analyzed by CDC-EHDI, within the CDC's National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability.