

SURVEYS OF STATE, TRIBAL, LOCAL, and TERRITORIAL (STLT) GOVERNMENTAL
HEALTH AGENCIES
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
SUPPORTING STATEMENT Part B

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Part B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1 RESPONDENT UNIVERSE AND SAMPLING METHODS

Respondent universe is comprised of state, tribal, local and territorial governmental officials/employees that are employed by any agency involved in provision of health services in the United States. It is difficult to define and anticipate the types of potential respondents due to the extreme diversity in health organization and management in different jurisdictions, but below are descriptions of the professions and organizations who have and could represent respondent universe in this generic submission:

- 1) State, Territorial, Local, or Tribal Officials (state health officer, chief state epidemiologist, head of state chronic disease prevention program, health communication specialist, state school commissioner, state emergency preparedness coordinator, etc.). (see examples of questions for that category of respondents in Appendix A, Section 4, State Agency Instrument)

- 2) Municipal/City Employees (head of city health agency, chief of emergency services, police, fire, members of local board of health, physician etc.). (see examples of questions for that category of respondents in Appendix A, Section 4, Local Agency Instrument)

B.2. PROCEDURES FOR THE COLLECTION OF INFORMATION

1. Statistical method for stratification and sample selection

For state, territorial, local and tribal officials/employees efforts will be made to conduct a census, i.e. include all jurisdiction representatives in the survey. This is doable due to limited number of state, territorial and tribal jurisdictions.

For county municipal/city health employees a similar census approach can be applied, especially if survey is conducted within one jurisdiction. For the surveys involving several counties/cities a random sample of respondents may be drawn from a population of county/city jurisdictions. For all categories of respondents self-selection can be acceptable sample selection method for focus groups, customer satisfaction surveys, routine communications etc.

Due to diverse nature of health delivery systems at state, territorial, tribal and local level, wide variety of issues facing public health and diversity of respondents CDC plans to use a wide range of information collection methods, including surveys administered using a variety of methods and focus groups. Each information collection method is described below.

Online Surveys. Online survey will be the principal method of data collection (See Supporting Statement A, Section 3.A)

Telephone surveys are particularly useful for maintaining high response rates and will be used to contact non-respondents. A list of non-respondents will be deducted from the

initial survey respondent list and trained interviewers contact them to administer a questionnaire over the phone.

In-person surveys, implemented in a central location or sometimes door-to-door by interviewers who canvass households or individuals living within a discrete geographic area to elicit information regarding certain topics or issues. In-person surveys will be used on limited basis, mostly for the same reason as telephone surveys (non-response).

Focus Groups. Focus groups serve as a particularly useful medium to collect information from respondents when rich, in-depth information regarding attitudes and reactions to products is desired. Focus groups traditionally take place in an in-person format, in which a moderator facilitates a discussion regarding a product, issue, or program. _

2. Estimation procedures

All data analysis will be conducted under the advice of a CDC statistician/data analyst, as needed and will involve estimation of descriptive statistics and regression analysis. 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.

3. Degree of accuracy needed for the purpose described in the justification

CDC conducts these information collections for the purpose of program monitoring, assessment and performance improvement. The use of scientifically sound sampling methods (census, random sampling, etc.) will ensure that CDC collects quality data to inform decisions about allocation of STLT resources and effectiveness of CDC programs and services. For that purpose, different sampling methods will be used for different categories of respondents as described in B 2.1

4. Unusual problems requiring specialized sampling procedures

Unusual problems requiring specialized sampling are expected to be rare and will be disclosed in individual generic requests.

5. Any use of periodic (less frequent than annual) data collection cycles to reduce burden

Use of periodic (less frequent than annual) data collection to reduce burden is possible for focus groups, one-time information requests, process evaluations and other types of non-systematic data collection. Use of periodic data collection will be encouraged and will be included as an individual item in generic data collection request form filed to OSTLTS.

B.3 METHODS TO MAXIMIZE RESPONSE RATES AND DEAL WITH NONRESPONSE

The following are the examples of the procedures that have proven effective in previous studies and will be used when possible to maximize response rates:

- Potential respondents will be informed about the importance of these studies and encouraged to participate through a variety of methods, including newsletters from professional associations or community organizations, and letters of support from key

individuals.

- When appropriate, a dedicated toll-free number will be established at CDC or a contractor's office to allow potential respondents to confirm a study's legitimacy.
- Interviewers will participate in thorough training sessions. Training topics will include strategies for engaging respondents, role playing, and techniques for fostering respondent cooperation and survey completion.
- For telephone interviews, outgoing calls that result in a disposition of no answer, a busy signal, or an answering machine will be automatically rescheduled for subsequent attempts.
- Respondents will be allowed several options for completing surveys (online or in-person or faxing back/ mailing completed surveys etc.). Follow-up e-mail, mail or phone contacts will be made to encourage participation.
- To minimize non-response rates, a phone or in-person interview will be arranged in case of non-response to initial web-based distribution of questionnaires.

B.4 TEST OF PROCEDURES OR METHODS TO BE UNDERTAKEN

Before each information collection is implemented, contractors under supervision of CDC FTE employee will pilot-test the instrument(s) and method of data collection. Lessons from the pilot test will be identified, and changes will be incorporated into the instrument and method, as necessary. All pretests will involve no more than nine individuals unless OMB clearance is sought for more than nine.

B.5 INDIVIDUALS CONSULTED ON STATISTICAL ASPECTS AND INDIVIDUALS COLLECTING

AND/OR ANALYZING DATA

The following individuals, among others, including contractors, who may be chosen to pre-test and conduct surveys, will be available to provide advice about the design of statistical and sampling procedures undertaken as part of these data collection activities:

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