SURVEYS OF STATE and TERRITORIAL ASTHMA PROGRAM EVALUATORS

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

SUPPORTING STATEMENT - Section B

Submitted: Monday, February 01, 2021

Program Official/Project Officer

Sheri Disler, Public Health Advisor Centers for Disease Control and Prevention Division of Environmental Hazards and Health Effects Air Pollution and Respiratory Health Branch 4770 Buford Hwy NE, MS F-58, Atlanta, GA 30341

Phone: 770-488-3713 E-mail: <u>SDisler@cdc.gov</u> Fax: 770-488-1540

Part B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

1. RESPONDENT UNIVERSE AND SAMPLING METHODS

The respondent universe is comprised of the 36 state, and territorial asthma program evaluators that are employed by any agency involved in asthma control activities in the United States funded under Program Announcement CDC-RFA-EH09-901 and designated as evaluator. The data collection efforts described in this proposal concern the entire universe of potential respondents. As collecting data from the entire population of respondents is feasible, a sampling strategy will not be employed.

Table B-1: Potential Respondent Universe

Entity	Potential Respondent	N
State Health	Asthma Program Evaluators	36
department		
	36	

2. PROCEDURES FOR THE COLLECTION OF INFORMATION

Data will be collected through a two-part online survey distributed to all individuals who comprise the respondent universe. Eligible respondents include the asthma program evaluator or other designated official of the asthma program performing evaluation activities (N=36). We anticipate only one survey response per state/district/territory. An introductory email notification (see Attachment D -**Introductory Email**) will be sent to all asthma program evaluators informing them of the planned survey, announcing the dates the survey will be administered, and proving relevant links to part 1 and part 2 of the survey. For Part 1 of the survey, the state/territory/district to which the responder provides evaluation services is identified. We do not ask for the state/territory/district for Part 2 of the survey, therefore, the response is completely anonymous. Both parts of the survey will remain open for a period of 28 days (20 business days) to allow ample time for respondents to complete the survey. Each of the surveys two parts must be completed in a single session. The time burden estimate of 30 minutes takes into consideration time to complete both parts 1 and 2. Reminder emails will be sent to evaluators in non-responder states to part 1 of the survey every five business days [seven calendar days] regarding the upcoming deadline for completion of the survey (see Attachment E - Reminders, Email Reminder). For any states who do not respond to part 1 of the survey, reminder phone calls will begin on business day 18 [calendar day 26] (see Attachment F - Reminders, Telephone Reminder). Reminders will only be used for non-respondents to part 1 of the survey. After data collection is completed, a follow-up email (see Attachment F - Follow-up Email) will be sent to the evaluators in each of the responder states to part 1 of the survey, thanking them for response and promising results of the survey by a specified date.

The survey will be administered one time and the data collected will be used to answer the following needs assessment and evaluation questions regarding the evaluation technical assistance provided by the Air Pollution and Respiratory Health Branch:

- 1. What needs for technical assistance are most frequently mentioned across state asthma program evaluators? Are these needs reflective of new areas that require technical assistance? (Part 1 of survey)
- 2. To what extent is the current evaluation technical assistance provided by APRHB meeting the needs of state asthma program evaluators? How can this assistance be improved upon? (Part 2 of survey)

3. METHODS TO MAXIMIZE RESPONSE RATES AND DEAL WITH NONRESPONSE

Advance notification (see Attachment D) and reminders via emails and telephone calls (see Attachment E) will be utilized to maximize response rates. The notifications and emails will be sent by the Team Lead of the NACP Evaluation Team to the potential respondents. The Team Lead or her designee will also make personal calls to non-respondents to encourage participation.

The purpose of this two part survey is to obtain feedback on technical assistance needs of asthma program evaluators, to assess how well the NACP Evaluation Team is meeting those needs, and how the provision of technical assistance may be improved upon. Higher response rates will yield more reliable information; however, no scientific inferences will be made.

4. Test of Procedures or Methods to be Undertaken

The web-based questionnaire (parts 1 and 2) was pilot tested by three CDC public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns and establish the estimated time required to complete the survey. It is noted, the time required to take the survey was 16 minutes for part 1, and 4 minutes for part 2. We rounded this total of 20 minutes up to 30 minutes for our burden estimate.

5. INDIVIDUALS CONSULTED ON STATISTICAL ASPECTS AND INDIVIDUALS COLLECTING

AND/OR ANALYZING DATA

The following individuals were consulted to provide advice about the design of these data collection activities:

Carlyn Orians
Research Leader
Battelle Centers for Public Health Research and Evaluation
1100 Dexter Avenue North, Suite 400
Seattle, Washington 98109-3598

tel: (206) 528-3320 fax: (206) 528-3550

Leslie A. Fierro, MPH
Independent Evaluation Consultant
SciMetrika
Air Pollution and Respiratory Health Branch
Division of Environmental Hazards and Health Effects
National Center for Environmental Health
Centers for Disease Control and Prevention
404-290-4482

Thomas Chapel, MA, MBA, Chief Evaluation Officer Centers for Disease Control and Prevention, 1600 Clifton Road, NE, MS E-67 Atlanta, GA 30333 (O) 404-639-2116 (F) 770-488-5971

The team of individuals working on this information collection, including instrument development, data collection, and data analysis will consist of members of the APRHB Evaluation and Community Interventions Team, as listed in Table B5.1

Table B5.1 Staff Responsible for Instrument Design, Data Collection and Analyses

	•	O /	•
Name	Agency	Telephone Number	Email
Sheri Disler	CDC/APRHB	770 488-3713	sdisler@cdc.gov
Maureen Wilce	CDC/APRHB	770 488-3721	mwilce@cdc.gov
Robin Kuwahara	CDC/APRHB	770 488-9660	rbk5@cdc.gov
Sarah Gill	CDC/APRHB	770 488-0782	sgill @cdc.gov
Amanda Savage	CDC/APRHB	770 488-0781	zqg8@cdc.gov
Brown			

The majority of data will be analyzed using basic descriptive analyses. Because the major purpose of this data collection is program improvement, APRHB does not anticipate needing to use complex statistical techniques.

LIST OF ATTACHMENTS - Section B

Note: Attachments are included as separate files, as instructed.

- D. Introductory e-mail
- E. Reminders
- F. Follow-up e-mail