

B. Collections of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

The respondent universe for this generic IC is made up of the public health professionals within the state, local, territorial, and tribal governmental officials/employees that are employed by any health departments that are impacted or potentially impacted by a specific public health emergency incident. Sampling of public health professionals within the state, local, territorial, and tribal governmental officials/ as the respondent universe will not be used. When statistical methods are employed in the collection of information, expert statistical assistance will be sought at CDC relating to sampling methodology and questionnaire design.

2. Procedures for the Collection of Information

Data collected under this generic *Epi-X ICR* will use a web-based tool. This tool already is established for the current IC and has been in use since 2003. It will be adapted as needed to accommodate the data collection instruments. Online survey will be the principal method of data collection. Respondents will receive the survey instrument as an official CDC email, which is clearly labeled, “*Epi-X* Emergency Public Health Incident Information Request” The e-mail message would be accompanied by a link to an *Epi-X Forum* discussion web page. Respondents could choose to provide their answers to the survey questions by posting information within the discussion.

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. Methods to Maximize Response Rates and Deal with Nonresponse

Non-respondents may be offered a second opportunity to reply, which is voluntary. Because of the cooperation of state, local, tribal and territorial governments and the general interest and concern surrounding public health emergencies and their responses, the Incident Management System (IMS) Associate Director for Science is responsible for obtaining response rates of at least 80%.

Efforts to maximize response rates and deal with non-response will be determined on a case-by-case basis for each submission. The following may be utilized to maximize response rates: a) informing respondents of what the study is asking, why it is being asked, who will see the results and how the results will be used, as well as discussing benefits from the results and how the findings will put to use and b) decrease the length of the data collection instrument while

still collecting the maximum amount of data. Respondents will be informed of how much time is involved in completing the study.

4. Test of Procedures or Methods to be Undertaken.

No test of procedures and methods is anticipated, because this generic information collection will be used to collect public health incident emergency response related information from state, local, territorial, and tribal governmental officials/employees.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Individuals collecting and/or analyzing data include system design architects, medical epidemiologists, program analysts, and health communications specialists, all CDC employees and contractors.

The IMS ADS will consult with CDC epidemiologists and statisticians.