

Assessment of Awareness and Use of Epidemiology and Analysis Program Office (EAPO) Products

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Program Official/Project Officer

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Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

The respondent population consists of state and territorial health officers; epidemiologist; public health information officers; and directors of infectious disease, chronic disease, injury prevention, and environmental health programs from state health departments in all 50 states and the District of Columbia, and five territorial health departments. Each of these seven categories of public health employee officials are included as target respondents because each is an important user group for one or more the EAPO products included in the assessment.

Each health department has a state or territorial health officer, a state or territorial epidemiologist, a public health information officer, and one or more program directors. In some instances, one individual fills more than one leadership role within a health department. As a result of variability in the organizational structure across health departments, the total size of the respondent population is 342. These individuals are the universe of respondents for this assessment. No sampling procedures are required as everyone in the respondent universe will be asked to participate in the assessment. Each individual, including those filling more than one role, will be asked to participate only once.

Contact information for state and territorial health officers was obtained from the Association of State and Territorial Health Officials (ASTHO), contact information for state and territorial epidemiologists was obtained from the Council of State and Territorial Epidemiologists (CSTE), and contact information for public health information officers was obtained from National Public Health Information Coalition (NPHIC). Contact information for program directors was gathered through collaboration with other Centers across CDC, and in a few instances, through state and territorial health department websites.

Table B-1: Potential Respondent Universe

Entity	Potential Respondent	N
State Health Department	State Health Officer	51
State Health Department	State Epidemiologist	51
State Health Department	Public Health Information Officer	50
State Health Department	Chronic Disease Program Director	49
State Health Department	Injury Prevention Program Director	47
State Health Department	Environmental Health Program Director	42
State Health Department	Infectious Disease Program Director	28

Territorial Health Department	Territorial Health Officer	5
Territorial Health Department	Territorial Epidemiologist	5
Territorial Health Department	Public Health Information Officer	5
Territorial Health Department	Chronic Disease Program Director	5
Territorial Health Department	Injury Prevention Program Director	2
Territorial Health Department	Environmental Health Program Director	0
Territorial Health Department	Infectious Disease Program Director	2
Total Universe of Potential Respondents		342

2. Procedures for the Collection of Information

Data will be collected through an annual online assessment administered to the respondent population. The online assessment is programmed using Qualtrics, a commercial off-the-shelf software application that is highly customizable, and includes advanced branching and validation features which allow for robust skip patterns. Such skip patterns will ensure that questions are relevant to respondents based on previous responses, and will reduce the response burden.

An email notification will be sent to the respondent universe with a link to the online assessment tool and instructions for completing it. The notification email (**Attachment I**) will explain:

- The purpose of the assessment, and why their participation is important
- Method to safeguard their responses
- That participation is voluntary
- The expected time to complete the assessment
- Contact information for the assessment team

The assessment will remain open for three weeks to allow ample time for respondents to complete it. Respondents may complete the assessment in multiple sessions, if necessary. An initial reminder email will be sent to non-respondents on day six of the assessment period (**Attachment J**), a second reminder email sent on day nine of the assessment period (**Attachment K**), and a final reminder will be sent on day 13 of the assessment period (**Attachment L**).

The assessment will be completed once annually, in 2013 and 2014 (by 03/31/2014). Data will be collected and stored within Qualtrics and maintained by Deloitte Consulting, LLC. Assessment data will be transferred to SPSS for data analysis. At the completion of this project, the raw data will be shared with CDC, with identifying information removed.

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the assessment is voluntary, the project team will make every effort to maximize the rate of response. The assessment tool was designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden. Reminder emails (**Attachments J, K, and L**) will be sent to those who have not completed the assessment at three points during the assessment period (day six, day nine, and day 13).

4. Test of Procedures or Methods to be Undertaken

The online version of the assessment tool was pilot tested by CDC employees who had experience working in state or local health departments or were familiar with at least one of the five products to be included in the assessment. The assessment tool was also pilot tested by one individual external to CDC but familiar with one of the five products to be included in the assessment. Pilot test participants were not involved in the development of the instrument, nor are they part of the respondent population. A pilot test questionnaire was developed to standardize feedback received from the pilot test participants. Pilot participants were asked to provide feedback on content (question wording and comprehensiveness of questions), layout (look and feel), and length. In addition, the contract assessment team conducted a functionality test to ensure all navigation buttons and skip patterns function as intended. The assessment instrument was refined based on feedback received from the pilot test.

The estimate for burden hours is based on a pilot test of the assessment instrument. In the pilot test, the average time to complete the assessment, including time for reviewing instructions, gathering needed information and answering the questions, was approximately 22 minutes. Based on these results, the estimated time range for actual respondents to complete the assessment is 20 to 25 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 25 minutes) is used.

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

The assessment instrument was designed by project consultants from Deloitte Consulting LLP (Deloitte) and the project leads from CDC's Epidemiology and Analysis Program Office, with input from the EAPO teams whose products are being assessed. Deloitte consultants will lead the collection and analysis of data. Statistical consultation will be provided by Deloitte's Survey Research & Analytics Center, as well as by the EAPO Associate Director for Science.

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LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

- I. EAPO Assessment notification message**
- J. EAPO Assessment reminder message one**
- K. EAPO Assessment reminder message two**
- L. EAPO Assessment reminder message three**