

**Assessing Effectiveness of the Brochure: “Local Health Departments and the NIOSH Health  
Hazard Evaluation Program: Working Together”**  
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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## Part B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

### 1. RESPONDENT UNIVERSE AND SAMPLING METHODS

The respondent universe is comprised of the 511 local health departments selected to receive the brochure “Local Health Departments and the NIOSH Health Hazard Evaluation Program: Working Together.” The departments were selected using the criteria described below.

We selected three regions of the country (based on the grouping of states used by the Occupational Safety and Health Administration to define their Regional Offices; see: <https://www.osha.gov/oskdir/region.html>) to cover different areas of the country, areas near NIOSH facilities, and areas with a variety of social and demographic characteristics. The selected areas are as follows:

- Region II, which includes New Jersey and New York
- Region IV, which includes Alabama, Florida, Georgia, Mississippi, Kentucky, North Carolina, South Carolina, Tennessee
- Region VIII, which includes Colorado, Montana, North Dakota, South Dakota, Wyoming, Utah

States can be characterized as having local health departments that are centralized (i.e., all are units of the state government), decentralized (all are units of local government), or mixed.<sup>1</sup> We chose to focus on the decentralized states because we believe they are less likely to be aware of the HHE program. Ten of 16 states in the target geographic areas are decentralized. These are as follows:

- Region II: New Jersey and New York
- Region IV: Georgia, Kentucky, North Carolina
- Region VIII: Colorado, Montana, North Dakota, Wyoming, Utah

For this data collection, the entire universe of potential respondents (i.e., those selected to receive the brochure) will be invited to participate, thus no further sampling strategy will be employed.

Entity	Potential Respondent	N
Local health department	health department director or designee	511
<b>Total Universe of Potential Respondents</b>		<b>511</b>

<sup>1</sup> Salinsky E [2010]. Governmental public health: an overview of state and local public health agencies. Background Paper No.77. The George Washington University. Washington DC.

## **2. PROCEDURES FOR THE COLLECTION OF INFORMATION**

Data will be collected through a one-time web-based instrument administered to 511 local health department directors or their designees. The web-based instrument will be made available through the CDC's Epi Info™ Web Survey System.

An initial email will be sent to Local Health Department Directors (**Attachment I**) delivering the PDF file of the brochure as an attachment (**Attachment F**) and informing them about the data collection. It will include a link to the online data collection instrument, instructions for participation, and information that explains:

- the purpose of the assessment, and why their participation is important
- the fact that no personally identifiable information is requested and that the responses are anonymous
- the time frame for the data collection
- that participation is voluntary, and
- contact information for the project lead.

The data collection will remain open for 15 business days to allow ample time for respondents to complete the data collection instrument. Respondents have to complete the instrument in a single session. Reminders will be emailed 7 and 12 business days after the delivery/invitation email (**Attachment J and K**).

## **3. METHODS TO MAXIMIZE RESPONSE RATES AND DEAL WITH NONRESPONSE**

The delivery/invitation email and two email reminders will be sent to each potential respondent to maximize response rates. The emails will be sent by the Branch Chief, Hazard Evaluation and Technical Assistance Branch, which administers the HHE program. They will explain the purpose of the brochure and data collection and why the respondent's participation is important. The emails will include contact information for answering any questions. 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 brochure was read and the data collection instrument was pilot tested on six CDC/NIOSH health professionals. The results were used to refine the questions and establish the estimated time for completing the data collection instrument. To read the brochure, the minimum time was 4 minutes, the maximum time was 5 minutes, and the median was 5 minutes. To complete the data collection instrument, the minimum time was 3 minutes, the maximum was 5 minutes, and the median was 3.5 minutes. A rounded value of 10 minutes was used to determine the total burden (5 minutes to read brochure, 5 minutes to respond to questions).

## **5. INDIVIDUALS CONSULTED ON STATISTICAL ASPECTS AND INDIVIDUALS COLLECTING AND/OR ANALYZING DATA**

The survey was designed by Allison Tepper, Branch Chief, Hazard Evaluations and Technical Assistance Branch, NIOSH/CDC, [alt0@cdc.gov](mailto:alt0@cdc.gov), 513.841.4425. Dr. Tepper is the principal investigator for the project. A contractor working in her branch will design the data collection instrument and handle the day-to-day activities related to data collection, analysis, and report writing. In developing the instrument, Dr. Tepper was assisted by Ms. Stefanie Brown, MA, Health Communications Specialist, NIOSH/CDC, [sbrown@cdc.gov](mailto:sbrown@cdc.gov), 513.222.2733. The names and email addresses for the 511 local health departments have been assembled using publically available on-line and print resources.

The quantitative data will be analyzed using basic descriptive analyses. Because the major purpose of this data collection is program improvement, we do not anticipate needing to use complex statistical techniques. The qualitative data will be reviewed by HHE Program managers.

### LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files, as instructed

- I. Invitation email
- J. Reminder email- day 7
- K. Reminder email- day 12