Assessing State and Local Clinical and Non-Clinical STD Prevention STD Services

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Section B – Data Collection Procedures

1) Respondent Universe and Sampling Methods

The respondent population consists of all state and directly-funded city-level STD program directors (CDC provides funds to these entities for STD prevention activities; the directly-funded cities include Chicago, San Francisco, Los Angeles, New York City, and other major cities). These respondents (n=65) will be identified by one of the organizations with which we are partnering for this data collection effort, the National Coalition of STD Directors (NCSD).

The data collection will also include a sample of city and county health officials with oversight of their respective STD programs. We included all cities and counties that were in the top 50 jurisdictions for primary and secondary syphilis, chlamydia, or gonorrhea by either rate or number of cases in 2010. This included 91 cities and counties, some of which were also included in the directly-funded group referred to in the previous paragraph. Staff at the National Association of County and City Health Officials (NACCHO) randomly selected additional cities and counties from respondents to their 2010 data collection {756 /id} to assemble a total sample of 301. The randomly-selected cities and counties were from the subsample of respondents who indicated they provided STD testing or treatment in their health departments.

The total data collection will include a universe of 366 potential respondents

Table B-1: Potential Respondent Universe

Entity	Potential Respondent	N
State and Directly-Funded City Health Department / NCSD Member	STD Program Director	65
City and County Health Department	STD Program Director	301
	Total Universe of Potential Respondents	**366**

2) Procedures for the Collection of Information

This data collection will be administered via a one-time Web-based instrument using the Qualtrics Web platform. Staff with the National Association of County and City Health Officials (NACCHO) will program the instrument into the Qualtrics interface and transmit the data to CDC. Unique data collection links will be used for respondents to help ensure that there will be no respondents outside the intended universe, and these links will also enable NACCHO staff to add public domain demographic information to respondents' data after they complete their so that respondents are not asked to provide such information (e.g., jurisdiction population and method of governance).

Respondents will be sent an invitation e-mail to open the data collection effort (**Attachment C**). This e-mail message contains a brief description of the data collection and the reason for requesting the information, as well as a unique link to the data collection.

3) Methods to Maximize Response Rates

The data collection will be open for 17 business days. The initial e-mail invitation (**Attachment C**) will request a response within 7 business days and explain the purpose for the data collection. A reminder after 7 business days (**Attachment D**) will request response within 5 business days, and a final reminder (**Attachment E**) will be sent at that time requesting a response. The final reminder will inform potential respondents that the data collection will be open for another 5 business days. Respondents are accustomed to receiving data collections associated with the two partnering organizations (NCSD and NACCHO) and both organizations typically have high response rates.

4) Test of Procedures or Methods to be Undertaken

Questions were drafted by a working group at CDC in a series of meetings (the time spent in drafting the instrument was included in the burden estimate in Statement A). The instrument was also reviewed by a senior assessment subject matter expert at CDC. The questions were put into a Web-based format by staff at NACCHO. The 5 pilot testers were taken from NACCHO (2) and NCSD (2) members, as well as CDC STD project officers (2). Pilot testers completed the data collection and provided feedback on specific questions that were ambiguous and needed minor rewording to be clear. For 5 questions, they suggested additional options that were needed in order to capture the universe of possible responses (questions 3, 4, 10, 24, and 35). These changes were made for the final version. The pilot testers also recorded the time it took them to complete the data collection and their reports were used to calculate the burden estimate (14 minutes on average, with a range of 10-20 minutes; the highest time was used for the burden estimate in Statement A).

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

The data collection instrument was designed by CDC staff together with input from staff at NACCHO and NCSD. The data will be analyzed at CDC. The primary contact at NACCHO is listed below along with the lead investigator at CDC.

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LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

C: Invitation e-mail message

D: First reminder e-mail message

E: Second/final reminder e-mail message