

Assessment of the STLT Health Department Data Submission Processes into BioSense 2.0

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

Of the 49 STLT health departments that currently possess a Data Use Agreement (DUA), ten that have completed the onboarding process will be selected for recruitment for this data collection. The selected health departments will have completed onboarding by the time of data collection. “Completion of onboarding” is defined as having submitted at least one data feed or all the targeted feeds for a given state or jurisdiction, depending on the type of onboarding. Health departments identified for recruitment which meet the onboarding completion criteria include state health departments in Missouri, Nevada, Louisiana, West Virginia, Montana, Alabama, Indiana, and Pennsylvania, and local health departments in Boston and Denver.

Out of the 10 health departments identified, seven will be selected to participate based on availability through 3/31/2014. Within each of these seven health departments, one Chief Epidemiologist and seven health information technology staff will participate in 90-minute focus groups. There will be one focus group for the onboarding and cost question sets respectively.

Table B-1: Potential Respondent Universe

Entity	Potential Respondent	N
STLT Health Departments	Epidemiologist	7
STLT Health Departments	BioSense Technical Staff	49
Total Universe of Potential Respondents		56

2. Procedures for the Collection of Information

Recruitment emails will be sent by RTI International, the contractor conducting the data collection (**Attachments L, M, and N**). If the STLT health departments are unresponsive, RTI International will send a maximum of two reminder emails (**Attachment O**).

STLT health departments will be invited to participate using the introductory email. A date and time acceptable to the STLT health departments for the information collection will be scheduled by the assessment team. RTI International will conduct an on-site visit, using the instruments to collect information from health officials.

The data collection system consists of the following items (see list of attachments below):

- Introductory email message according to type of data collection (i.e., Part 1 only, Part 2 only, and both Parts 1 and 2), including statements about the information collection request and a Paperwork Reduction Act statement alerting the STLT health department that participation is voluntary and providing the estimated respondent burden (**Attachments L, M, and N**)
- Reminder email message to STLT health department (**Attachment O**)
- Information collection instrument for Part 1 (**Attachment J**)
- Information collection instrument for Part 2 (**Attachment K**)

Once a STLT health department has accepted the invitation (**Attachments L, M, and N**) to participate in the data collection, the STLT health department's primary point of contact for BioSense 2.0 will be asked to schedule a half-day site visit with RTI International. In general, the information for onboarding and cost data collections will be gathered through key informant focus groups with STLT health officials involved in onboarding activities (**Attachments J and K**). Each focus group will last approximately 90 minutes. RTI will leverage existing BioSense 2.0 knowledge resources, including environmental scans, usage data, and reported statistics to minimize the STLT health departments' burden for participating in the data collection. All materials will be shared with respondents in advance. RTI will record the focus groups, with the permission of the STLT health departments, to ensure accurate note taking and transcription.

RTI will conduct content analysis using NVivo software in order to develop a set of a priority codes within each category and then compare the coding results within and across models to identify patterns. RTI will also develop new codes as they emerge from the data.

3. Methods to Maximize Response Rates Deal with Nonresponse

Potential participants will be contacted via e-mail a minimum of three times: 1) initial; invite; 2) reminder; and 3) final follow-up (**Attachments L, M, N, and O**). In some instances an alternative contact may be identified during this process. In those cases, the team will contact the alternate contact for the site using the same three steps listed above. Non-response will be handled by reviewing the list of eligible STLT jurisdictions, identifying an alternative jurisdiction, and soliciting a new jurisdiction to participate.

4. Test of Procedures or Methods to be Undertaken

After development of the questionnaires, internal subject matter experts performed a preliminary review of the questions in order to gauge and clarify appropriateness of the questions and the overall lines of inquiry. Subsequent to that review and corresponding revision, RTI performed a pilot test of the data collection instruments with the Kansas Department of Health and Environment (KDHE). The site included eight individuals for the focus group sessions. Both Parts 1 and 2 were completed.

Part 1 (onboarding data collection): KDHE's chief epidemiologist and three IT team members participated in a focus group to answer questions regarding their jurisdiction's experience with the onboarding process for BioSense 2.0. The average time to complete the focus group session, including time for reviewing instructions, gathering needed information and completing the data collection, was approximately 90 minutes per session. Questions regarding the onboarding process were refined based on feedback from the KDHE staff to improve the accuracy of terminology and question phrasing.

Part 2 (cost data collection): KDHE's lead for surveillance and three administrative staff members participated in a focus group session to answer questions regarding the cost associated with the onboarding process for BioSense 2.0. The average time to complete the group session, including time for reviewing instructions, gathering needed information and completing the data collection, was approximately 90 minutes. Questions were refined based on feedback from the KDHE staff to improve the accuracy of terminology and question phrasing.

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

There will be content analysis performed in order to ascertain the themes and patterns identified by the qualitative data collection results. Additionally, basic statistical analysis will be used to quantify the costs associated with the onboarding process. The contacts for data collection are Julie Zajac-Cox and Lucia Rojas-Smith.

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LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

Attachment L: Introductory email message- Technical onboarding process

Attachment M: Introductory email message- Costs associated with onboarding

Attachment N: Introductory email message- Onboarding process and associated costs

Attachment O: Reminder email message to STLT health department