

**Qualitative Information Collection on emerging diseases among the foreign-born in the
United States**

Request for OMB Approval of a “Generic Clearance” Data Collection

Statement B

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PART B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1. Respondent Universe and Sampling Methods

The respondent universe consists of foreign-born individuals in specific geographic areas (e.g., neighborhoods, cities, counties) in the United States. Foreign-born individuals include temporary and permanent immigrants, international travelers, and refugees settled in the United States. In 2011 there were approximately 40.3 million foreign-born people residing in the United States [1]. Each information collection will only target foreign-born individuals from a specific country(ies) of birth (e.g., Mexican-born) and within defined geographic areas (e.g., city of San Diego CA or DeKalb County GA).

For focus groups and key informant interviews, purposive non-probability sampling will be used to identify and recruit participants in accordance with the specific target population (e.g., country of birth, age, gender, ethnic group, language ability, occupation, education level) and purpose of the project. Eligibility criteria will be established for all focus group participants, and potential participants will be screened using a standard screening form. Focus group participants' recruitment will take place through collaboration with community-based organizations and other groups/methods including but not limited to: state and local health departments, on-site recruitment at various points of interest such as international ports of entry and ethnic events, and cultural and faith-based community organizations. Participants will be recruited among target community leaders and individuals working in organizations serving those communities and are familiar with community members' knowledge, practices, and beliefs about communicable diseases. Community members will also be recruited to participate in key informant interviews as experts on this subject matter. DGMQ local partners will be consulted to identify potential participants and participants will be contacted directly by DGMQ to set up the interviews.

As many as 300 and 125 respondents are anticipated to take part in focus groups and key informant interviews, respectively, each year.

Each proposed activity will submit an application for IRB review and approval, which will outline the procedures for participant selection and consent.

B.2. Procedures for the Collection of Information

Data collection will take place through focus group discussions and key informant interviews. All questions will be semi-structured and open-ended. Data collection will occur under the direction of a trained moderator or interviewer and with the assistance of an interpreter, as

needed (See Attachment F and G for a Sample Focus Group Discussion and Interview Guide). These discussions and interviews may take place in-person, through web-interface, or by telephone. The discussions and interviews may be audio-recorded and transcripts will be prepared from these recordings. Notes will also be taken during the discussions and interviews to ensure that records of the data collected exist in the case of audio equipment malfunction.

Each proposed project will submit culturally and linguistically appropriate tools for data collection (i.e., focus group and interview guides) in the statement provided to OMB. Discussion and interview guides will be piloted with less than nine people before approval from OMB is sought and focus groups are conducted to ensure appropriateness in generating the desired data. If needed, changes will be made to the guides. As many as 300 respondents in total may take part in one of the 30 focus groups per year for which we are requesting approval. Likewise, as many as 125 respondents may participate in key informant interviews per year.

Unusual problems requiring specialized sampling procedures

Unusual problems requiring specialized sampling are expected to be rare and will be disclosed in individual requests under this generic clearance.

Any use of periodic (less frequent than annual) data collection cycles to reduce burden?

Use of periodic data collection cycles, e.g. once over the approval term of the generic, for specific target sub-populations (e.g., Mexican-born) and geographic locations is likely for most information collections as part of this generic clearance. The periodicity of data collection will be described in each proposed project. Justification and description for more frequent data collection will be provided if it applies to the proposed project.

B.3. Methods to Maximize Response Rates and Deal with Non-response

The following are the examples of the procedures that have proven effective in previous studies and will be used when possible to obtain an adequate participation:

- Informing respondents of what the project is asking, why it is being asked, who will see the results, and how the results will be used, as well as discussing how respondents will benefit from the results and how the findings will be put into action (Attachment H).
- Using bilingual and bicultural interviewers and culturally and linguistically appropriate data collection instruments.
- A token of appreciation for a respondent's time and interest will be given to participants through the community based organizations in the form of a transportation or food token, child care assistance and/or a gift card.
- Addressing data security and confidentiality with respondents, since respondents who know their answers will not be linked to them in any way will be more likely to respond and more likely to provide truthful responses

- Minimizing the time needed for participation in the project.
- Informing respondents how much time the project will take so that they know what to expect.
- Utilizing deadlines, and follow-up calls or emails to remind respondents about the focus groups and encourage participation.
- Potential respondents will be informed about the importance of this project
- Collaborating to collect information with community-based, faith-based, and cultural organizations that serve the target populations.
- Obtaining support for information collections from trusted community leaders and gatekeepers in the target populations.

B.4. Test of Procedures or Methods to be Undertaken

DGMQ will implement strategies, e.g. use of validated instruments and pilot testing, to ensure that all information collection instruments and tools are linguistically and culturally appropriate for the populations targeted in each proposed project. The importance of utilizing culturally and linguistically appropriate instruments and procedures is well-documented and is an important aspect of designing and implementing DGMQ's activities and programs [2-6].

The use of previously validated focus group guides and information collection instruments will be encouraged, as appropriate. If previously validated instruments are not available or appropriate for a proposed project, then the instruments and methods of data collection will be piloted with less than nine people before focus groups are conducted to ensure its appropriateness in generating the desired data. If needed, minimal changes will be made to the guides. However, if significant changes are needed, OMB will be notified before data collection begins.

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

The following individuals, including contractors, who may be chosen to pre-test [review?] information collection instruments and tools and conduct information collections, will be available to provide advice about the design of statistical and sampling procedures undertaken as part of these data collection activities:

- Clive Brown, MBBS, Associate Director for Science, Division of Global Migration and Quarantine
- Nicole Cohen, MD, Associate Chief for Science, Quarantine and Border Health Services Branch, Division of Global Migration and Quarantine
- Christine Prue, PhD, Health Communication Specialist, Office of the Director, National Center for Emerging and Zoonotic Infectious Diseases

- Margaret Coleman, PhD, Economist, Office of the Director, Division of Global Migration and Quarantine
- Jianrong Shi, Statistician, Office of the Director, Division of Global Migration and Quarantine
- Mark Sotir, PhD, MPH, Lead, Surveillance and Epidemiology Team, Traveler's Health Branch, Division of Global Migration and Quarantine
- Hongjiang Gao, PhD, Statistician, Office of the Director, Division of Global Migration and Quarantine

DGMQ will determine if additional consultation is required and will report any consultants, as well as any individuals collecting and/or analyzing the data in the individual packages.

REFERENCES

1. US Census Bureau, 2011. American Community Survey, Selected population profile in the United States.
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_S0201&prodType=table (Retrieved 28 June 2013).
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3. Merry, L., et al., *Cross-border movement and women's health: how to capture the data*. International Journal for Equity in Health, 2011. **10**(1): p. 56.
4. Hendrickson, S.G., *Beyond Translation... Cultural Fit*. Western Journal of Nursing Research, 2003. 25(5): p. 593-608.
5. T. D'Alonzo, K., *Evaluation and revision of questionnaires for use among low-literacy immigrant Latinos*. Revista Latino-Americana de Enfermagem, 2011. **19**: p. 1255-1264.
6. Kilanowski, J.F. and E.S. Trapl, *Evaluation of the use of audio-enhanced personal digital assistants to survey Latino migrant farmworkers*. Research in Nursing & Health, 2010. **33**(2): p. 156-163.