

Supporting Statement B

**Early Hearing Detection and Intervention-
Pediatric Audiology Links to Services
(EHDI-PALS) Survey
OMB # 0920-0955**

Winnie Chung
Project Officer
Health Scientist
Division of Human Development and Disability
National Center on Birth Defects and Developmental Disabilities
P. (404) 498-6744
E. Wchung@cdc.gov

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B. Collections of Information Employing Statistical Methods

B.1. Respondent Universe and Sampling Methods

The respondent universe is estimated based on ASHA 2010 audiology membership survey⁶. Published survey data (available in ASHA.org) revealed:

Potential Sampling Universe	
Work Setting of Audiologists	Estimated Number of Audiologists
School	885
Colleges and Universities	770
Hospitals	2499
Non-Residential Health Care	4884

The above estimate includes the number of facilities who have already completed the approved data collection (OMB # 0920-0955) from last year. Currently, EHDI-PALS already has 892 facilities (as of 9-23-2013) in the database since the beginning of data collection. All 892 facilities' contact will receive an e-mail to remind them to review their original survey answers (see **Attachments 3, 3a**). It is estimated that approximately 800 audiologists will do so.

Both ASHA and AAA, being members of the EHDI-PALS workgroup will continue to disseminate a request through association e-newsletters or e-announcements to all pediatric audiologists who provide services to children younger than 5 who have yet to complete the approved data collection. The survey will be available via a secure password protected website. It is estimated that potentially an additional 400 new audiologists will complete the revised survey (see **Attachments 4, 4a**) which will average 9 minutes per respondent. The 9 minutes calculation is based on a previous timed pre-test with 6 volunteer audiologists. Over the past year, this method has proven very effective in reaching out to pediatric audiologists who provide audiologic service to children age 5 and younger who are our target respondents.

During the initial year of our data collection, we estimated potentially 2000 audiologists would read through the purpose statement of the original survey to decide whether or not to complete the survey and about 1500 audiologists would actually complete the survey. After 8 months of data collection, we have 892 audiologists who have completed the survey with a response rate of 59% (892/1500) which is far better than a typical survey response rate of 30%. Since this method has proven very effective in reaching out to pediatric audiologists, the same survey announcement and data collection method will continue to be used.

B.2. Procedures for the Collection of Information

As with the originally approved data collection (OMB # 0920-0955), this data collection is intended to target only pediatric audiologists who provide services to children age 5 and younger. State EHDI coordinators, AAA, and ASHA will continue to request through association e-newsletters or e-announcements to pediatric audiologists around the country to complete the survey through the secured internet portal, EHDIPALS.org. The notification message to audiologists who have not filled out the survey will contain a short summary of the purpose for the survey, the EHDI-PALS website address, and where the survey is located on the website.

Those 892 audiologists who have completed the originally approved survey from last year will be notified by a brief e-mail to remind them to review their previously submitted survey answers since their contact e-mail has been stored in the secured website. This brief e-mail alert will be auto-generated by EHDI-PALS workgroup member, University of Maine. (see **Attachment 6**). After an audiologist completes the approved survey or the yearly review, the types of services a facility can offer will be electronically isolated into a secure database that is accessible by password only. Only EHDI coordinators, CDC-EHDI team and University of Maine Centre for Research and Evaluation will have password accessibility to the raw data. CDC-EHDI team project officer will continue to collaborate with EHDI-PALS workgroup members to monitor the facility data, and will also encourage the EHDI coordinators to view and validate their state's facility data for any error or inconsistency in the secure website. EHDI-PALS workgroup member, University of Maine Centre for Research and Evaluation, will continue to be responsible for the analysis and maintenance of the data collected. The experience and knowledge of the individual(s) responsible for working with the data include statistics, data architecture, geocoding, website programming, and maintenance.

B.3. Methods to Maximize Response Rates

As with the originally approved data collection, the survey will open with a statement of purpose which is to quantify the pediatric audiology resource distribution within each state and allow parents and other providers to access the nearest audiology facility for children age 5 and younger. The purpose statement is located on page one of the survey.

For those who are have completed the approved data collection from last year:

A reminder e-mail will be auto-generated by University of Maine and sent to each facility's contact to remind them to review their survey answers. The survey answer page will also open with a statement of purpose to remind the audiologist the reason behind this data collection. The purpose statement is located on page one of the survey.

Procedures to ensure a high response rate include the following:

- University of Maine Centre for Research and Evaluation will program a flagging system to flag only those facility contacts who have failed to review their survey answers. This

will be done 3 weeks after the initial reminder e-mail. A 2nd reminder e-mail will be auto-generated to those who have been flagged.

- EHDl-PALS workgroup members AAA and ASHA will continue to notify audiology members who have not filled out the survey to complete the survey through association e-newsletter or e-announcement periodically. Over the past year, this method has proven very effective in reaching out to pediatric audiologists who provide audiologic service to children age 5 and younger who are our target respondents. During the initial year of our survey, we estimated potentially 2000 audiologists would read through the purpose statement of this survey to decide whether or not to complete the survey. About 1500 audiologists would actually complete the survey. After 8 months of data collection, we have 892 audiologists who have completed the survey which yielded a response rate of 59% (892/1500). This is far better than a typical survey response rate of 30%. Since this method has proven very effective in reaching out to pediatric audiologists, the same survey announcement and data collection method will continue to be used. Frequency of the notification will be left at AAA and ASHA's discretion.
- EHDl coordinators can also use the sample reminder e-mail programmed in the EHDl-PALS website to remind audiologists periodically if they have not completed the survey. Frequency of the reminder will be left at the EHDl coordinator's discretion.

The anticipated response rate is 30% for those who have not completed the survey. This is based on the response rate for a typical research recruitment. The anticipated response rate for those audiologists who only need to review their survey responses will be 90%.

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

EHDl coordinators, AAA and ASHA will administer the EHDl-PALS survey on-line via a secure website EHDl-PALS.org. To maximize response rates, EHDl coordinators will send reminder e-mails to pediatric audiologists to complete the survey. The reminder e-mails are programmed into EHDl-PALS website under the EHDl coordinator tool box. Frequency of the reminder will be left at the EHDl coordinators' discretion as they will have up to date information on the response rate and pattern accessible by password in EHDl-PALS website. AAA and ASHA will remind their audiology members to complete the survey through association e-newsletters. Presentations about EHDl-PALS project and survey will also take place during November 2013 ASHA and 2014 EHDl conferences. The anticipated response rate is about 30%.

While names of respondents will be known, respondents are not asked for personal information about themselves or about the infants they have seen. Survey respondents will only be asked for information about the facility's capability and capacity to provide audiologic care for children age 5 and younger, such as:

- 1) Facility type, facility address, phone number, and hours of operation.

- 2) Is the facility equipped to perform hearing test, hearing screening, hearing aid fitting and or cochlear implant services.
- 3) Types of insurance accepted and interpreter services available.

Participation in the survey is voluntary and respondents will be advised that only their facility information will be posted in a database accessible by parents and EHDI coordinators in the EHDI-PALS website.

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

The CDC EHDI team has collaborated with the following members of the EHDI-PALS workgroup on this data collection effort.

Michelle King
 Commission for Children
 Pathology
 with Special Health Care Needs
 310 Whittington Parkway, Suite 200
 Louisville, KY 40222
Michelle.King@ky.gov
 502-429-4430 ext. 322

Robert Fifer, Ph.D
 Director of Audiology & Speech-Language
 Mailman Center for Child Development
 University of Miami
 P.O.Box 016820
 Miami, FL 33101
rfifer@med.miami.edu
 305-243-2886

Allison Grimes, Au.D
 Clinic Manager
 Ronald Reagan UCLA Medical Center
 David Geffen School of Medicine @ UCLA
 200 UCLA Medical Plaza, Suite 540
agrimes@mednet.ucla.edu
 310-267-4650

Kathryn Beauchaine, M.A.
 Audiology Coordinator
 Boystown National Research Hospital
 555 North 30th Street
 Omaha, NE 68131
Kathryn.Beauchaine@boystown.org
 402-498-6621

Mary Pat Moeller
 Director, Center for Childhood Deafness
 Boys Town National Research Hospital
 555 North 30th Street
 Omaha, NE 68131
marypat.moeller@boystown.org
 402-452-5068

Christie Yoshinaga-Itano, Ph.D
 Professor
 University of Colorado
 SLHS, UCB 409
 Boulder, CO 80309
Christie.Yoshi@Colorado.EDU
 303-492-3050

Jackson Roush, Ph.D.,
 Professor and Director

Patricia Roush, AuD
 Director of Pediatric Audiology,

Division of Speech and Hearing Sciences,
CB 7190
3100 Bondurant Hall,
301 S. Columbia St.
Chapel Hill, NC 7190-27599
jroush@med.unc.edu
919 966 9467

UNC Hospitals
University of North Carolina School of Medicine
Chapel Hill, NC
proush@med.unc.edu
919-843-1396

Alan Diefendorf
Director of Audiology and Speech-Language
Pathology
Indiana University Medical Center
12222 Castle Court
Carmel, Indiana 46033
adiefend@iupui.edu
317-846-6055

Brandt Culpepper
[Rehabilitation Services Supervisor](#)
Northside Hospital
Dept of Audiology- 728
Atlanta, GA 30342
Brandt.Culpepper@Northside.com
404-851-6117

Anne Oyler
Associate Director, Audiology
Professional Practices
2200 Research Blvd, #305
Rockville MD 20850-3289
Aoyler@asha.org
301-296-5791

Pam Mason
Director, Audiology
Professional Practices
Rockville MD 20850-3289
PMason@asha.org
301-296-5790

Karen Munoz, Ed.D., CCC-A
Assistant Professor, Audiology
Associate Director, NCHAM
Utah State University
2620 Old Main Hill
Logan, UT 84321
Karen.munoz@usu.edu
435 797-3701

Craig Mason, Ph.D
Director
Center for Research and Evaluation
University of Maine
5766 Shibles Hall, Rm 312
Orono, ME 04469
craig.mason@maine.edu
207-581-9059

The following individual was consulted on the statistical design aspects of the EHDI-PALS facilities:

Craig Mason, Ph.D
EHDI Consultant
University of Maine, Orono
5717 Corbet Hall, Room 3
Orono, Maine 04469
Phone : 207-581-9059

E-mail: craig.mason@umit.maine.edu

Reference

1. American Speech-Language and Hearing Association. 2010 Audiology Survey- Private Practice. <http://www.asha.org>