

SURVEYS OF STATE, TRIBAL, LOCAL, and TERRITORIAL (STLT)
GOVERNMENTAL AGENCIES
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

SUPPORTING STATEMENT B

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Part B. Data Collection Procedures

1. RESPONDENT UNIVERSE AND SAMPLING METHODS

Respondent universe is comprised of state, tribal, local and territorial (STLT) governmental staff or delegate¹ acting on behalf of a STLT agency involved in the provision² of essential³ public health services in the United States. The STLT agency is represented by a local, state, tribal or territorial governmental entity or delegate with a task⁴ to protect and/or improve the public's health⁵.

The scope of data collection is limited to responsibilities and duties of governmental staff or delegate. There are many types of potential respondents due to the diversity in organizational structure and management approaches in different jurisdictions. The potential respondents include 800 State, Territorial, or Tribal government staff or delegates involved in the provision of essential public health services, and 3000 Local/County/City government staff or delegates involved in the provision of essential public health services. Although there is great diversity in health organization and management in different jurisdictions, below are descriptions of the professions and organizations that have and could represent respondent universe in this generic submission:

- 1) State, Territorial, or Tribal government staff or delegate acting on behalf of a STLT agency (state health officer, chief state epidemiologist, head of state chronic disease prevention program, health communication specialist, state school commissioner, state emergency preparedness coordinator, etc.)
- 2) Local/ County/ City government staff or delegate (head of city health agency, chief of emergency services, police, fire, members of local board of health, physician etc.).

2. PROCEDURES FOR THE COLLECTION OF INFORMATION

For state, tribal, local, and territorial government staff or delegate, efforts will be made to conduct a census, i.e. include all jurisdiction representatives in the assessment. This is feasible due to limited number of state, territorial and tribal jurisdictions. For data collections involving several counties/cities, a random sample of respondents may be drawn from a population of county/city jurisdictions. For all categories of respondents, self-selection is an acceptable sample selection method for focus groups, customer satisfaction, routine communications etc.

¹Delegate- a governmental or non-governmental agent (agency, function, office or individual) acting for a principal or submitted by another to represent or act on their behalf.

²Provision- the act of (directly or indirectly) planning, providing, or assessing services.

³Essential public health services- 10 services identified in 1988 IOM report.

⁴Task- actions, mission, services, functions or duties that benefit the public's health and not tied to the organization delivering the public health service.

⁵Public health- the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals.

The information collections will utilize standard modes of administration. These include:

- Online data collections will be the principal method of data collection
- Telephone data collections are particularly useful for maintaining high response rates and will be used to contact non-respondents. A list of non-respondents will be deducted from the initial data collection respondent list and trained interviewers contact them to administer a questionnaire over the phone.
- In-person data collections will be implemented in a central location or sometimes door-to-door by interviewers who canvass households or individuals living within a discrete geographic area to elicit information regarding certain topics or issues. In-person data collections will be used on limited basis, mostly for the same reason as telephone data collection (non-response).
- Focus Groups serve as a particularly useful medium to collect information from respondents when rich, in-depth information regarding attitudes and reactions to products is desired. Focus groups traditionally take place in an in-person format, in which a moderator facilitates a discussion regarding a product, issue, or program. _

a) Estimation procedures

All data analysis will be conducted under the advice of a CDC statistician/data analyst and will involve estimation of descriptive and inferential statistics. Linking collected data to existing data sources by non-personal identifiers (state, county, city names, etc.) may be used to increase the overall utility of a proposed data collection.

b) Degree of accuracy needed for the purpose described in the justification

CDC conducts these information collections for the purpose of program monitoring, assessment and performance improvement. The use of scientifically sound sampling methods (census, random sampling, etc.) will ensure that CDC collects quality data to inform decisions about allocation of STLT resources and effectiveness of CDC programs and services. For that purpose, different sampling methods will be used for different categories of respondents as described in B 2.1

c) Unusual problems requiring specialized sampling procedures

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

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

Use of periodic (less frequent than annual) data collection to reduce burden is possible for focus groups, one-time information requests, process assessments and other types of non-systematic data collection. Use of periodic data collection will be encouraged.

3. METHODS TO MAXIMIZE RESPONSE RATES AND DEAL WITH NONRESPONSE

The following are the examples of the procedures that have proven effective in previous studies and will be used when possible to maximize response rates:

- Potential respondents will be informed about the importance of these studies and encouraged to participate through a variety of methods, including newsletters from professional associations or community organizations, and letters of support from key

individuals.

- When appropriate, a dedicated toll-free number will be established at CDC or a contractor's office to allow potential respondents to confirm a study's legitimacy.
- Interviewers will participate in thorough training sessions. Training topics will include strategies for engaging respondents, role playing, and techniques for fostering respondent cooperation and data collection completion.
- For telephone interviews, outgoing calls that result in a disposition of no answer, a busy signal, or an answering machine will be automatically rescheduled for subsequent attempts.
- Respondents will be allowed several options for completing data collections (online or in-person or faxing back/mailing completed data collections etc.). Follow-up e-mail, mail or phone contacts will be made to encourage participation.
- To minimize non-response rates, a phone or in-person interview will be arranged in case of non-response to initial web-based distribution of questionnaires.

4. TEST OF PROCEDURES OR METHODS TO BE UNDERTAKEN

Before each information collection is implemented, contractors under supervision of CDC FTE employee will pilot-test the instrument(s) and method of data collection. Lessons from the pilot test will be identified, and changes will be incorporated into the instrument and method, as necessary. All pretests will involve no more than nine individuals unless OMB clearance is sought for more than nine.

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

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

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