# State, Territorial and Local Public Health Preparedness and Response Assessment for EbolaRelated Activities

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

# **Supporting Statement - Section B**

**Submitted:** 09/08/2014

# **Program Official/Project Officer**

Name: Tara Strine

**Title:** Special Advisor (Science)

CIO: Office of Public Health Preparedness and Response, Centers for Disease Control and

Prevention

Address: 1600 Clifton Road, NE, Mailstop D18, Atlanta, GA 30333

**Phone:** 404-639-4114

#### Section B - Data Collection Procedures

### 1. Respondent Universe and Sampling Methods

The respondent universe consists of the Public Health Emergency Preparedness (PHEP) Directors in 62 state, territorial and local health departments (50 states, 8 territories, and 4 cities) that receive funds through the PHEP Cooperative Agreement with direct knowledge of preparedness activities, acting in their official capacities and a sample of 200 local health departments. The 200 local health departments are a stratified sample selected by NACCHO. Eligible respondents are health department staff that serve in the role of Preparedness Director with appropriate knowledge of public health emergency preparedness and response.

We plan to ask NACCHO to develop the random sample of 200 local health departments (LHDs) excluding the 4 directly funded cities (Washington, DC; Los Angeles; Chicago; and New York City) from the sample. We will also exclude from the sample LHDs with jurisdictions serving populations less than 10,000 people. The final sampling frame will consist of 2,086 LHDs. The LHDs will be stratified by two key variables:

- Population size served: the size of the population served by the local health department, grouped by:
  - a) <50,000
  - b) 50,000 499,999
  - c) 500,000
- Geography: distribution across different regions of the United States, grouped by:
  - a) Northeast Connecticut, Maine, Massachusetts, New Hampshire, New York, New Jersey, Pennsylvania, Rhode Island, Vermont
  - b) Midwest Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
  - South Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
  - d) West Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

Because LHDs with large population sizes represent a relatively small portion of all LHDs, we will oversample these LHDs to ensure a sufficient number of responses for the analysis. Because we are monitoring uptake, we need to follow the same 200 LHDs over time (the ones randomly selected by NACCHO).

#### 2. Procedures for the Collection of Information

Data will be collected through a web-based assessment administered to the respondent population. To recruit participants, CDC will send respondents an email notification with a link to the assessment (**see Attachment D—Notification Email**). The assessment will remain open for three weeks to ensure respondents have adequate time for completion.

Email reminders will be sent to non-responders on weeks two and three of the assessment's open period (see **Attachment E—Reminder Email**).

## 3. Methods to Maximize Response Rates Deal with Nonresponse

Email notification and reminder emails will be sent to maximize response rates. An email reminder will be sent on weeks two and three of the assessment's open period (see **Attachment E—Reminder Email**).

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

The web-based assessment was pilot tested by 3 public health professionals. Feedback was used to refine questions, ensure the clarity of questions, and establish the estimated time required to complete the assessment. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 8 minutes. Based on these results, the estimated time range for actual respondents to complete the instrument is 6-10 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 10 minutes) is used.

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

Two CDC staff members will be responsible for majority of the data collection and analysis activities.

Name: Tara Strine

Title: Special Advisor (Science)

Phone: 404-639-4114 Email: <a href="mailto:tws2@cdc.gov">tws2@cdc.gov</a>

Name: Sara Vagi

Title: Senior Epidemiologist

Phone: 404-639-0879 Email: SVagi@cdc.gov

# LIST OF ATTACHMENTS - Section B

Note: Attachments are included as separate files as instructed.

- **D. Notification Email**
- E. Reminder Email