

State and Local Public Health Emergency Preparedness Capabilities: Practice-Driven Research Needs

OSTLTS Generic Information Collection Request

OMB No. 0920-0879

Supporting Statement – Section B

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Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

The respondent universe consists of the Preparedness Directors from 62 health departments (50 states, 8 territories, and 4 cities) and a sample of 200 local health departments. The 62 state, territorial, and city health departments are directly funded by the CDC Office of Public Health Preparedness and Response (OPHPR) through the Public Health Emergency Preparedness (PHEP) cooperative agreement. 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, or a designee with appropriate knowledge of public health emergency preparedness and response. The assessment link will be sent to the Preparedness Director, or a staff person in an equivalent role, at each health department.

NACCHO provided assistance by developing the random sample of 200 local health departments (LHDs). NACCHO excluded the 4 directly funded cities (Washington, DC; Los Angeles; Chicago; and New York City) from the sample. NACCHO also excluded from the sample LHDs with jurisdictions serving populations less than 10,000 people. The final sampling frame identified by NACCHO consisted of 2,086 LHDs. The LHDs were 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
 - c) 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, these LHDs were oversampled to ensure a sufficient number of responses for the analysis.

This is the first time that this data collection has been conducted, so there are neither data nor response rates from previous data collection on this topic. However, we have consulted with NACCHO and ASTHO, and based on their experience in surveying the target

populations, they anticipate a response rate of 50 percent for the data collected from the sample of LHDs, and a response rate of 80 percent for data collected from PHEP grantees.

2. Procedures for the Collection of Information

Data will be collected through a one-time, web-based assessment administered via Liberty to the respondent population. Eligible respondents are the Preparedness Directors at state, territorial, and local health departments or a staff member at the health department in an equivalent role, or a designee with appropriate knowledge of PHEP. ASTHO and NACCHO will send respondents an advance letter informing them of the upcoming survey (**see Attachment P—ASTHO Advance Email and Attachment Q—NACCHO Advance Email**). ASTHO will send the advance letter to the 62 state, territorial, and city health departments directly funded by OPHPR. NACCHO will send the advance letter to the sample of 200 local health departments. Following the advance letter, NORC will send an email notification via Liberty to all respondents with a link to the assessment (**see Attachment R—Notification Email for States and Attachment S—Notification Email for Locals**). The assessment will remain open for three weeks to ensure respondents have adequate time for completion. This will encourage a high response rate. Email reminders will be sent via Liberty to non-responders and those who have partially completed the survey (**see Attachment T—Reminder Email Non-response and Attachment U—Reminder Email Partial Response**). The reminders will be sent on day 7 and day 14 of the assessment open period.

3. Methods to Maximize Response Rates Deal with Nonresponse

Email notification and reminder emails will be sent to maximize response rates. A notification email will be sent by ASTHO and NACCHO encouraging Preparedness Directors at state, territorial, and local health departments to complete the upcoming survey (**see Attachment R—Notification Email for States and Attachment S—Notification Email for Locals**). NORC will send another email notification via Liberty that contains a direct link to the survey. Reminder emails will be sent on day 7 and day 14 of the survey only to those who have not yet responded to the survey and those that have partially completed the survey (**see Attachment T—Reminder Email Non-response and Attachment U—Reminder Email Partial Response**).

4. Test of Procedures or Methods to be Undertaken

The web-based assessment was pilot tested by two groups of public health professionals. Five Preparedness Directors at state health departments who are also ASTHO affiliates completed the pilot test. In addition, four professionals at local health departments who are also NACCHO affiliates completed the pilot test. Feedback from each group 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 survey, including time for reviewing instructions, by state health department respondents was 29 minutes. The average time to complete the survey by local health department respondents was 26 minutes. Based on

these results, the estimate time range for actual respondents to complete the survey is 15-40 minutes. Based on these results, the estimated time for actual respondents to complete the assessment is 30 minutes.

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

The data collection was designed by staff at CDC and contractors at NORC at the University of Chicago. NORC at the University of Chicago will collect the data. Staff at both CDC and NORC at the University of Chicago will analyze the data.

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LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

- P. ASTHO Advance Email**
- Q. NACCHO Advance Email**
- R. Notification Email for States**
- S. Notification Email for Locals**
- T. Reminder Email for Non-response**
- U. Reminder Email for Partial Response**