

## Supporting Statement B

Centers for Disease Control and Prevention (CDC) Secure Public Health  
Emergency Response Communications Network (Epi-X)

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## **B. Collections of Information Employing Statistical Methods**

### **1. Respondent Universe and Sampling Methods**

The respondent universe for this generic ICR is made up of the public health professionals within the state, local, territorial, and tribal governmental officials/employees that are employed by health departments that are impacted or potentially impacted by a specific public health emergency incident. Sampling of public health professionals within the state, local, territorial, and tribal governmental officials/ as the respondent universe will not be used. When statistical methods are employed in the collection of information, expert statistical assistance will be sought at CDC relating to sampling methodology and questionnaire design.

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

Under this generic *Epi-X* ICR, data will be collected using a web-based tool. This tool already is established for the current ICR and has been in use since 2003. It will be adapted as needed to accommodate the data collection instruments. Online survey will be the principal method of data collection. Respondents will receive a link to the survey instrument as an official CDC email, which is clearly labeled, “*Epi-X* Emergency Public Health Incident Information Request” The e-mail message would be accompanied by a link to an *Epi-X Forum* discussion web page. Respondents could choose to provide their answers to the survey questions by posting information within the discussion.

All data analysis will be conducted under the advice of a CDC statistician/data analyst, as needed 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.

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

Non-respondents may be offered a second opportunity to reply, participation, is voluntary.

Efforts to maximize response rates and deal with non-response will be determined on a case-by-case basis for each submission. The following strategies may be used to maximize response rates: a) informing respondents of what the study is asking and how it could improve health outcomes or the response, why it is being asked, who will have access to the results, how sensitive information or responses will be protected, and how the results will be used and disseminated, as well as discussing benefits from the results and how the findings will be put to use and b) decreasing the length of the data collection instrument and the extent of the burden of effort in the affected jurisdiction while still collecting the maximum amount of data. Respondents will be informed of how much time is involved in completing the study.

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

No test of procedures and methods is anticipated, because this generic information collection will be used to collect public health incident emergency response related information from state, local, territorial, and tribal governmental officials/employees.

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

Examples of CDC employees and contractors collecting and/or analyzing data include: system design architects, epidemiologists, program analysts, health scientists and health communications specialists.

Program will consult with epidemiologists and statisticians.