

Epi-Aid Satisfaction & Impact Assessment

OSTTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

Submitted: April 2, 2015

Program Official/Project Officer

Danice Eaton
Staff Epidemiologist and EIS Field Officer Supervisor
EWB/DSEPD/CSELS/CDC
1600 Clifton Road, MS E-92, Atlanta, GA 30333
404-498-6389 (phone)
404-498-6535 (fax)
DHE0@cdc.gov

Table of Contents

Section B – Information Collection Procedures.....	3
Respondent Universe and Sampling Methods	3
Procedures for the Collection of Information.....	3
Methods to Maximize Response Rates and Deal with Nonresponse.....	4
Test of Procedures or Methods to be Undertaken.....	4
Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data.....	4
List of Attachments.....	5

Section B – Information Collection Procedures

1. Respondent Universe and Sampling Methods

The online instrument will be used to gather information from the approximately 60 requestors of domestic Epi-Aids (state epidemiologists, territorial epidemiologists, and tribal chiefs) or their delegates (i.e., health authority) acting in their official capacities within state, tribal, and territorial (STT) health agencies. The estimate of 60 respondents is the upper end number expected based on the historical number of domestic Epi-Aids requested in 2012–2014 (50 in 2012, 50 in 2013, and 51 in 2014; see **Att. B. Domestic Epi-Aids**). No sampling procedures are required as everyone in the respondent universe will be asked to participate in the assessment. The respondent universe includes the STT health authority who provides overall STT leadership of the approximately 45 state, 5 tribal, and 10 territorial Epi-Aids in Fiscal Year 2015. The estimated number of state, tribal, and territorial Epi-Aids is based on historical numbers of domestic Epi-Aids requested by each entity in 2012–2014; during that time period the range of Epi-Aid requests annually from each entity was 39–43 (states), 2–4 (tribes), and 3–8 (territories) (see **Att. B. Domestic Epi-Aids**). The STT health authority lead is the State or Territorial Epidemiologist or Tribal Chief who requested the Epi-Aid, or their delegate within the STT agency.

2. Procedures for the Collection of Information

Data will be collected 3 months after the Epi-Aid team's departure from the field. Data will be collected through a one-time web-based assessment and respondents will be recruited through a notification email (see **Att. E—Notification Email**). The notification email will explain:

- The purpose of the assessment, and why their participation is important
- Method to safeguard their responses
- That participation is voluntary
- The expected time to complete the assessment
- Contact information for the assessment team

The email will also state instructions for participating and a link to the online assessment. The Survey Monkey online data collection tool will be used to develop the assessment instrument and gather the data. This will reduce the burden of subscribers by allowing them to take the assessment online at their own convenience and by allowing them to skip irrelevant questions. The assessment was designed to collect the minimum information necessary for the purposes of this project.

The initial notification email (**Att. E. Notification Email**) will be sent 3 months after the Epi-Aid Team's departure from the field. For Tribal Epi-Aids, in accordance with guidance previously received from OMB on communicating with tribal leaders, this notification email will be sent in the form of a letter mailed through the US Postal Service to notify the Tribal Chiefs of the information collection request.

Following completion of the field investigation component of the Epi Aid, CDC continues to support STT response efforts by assisting with interpretation of data, development of prevention and control recommendations, and the writing of a final report. By sending the initial notification email 3 months after the Epi-Aid Team's departure we can assess customer satisfaction with CDC's support during the entire investigation, and this will allow sufficient time for short-term impacts to be realized and documented. Respondents will be asked for their response to the instrument within a 2-week period to allow ample time for respondents to complete it. Respondents may complete the assessment in multiple sessions, if necessary. Reminders will be sent on the last week to non-respondents to urge them to complete the assessment (**see Att. F—Reminder Email**); non-respondents will be given an additional 2 weeks to respond following the reminder email. Note, for Tribal Epi-Aids these reminders will be sent in the form of a letter mailed through the US Postal Service, as already mentioned above.

Data from the web-based instrument will be downloaded, cleaned, and analyzed in Excel. Frequencies and bivariate analyses will be conducted for closed-ended questions when looking at responses across all respondents or by respondent characteristics. Open-ended questions on the instrument will be converted to text responses.

3. Methods to Maximize Response Rates and Deal with Nonresponse

Although participation in the assessment is voluntary, the project lead will make every effort to maximize the rate of response. The assessment tool was designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden. A reminder will be sent to those who have not completed the assessment during the last week of the assessment period (see **Att. F—Reminder Email**). Non-respondents will be given an additional 2 weeks to respond following the reminder email.

4. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the information collection instrument by 5 public health professionals. 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 10 minutes. Based on these results, the estimated time range for actual respondents to complete the instrument is 10 to 15 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 15 minutes) is used.

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

CDC staff will develop the assessment instrument and analysis plan, collect the data, analyze the data, document results, and development the OMB application package.

Danice Eaton, PhD, MPH

Lead, Field Support and Response Team
Division of Scientific Education and Professional Development
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-92
Atlanta, GA 30333
404-498-6389
Dhe0@cdc.gov

Linda Vo-Green, MPH, CHES
Health Scientist
Division of Scientific Education and Professional Development
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-92
Atlanta, GA 30333
404-498-0057
wuw9@cdc.gov

LIST OF ATTACHMENTS – Section B

Att. E Notification Email
Att. F Reminder Email