

State and Local Public Health Planners: Pandemic Preparedness Readiness

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

Submitted: 04/06/2015

Program Official/Project Officer

Emily Kahn, PhD, MPH, MA
Team Lead, Science Integration & Applied Research Team
Division of State and Local Readiness (DSLRL)
Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, MS D-18
Atlanta, GA 30329
Phone: 404-639-0669
Fax: 404-553-7852
Email: ebk9@cdc.gov

Table of Contents

Section B – Data Collection Procedures..... 3

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

LIST OF ATTACHMENTS – Section B..... 5

Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

Data will be collected from 62 Directors of the Public Health Emergency Preparedness (PHEP) cooperative agreement and up to 7 additional people designated by each PHEP Director to complete the 7 specific sections of the Pandemic Readiness Assessment as outlined below:

Pandemic Readiness	Anticipated Respondent
Contact Information Form	PHEP Director
Vaccination Planning (Section 1)	Immunization Coordinator
Epidemiology and Laboratory (Section 2)	State Epidemiologist and State Lab Director
Medical Care and Countermeasures (Section 3)	Strategic National Stockpile Coordinator OR Healthcare Preparedness Program Director
Healthcare Systems (Section 4)	Healthcare Preparedness Program Director
Community Mitigation (Section 5)	PHEP Director OR Epidemiologist
Public Information and Communication (Section 6)	Public Information Officer/Staff
Public Health and Immunization Workforce (Section 7)	PHEP Director OR Grant Manager

All respondents will be in state, local, and territorial health departments acting in their official capacities. The largest potential number of respondents will be 496 (8 questionnaires multiplied by 62 jurisdictions); however, in pilot testing, some respondents completed more than one section, which would result in fewer total respondents. Although there may be fewer total respondents, the number of actual responses will remain the same.

2. Procedures for the Collection of Information

The data collection system consists of two stages of web-based assessments:

1. In the first stage of data collection, CDC will send an email to all 62 PHEP Directors who are responsible for program operations in each of the awardee jurisdictions. The email will introduce the data collection, explain the procedures, and collect the names and email information for each person whom the PHEP director designates to answer each of the 7 sections of the pandemic readiness assessment (**see Attachment F—Contact Instrument**).
2. The contact information obtained in stage 1 will be used to identify the appropriate person(s) within each jurisdiction to complete each of the 7 subsequent assessment instruments. Respondents will be recruited through an invitation email, which will contain a link to the appropriate assessment tool (**see Attachment N—Invitation Emails**). The assessments will be programmed using the web-based tool, Vovici, which allows users to be able to save their work and come back to it on a later time. While the entire assessment (all

sections) will be sent to the PHEP Director for oversight and awareness, it is anticipated that each section will be completed by the appropriate jurisdictional subject matter expert working in conjunction with the PHEP Director (see Table on page 3 for anticipated respondents).

Once collected, data will be analyzed using Microsoft Excel and SAS to gather descriptive statistics, meaning the results will reflect generalizations about the sample group only and not the total STLT population.

3. Methods to Maximize Response Rates Deal with Nonresponse

Email notification and reminder emails will be sent to maximize response rates. Respondents will be asked for their response to the instrument within a 3-week period to allow ample time for respondents to complete it. Reminder emails will be sent on day 7 and day 14 of the assessment only to those who have not yet responded to the assessment and those that have partially completed the assessment, in order to maximize response rates (**see Attachments O and P**).

4. Test of Procedures or Methods to be Undertaken

The initial assessment was pilot tested by 9 PHEP Directors who serve on the Executive Committee of the Directors of Public Health Preparedness. The pilot testing was conducted to: 1) ensure that the questions asked are relevant to respondent pool; 2) ensure that all items are directly linked to the PHEP capabilities that are the framework for PHEP-funded activities; and 3) identify information that is already available through other data collections. During the pilot testing phase, we discovered that the PHEP Directors did not complete the entire assessment themselves, but rather sent sections to other PHEP and health department staff with more direct knowledge of content areas. Because of this, and other feedback given during a debriefing session, the decision was made to break the assessment into separate sections that could be sent directly to points of contact identified by the PHEP Director. In addition, pilot testing feedback was used to reduce the total number of questions, refine questions, ensure accurate programming and skip patterns, and establish the estimated time required to complete the assessment.

The estimate for burden hours is based on a pilot test of the data collection instrument. In the pilot test, the average time to complete the assessment including time for reviewing instructions, gathering needed information and completing the assessment, was approximately 2 hours for the Vaccination Planning assessment. Time to completion for the other assessment sections ranged from 5 minutes to 30 minutes. For the purposes of calculating burden hours for these instruments, the upper limit was used (i.e., 30 minutes).

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

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

Name: Emily Kahn

Title: Team Lead, Science Integration and Applied Research Team, ASEB/DSL

Phone: 404-639-0669

Email: ebk9@cdc.gov

Name: Todd Talbert

Title: Associate Director for Program Planning and Development, DSL

Phone: 404.202.6541

Email: TTalbert@cdc.gov

Name: Olga Nacalaban

Title: Consultant | U.S. Federal Government Services | Deloitte Consulting, LLP

Phone: 404.202.6541

Email: xje5@cdc.gov

LIST OF ATTACHMENTS – Section B

- N.** Invitation Emails
- O.** Reminder Email (Day 7)
- P.** Reminder Email (Day 14)