

# **Federally Unregulated Drinking Water Programs: Assessing Strategies Leading to Policy Change**

OSTLTS Generic Information Collection Request  
OMB No. 0920-0879

## **Supporting Statement – Section B**

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## Section B – Information Collection Procedures

### 1. Respondent Universe and Sampling Methods

The respondent universe for this assessment will consist of 18 environmental health (EH) practitioners from 6 state and county health departments (see **Attachment A–List of state and county health departments**) who participated in projects of two Environmental Health Services Branch (EHSB)-funded cooperative agreement water programs: the Environmental Health Specialists Network-Water (EHS-Net Water) and Private Well/Unregulated Drinking Water Systems (PW/UDWS). EHSB funded 4 state and 1 county public health departments as part of the EHS-Net Water Program (total funded = 5; 2010-2015) and funded 9 state and 2 county health departments as part of the PW/UDWS Program (total funded = 11; 2013-2015). Two (1 state and 1 county) health departments received funding from both the EHS-Net Water and the PW/UDWS Programs.

Of the 14 total state and local health departments that were funded by the EHS-Net Water Program and the PW/UDWS Program, 6 (4 state and 2 county) were selected for inclusion in this study. To select these 6, EHSB and CLS staff conducted a thorough review of available documentation (e.g., proposals, interim and final reports, and presentations) to determine which grantees proposed to or did address policy as a part of their project activities. In addition, they identified findings related to the development or amendment of policy during the grantees' projects. CLS and CDC staff selected 9 of the 14 previously funded grantees that had addressed safe drinking water policy in their jurisdictions during the course of their cooperative agreements. After further review of these 9 grantees' work, CDC and CLS chose the 6 grantees that offered the best potential to provide information describing the need for policy change and the most diversity in how they developed and implemented policy. The sample for this information collection is purposive. Participants were selected based upon the fact that they had a key role in the planning, design, and conduct of the above projects and/or possess knowledge and expertise in addressing policy change in their local safe drinking water programs.

CLS staff will interview 3 EH practitioners from each of the 6 state and county health departments who participated in projects of the CDC-funded EHS-Net Water and PW/UDWS cooperative agreements, acting in their official capacities. The 3 EH Practitioners include the EH Director, the principal investigator (PI) of the project, and an EH practitioner, designated by the EH director, who participated in the project.

We anticipate a response rate of 100%. Should any of the EH practitioners decline or are not available, CLS will request that the EH Director nominate other safe drinking water program staff members who played an essential role in the drinking water projects to participate.

Investigators acknowledge that the sample size (n=6) is small and results cannot be generalized. The purpose of the information collected is not to develop or influence policy, but rather to learn from the experiences of the six sites. Specifically, investigators aim to understand the differences and nuances of how policy is developed and used at STLT health departments in relation to water projects focusing on federally unregulated drinking water sources. Investigators will use the data collected to develop "how to" guides for other STLT health departments, outlining examples of water projects, focusing on federally unregulated drinking water sources, and their relationship to policy at the six sites. Although the sample size (n=6) is small, investigators believe other STLT health departments will benefit from learning from the

experiences of these six sites, as they may be able to replicate safe water interventions in their own jurisdictions. Additionally, investigators will use the data collected to assess strategies that were successful in addressing safe drinking water policies in these two cooperative agreements (EHS-Net Water, PW/UWDS) and inform future CDC guidance on the delivery of essential environmental public health services of STLT drinking water programs.

## 2. Procedures for the Collection of Information

Information will be collected through one-time in-person interviews using an open-ended interview guide containing 14 questions (see **Attachment B—Interview Guide**). An introductory and invitation email (see **Attachment C—Invitation Email**) will be sent to the 6 EH Directors from the 6 selected state and local health departments (see **Attachment A—List of state and county health departments**). The invitation email will explain the purpose of the collection of information and methods to safeguard responses. It will also provide contact information for the CLS assessment team and include a request to identify 2 additional EH practitioners from their respective programs who would be appropriate to participate in the interviews as well. The letter will suggest that the two additional participants include the PI of the project, an EH practitioner who worked on the EHSB-funded project or other drinking water program staff. The email will also provide instructions for participating and will include the information collection instrument for their review and preparation in advance of the interview.

Following the invitation e-mail, the EH Directors and practitioners will have 2 weeks to schedule their in-person interview place, date and time (see **Attachment D: Scheduling In-Person Interview Email**). Those who do not respond within the 2-week timeframe will receive a telephone reminder call from CLS staff to encourage participation. Once the interviews are scheduled, participants will receive a confirmation email (see **Attachment E: Confirmation Email**) containing the details of their interview date, time, and location. As a courtesy, participants will also receive a reminder email (see **Attachment F: Reminder Email**) 2 weeks or, at a minimum, 1 week prior to their scheduled interview date. This e-mail will also state that at the completion of the interview, CLS staff may contact respondents directly for any further clarifications.

Data from the participant responses will be collected and stored in a secure database maintained by CLS. Qualitative thematic analyses will be performed to compile responses and summarize the results. CLS will share the de-identified summary data (in a Microsoft Excel file) and a report that summarizes the results with EHSB for review. CLS, in close collaboration with EHSB, will then organize the information collected into products that will describe the policy work including lessons learned, best practices, key activities, accomplishments and recommendations. These products will then be shared with health departments that participated in the information collection. The collection of state and local environmental health information on safe drinking water policy may ultimately form the basis for the development of “How-to” guides for STLT health departments outlining examples of water projects, focusing on federally unregulated drinking water sources, and their relationship to policy.

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

Although participation in the assessment is voluntary, every effort will be made to maximize the rate of response. In-person interviews allow the collection of rich qualitative data that would not be obtained through an online or telephone assessment.

We anticipate a response rate of 100%. Should any of the EH practitioners decline or are not available, CLS will request that the EH Director to nominate other safe drinking water program staff members who played an essential role in the drinking water projects.

Following the invitation e-mail, the EH Directors and practitioners will have 2 weeks to schedule their in-person interview place, date and time (see **Attachment D: Scheduling the In-Person Interview Email**). Those who do not respond within that 2-week timeframe will receive a telephone call from CLS staff to encourage participation. Once the interviews are scheduled, participants will receive a confirmation email (see **Attachment E: Confirmation Email**) containing the details of their interview date, time, and location. As a courtesy, participants will also receive a reminder email (see **Attachment F: Reminder Email**) 2 weeks or, at a minimum, 1 week prior to their scheduled interview date. This e-mail will also state that at the completion of the interview, CLS staff may contact respondents directly for any further clarifications.

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

The estimate for burden hours is based on pilot tests of the interview guide of 3 public health professionals, including 2 EH practitioners from the Cerro Gordo County Department of Public Health, Iowa and 1 CLS staffer. The average time to complete the interview, including time for reviewing instructions, was approximately 60 minutes (range: 45 to 75 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 75 minutes) is used.

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

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## **LIST OF ATTACHMENTS – Section B**

Note: Attachments are included as separate files as instructed.

- C. Attachment C: Invitation Email**
- D. Attachment D: Scheduling In-person Interview Email**
- E. Attachment E: Confirmation Email**
- F. Attachment F: Reminder Email**