

Community Health Status Indicators (CHSI) 2015: Awareness, Use, and Benefits Assessment

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

We plan to collect information from a total of **78** health officials at 26 local health departments (LHDs). The total universe includes:

- **26** health directors (1 from each of the 26 LHDs) who will receive a referral instrument to provide recommended contacts to recruit for focus groups
- **52** data analysts and/or community health assessment and planning staff who will complete a focus group participant recruitment instrument with criteria that will be considered for their selection into a focus group (2 from each of the 26 LHDs). Of these, 16 final respondents will be selected to also participate in a focus group to provide feedback about CHSI awareness, use, and benefits. Two focus groups will be held with 8 participants each; each focus group respondent will participate in only one of the two focus groups.

Total = 78 respondents. The 26 LHDs were targeted to select the individuals for this respondent universe. The 26 LHDs were identified in the 2016 NAACHO (National Association of City and County Health Officials) pilot Profile Study as having used the Community Health Indicators (CHSI) 2015 website tool. We selected LHDs that (a) did not duplicate the LHDs of the individuals in the focus group pilot; and (b) represented a mix of large and small health departments from different regions of the U.S. The 26 LHDs from which the participants in this data collection will be selected are listed in Attachment A (**Attachment A: Targeted Local Health Departments**).

NACCHO is the cooperative partner for this data collection, and all targeting and selections of respondents will be done via convenience sampling. The respondents will be selected by convenience sampling to ensure an adequate balance of participant characteristics for the focus groups. Specifically, the selection criteria for the final focus group sample is as follows. Focus group participants will be selected to have varying levels of familiarity with CHSI (e.g., active and inactive users); we are also seeking representation from LHDs in different U.S. geographic regions and representing both large and small LHD jurisdictions based on population size (e.g., rural/urban designation). We proposed a final sample of 16 in consideration of the time and resources available to complete the data collection, analysis, and reporting by summer of 2016.

2. Procedures for the Collection of Information

The first phase of data collection consists of identifying contacts and recruiting health officials for the focus groups. First, NACCHO will send a contact referral instrument (**Attachment B—Health Director Referral Instrument**) in the form of an email to the health directors at each of the 26 targeted LHDs. The referral instrument asks the health directors to provide contact information for 2 staff at their LHD who are primary users of CHSI at their health departments and/or regularly involved in the work of community health assessment and planning at the LHD. The contact information can be completed within the body of the health director's referral instrument email and

returned to NACCHO using “Reply” and “Send” in the email program used. NACCHO has allotted one week from sending out the referral instrument to await a return of this instrument. Therefore, the data collection purpose of the referral instrument is to receive contact information for 2 staff from each LHD who will comprise a sample of 52 targeted staff contacts to complete the focus group participant recruitment instrument.

The health director referral instrument will include instructions for the health directors to forward an attached focus group participant recruitment instrument (**Attachment C—Focus Group Participant Recruitment Instrument**) to the 2 staff contacts that they identify on the referral instrument. Only these targeted staff are expected to complete the focus group recruitment instrument – not the health directors. The focus group recruitment instrument instructs the targeted respondents to email the completed recruitment instrument to the individual at NACCHO whose contact information will be noted on the instrument. The purpose of the recruitment instrument is for these targeted staff to report their level of awareness and familiarity with CHSI and state their interest in participating in a focus group. The information in the recruitment instrument will be used to select the 16 individuals for the focus groups based on considerations of: (a) the CHSI experience represented among the respondents; and (b) the community population size and regional U.S. location of the LHDs that the respondents work in. NACCHO has allotted one week from the time that they email the referral instrument the health directors to expect return of the focus group recruitment instrument from the targeted staff contacts. At the completion of one week, NACCHO staff will make a reminder call (**see Attachment E: Contact Reminder Call**) to non-responding contacts to encourage their participation or confirm that they will not be available.

The information from the health director referral instrument and the focus group recruitment instrument will be recorded in a simple table created in Excel or Word, and this data will be used by NACCHO to select a diverse complement of at most 16 participants for the focus groups. The focus group participants will be selected to represent both very active and less active users of CHSI from LHDs in different U.S. geographic regions serving both large and small LHD jurisdictions. NACCHO has allotted a period of one week after reminder calls are started to review all returned information to select a minimum of 8 and a maximum of 16 participants for the focus groups.

The two focus groups that will be conducted for this data collection will each cover the same content and have no more than 8 unique participants each. The two focus groups will consist of LHD officials (i.e., data analysts and community health assessment and planning staff) whose roles focus on community health assessment (CHA) and community health improvement planning (CHIP). These individuals are likely to have more direct experience using CHSI than other LHD officials. Each selected health official (i.e., data analysts and community health planning staff) will be invited to participate in only one focus group. After the focus group participants have been selected by NACCHO, NACCHO will call these individuals to discuss their availability for a focus group (**Attachment F: Focus Group Scheduling Call**). NACCHO will schedule the focus groups based on mutual availability of the participants. NACCHO will allow at least one week after the scheduling calls are made to hold the first focus group, and both focus groups will take place during a maximum two-week period. If 10 or fewer eligible and willing focus group participants are

identified, only 1 focus group will be held. A confirmation email with the time and call-in information for the focus groups will be sent at least 5 business days prior to each scheduled focus group to those who agreed to participate (**Attachment G—Focus Group Confirmation Email**), and a confirmation call will be made to scheduled focus group participants at least 2 business days prior to the focus group if there was no response to the confirmation email (**Attachment H—Focus Group Confirmation Call**).

The specific procedures for the focus groups is as follows. Two focus groups will be held with no more than 8 participants each. A group facilitator will conduct each focus group by asking the questions on the focus group interview guide (see **Attachment D—Focus Group Interview Guide Instrument**). Respondents will be asked to provide oral responses in real time during the period of the focus group which is expected last 90 minutes. The focus group data for analysis will be the detailed written notes of participant responses taken by a note-taker who will accompany the facilitator during the session but not participate in the focus group. There will also be a digital audio recording taken during the focus group which will be reviewed only as necessary to clarify information from the note-taker’s written notes.

The note-taker’s written notes will be reviewed using qualitative analysis methods to extract themes among participants’ responses. Response themes will be listed and categorized in a Word document according to the order of questions asked on the focus group interview guide. Responses indicating similar themes/feedback from different sections will be merged together. Meta-categories will be created indicating the themes of: a) Awareness; b) Use; c) Strengths; and d) Areas for Improvement. Quotes from respondents will be recorded in writing with individually identifying details such as name or health department removed. Quotes that align with highlighted themes or findings may be included when reporting summary findings from this data collection. Digital audio will be permanently deleted by the end of one calendar year after the focus groups have been conducted. No written transcripts will be created. Any results reported from this data collection or shared with the public will be in summary form only. No individually identifying information will be attached or affiliated with the summaries—including the names of the respondents, their co-workers and colleagues, or their health departments.

The total period of 7 weeks (outlined below) to recruit and identify focus group participants allows a reasonable time frame for conducting and analyzing the focus groups by the summer of 2016.

Procedure	Sequential Time Periods <i>Upon receipt of OMB approval</i>
NACCHO sends referral instrument and focus group recruitment instrument to health directors	Collection initiated
Health directors forward recruitment instrument to target staff	One week
Period for return of referral instruments to NACCHO	
NACCHO makes reminder calls to contacts whose recruitment	One week

instrument was not received by NACCHO.	
NACCHO awaits return of additional recruitment instruments	One week
NACCHO records information from returned instruments into an Excel table and identifies a diverse group of focus group participants	
NACCHO contacts selected focus group participants and schedules focus group(s)	One week
NACCHO sends confirmation email prior to scheduled focus groups	5 business days prior to focus group
NACCHO makes confirmation call to participants	2 business days prior to focus group
Focus groups held	Within two week period

3. Methods to Maximize Response Rates, Deal with Nonresponse

Although participation in the assessment is voluntary, the recruitment efforts and focus group facilitators will make every effort to maximize the rate of response. A telephone call will be made to identified contacts to inquire about and encourage their submission of the focus group participant recruitment instrument (see **Attachment E: Contact Reminder Call**). A confirmation email with the time and call-in information for the focus group will be sent at least 5 business days prior to the scheduled focus groups to those who agreed to participate (see **Attachment G—Focus Group Confirmation Email**). If there is no response from within three business days after the focus group confirmation email is sent, a telephone call (see **Attachment H—Focus Group Confirmation Call**) will be placed to determine whether an individual is willing and able to participate in the focus group as planned.

4. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the information collection instruments conducted with 9 public health staff from local health departments: 1 individual received the health director referral instrument; 2 individuals completed the focus group participant recruitment instrument; and 6 individuals were in a pilot focus group using the focus group interview guide instrument.

In the pilot tests, the average time to complete the health director referral instrument including time for reviewing instructions, gathering needed information and completing the instrument, was 15 minutes. Based on the pilot results, the estimated time range for actual respondents to complete the referral instrument, including identifying staff and getting their contact information is 10 - 20 minutes; for the purposes of estimating burden hours, the upper limit of this range (i.e., 20 minutes) is used. Similarly, the average time to complete the focus group participant recruitment instrument including time for reviewing instructions, gathering needed information and completing the instrument, was 2 minutes. Based on the pilot results, the estimated time range for actual

respondents to complete the recruitment instrument is 2 - 5 minutes; for the purposes of estimating burden hours, the upper limit of this range (i.e., 5 minutes) is used. Finally, the average time to complete the focus group interview guide instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 90 minutes. Based on the pilot results, the estimated time range for actual respondents to complete the focus group interview is 60 - 90 minutes; for the purposes of estimating burden hours, the upper limit of this range (i.e., 90 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

E. Contact Reminder Call

F. Focus Group Scheduling Call

G. Focus Group Confirmation Email

H. Focus Group Confirmation Call