STD/HIV Disease Intervention Specialist (DIS) Workforce 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**

The information collection will be distributed to up to 499 respondents over two data collection phases. The National Association of County and City Health Officials (NACCHO) is responsible for data collection in both phases. Collecting data in two phases is necessitated by differences across the country in how STD/HIV DIS positions are staffed, organized, and managed across states. State government authority over local health departments can vary by state laws. Thus, some local health departments are local or regional units of the state health agency, others are agencies of local government, and others are governed by both state and local authorities. Therefore, collecting data in two phases will allow us to obtain the best possible estimates of the number of DIS and other key information while minimizing the burden as much as possible.

Phase I: The information collection will be distributed to STD/HIV program managers from all 50 state health departments, who receive direct funding from the Centers for Disease Control and Prevention (CDC) for STD and/or HIV prevention. Additionally, the information collection will be distributed to STD/HIV program managers representing eight US territories or other non-state entities that receive direct funding from the CDC for STD and/or HIV prevention, as well as the District of Columbia (DC) Department of Health, which is a non-state entity and receives direct funding from the CDC for STD and/or HIV prevention. The total number of potential respondents in phase I will be 59 (50 states, 8 territories, and the DC Department of Health).

To account for the potential inability of a state health department to provide the information being requested, the following question is included on the survey: *Is your health department able to provide, with relative certainty, the total number of STD/HIV DIS positions within your health department?* If the answer is "No," a message will appear, letting the respondent know that a sample of LHDs in that state will be contacted (see phase II).

Phase II: The strategy for collection for phase II will depend on responses from phase I. If a state does not respond to the survey, or answers "No" to the question outlined above (asking about the state health department's ability to respond to the survey), a random sample of STD/HIV program managers in local health departments from that state will be invited to participate. The percentage of local health departments within a state that are included in the sample that is invited to participate will depend on the total number of local health departments in that state (i.e., the fewer local health departments there are in a state, the larger the percentage of local health departments invited to participate; see table below). In phase II, random sampling will be used to determine who will receive the information collection.

Sampling Strategy by Number of Local Health

Departments by State	
Total Number of Local Health Departments in the State	**Percent Sampled**
1-19	100%
20-44	55%
45+	38%

For example, if the state of Alabama does not respond to the survey in phase I, local health departments from Alabama will be invited to participate in the information collection. There are 67 local health departments in Alabama. According to the pre-identified random sampling strategy outline in the table above, a random sample of Local Health Departments, equaling 38% of the total population of LHDs, will be invited to participate in the information collection. NACCHO uses a similar sampling methodology for its Forces of Change assessment (previously Economic Surveillance assessment) to make state-level estimates, which is how these percentages were chosen.

In addition to the procedures above for phase II, the following eight jurisdictions (Baltimore, MD, Chicago, IL, Fulton County, GA, Houston, TX, Los Angeles, CA, New York City, NY, Philadelphia, PA, and San Francisco, CA) will be invited to participate, if their corresponding state does not respond in phase I, or does not include the STD/HIV DIS within these jurisdictions in their response (the state health department will be asked to note this in the information collection instrument). These eight cities and counties receive direct funding from CDC for STD and/or HIV prevention. As such, the state health department may prefer that the jurisdiction reply directly to this information collection, as opposed to the state replying on their behalf.

The target response rate for phase I is 60% based on information received from the National Coalition of STD Directors (NCSD) and lessons learned from past efforts to establish a registry of STD/HIV DIS. NCSD's effort did not include the definition of STD/HIV DIS that is being utilized for the purpose of this information collection. Therefore, it is expected that local health departments from 40% of states will be invited to participate in the information collection under phase II. The target response rate for phase II is 80%. If the phase I response rate is lower than estimated, then the percentage of local health departments sampled will be adjusted to assure that no more than 440 local health departments are included in the sample.

2. Procedures for the Collection of Information

Information will be collected through a one-time assessment conducted via a web instrument. Respondents will be recruited through a notification email to the respondent universe (**see Attachment D—Notification Email**). The notification email will explain and include:

- The purpose of the assessment, and why participation is important
- Methods to safeguard responses
- Information about how the data collected will be used
- That participation is voluntary

- The expected time to complete the assessment
- Instructions for participating in the assessment and file with a copy of the instrument (see Attachment B—Instrument_Word version)
- A link to the web information collection instrument

Qualtrics software will be used to develop the assessment instrument and gather the data. Using a web data collection instrument will reduce the burden on respondents by allowing them to take the assessment at their own convenience, and to save their progress and return to the instrument at a later time, if necessary. Additionally, the tool will allow respondents to skip irrelevant questions or questions that they cannot answer. The assessment was designed to collect the minimum information necessary for the purposes of this project.

Respondents will be asked for their response to the instrument within a two-week period to allow ample time for respondents to complete it. A reminder e-mail will be sent at the beginning of the second week to non-respondents to ask them to complete the assessment (**see Attachment E—Reminder Email**). The target response rate for phase I is 60% and the target response rate for phase II is 80%. If this rate is not met by the end of the two-week period, the assessment will be extended by one week (**see Attachment F—Extension Email**).

Data from the web instrument will be downloaded, cleaned, and analyzed in SAS using descriptive statistics (bivariate analyses).

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the assessment is voluntary, NACCHO will make every effort to maximize the rate of response. Efforts include sharing a PDF of the assessment so that health departments can familiarize themselves with the information being requested; sending a reminder email to complete the assessment; and, if necessary, extending the period of time for health departments to respond to the assessment. A reminder email will be sent at the beginning of the second week to non-respondents to urge them to complete the assessment (**see Attachment E—Reminder Email**). The target response rate for phase I is 60% and the target response rate for phase II is 80%. If this rate is not met by the end of the two-week period, the assessment will be extended by one week (**see Attachment F—Extension Email**).

4. Test of Procedures or Methods to be Undertaken

The information collection instrument was pilot tested by seven public health professionals. The feedback provided was used to refine questions, ensure accurate programming and skip patterns, and establish the estimated time required to complete the information collection instrument. The average time to complete the instrument was 20 minutes. The range was 5 to 40 minutes. This includes the time to review the instructions, gather the information being requested, and complete the web instrument. For the purposes of estimating burden hours, the average was used.

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

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- Jiali Ye, PhD, Lead Research Scientist, NACCHO, jye@naccho.org, 202-783-2491
- Jami Leichliter, PhD, Lead Health Scientist, CDC, gzl3@cdc.gov, 404-639-1821
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LIST OF ATTACHMENTS – Section B

D. Notification Email
E. Reminder Email
F. Extension Email