

# **County Health Policy Implementation Assessment**

OSTLTS Generic Information Collection Request  
OMB No. 0920-0879

## **Supporting Statement – Section B**

Submitted: 5/19/2016

**Program Official/Project Officer**

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## Section B – Information Collection Procedures

### 1. Respondent Universe and Sampling Methods

The respondents in this information collection will be county health directors/administrators of local health departments in North Carolina and Washington. North Carolina and Washington were selected because of the organizational structure of their local health departments (LHDs) and the degree of variability in their LHDs' authority to develop and implement health policy. North Carolina provides the same specific policy mandate to all of its local health departments, while Washington provides a general mission to the LHDs, allowing them wider latitude when it comes to policy development.

There are a total of 120 potential respondents (85 in NC and 35 in WA) who hold the title of Health Director/Health Administrator or similar title authorizing them as the head of the local public health agency for a single or multiple county jurisdiction within North Carolina and Washington. Although there are a total of 139 counties in these states (100 in NC and 39 in WA), several health departments represent multiple counties in rural areas of the states. Online state directories for North Carolina and Washington were utilized to obtain the name and contact information for local health directors/administrators for each county or multi-county district (**Please see Attachment A: List of Counties and Subjects**). Names and contact information were cross-checked against the official website of each local public health agency to ensure accuracy.

All 120 local Health Directors/Health Administrators will be invited to participate in this information collection. The questions asked in the assessment are designed to be completed by the current Health Director/Health Administrator. If the individual identified to be the Health Director/Health Administrator feels there is someone that has more knowledge on the topics in this assessment, that individual will be asked to email [chpia@rti.org](mailto:chpia@rti.org) the name and email address of the person in their local health department who can complete the assessment. That person should be someone who: 1) serves in a leadership position such as a department head, such as Director of Nursing, Director of Environmental Health, Chronic Disease Department, 2) has at least 3 years' experience in a leadership role with the local health department, and 3) has broad knowledge of the local health department's role in the local policy environment, especially in chronic disease prevention and health promotion policies and practices. RTI will store the contact information on a secure RTI system. This contact information will be deleted at the end of the project. The dataset sent to CDC at the conclusion of the project will not include any respondent contact information.

### 2. Procedures for the Collection of Information

The data collection will consist of two modes: 1) a primary, online questionnaire – one version for single county LHDs (see **Attachment C – Instrument: Web version for single county LHDs**) and another version for multi-county health districts (see **Attachment D – Instrument: Web version for multi-county health districts**) - and 2) a secondary, paper-based questionnaire for non-responders (see **Attachment B – Instrument: Word version**). Non-responders in a multi-county health district will also receive a supplement to provide responses for additional counties (see **Attachment E – Additional County Supplement**). All participants will first be contacted via email

(see **Attachment F: Email Notification**) inviting them to participate in the data collection. The email will contain a unique identification number and an embedded link to complete the online assessment. The email invitation will explain:

- The purpose of the assessment and why their participation is important
- That participation is voluntary
- That responses are secure
- How to access the online questionnaire assessment
- The expected time to complete the assessment
- How to contact the assessment team
- Option/instructions to delegate completion of the assessment to another LHD staff person if the recipient of the invitation feels that he/she is not best suited to respond

Health Directors/Health Administrators that do not respond to the online questionnaire within 2 weeks will receive an email (see **Attachment G - Email Reminder**) reminding them of the invitation to participate in the online assessment and instructions for its completion. If the online questionnaire is not completed within 6 weeks of the email reminder, a letter (see **Attachment H – Letter Reminder**) that reminds the Health Director/Health Administrator of the invitation to participate in the assessment will be sent. The letter will provide the link to the online assessment and their log-in information. The mailing will also include a paper-based version of the assessment (see **Attachment B – Instrument: Word version**) and instructions for its return. A paper-based version is being sent with the mailed reminder to non-responders after the initial invitation and subsequent email reminder in the event that they prefer to complete a hard copy version of the online assessment. Non-respondents in multi-county health districts will also receive a supplement (see **Attachment E – CHPIA Additional County Supplement**) which repeats the partnership and policy questions (numbers 4 through 21 on the single county versions) to provide responses for each additional county after the first one and instructions for completing the assessment for more than one county (see **Attachment I – Instructions for Local Health Departments Serving Multiple Counties**).

For establishment data collections, follow-up contacts generally increase response rates by 10-30%.<sup>1</sup> However, most of these studies have been conducted with private industries. Our experience with responses from state agencies suggests that requests from the CDC for information on public health practice generally results in higher initial response rates making follow-ups less necessary. Therefore we have estimated on the lower end of the range suggested by research on this topic and do not expect more than 10% of the respondents to complete the paper-based version of the assessment.

The Voxco online data collection tool will be used to develop the assessment instrument and gather the data. This will reduce respondent burden by allowing them to take the assessment online at their own convenience, save responses from one session to the next and by allowing them to skip irrelevant questions. Respondents will be asked for their response to the online instrument within

an approximately 8-week period to allow ample time for respondents to complete it. Respondents may complete the assessment in multiple sessions, if necessary.

Data will be analyzed for general themes and trends on the role of the LHD in the development and implementation of health policy including establishing partnership with other organizations, perceptions of barriers to policy partnerships, taking initiative in policymaking, implementing policies and communicating policies to constituents and will be used to improve CDC's understanding of the development and implementation of policy at the county level, thereby improving its tools for practice provided to local governments. Data from both the online and mailed questionnaires will be downloaded, cleaned, and analyzed in SAS.

### **3. Methods to Maximize Response Rates, 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, thereby minimizing response burden. A reminder email will be sent to those who have not completed the assessment within the first 2 weeks (see **Attachment G – Email reminder**). A reminder letter (see **Attachment H – Letter reminder**) will be sent 6 weeks later, if needed, accompanied by a paper version of the assessment in the event the respondent prefers to complete a hard copy version. Both the email and letter reminders will provide respondents with the link and their unique log-in information to complete the assessment online. The data collection schedule affords respondents ample time to respond on behalf of their local/county health departments. In order to encourage participation, responding LHD officials will be offered copies of the final report.

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

The estimate for burden hours is based on a pilot test of the web-based and paper-based versions of the information collection instrument by 8 local public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns and establish the estimated time required to complete the information collection instruments for single-county LHDs and multi-county health districts.

Respondents will either complete the assessment from the perspective of a single county LHD or a multi-county health district (whichever is applicable for their jurisdiction). The majority of respondents are in a single county LHD (n=111). Time to complete the assessment identified during the pilot test was as follows:

#### **Single County LHD:**

- Web-based: 13 minutes (range: 10-16 minutes)
- Paper-Based: 15 minutes (range: 10-20 minutes).

#### **Multi-County Health District:**

If the respondent represents a multi-county health district, he/she will have the option to complete the Partnership and Policy Questions once on behalf of the entire district or separately for each county within the district. If responding to these questions separately for each county, the average time to complete the Partnership and Policy Questions was 7.5 minutes (range: 7-8 minutes) for each additional county. The maximum number of times these additional questions could be answered is 7 (as 1 of the 9 multi-county health districts represents 7 counties). Therefore, the maximum burden possible to be incurred by completing the multi-county assessment is 68 minutes. This reflects the 20 minutes needed to complete the assessment for the first county within the health district (i.e., upper limit for a single county LHD) and the 48 minutes (8 minutes per county) for each of the additional 6 counties.

Note: In pilot testing, the time to complete the additional Partnerships and Policy Questions was the same for both web-based and paper-based modes (range: 7-8 minutes).

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

A contractor, the Research Triangle Institute (RTI), has been hired to work with CDC on this project. Key members of the CDC staff as well as the primary contact with RTI are provided below. Other RTI personnel will work on the website construction, and may provide support.

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

- A. List of Counties and Subjects
- B. Instrument: Word version
- C. Instrument: Web version for single county LHDs
- D. Instrument: Web version for multi-county health districts
- E. CHPIA Additional County Supplement
- F. Email Notification
- G. Email Reminder
- H. Letter Reminder
- I. Instructions for Local Health Departments Serving Multiple Counties



## **REFERENCE LIST**

1. Petroni, et al., "Response Rates and Nonresponse in Establishment Surveys – BLS and Census Bureau"