# STD Prevention and Control:

# Assessment of the STD AAPPS Funding Program

OSTLTS Generic Information Collection Request

OMB No. 0920-0879

## Supporting Statement – Section B

Submitted: 2/2/2017

**Program Official/Project Officer**

Marion Carter

Health Scientist, Program Evaluation Team Lead

Division of STD Prevention, CDC

1600 Clifton Rd NE, MS E-80

404-639-8035

[Acq0@cdc.gov](mailto:Acq0@cdc.gov)

FAX: 404-639-8622

### Table of Contents

[Section B – Information Collection Procedures 3](#_Toc413847910)

[1. Respondent Universe and Sampling Methods 3](#_Toc413847911)

[2. Procedures for the Collection of Information 3](#_Toc413847912)

[3. Methods to Maximize Response Rates Deal with Nonresponse 4](#_Toc413847913)

[4. Test of Procedures or Methods to be Undertaken 5](#_Toc413847914)

[5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data 5](#_Toc413847915)

[LIST OF ATTACHMENTS – Section B 5](#_Toc413847916)

### Section B – Information Collection Procedures

#### Respondent Universe and Sampling Methods

The information collection will be requested from up to 118 STD program staff from the 59 state (50), local (7), and territorial (2) STD prevention and control programs that are directly funded by the Division of STD Prevention under PS14-1402 (STD AAPPS). Participants will include the STD program manager from each funded jurisdictions and one other senior staff person from the STD program, such as the director of STD surveillance or the director of field operations (i.e. public health investigation of STD cases); no sampling will be done.

In Component 1, the STD program manager will be asked to complete the assessment tool on behalf of his or her jurisdiction. For Component 2 (interview), the same STD program manager will be asked to participate and has the choice as to whether to include an additional staff person in the interview. This option was included in order to account for the likelihood that many STD program managers may prefer to involve a senior colleague in the interview because 1) they are relatively new to their jobs or 2) their program’s particular size or structure means that other staff people are best suited to discuss particular aspects of their program.

Karna LLC, a contractor, is responsible for all data collection. Given that all participants are awardees of the CDC, CDC maintains a current list of STD program managers in the funded jurisdictions and their email addresses. CDC will give this list to Karna to use to recruit and communicate with participants.

Component 1 - Assessment tool: The information collection will be distributed to STD program managers from all 59 state (50), local (7), and territorial (2) health departments that receive direct funding from the Centers for Disease Control and Prevention (CDC) for STD prevention under STD AAPPS. A total of 59 completed assessments will be completed and submitted.

Component 2 - Interview: The same STD program manager that completed the assessment tool will be asked to participate. The manager has the option of inviting one additional senior staff person to participate in the interview. Therefore, up to 118 individuals will participate in this component, and up to 59 total interviews (1 per jurisdiction) will be conducted.

#### Procedures for the Collection of Information

In Component 1, information will be collected through an assessment tool administered electronically through a fillable PDF document. Phase 2 will include an interview with the STD program manager who completed Phase 1 and up to one additional staff member from each jurisdiction. Respondents will be recruited through a notification email to the respondent universe (see Attachment E—Notification Email). The notification email explains and includes:

* The purpose of the information collection, 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 information collection
* Instructions for participating in the information collection
* Copies of the assessment tool and the interview guide

The assessment tool will be a fillable PDF form. The form will be sent and returned by email. The tool was designed to collect the minimum information necessary for the purposes of this project. Respondents will be asked for their response to the assessment tool within a two-week period of recruitment, to allow ample time to complete it. A reminder e-mail will be sent at the beginning of the second week to non-responders to ask them to complete the assessment tool. (**See Attachment F—Reminder Email.**) The target response rate is 90%. If respondents have not completed the assessment tool by the end of the two-week period, the time for completion will be extended by one week. (**See Attachment G—Extension Email.**)

Data from the assessment tool will be scanned into Excel and then cleaned, de-identified, and analyzed. The data may be analyzed in other quantitative analysis software (e.g. SAS), to generate basic descriptive frequency measures.

Each interview will occur approximately 1-3 weeks after STD program managers have completed the assessment tool. Each interview will be scheduled preliminarily at the time of recruitment to complete the assessment tool. If submission of an assessment tool is delayed, the follow-up interview will be rescheduled to a later date, accordingly. The interview guide will be shared with the STD program managers prior to the interview, to ensure that they know what to expect and can prepare accordingly. At the discretion of the STD program manager, interviews may involve up to two individuals per jurisdiction, including the STD program manager who completed Component 1 and one other senior staff from the STD program (e.g. director of STD surveillance or director of field operations).

The interview guide will be used to direct the discussions, and results from the completed assessment tool (Phase Component 1) will be referenced during each interview. By design, the interview guide offers an opportunity for respondents to explain and expand upon some of their responses to the assessment tool. The interview will also allow awardees to relay their unique experiences and explanations more fully than with traditional quantitative methods.

With permission of the respondents, the audio portion of the interviews will be recorded and transcribed into Word documents and de-identified. The de-identified transcripts will then be processed and analyzed using NVivo software.

#### Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the assessment is voluntary, Karna LLC will make every effort to maximize the rate of response. Efforts include sharing the assessment tool and the interview guide at the time of recruitment so that awardees can familiarize themselves with the information being requested. Also, a reminder email will be sent at the beginning of the second week to non-respondents to urge them to complete the assessment tool and remind them of their upcoming interview (**see Attachment F—Reminder Email**). If respondents do not respond to the reminder email, the assessment period will be extended by one week (**see Attachment G—Extension Email**). The target response rate for the assessment tool (Component 1) is 90% (or 53/59 awardees).

Interview schedules will be adjusted accordingly, depending on the timeliness of the responses to the assessment tool. Awardees will receive a reminder of their scheduled interview approximately one week prior to the interview. **(See Attachment H – Reminder Email – Interview.**) The target response rate for interviews (Component 2) is 90% of those completing the assessment tool, or 80% of the respondent universe (or 47/59 awardees).

#### Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of both information collection instruments by 3 public health professionals.   For Component 1, the maximum time to complete the assessment tool, including time for reviewing instructions and completing the assessment, was 60 minutes, and the minimum amount of time taken was 20 minutes. For Component 2, the interviews, including time taken to review the interview guide beforehand, lasted a maximum of 70 minutes and a minimum of 60 minutes.  To generate estimates below, the maximum time was used for both components (i.e., 60 minutes for the assessment tool and 70 minutes for the interview).

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

From CDC/DSTDP

* Marion Carter, Health Scientist, NCHHSTP/DSTDP/HSREB (404) 639-8035, [acq0@cdc.gov](mailto:acq0@cdc.gov)
* Elizabeth Torrone, Health Scientist, [igf0@cdc.gov](mailto:igf0@cdc.gov)
* Kenya Taylor, Public Health Advisor, [kft8@cdc.gov](mailto:kft8@cdc.gov)
* Mary McFarlane, Behavioral Scientist, [xzm3@cdc.gov](mailto:xzm3@cdc.gov)
* Britney Johnson, ORISE Fellow, assigned to NCHHSTP/DSTDP, [mwq4@cdc.gov](mailto:mwq4@cdc.gov)

From Karna, LLC

* Aisha Rios, Sr. Evaluation Specialist, 215-518-2414, [arios@karna.com](mailto:arios@karna.com)
* Tunicia Walker, Evaluation Specialists, [twalker@karna.com](mailto:twalker@karna.com)
* Erica Copeland, Senior Project Manager, [ecopeland@karna.com](mailto:ecopeland@karna.com)
* Dana Lones, Administrative Assistant, [dlones@karna.com](mailto:dlones@karna.com)

### LIST OF ATTACHMENTS – Section B

Attachment E: Notification Email

Attachment F: Reminder Email

Attachment G: Extension Email

Attachment H: Reminder Email: Interview