Assessment of the 2011 CDC Protocol Change for Flight-Related Tuberculosis Contact Investigations

OSTLTS Generic Information Collection Request OMB No. 0920-0879

Supporting Statement – Section B

Submitted: June 21st, 2017

Program Official/Project Officer

Name: Vanessa Fong, MPH Title: Public Health Advisor Organization: Quarantine Border Health Services Branch Address: San Francisco International Airport, P.O. Box 280548, San Francisco, CA 94128 Phone number: 650-876-2872 Fax Number: 404-471-8585 Email: ici6@cdc.gov

Table of Contents

Sectio	Section B – Information Collection Procedures	
1.	Respondent Universe and Sampling Methods	3
2.	Procedures for the Collection of Information	3
3.	Methods to Maximize Response Rates Deal with Nonresponse	4
4.	Test of Procedures or Methods to be Undertaken	4
5.	Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data	4
LIST	LIST OF ATTACHMENTS – Section B	

Section B – Information Collection Procedures

1. Respondent Universe and Sampling Methods

Respondents will consist of 125 tuberculosis controllers, or their designees at state, local, and territorial public health departments in the U.S. These include the 50 states, 10 big cities, 57 counties, and 8 territories. Persons asked to respond to the online assessment serve as leaders of tuberculosis control programs, and many hold the titles of TB Controller or Health Officer. Their designees may include TB program managers, contact investigators, public health nurses, and epidemiologists. Regardless of title, the persons invited to participate in the assessment were chosen because of their specialized knowledge of and managerial experience in implementation of comprehensive tuberculosis elimination and control programs within their jurisdictions.

To identify the respondent universe (n=125), investigators collaborated with the National Tuberculosis Controllers Association (NTCA) to obtain a list of tuberculosis control program leaders in state, local, and territorial public health departments (**see Attachment A – Tuberculosis Controller Jurisdictions**). Sampling methods will not be used as the entire universe will be included in this collection.

2. Procedures for the Collection of Information

Data will be collected through a one-time web-based assessment and respondents will be recruited through a notification email to the respondent universe (see **Attachment D—Invitation Email**). The notification email will explain:

- The purpose of the assessment, and why their participation is important
- Method to safeguard their responses
- That participation is voluntary
- The expected time to complete the assessment
- Contact information for the assessment team
- Timeframe for participation in the assessment (four weeks from initial email)

The email will also state instructions for participating and include a link to the web-based instrument. Respondents will be asked to complete the assessment within a four-week period to allow ample time for completion. Respondents may complete the assessment in multiple sessions, if necessary.

Following the notification email, reminders will be sent on the second week to those who have not yet responded to urge them to complete the assessment (**see Attachment E—Reminder Email**). Those who do not respond to the reminder email within 2 weeks, or the end of the 4-week information collection period, will be considered non-responders.

Once the 4-week data collection period has closed, respondent data will be downloaded, exported to an Excel spreadsheet, and saved to a secure database maintained by NTCA. NTCA will then remove all potential identifiers and share the de-identified data with CDC. DGMQ will use this de-identified data for analysis. Data will be analyzed using Microsoft Excel and EpiInfo to create summary reports showing the frequency and counts of responses for each question of the online assessment. Descriptive statistical analyses will be conducted on responses to multiple-choice questions and qualitative analyses on response to open-ended questions. Qualitative analysis of open-ended responses will be achieved by coding responses into categories that can be analyzed quantitatively.

Upon completion of data analysis, CDC will utilize the de-identified data to compile a report summarizing the results and will share the report with DGMQ leadership, NTCA, and respondents. The results will also be used to develop a manuscript for submission to a peer-reviewed journal.

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 data collection tool was designed with minimal questions to achieve assessment objectives and contains skip logic based on responses to previous questions, thereby minimizing response burden.

Following the notification email, respondents will have 4 weeks to complete the assessment. Reminders will be sent on the second week to those who have not yet responded to urge them to complete the assessment (**see Attachment E—Reminder Email**). Those who do not respond to the reminder email within 2 weeks, or the end of the 4-week information collection period, will be considered non-responders.

4. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the information collection instrument by eight public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 15 minutes. Based on these results, the estimated time range for actual respondents to complete the instrument is 11 to 20 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 20 minutes) is used.

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

Rebecca Hall, MPH Epidemiologist CDC/OID/NCEZID/DGMQ/QBHSB Phone: 404-718-4772

Email: bqu5@cdc.gov

Argie Figueroa, MSc Epidemiologist CDC/OID/NCEZID/DGMQ/QBHSB Phone: 404-498-0746 Email: <u>iic7@cdc.gov</u>

Susan Lippold, MD, MPH Medical Officer CDC/OD/OCOO/OSSAM/ESHCO/OD Phone: 404-498-0763 Email: <u>stl5@cdc.gov</u>

Victor Coronado, MD, MPH Medical Officer CDC/OID/NCEZID/DGMQ/OD Phone: 404-639-7018 Email: vgc1@cdc.gov

Tina Obijo, MSN/MHA, RN Public Health Analyst CDC/OID/NCEZID/DGMQ/QBHSB Phone: 404-498-0777 Email: <u>xlq4@cdc.gov</u>

Christopher Schembri, MPH Public Health Analyst CDC/OID/NCEZID/DHQP/ISO Phone: 404-498-0677 Email: <u>gmi8@cdc.gov</u>

Vanessa Fong, MPH Public Health Advisor CDC/OID/NCEZID/DGMQ/QBHSB Phone: 650-876-2872 Email: <u>ici6@cdc.gov</u>

The following member of the National Tuberculosis Controller's Association (NTCA) is being used to support development of the assessment tool, data collection, and data analysis but doing so in an unfunded, voluntary capacity.

Shu-Hua Wang, MD, PharmD, MPH&TM NTCA Point of Contact NTCA-Survey Committee Phone: 614-293-5666 E-mail: <u>Shu-Hua.Wang@osumc.edu</u>

LIST OF ATTACHMENTS - Section B

Note: Attachments are included as separate files as instructed.

- D. Attachment D Invitation Email
- E. Attachment E Reminder Email