

SUPPORTING STATEMENT

Part B

State and Territorial Health Disparities Survey

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Office of Minority Health (OMH)
U.S. Department of Health and Human Services

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B. Collection of Information Employing Statistical Methods

1. Respondent universe and sampling methods

The Office of Minority Health (OMH) of the U.S. Department of Health and Human Services (HHS) is conducting a survey – the State and Territorial Health Disparities Survey (STHD Survey)- of U.S. States and the District of Columbia plus all territories for which OMH has an identified point of contact for minority health; hence, sampling methods are not applicable. An estimated 54 respondents will be contacted, including all 50 states, the District of Columbia, and Guam, Puerto Rico, and the U.S. Virgin Islands.

2. Information Collection Procedures

Information collection procedures for the STHD Survey are described below.

Step 1: Obtain a list of state and territorial health officials and conduct outreach to determine the appropriate respondents.

Step 2: Confirm contact information for respondents, who may be State Minority Health Entity (SMHE) Directors (most likely respondent), state and territorial health officers, or their designees.

Step 3: Disseminate a letter from the Deputy Assistant Secretary for Minority Health that describes the survey sponsorship and purpose, explains how respondents were identified, invites participation in the study, and encourages cooperation when Westat staff make contact to arrange a telephone interview (see Attachment D).

Step 4: Schedule interview. This may involve multiple phone calls and emails; up to 7 attempts are planned. Send a list of interview topics and data collection tables to respondents for completion prior to the interview (see Attachment B), and encourage return of the data tables via email prior to the interview.

Step 5: Conduct interview. Interviewers will record each interview with the consent of respondents. We will ensure that each interview is accurately recorded by introducing a recording redundancy, such as PC-based recording software. If data tables were returned prior to the interview, interviewers will review the information provided by the respondent and resolve any questions or inconsistencies. If the data tables were not returned prior to the interview, the interviewer, as part of the interview, will work with the respondent to populate the tables.

Handling the data

Interviewers will input quantitative data elements into a database that can be analyzed with standard statistical software. They will also complete a data collection form for recording the qualitative, narrative data collected during the interview. These data will be coded and analyzed using qualitative analysis software. The latest version of state-of-the-art qualitative software

(NVivo v.10) will be used to track and code interview notes to ensure that all observations are tracked, synthesized, and quantified, as appropriate. Researchers will use a structure of pre-defined coding schema that corresponds to the categories of the survey, as well as a formal process to add iteratively any new codes suggested by the team to track themes emerging from the data. To ensure accuracy and achieve efficiencies in the interview and coding process, we will use the same researcher who conducts the interview to code the resulting data and draft the analytical summary for a given state or territory.

3. *Methods to Maximize Response Rates*

Participation in this survey is voluntary, and state and territorial contacts may decline to designate a respondent for their state/territory to this survey. However, because the survey is a primary source of data for a federal report including each state, states have a strong incentive to participate to avoid being excluded from the report. Likely designees, such as SMHE directors, typically have a strong relationship with OMH, which provides an added incentive to participate.

The letter from the Deputy Assistant Secretary for Minority Health described in Step 3 of the Information Collection Procedures above will encourage participation by state/territorial health officials in the STHD Survey.

Interviewers will follow up via multiple routes (e.g., telephone and email) to reach respondents who are initially unresponsive. They will accommodate difficult schedules by offering to conduct interviews outside of regular business hours and break up the survey into smaller pieces to be completed in more than one sitting. Interviewers can also interview multiple respondents from a particular state or territory as appropriate: for example, a respondent who is most knowledgeable about the data in the data tables; and another respondent who is more familiar with the qualitative information requested in the SMHE Survey.

To minimize burden on respondents and make the process more efficient for them, respondents will be given a list of interview topics in advance of the interview. This will enable them to gather information, and assess and identify any questions they might have, prior to the interview.

In the event that respondents do not have the time to provide information for the data tables prior to the interview, interviewers can collect it over the telephone.

OMH will also disseminate information on the STHD Survey via its listserv and publicize the survey effort on its Web site, without any individual identifying information.

4. *Tests of Procedures*

Westat has conducted numerous establishment surveys similar to the SMHE and is using well established standard best practices for survey data collection. We will also be conducting a pretest of our protocol with a sample of seven states to ensure our methods will collect meaningful information that respondents are able to retrieve easily.

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