

Generic Clearance for CDC/ATSDR

"Participatory Mapping to Identify and Support at-Risk Populations in Emergency Preparedness", 0920-1154

Supporting Statement B

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Participatory Mapping to Identify and Support at-Risk Populations in Emergency Preparedness

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B. Collections of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

Non-probability convenience sampling will be used to identify community leaders from multiple organizations, as well as from the network of private citizens or residents engaged in community activities, to participate in the survey. From these initial contacts, snowballing will be used to identify additional interviewees. Sample size will be based on reaching theoretical thematic saturation during the analysis, where new data confirms the analysis and no longer offers any new information. We estimate that approximately 20 interviews in each of the five communities will be conducted for a total of 100 interviews conducted in year 1 (April - August 2017).

2. Procedures for the Collection of Information

In this project, the staff from Harvard T.H. Chan School of Public Health will interview community leaders through five collaborating community-based organizations (CBOs) about their first-hand knowledge of emergency preparedness needs at the community level. The collaborating CBOs include Santa Rosa County (Florida), San Juan (Puerto Rico), Charleston-Kanawha County (West Virginia), Boston (Massachusetts), and Brockton (Massachusetts).

The Harvard research team has pre-existing partnerships with these organizations which serve at-risk populations through a wide range of public health emergencies due to their geographic locations (i.e. Zika in Puerto Rico, snow storms in Massachusetts, hurricanes in Florida, water contaminations in West Virginia). For example, the Cape Verdean Association in the city of Brockton, MA would help to identify specific vulnerabilities within the Cape Verdean community. In Jamaica Plain in Boston, MA, the Somali Development Center would help to identify specific vulnerabilities within the Muslim Community. In Santa Rosa County, FL and San Juan, Puerto Rico, the Medical Reserve Corps units and faith-based organizations would help to identify specific vulnerabilities in the Latino community, with the unique added opportunity to gather such information in the context of the current response to the Zika outbreak. In Charleston, WV the Charleston Area Medical Center (CAMC) Institute would help focus on the needs of people with addictive disorders.

CBOs will identify the community leaders to participate as survey respondents. Structured qualitative interviews would be conducted to elicit available assets in the community and effective methods to identify vulnerable and at-risk populations, in order to develop a list of strategies for addressing population needs in preparation and response to an emergency. A detailed interview guide has been developed for this purpose, which focuses on areas like personal preparedness, evacuation and access to a shelter, communication, trust and compliance

Between April and August 2017, it is estimated that 20 respondents per community would be interviewed, for a total of approximately 100 individuals. The interview is expected to last approximately 60 minutes delivered by the respondent's preferred method (i.e. by phone or in-person).

3. Methods to Maximize Response Rates and Deal with No Response

The Harvard T.H. Chan School of Public Health research group has sub-contracts with the participating CBOs, who will assist the Harvard Chan team in developing a list of community leaders to target for participating in structured, qualitative interviews lasting approximately 60 minutes. An interviewer familiar with the community represented by the CBO will be selected jointly by the Harvard Chan team and CBO to assure cultural sensitivity. Further, each CBO will be responsible for providing culturally

appropriate incentives to the respondents to augment recruitment efforts for one-hour interviews conducted either in-person or by phone. During year 1, a \$40 incentive (monetary or otherwise) per person will be provided to participants electing the in-person interview, while \$20 incentive (monetary or otherwise) per person will be provided to participants electing the phone interview. Providing culturally appropriate incentives is necessary as our target population is a diverse group that may otherwise be difficult to engage in hour-long interviews. Thus, incentives would serve as a token of appreciation for their time and active, in-depth engagement in this research process.

The use of strategies, including convenience sampling of referrals made by community leaders, use of a community representative during the interview for cultural sensitivity, and allowing for the provision of a modest incentive are effective strategies for maximizing response rates. Additionally, developing an interview guide focused on community efforts that excludes the collection of personal identifiable and sensitive information will significantly minimize non-responses among interviewees.

4. Test of Procedures or Methods to Be Undertaken

The interview guide was developed using evidence-based strategies identified through a literature review. Additionally, T.H. Chan staff consulted with the CBO partners for their subject matter expertise.

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

The data collected will be qualitative in nature, and analyzed by the team members at the Harvard T.H. Chan School of Public Health.

The project is designed to learn about the respondent's community through asking questions on geographic area, socio-economic status, educational levels, general health, key cultural aspect and values. This descriptive insight will help in better analyzing and interpreting the actual interview data and formulating the list of strategies for the community.

The interview questionnaire is based on few pre-identified thematic areas (from literature review): personal preparedness, evacuation and access to a shelter, communication, trust and compliance. Further thematic areas may be identified after analyzing the data. This thematic analysis will be conducted independently by at least two researchers and cross-checked for consistency. Disagreements will be resolved through consultations. The Nvivo 11 software would be used.

The findings from this analysis will be shared with the participating CBOs and community leaders, but will not be generalized beyond the scope of each study site or to broader populations.