Information Collection on Feasibility of Social Distancing in K-12 Schools in the United States

Request for OMB Approval of a New Information Collection

December 15, 2016

Supporting Statement B

Contact:

Lee Samuel
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention
1600 Clifton Road, N.E., MS C-12
Atlanta, Georgia 30333

Phone: (404) 738-1616 Email: LLJ3@cdc.gov

Table of Contents

1. Respondent Universe and Sampling Methods	2
2. Procedures for the Collection of Information	
3. Methods to Maximize Response Rates and Deal with Non-response	
4. Test of Procedures or Methods to be Undertaken	
5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data	

This information collection does not involve statistical methods. This project will identify common themes nationally and for each of the 10 HHS regions separately. We do not aim to generalize results obtained from the project covered by this information collection.

1. Respondent Universe and Sampling Methods

The Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ) proposes a new information collection on the Feasibility of Social Distancing in K-12 Schools in the United States. This information collection will focus on identifying potential social distancing strategies to reduce person-to-person contact among students and staff in K-12 schools that are implementable without causing major detrimental effects to ongoing education activities. This will lead to greater accuracy in determining where, when, and for how long to implement school-based mitigation measures to prevent and control an emerging influenza pandemic. Insights gained from this information collection will assist in strengthening the evidence-base on school-related influenza mitigation measures in CDC's Pre-Pandemic Community Mitigation Guidance.

Information on feasibility of social distancing measures in K-12 schools will be obtained through focus group discussions. Three to four focus group discussions will be conducted in each of the 10 HHS regions (for a total of up to 40 focus groups). Each focus group will include an average of 8 participants. Participants will be selected among senior education officials from schools, school districts and local and state education agencies from all 10 HHS regions; senior health officials in charge of statewide pandemic planning; and representatives from the National Association of School Nurses, school safety organizations/law enforcement, and National Distance Learning Association. The researchers will strive for diversity in representation of schools and school districts in terms of HHS region, urbanicity, and socio-economic level.

Within each of the ten HHS regions, two states will be selected at random. The contractor will identify potential participants through steering committee recommendations as well as snowball sampling in a phased approach that starts with authority figures or organizations with the broadest scope (e.g., start with state education agency officials and ask for recommendations for urban and rural districts with varying socioeconomic levels, and then move to the next level such as local education agency). When possible, the contractor will work with national organizations/associations and ask for their help in tapping into standing committees or workgroups with members from across the U.S. In those cases, the contractor will invite workgroups to participate, directing each participant to the appropriate focus group based on his/her region. Language from the Informed Consent Form (Attachment C2) will be used for recruitment purposes.

2. Procedures for the Collection of Information

The information collection tool has been submitted as part of this information collection in the statement provided to OMB (see Attachment C3-Focus Group Interview Guide). Information collection tool has been reviewed and approved by the IRB at the contractor. CDC human subjects approval has been obtained. Approval letters from the contractor's IRB and CDC's human subjects determination are included with this new information collection request (see attachments to Supporting Statement A).

Collection and analysis of information on feasibility of social distancing measures in K-12 schools

School-aged children are often the main introducers and an important transmission source of influenza and other respiratory viruses in their families, and school-based outbreaks frequently pre-date widespread influenza transmission in the surrounding communities. Studies conducted in healthcare settings suggest that people can be exposed to an infectious disease of influenza virus within 6 ft radius, while the greatest concentrations of the virus-containing aerosols are found within 3ft radius. Therefore, strategies that increase physical distance between students and/or reduce the duration of person to person contact in school settings may, theoretically, be effective in slowing influenza transmission. This information collection aims to implement a full-scale qualitative field study that includes focus group discussions with senior educators and other relevant persons (e.g. school principals, superintendents, teachers, senior leaders from state agencies, etc.) in each of the 10 HHS regions. The information collection tool will aim to capture (1) current knowledge, attitudes and potential practices for organizing and delivering K-12 student instruction in ways that help increase physical distance among students and/or reduce duration of in-person instruction at schools (including use of distance learning options), while preserving the normal education process, and (2) facilitating and inhibiting factors for implementing and sustaining the social distancing options in emergencies as an alternative to the complete student dismissal in K-12 schools.

This information will allow us to identify social distancing measures that are feasible to implement in K-12 school settings without causing disruption to education process.

Estimation procedures

Outcomes will include summary report (nationally and for each of the 10 HHS regions separately) discussing common themes, most frequently mentioned social distancing measures, reasons for feasibility/non-feasibility of social distancing measure implementation in K-12 schools, obstacles to implementing certain measures, and options of alternative format learning currently available at schools.

Degree of accuracy needed for the purpose described in the justification

DGMQ collects information in order to plan for and implement studies and activities relevant to its public health mission, primarily related to updating CDC's Pre-pandemic Community Mitigation Guidance (as described in Supporting Statement A). The aim of this information collection is to explore social distancing strategies for reducing person-to-person contact among students and staff in K-12 schools that are implementable without causing major detrimental effects to ongoing education activities. Findings from this information collection will inform further studies that will focus on evaluating the effectiveness of social distancing measures that meet realities of K-12 schools in the United States and are feasible to implement. Because of the qualitative nature and exploratory purpose

of this study, its accuracy will depend on representation from all 10 HHS regions and input provided to the discussion by each participant. These can be facilitated by careful selection and recruitment strategies and adequate training provided to focus group moderators. We do not aim to generalize results obtained from the project.

<u>Unusual problems requiring specialized sampling procedures</u>

Unusual problems requiring specialized sampling are not expected with this new information collection. If such situations occur during the course of the project implementation, requests for changes in the proposed methodologies will be provided to OMB.

Any use of periodic (less frequent than annual) data collection cycles to reduce burden

To reduce burden, each respondent will participate in only one focus group discussion. No follow-up interaction with participants will be needed. Total estimated burden time for each focus group discussion is 1.5 to 2 hours.

3. Methods to Maximize Response Rates and Deal with Non-response

The following are examples of procedures that have proven effective in previous studies and will be used when possible to obtain at least a 90% response rate:

- Informing respondents of project purpose and rationale of the study, who will see the study results, and how the results will be used
- Using culturally appropriate data collection instruments and procedures
- Using alternative communication means, such as video-or tele-conferencing
- A token of appreciation for a respondent's time and interest may be given to research participants
- Addressing data security and anonymity with respondents
- Minimizing the time needed for participation in the project
- Informing respondents about the project process and focus group discussion duration and setting, so that they know what to expect
- Limiting participation of each respondent to one focus group meeting
- Discussing the importance of the study for educational and public health decision making and how the findings will be put into action
- Giving participants multiple options for focus group times and allowing them to select a time that accommodates their schedule

4. Test of Procedures or Methods to be Undertaken

The information collection tool that will be used in this project is linguistically and culturally appropriate for the targeted populations. The importance of utilizing culturally and linguistically

appropriate instruments and procedures is well-documented in the literature and is an important aspect of designing and implementing DGMQ's activities and programs.

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

The following individuals, including contractors, who may be chosen to pre-test and conduct information collections, will be available to provide advice about the design of statistical and sampling procedures undertaken as part of these data collection activities:

- Pamela Diaz, MD, Associate Director for Science, Division of Global Migration and Quarantine
- Christine Prue, PhD, Health Communication Specialist, Office of the Director, National Center for Emerging and Zoonotic Infectious Diseases
- Hongjiang Gao, PhD, Statistician, Office of the Director, Division of Global Migration and Quarantine
- Jianrong Shi, Statistician, Office of the Director, Division of Global Migration and Quarantine
- Madeline Sullivan, U.S. Department of Education
- Rachel Hansen, National Center for Education Statistics, U.S. Department of Education