

Supporting Statement B

**Early Hearing Detection and Intervention-
Pediatric Audiology Links to Services
(EHDI-PALS) Survey
OMB # 0920-0955**

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February 15, 2017

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List of Attachments

- Attachment 1a: Public Health Service Act
- Attachment 1b: Early Hearing Detection and Intervention Act of 2010
- Attachment 2: 60-Day Federal Register Notice
- Attachment 3: Survey (screenshots)
- Attachment 4: Annual Survey Reminder Email to Audiologists from University of Maine
- Attachment 5: List of EHDI-PALS Collaborators
- Attachment 6: Non-research Determination

B. Collections of Information Employing Statistical Methods

B.1. Respondent Universe and Sampling Methods

Pediatric audiologists practice in a variety of settings that include schools, universities, hospitals, and non-residential health care facilities. In order to target all audiologists providing services to children age 5 and younger, we used the American Speech-Language-Hearing Association (ASHA) member survey to derive the number of audiologists the survey will target. The survey also asks respondents to indicate the type of facility setting they practice. The total number of the different facility settings collected by the survey will be compared with the ASHA member survey. The respondent universe estimated based on ASHA 2015 audiology membership survey¹ (available in ASHA.org) revealed:

Potential Sampling Universe	
Work Setting of Audiologists	Estimated Number of Audiologists
School	725
Colleges and Universities	703
Hospitals	2,592
Non-Residential Health Care	4,852

The above estimate includes the number of facilities who have already completed the approved data collection (OMB # 0920-0955) from the past 3 years. Currently, EHDI-PALS already has 1005 facilities (as of 4-17-2016) in the database since the beginning of data collection. All 1005 facilities' contact will receive an e-mail to remind them to review their survey answers. It is estimated that approximately 800 pediatric audiologists will do so. Both ASHA and American Academy of Audiology, being members of the EHDI-PALS workgroup will continue to disseminate a request through association e-newsletters or e-announcements to all audiologists who have yet to complete the approved data collection. Over the past years, this method has proven very effective in reaching out to pediatric audiologists who provide audiologic service to children age 0 to 5 years who are our target respondents.

During the initial year of our data collection, we estimated potentially 2000 audiologists would read through the purpose statement of this survey to decide whether or not to complete the survey and about 1500 pediatric audiologists would actually complete the survey. After 3 years of data collection, we have 1005 pediatric audiologists completed the survey with a response rate of 67% (1005/1500) which is far better than a typical survey response rate of 30%. Since this method has proven very effective in reaching out to pediatric audiologists, the same survey announcement and data collection method will continue to be used.

B.2. Procedures for the Collection of Information

As with the originally approved data collection (OMB # 0920-0955), this data collection is intended to target only pediatric audiologists who provide services to children age 0 to 5 years. State EHDI coordinators, AAA, and ASHA will continue to request through association e-newsletters or e-announcements to audiologists around the country to complete the survey through the secured internet portal, EHDIPALS.org. The notification message to audiologists who have not filled out the survey will contain a short summary of the purpose for the survey, the EHDI-PALS website address, and where the survey is located on the website (see **Attachment 3**).

The 1005 pediatric audiologists who have completed the originally approved survey from past years will be notified by a brief e-mail to remind them to review their previously submitted survey answers since their contact e-mail has been stored in the secured website. This brief e-mail alert will be auto-generated by EHDI-PALS workgroup member, University of Maine College of Education and Human Development (see **Attachment 4**). After an audiologist completes the approved survey or the yearly review, the types of services a facility can offer will be electronically isolated into a secure database that is accessible by password only. Only the state EHDI program personnel, CDC-EHDI team, and the University of Maine Center College of Education and Human Development will have password accessibility to the raw data. The CDC-EHDI team project officer will continue to collaborate with the EHDI-PALS workgroup members to monitor the facility data, and assist state personnel checking their state's facility data for error. EHDI-PALS workgroup member, University of Maine College of Education and Human Development will continue to be responsible for the analysis and maintenance of the data collected. The experience and knowledge of the individual(s) responsible for working with the data include statistics, data architecture, geocoding, website programming, and maintenance.

B.3. Methods to Maximize Response Rates

As with the originally approved data collection, the survey will open with a statement of purpose which is to quantify the pediatric audiology resource distribution within each state and allow parents and other providers to access the nearest audiology facility for children age 0 to 5 years. The purpose statement is located on page one of the survey.

For those who are have completed the approved data collection from past years:

A reminder e-mail will be auto-generated by University of Maine College of Education and Human Development (see **Attachment 4**) and sent to each facility's contact to remind them to review their survey answers. The survey page will also open with a statement of purpose to remind the audiologist the reason behind this data collection. The purpose statement is located on page one of the survey (**Attachment 3**).

Procedures to ensure a high response rate include the following:

- University of Maine College of Education and Human Development will program a flagging system to flag only those facility contacts who have failed to review their survey answers. A second reminder e-mail will be auto-generated again 3 weeks after the initial reminder e-mail.

- EHDI-PALS workgroup members AAA and ASHA will continue to notify audiology members who have not filled out the survey to complete the survey through periodic association e-newsletters or e-announcements. Over the past years, this method has proven very effective in reaching out to our target audience of pediatric audiologists who provide audiologic services to children age 0 to 5 years. During the initial years of our survey, we estimated potentially 2000 audiologists would read through the purpose statement of this survey to decide whether or not to complete the survey. About 1500 pediatric audiologists would actually complete the survey. After 3 years of data collection, we have 1005 pediatric audiologists who have completed the survey which yielded a response rate of 67% (1005/1500). This is far better than a typical survey response rate of 30%. Since this method has proven very effective in reaching out to pediatric audiologists, the same survey announcement and data collection method will continue to be used. Frequency of the notification will be left at AAA and ASHA's discretion.
- State EHDI program personnel can also use the sample reminder e-mail programmed in the EHDI-PALS website to remind pediatric audiologists periodically if they have not completed the survey. Frequency of the reminder will be left at the state's discretion.

The anticipated response rate is 30% for those who have not completed the survey. This is based on the response rate for a typical research recruitment. The anticipated response rate for those audiologists who only need to review their survey responses will be 80%.

B.4. Test of Procedures or Methods to be Undertaken

State EHDI program personnel, AAA and ASHA will administer the EHDI-PALS survey on-line via a secure website, EHDI-PALS.org. To maximize response rates, state EHDI program personnel can send reminder e-mails to pediatric audiologists to complete the survey. The reminder e-mails are programmed into the EHDI-PALS website under the EHDI program tool box. Frequency of the reminder will be left at the state's discretion as they will have up to date information on the response rate in the password protected website EHDI-PALS.org. AAA and ASHA will remind their audiology members to complete the survey through association e-newsletters and announcements. The anticipated response rate is about 30%.

While names of respondents will be known, respondents are not asked for personal information about themselves or about the infants they have seen. Survey respondents will only be asked for information about the facility's capability and capacity to provide audiologic care for children age 0 to 5 years, such as:

- 1) Facility type, facility address, phone number, hours of operation, and number of audiologists in the facility who can evaluate children age 0 to 5 years.
- 2) Is the facility equipped to perform hearing test, hearing screen, hearing aid fitting and or cochlear implant services.
- 3) Types of insurance accepted and interpreter services available.

Participation in the survey is voluntary and respondents will be advised that only their facility information will be posted in a database accessible by parents and EHDI coordinators in the EHDI-PALS website.

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

The CDC EHDI team has collaborated with the following members of the EHDI-PALS workgroup on data collection:

Collaborators:

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The following individual was consulted on the data analysis and statistical design aspects of the EHDI-PALS facilities:

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Reference

American Speech-Language and Hearing Association. 2015 Audiology Membership Surveys
<http://www.asha.org/Research/memberdata/Membership-Survey/>