Early Hearing Detection and Intervention Hearing Screening and Follow-up Survey

Reinstatement with Change

OMB # 0920-0733

Section B

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B. Collections of Information Employing Statistical Methods

B.1. Respondent Universe and Sampling Methods

The respondent universe for the updated version of the ICR includes all 59 U.S. States, Territories, Freely Associated State, and the District of Columbia (i.e., American Samoa, Federated States of Micronesia, Guam, Puerto Rico, Commonwealth of the Northern Mariana Islands, Palau, Republic of the Marshall Islands and the U.S. Virgin Islands). Due to the small universe size (N=59) and the intention to calculate regional statistics, jurisdictions will not be sampled.

Sampling Universe	
Type of Respondents	**Number of Respondents**
State and territory EHDI Program Coordinators	59

This proposed survey utilizes all the race and ethnicity classifications listed in OMB Directive No. 15 – *Race and Ethnic Standards for Federal Statistics and Administrative Reporting.* A space is provided where respondents can enter information about those individuals reporting multiple races.

B.2. Procedures for the Collection of Information

A probability sample is not being used because this data collection is intended to target all U.S. State, Territory, Freely Associated State, and the District of Columbia.

The information will be collected by CDC EHDI via an Excel template that can be completed manually by the respondents. As with the original and reinstated ICR potential respondents in all jurisdictions will receive an email that includes a request to complete the survey, related background information, a requested completion date, the attachment of the Excel template (Attachment 12), and a copy of the survey explanations. The completed survey will be returned by email to a CDC EHDI mailbox. .

As with the updated ICR, the data validation process for the revised ICR will include encouraging the jurisdictional EHDI program personnel to view the information that is posted for their jurisdiction on the CDC EHDI website (http://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html). In addition, data from the

National Center for Health Statistics and previous responses from a jurisdiction about the number of live births and general population demographics will be used to help check the reasonableness of the data. Any jurisdictions that reported information that appears to be outside of expected limits will be contacted (Attachment 11).

Staff from the CDC EHDI Team with training and experience in statistics will continue to be responsible for the collection, analysis, and summary of the data reported by respondents on the updated ICR. The experience of individuals responsible for working with the collected data includes both formal training in statistics and knowledge gained through the analysis of data from past surveys and the development of databases.

B.3. Methods to Maximize Response Rates and deal with Nonresponse

Identified personnel within the 59 U.S. state and territorial EHDI programs will be sent an email requesting that they respond to the revised ICR (Attachment 12). The email will include a request to notify CDC EHDI (the sender of the email request) if this message should be sent to another person within the jurisdictional EHDI program. The information requested by this survey pertains to the key components of the EHDI process including: number screened for hearing loss, referred for and receiving rescreening and diagnostic evaluation services, identified with hearing loss, enrolled in intervention, loss to follow-up / loss to documentation, and other related information.

Follow-up procedures for the updated ICR to ensure a high response rate so that accurate and reliable statistics can be generated will continue to involve a three step process. The first step is intended for all 59 potential respondents and involves sending an email one week prior to the requested completion date to remind respondents to please complete the survey (Attachment 13). The second step is designed to occur three business days after the requested completion date and will be targeted towards those jurisdictions that did not respond. This email will remind respondents about the survey and indicate that although the requested due date has passed they are still encouraged to respond (Attachment 14). Step three consists of contacting the designated EHDI program personnel via telephone in those jurisdictions

that do not respond within five business days after the reminder email sent in step two. Voice messages will be left when possible if the intended program representative is unavailable. Follow-up calls will be made if there is no response to a voice message. If any of the potential respondents refuse to respond to the survey they will be asked for the reason(s) so these may be taken into account and possible accommodations may be made for the next time the survey is distributed (i.e., the following year).

The anticipated response rate for the revised ICR is 93% or more (i.e., at least 55 out of a possible 59 respondents). This is based on the response rate for the original and reinstated ICR. Also, there are no indications from jurisdictions that they are planning to stop reporting EHDI-related data when requested.

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

A pretest of the original ICR was conducted with 5 respondents from different state EHDI programs from the intended respondent universe (e.g., Colorado, Connecticut, Massachusetts, Minnesota, and Wyoming). In addition, the ICR was reviewed by representatives of the Directors of Speech and Hearing programs in State Health and Welfare Agencies (DSHPSHWA) and a member of the CDC-EHDI Team who was formerly the manager of the EHDI program in New Jersey. Feedback about the design and content of this survey was positive from all respondents, with only minor suggestions related to phrasing and the addition of items. This feedback was incorporated into the original ICR that was approved by OMB in October 2006. Feedback from members of the respondent group indicated that the proposed survey would have a high response rate as well as a minimal level of burden and a high degree of utility. Response rates of 87% or greater and positive feedback from respondents were accomplished for the original ICR.

Representatives of four state EHDI programs that included Colorado, Iowa, Florida, and Oregon, reviewed the updated version of the ICR and provided comments. Based on the positive feedback from these four states and the high response rate to the reinstated ICR, it is expected that the updated ICR will continue to have high a response rate along with a minimal level of burden and a high degree of utility.

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

The following individuals were consulted on the statistical design aspects of the original ICR. Dr. Craig Mason was also consulted on the statistical design of the updated ICR.

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As with the original ICR the information from the revised ICR will be collected and analyzed by CDC EHDI, within the CDC's National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability.