Prevention and control of shigellosis: A needs assessment of state and local health departments

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Section B – Data collection Procedures

1. Respondent Universe and Sampling Methods

The respondent universe for this information collection will consist of 80 (40 state and 40 local) health department stakeholders who engage in *Shigella* related work. The role of these respondents at the state and local health department will include epidemiologists, communicable disease investigators, and medical officers. Information will be collected from respondents through telephone-based in-depth interviews. Although passive recruitment strategies will be used for this needs assessment, we will only conduct in-depth telephone interviews with epidemiologists, communicable disease investigators, and medical officers involved in shigellosis related work.

Convenience and purposive sampling will be used for this assessment. Convenience sampling uses preexisting groups as the sampling frame, and members of these groups are invited to participate in the assessment. Purposive sampling is targeting specific groups using pre-established criteria for recruitment. For this assessment, the pre-established criteria include: (1) state and local health departments who have established relationships, or interfaced with, the *Shigella* Program or other CDC programs engaging in *Shigella* related work, (2) State and local health department partners with a Food Safety Center of Excellence, (3) State and local health department partners in areas with a high burden of shigellosis. These purposefully selected state and local health department partners will be invited by email to participate in the interviews.

Respondents will be identified through multiple methods: (1) A list of state and local health department partners who have established relationships, or interfaced with, the *Shigella* Program or other CDC programs engaging in *Shigella* related work will be compiled and these partners will be invited by email to participate in the interviews (**Attachment B—Invitation Email**). (2) State and local health department partners with a Food Safety Center of Excellence, or states/localities with a high burden of shigellosis will be emailed an invitation to participate (**Attachment B—Invitation Email**). (3) Respondents will be asked during in-depth interviews if they recommend any other contacts within their state or local health departments who may have insight into local shigellosis prevention and control efforts. The CDC team will email the suggested person to invite them to participate in the assessment (**Attachment B—Invitation Email**). (4) Passive recruitment will occur by placing an announcement (**Attachment C—Announcement)** describing the assessment on PulseNet's SharePoint site which is available to epidemiologists across the U.S. who work on enteric disease prevention and control. Individuals interested in participating will be asked to contact the CDC team to learn more about the assessment. (5) Passive recruitment will occur by including an announcement (**Attachment C—Announcement**)

describing the assessment as part of emails to state and local health department participants on monthly WASH webinar calls, and on monthly state waterborne disease update calls. (6) Passive recruitment will occur at the 2018 CSTE Annual Conference during a roundtable discussion about shigellosis prevention and control. A printed copy of the announcement (**Attachment C—Announcement**) will be made available during the session for state and local health department partners to review. Across all recruitment methods only those who agree to participate will participate in the interviews.

2. Procedures for the Collection of Information

Data will be collected via telephone-based in-depth interviews (**Attachment A—Telephone Interview Guide**) and respondents will be recruited through an email notification (see **Attachment B—Invitation Email**) and through a passive announcement (See **Attachment C—Announcement**) to the respondent universe. The notification email and passive announcement will explain:

- The purpose of the data collection, and why their participation is important
- Instructions for participating
- Method to safeguard their responses
- That participation is voluntary
- The expected time to complete the instrument
- Contact information for the project team

Individuals interested in participating in the in-depth interviews will contact the assessment PI who will then coordinate a time and date to conduct the interview. If the participant does not respond to the email within 15 days, the email invitation will be sent again. No additional emails will be sent to the respondent. Once the interview has been scheduled, a reminder email will be sent to the respondent 1 week before the interview (see **Attachment D—Reminder Email).** After the interview, an email will be sent to the participant thanking them for their participation (**Attachment E—Thank You Email**). All data collection activities will be conducted within 9-months of OMB approval.

The in-depth interviews will occur by telephone with respondents who agree to participate. A semi-structure in-depth interview guide (**Attachment A—Telephone Interview Guide)** will be used to guide the discussion. Before participating in the interview, verbal permission from the participant will be obtained. Field notes will be taken by a non-participatory observer on the in-depth interview.

Once the data collection period has closed, field notes will be imported into MAXQDA software and will be analyzed using thematic analysis. All field notes and databases will be

housed on a secure drive on the CDC network that is only accessible to the project members.

Resulting data will be used to develop aggregated summary reports to be used for decision making and strategic planning purposes of the *Shigella* Prevention and Control Program and other internal *Shigella* associated groups within DFWED. Aggregated results will also be shared with local and state health department stakeholders, in addition to other stakeholders through internal and external presentations, reports, and/or publications. Qualitative findings may be published in a peer-reviewed journal article.

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the data collection is voluntary, the project team will make every effort to maximize the rate of response. The data collection instrument was designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden.

Following the invitation email (see **Attachment B—Invitation Email**) respondents will have 15 business days to schedule their interview. If the participant does not, the email invitation will be sent again. No additional emails will be sent to the respondent. Once the interview has been scheduled, a reminder email will be sent to the respondent 1week before the interview (see **Attachment D—Reminder Email).**

4. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the data collection instrument by 4 public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 40 minutes (range: 20 to 60 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 60 minutes) is used.

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

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LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

B. **Attachment B – Invitation Email**
C. **Attachment C – Announcement**
D. **Attachment D – Reminder Email**
E. **Attachment E – Thank You Email**