Public Health in Indian Country Capacity Scan Assessment

OSTLTS Generic Information Collection Request OMB No. 0920-0879

Supporting Statement – Section B

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Program Official/Project Officer

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Table of Contents

Section	on B – Information Collection Procedures	3
1.	Respondent Universe and Sampling Methods	3
2.	Procedures for the Collection of Information	3
3.	Methods to Maximize Response Rates Deal with Nonresponse	5
4.	Test of Procedures or Methods to be Undertaken	5
5. Dat	Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing	
LIST	OF ATTACHMENTS – Section B	7

Section B – Information Collection Procedures

1. Respondent Universe and Sampling Methods

A total of 261 respondents will be invited to participate in this data collection. These respondents include:

- Tribal health department directors, Tribal public health department directors (n=230). Individuals falling within this group are employees of tribal public health departments, aligning with the approved respondent universe of 0920-0879.
- Alaska Native health consortium directors (n=31) Unique to Alaska, native communities organize their health and public health service delivery through health consortiums, operating under authority granted under Public Law 93-638: The *Indian Self-determination and Education Assistance Act (ISDEAA)*. Members of consortiums are delegated by tribes to act on their behalf. As such, Alaska Native Health Consortium Directors align to the approved respondent universe of "delegates" of 0920-0879.

See Attachment A – Respondent Breakdown.

No sampling will be done; the entire universe of potential respondents will be invited for participation. All contact information will be accessed via the National Indian Health Board.

2. Procedures for the Collection of Information

The primary method of data collection will be a one-time web-based assessment (Attachment C – PHICCS Instrument (Web version)). Upon request, a respondent may choose to complete the assessment via a hard copy version that is mailed to NIHB, (Attachment D: PHICCS Instrument (Word version)) or complete the assessment over the phone (PHICCS Attachment E: Phone Administration of Instrument: Introductory Language) Specifically, these other modes of collection will include: a) hardcopy assessment mailed directly to NIHB and entered into the web-based platform by an NIHB staff member, b). telephone administration, in which an NIHB staff member dictates the assessment on the phone to a respondent and enters the respondent's responses directly into the online platform. It is important to provide alternate modes of administration as there may be some respondents who are not technologically proficient or live in areas with unreliable internet access. As such, it is estimated that up to 25% of respondents will complete the assessment tool via hard copy and up to 10% of respondents will complete the assessment tool with a NIHB staff member over the phone. It is anticipated the online platform will be the primary mode of data collection.

All respondents, regardless of data collection method, will be recruited through a notification email to the respondent universe (**see Attachment I – PHICCS Email Invitation**). The notification email will explain:

- The purpose of the assessment, and why their participation is important
- Method to safeguard their responses
- That participation is voluntary
- The expected time to complete the assessment
- Alternative options for completing the assessment, including a hard copy version or a telephone-guided interview of the assessment
- Contact information for the assessment team

The email will also state instructions for participating and a link to the online assessment. The Qualtrics online data collection platform will be used to develop the assessment instrument and gather the data. This will reduce the burden of subscribers by allowing them to take the assessment online at their own convenience and by allowing them to skip irrelevant questions. The assessment was designed to collect the minimum information necessary for the purposes of this project.

Respondents will be asked to respond to the instrument within a 12 week (3 month) period to allow ample time for completion. Respondents may complete the assessment in multiple sessions, if necessary. Reminders will be sent on a biweekly basis to those participants who have not responded to urge them to complete the assessment (**see Attachment J – PHICCS Email Reminder**). As with the initial invitation, these reminders will be sent via email, with a total of no more than 6 reminders being sent. Telephone reminders will begin at week 7, urging participants to complete the assessment and answer any questions (**see Attachment K – PHICCS Phone Reminder**). Additional telephone reminders will be completed during weeks 9 and 11. Participants will not be contacted more than 3 times via telephone reminder. All participants who have not yet responded, regardless of mode of administration (i.e., online, hardcopy, phone) will receive both email and phone reminders urging them to participate.

Data from the web-based instrument will be downloaded, cleaned, and analyzed in SPSS by a member of NIHB staff. Data will be aggregated and analyzed by topic/section to capture

the public health capacity of Indian Country, as a whole. Data will be grouped and analyzed by topic/section for the 12 IHS regions. The 12 IHS regions are: Alaska, Aberdeen (Great Plains), Albuquerque, Bemidji, Billings, California, Nashville, Navajo, Oklahoma City, Phoenix, Portland, and Tucson. Additionally, each Tribal health entity will have access to their own data. This will allow individual Tribes to compare their results to a national aggregate. Tribes will receive this information in a spreadsheet format.

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the assessment is voluntary, the project lead will make every effort to maximize the rate of response. The assessment tool was designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden. A biweekly reminder email will be sent to those who have not completed the assessment (**see Attachment J – PHICCS Email Reminder**), with the final reminder email being sent during week 11 of the assessment period, and a total of no more than 6 electronic reminders. Telephone reminders to non-responders will begin starting at week 7 of the assessment period. No more than 3 attempts will be made to reach the respondents via telephone (**see Attachment K – PHICCS Phone Reminder**).

Another method used to increase response rates is the pre-launch webinar. The purpose of the pre-launch webinar is to market PHICCS to the tribes and give them an overview of the project's goals and structure. Approximately 2 weeks prior to the PHICCS assessment launch, participants will be informed of the assessment via email (**see Attachment L – PHICCS Pre-Launch Webinar Email**) and invited to join a pre-launch webinar for informational and instructional material on the PHICCS web-based tool (**see Attachment M – PHICCS Pre-Launch Webinar**). The webinar's value is in its proposed ability to increase response rate from Tribes.

4. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the information collection instrument by six 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 across all data collection modes (i.e., online, hard copy, and phone administration of online assessment), was approximately 60 minutes (range: 45 to 60 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 60 minutes) is used. There is no difference in time estimates across the three modes of administration.

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

CDC and NIHB staff were consulted on statistical aspects of the assessment and those responsible for collecting and/or analyzing data. NIHB will be responsible for collecting, cleaning, and analyzing the assessment data. The following individuals were consulted:

Name	Title	Organization	Phone Number	Email Address
Carmen Clelland, PharmD, MPA	Associate Director for Tribal Support	Office for State, Tribal, Local and Territorial Support (OSTLTS) at the Centers for Disease Control and Prevention (CDC)	(404) 498-2208	yur3@cdc.gov
Damion Killsback, PharmD, MPH	Deputy Associate Director	Office for State, Tribal, Local and Territorial Support (OSTLTS) at the Centers for Disease Control and Prevention (CDC)	(404) 498-1697	nja5@cdc.gov

Centers for Disease Control and Prevention (CDC)

National Indian Health Board (NIHB)

Name	Title	Organization	Phone Number	Email Address
Carolyn Hornbuckle	Director, Public Health Policy and Programs	National Indian Health Board	(202) 507-4089	chornbuckle@n ihb.org
Stephen Valliere	Public Health Project	National Indian Health Board	(202) 507-4074	svalliere@nihb. org

Page 6 of 7

	Coordinator			
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LIST OF ATTACHMENTS – Section B

Attachment C: PHICCS Instrument (Web version) Attachment D: PHICCS Instrument (Word version) Attachment E: PHICCS Phone Administration of Instrument: Introductory Language Attachment I: PHICCS Email Invitation Attachment J: PHICCS Email Reminder Attachment K: PHICCS Phone Reminder Attachment L: PHICCS Pre-Launch Webinar Email Attachment M: PHICCS Pre-Launch Webinar