

State Oral Health and Chronic Disease Programs Integration Assessment

OSTLTS Generic Data collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Program Official/Project Officer

Nita Patel, Dr.P.H., M.P.H.

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Oral Health

Atlanta, Georgia

Phone: (404) 639-8706

Fax: (770) 488-6080

E-mail: nfp5@cdc.gov

Table of Contents

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

Section B – Data collection Procedures

1. Respondent Universe and Sampling Methods

The respondent universe for this information collection consists of 12 state health department staff (6 state oral health program directors and 6 state chronic disease epidemiologists) across all 6 states funded by DP16-1609, Models of Collaboration for State Chronic Disease and Oral Health Programs (**see Attachment A – Respondent breakdown - State Oral Health and Chronic Disease Programs**). No sampling procedures will be employed. Everyone in the respondent universe will be asked to participate in the assessment.

2. Procedures for the Collection of Information

Potential participants will be recruited for a telephone interview via an invitation email (see **Attachment C – Telephone Interview Invitation Email Oral Health and Chronic Disease Program Staff**).

The notification email will explain:

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

If the participant does not respond to the invitation email within 1 week (5 business days), a reminder email will be sent (see **Attachment D– Telephone Interview Reminder Email Oral Health and Chronic Disease Program Staff**). Due to the small number of states funded by CDC, we do not anticipate participants declining to participate.

Participants will be informed that participation in the telephone interview is voluntary. All telephone interviews will be recorded and transcribed. Permission to record telephone interviews will be obtained prior to the start of the interview. Data from the telephone interviews will be stored in a secure CDC server maintained by the assessment team within DOH. Thematic analysis will be used to analyze data using MAXQDA or a similar qualitative data software analysis package.

Following analysis of responses to all information collection instruments, key findings will be shared in aggregate form with DOH project staff, partner organizations, and the respondents who participated in this information collection. Additionally, DOH project staff will aggregate key findings from the telephone interviews, and then refine them into formats appropriate for publication, for presentation at oral health-related meeting or conferences, and for various DOH health communications materials.

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 instruments were designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden.

If the participant does not respond to the email within 5 business days, a reminder email will be sent.

4. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test that was conducted for each of the data collection instruments by 3 public health professionals. In the pilot test, the average time to complete each instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 46 minutes (range: 44 – 48). For the purposes of estimating burden hours, the upper limit of this range (i.e., 48 minutes) is used.

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

Nita Patel, DrPH Health Scientist

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Oral Health
Atlanta, Georgia
Phone: (404) 639-8706
Fax: (770) 488-6080
E-mail: nfp5@cdc.gov

Molly Linabarger CDC Evaluation Fellow

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Oral Health
Atlanta, Georgia
Phone: (404) 639-8706
Fax: (770) 488-6080
E-mail: QQE8@cdc.gov

Meklit Berhan Hailemeskal Specialist Master

Deloitte LLP
678-575-8490
mhailemeskal@deloitte.com

Rikki Ruffo, MSW, MBA
Consultant | Federal Human Capital Practice
Deloitte Consulting, LLP
Tel/Direct: +1 571 882 7451 | Mobile: +1 571 329 0672
rruffo@deloitte.com

LIST OF ATTACHMENTS – Section B

Attachment A - Respondent breakdown - State Oral Health and Chronic Disease Programs

Attachment C - Telephone Interview Invitation Email Oral Health and Chronic Disease Program Staff

Attachment D - Telephone Interview Reminder Email Oral Health and Chronic Disease Program Staff