Pandemic Influenza: Assessing the Feasibility and Acceptability of Implementing the 2017 Community Mitigation Guidelines and Recommendations

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

Data will be collected from a universe of 878 state, territorial, and local public health officials comprised of 59 Directors of Public Health Preparedness of all 50 U.S. states, the District of Columbia (D.C.), and 8 U.S. territories, and a stratified random sample of 819 local health department (LHD) officials. Of the 819 LHD officials, respondents will include preparedness coordinators and/or local health officials (LHOs) from 385 small LHDs, 309 medium LHDs, and 125 large LHDs across 47 states. This sample was drawn from a universe of 2,051 LHDs for which NACCHO has contact information.

The selection criteria and sampling methods for the LHD survey were developed by a stakeholder engagement group (SEG). Members of the SEG included the following public health partners – Association of State and Territorial Health Officials (ASTHO), Council of State and Territorial Epidemiologists (CSTE), National Association of County and City Health Officials (NACCHO), and National Public Health Information Coalition (NPHIC). Eligible recipients were public health officials thought to be involved with emergency preparedness activities, experienced in pandemic influenza planning, and/or knowledgeable about community mitigation measures and non-pharmaceutical interventions (NPIs).

The sample was stratified based on the size of the population the LHD serves (small = 10,000 to 49,999; medium = 50,000 to 499,999; and large = 500,000 and above) and the U.S. Census region in which the LHD resides (Northeast, Midwest, South, and West). LHDs falling within each of the 12 stratifications were then randomly selected to match the distribution of the universe in each strata. Extra weight was given to large LHDs in all regions of the United States (U.S.) since these LHDs are fewer in number but serve a greater percentage of the U.S. population. LHDs serving a population of less than 10,000 were excluded from the sample, because they serve about 2% of the total U.S. population and they have limited staff, which creates undue response burden. In addition, Hawaii and Rhode Island do not have LHDs and, therefore, no recipients from those states were included in the sample for LHDs. Lastly, Florida was not included in the sample, as all data collection instruments distributed to LHDs in Florida must receive pre-clearance review and approval from the state health department in an effort to reduce response burden (see **Attachment A: Respondent Universe and Sample Tables**, which includes a summary of the LHD recipient groups broken down by strata of LHD size and geographic location).

2. Procedures for the Collection of Information

Data will be collected via a one-time, web-based information collection instrument using *SurveyMonkey* for the Directors of Public Health Preparedness and using *Qualtrics* for the LHD preparedness coordinators and/or LHOs. The MayaTech Corporation is responsible for distributing the online assessment tool to the selected state/territorial recipients, and uses *SurveyMonkey*. NACCHO is responsible for distributing the online assessment tool to the

selected LHD recipients, and uses *Qualtrics* (see **Attachment C: Instrument Word Version, Attachment D: Instrument Web Version [using *SurveyMonkey*]**, and **Attachment E: Instrument Web Version [using *Qualtrics*]**).

Prospective respondents will be recruited through a notification (see **Attachment F: Recruitment E-mail Invitation**) to the respondent universe. The notification e-mail 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

Participation of the assessment recipients is voluntary. They can opt not to participate, or to refuse to answer any question, or to withdraw from participation at any time without loss of any services or support from HHS or CDC.

Respondents will have 20 business days to complete the online assessment tool. The project task order contractor – the MayaTech Corporation – and cooperative agreement awardee – NACCHO – will send up to 3 e-mail notices through *SurveyMonkey* and *Qualtrics* to remind the state/territorial and local health department recipients, respectively, to complete the online assessment, utilizing motivating messages and expressing the importance of the information being collected (see **Attachment G: Reminder E-mail Notice – No Response Yet** and **Attachment H: Reminder E-mail Notice – Partial Response**). The e-mail notices will be distributed to non-respondents in intervals of 5 business days (not counting weekend days) during the open period. Those who do not respond within 10 days of the third (and final) reminder e-mail will be considered non-responders.

Data collected during the assessment will be kept on secure, password-protected servers accessible only to the MayaTech Corporation and NACCHO project team members. The MayaTech Corporation will develop a database of all quantitative and qualitative data collected and a data dictionary (catalogue or codebook) of the data variables, types, level of measurement, and value labels. To ensure clean and valid data, the MayaTech Corporation will conduct a structured data cleaning process in SPSS to check for errors, and will prepare a report of all errors found. At the completion of the project, the MayaTech Corporation will provide the data dictionary and database to CDC. CDC will own the data dictionary, data collected, and database.

The quantitative data collected will be analyzed by the MayaTech Corporation using distributional descriptive statistics (e.g., frequencies, means, and ranges). Additional analyses might be needed to compare subgroups of the population, or to examine measurements by strata (e.g., small, medium, and large LHDs). Sampling and non-response weights will be

computed for each population size stratum to conduct weighted analysis of the LHD assessment data. In the computation of means, totals, and percentages, weighted values will be used. A finite population correction factor will be used for computing standard errors. Responses to qualitative, open-ended questions will be analyzed thematically. The qualitative, semi-structured responses will be entered into a qualitative analysis software (e.g., Atlas.ti, Dedoose, Nvivo, or QSR Nud*ist), which will assist in the identification and analysis of similar themes across all of the respondents. Cross-cutting themes that emerge will help highlight priority areas for future capacity-building efforts related to NPI pre-pandemic planning and preparedness.

The MayaTech Corporation will summarize and present the analysis of the data collected in a comprehensive summary report. Only aggregated responses of all the participating jurisdictions will be reported. At the completion of the project, the MayaTech Corporation will submit the summary report to CDC, which CDC will own.

3. Methods to Maximize Response Rates and 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 a particular focus on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden.

Following the distribution of the invitation to participate in the data collection, (see **Attachment F: Recruitment E-mail Invitation**), recipients will have 20 business days to complete the online assessment. Those who do not respond within 5 business days will receive the first of three reminder notices (see **Attachment G: Reminder E-mail Notice – No Response Yet** and **Attachment H: Reminder E-mail Notice – Partial Response**) urging them to complete the online assessment. Those who do not respond within 10 business days from the third (and final) reminder e-mail will be considered non-responders.

Several strategies will be employed to help maximize response rates, in addition to sending reminder e-mail notices. These strategies include mechanical techniques to ensure that the functional aspects of the data collection instrument are working properly; and structural techniques to ensure a respondent-friendly instrument in terms of the wording, sequencing, and formatting of the questions. Relying on the reputation of CDC as a recognized leader in public health and highlighting that the online assessment is from CDC in the recruitment e-mail invitation and reminder e-mail notices should help maximize response rates. Lastly, the actual implementation of the online assessment will be timed optimally to avoid other collection requests that may cause increased burden on the respondents if occurring concurrently with this data collection.

4. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the online data collection instrument by 8 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 51 minutes (range: 24 to 90 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 90 minutes) is used.

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LIST OF ATTACHMENTS – Section B

A. Respondent Universe and Sample Tables
C. Instrument Word Version
D. Instrument Web Version (using *SurveyMonkey*)
E. Instrument Web Version (using *Qualtrics*)
F. Recruitment E-mail Invitation
G. Reminder E-mail Notice – No Response Yet
H. Reminder E-mail Notice – Partial Response