

# Awardee Lead Profile Assessment (ALPA)

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## Revision

Supporting Statement Part B –

Collections of Information Employing Statistical Methods

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## Part B. Collections of Information Employing Statistical Methods

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### B.1. Respondent Universe and Sampling Methods

The ALPA survey will collect standardized information from funded programs to identify 1) laws and regulations governing national CDC-funded childhood lead poisoning prevention programs; and 2) strategies for implementing childhood lead poisoning prevention activities in two modes, in the EIWS or Microsoft Word format (Attachments 4a and 4b).

Data will be collected from up to 61 respondents - specifically, lead poisoning prevention program project managers of state and local governments (or their bona fide fiscal agents).

Each state and local government (or bona fide fiscal agent) has been funded under the Notices of Funding Opportunity (NOFOs) entitled “Lead Poisoning Prevention-Childhood Lead Poisoning Prevention---financed partially by Prevention and Public Health Funds” (CDC-RFA-EH17-1701PPHF17) and “Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children” (CDC-RFA-EH18-1806), which have been extended until September 29, 2021 (Attachments 3a and 3b). A new NOFO to begin on September 30, 2021, entitled “Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children” (CDC-RFA-EH20-2001; Attachment 3c) will build upon national gains made by recipients under past cooperative agreements. These announcements, as well as future program announcements, fund state and local childhood lead poisoning prevention programs to conduct active surveillance and strategic prevention activities to decrease and eventually eliminate childhood lead poisoning within their jurisdictions.

Each recipient organization has one project manager for lead poisoning prevention activities. Each project manager will respond to the Awardee Lead Profile Assessment (ALPA) survey (Attachments 4a and 4b) in his or her official capacity. Childhood lead poisoning prevention program project managers are equipped with the knowledge necessary to answer the questions in this information collection instrument. Fifty-three project managers answered questions in the previously approved ALPA survey in 2019 and are familiar with reporting to CDC.

No statistical methods nor sampling is necessary to collect the program management information from the recipients.

## B.2. Procedures for the Collection of Information

Data will be collected using a web-based Epi Info 7™ survey (Attachment 4a) or using an emailed survey in Microsoft Word format (Attachment 4b). The two data collection methods will allow 100% of respondents to complete and submit their responses electronically.

Respondents will receive an invitation email (Attachment 6) from a CDC Childhood Lead Poisoning Prevention Program (CLPPP) staff member (administrative assistant) 150 days before the end of the annual budget period. The invitation email will have a web link to the data collection instrument and will explain:

- The purpose of the Awardee Lead Profile Assessment, and why their participation is important and required
- Methods to safeguard their responses
- That participation is required for satisfactory performance
- The estimated time required to complete the data collection request
- Contact information for the staff member overseeing the request

Respondents will be asked for their response to the instrument within a 4-week period to allow ample time for completion. A follow-up email will be sent ten days before the submission due date (Attachment 7). Respondents who do not want to complete the online web survey (Attachment 4a) will be able to complete the Microsoft Word questionnaire (Attachment 4b) that will be emailed to them by a CDC CLPPP staff member.

The completed EIWS ALPA survey data will be automatically stored on a secure CDC platform, and a limited number of CDC CLPPP staff members will be able to view and analyze the data in Epi Info™ 7. The data will be securely stored in an Epi Info™ 7 project folder and put on the secure HHLPPP shared drive. The shared drive is only accessible to approved CDC CLPPP staff members, after secure log on to CDC electronic systems.

If respondents choose to complete the Word survey (Attachment 4b), the data will be manually entered into the Epi Info™ 7 database by a CDC CLPPP staff member and will be included for analysis using Epi Info™ 7. The completed survey will be filed for each funded program in its respective file folder on the secure CDC CLPPP shared drive.

Data will be cleaned and analyzed in Epi Info™ 7. The analysis will consist of simple descriptive statistics and lists. Narrative comments will be analyzed qualitatively and aggregated by common themes. Analysis of assessment results will not require advanced, complex statistical techniques.

### B.3. Methods to Maximize Response Rates and Deal with Nonresponse

As a program management annual requirement, the CDC CLPPP anticipates 100 percent participation from its recipients. Completion of the ALPA survey is required for satisfactory performance. CDC project officers will work with funded programs to ensure that the data are completed and received in a timely manner. A follow-up email will be sent to those who have not completed the assessment ten days before the submission due date (Attachment 7).

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

The initial estimate for burden hours for the ALPA survey, seven minutes per response, was based on piloting the draft survey among nine CDC CLPPP cooperative agreement program recipients in 2015 and the associated one-time generic information collection among 35 respondents in 2016.<sup>1</sup>

The time to take the survey has increased from 7 minutes per response in 2018 to 47 minutes per response due to a revision of the survey. Survey questions with text box answers were modified to gateway questions with multiple choice answer options. Specific terms and phrases were modified for conciseness and clarification and a training manual was created to reduce ambiguity. Additionally, questions about primary prevention and lead elimination were added to the survey.

This revised time estimate per response is based on a 2020 pilot test of the modified survey among 9 respondents, and includes the time needed to review the ALPA Training Manual, which is a new addition in this revision ICR.

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

The individuals working on this information collection, including instrument development, data collection, and data analysis are members of the CDC CLPPP (in the CDC National Center for Environmental Health – Division of Environmental Health Science and Practice).

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<sup>1</sup> 2016 GenIC “Baseline Profile of State and Local Healthy Homes and Lead Poisoning Prevention Programs” (PROF-LEAD) under “Information Collections to Advance State, Tribal, Local, and Territorial (STLT) Governmental Health” (OMB Control No. 0920-0879; expiration date 03/31/2018).

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