Pandemics, Natural Disasters, and other Interruption of Service Events: Contingency Planning Considerations for Mycobacteriology Testing

CSTLTS Generic Data Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

Submitted:

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Section B – Data collection Procedures

1. Respondent Universe and Sampling Methods

REDCap Survey
Information will be collected from 58 (50 states, 7 cities and Puerto Rico) state, local and territorial public health laboratory (PHL) mycobacteriology supervisors (or their designees), funded under the Centers for Disease Control and Prevention (CDC) Division of Tuberculosis Elimination (DTBE) and Laboratory Strengthening Cooperative Agreement (CoAg) acting in their official capacities. A listing of these laboratories can be found in **Attachment A– CoAg PHLs and Mycobacteriology supervisors or designees.**

Respondents will consist of PHL mycobacteriology supervisors. Participants were selected based upon the fact that they are the primary recipients of federal funding for TB elimination in the US and are, therefore, the most knowledgeable about the information being collected in this assessment. If for some reason the mycobacteriology supervisor declines to participate, is unable to participate or feels there is another staff member within their laboratory who may be better suited to complete the questionnaire on behalf of the laboratory, the supervisor will have the opportunity to forward the survey to that designee. (NOTE: instructions will be made clear to ensure any designee that receives the questionnaire must be of the same PHL to ensure the collection aligns to the approved respondent universe of OMB No. 0920-0879). Due to the limited size of the potential respondent universe, CDC will invite all 58 CoAg awardees to participate in this assessment. Therefore, no sampling will be conducted.

Focus Group Discussions
State, local and territorial PHL mycobacteriology supervisors (or their designees) who complete the data collection instrument and indicate they had an interruption of service event will be selected to participate in focus group discussions. Up to 58 respondents may participate in focus groups. Respondents will be placed in focus groups based on the type of interruption of service event reported on the data collection instrument.

2. Procedures for the Collection of Information

<u>REDCap Survey</u>
Data will be collected through a web-based data collection instrument (CDC REDCap) and respondents will be recruited through a notification email (see **Attachment E—Notification Email**) sent by CDC Laboratory Branch staff to the PHL mycobacteriology supervisors or their designee. The notification email 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

Respondents will be asked to complete their response to the instrument within a 6-week period to allow ample time for completion. Following the notification email, PHL mycobacteriology supervisors who do not respond to the initial invitation within 2 weeks will receive a reminder email (**see Attachment F—Reminder Email**) urging them to complete the assessment. Those who do not respond to the reminder email by the end of the 6-week information collection period, will be considered non-responders. PHL mycobacteriology supervisors who decline to participate outright will be asked to forward the questionnaire link to an appropriate designee from the same PHL If the request to forward to a designee is also declined, the mycobacteriology supervisor will receive no further communication.

Once the 6-week information collection period has closed, results from the web-based instrument will be downloaded and exported to an Excel spreadsheet for initial analysis and cleaning. Quantitative data analysis and descriptive statistics will be achieved through input into SPSS according to variables aligned with response choices. Information collected from the assessment will be stored in a secure environment maintained by CDC.

Focus Group Discussions

Focus group discussions held by virtual platforms (Zoom, Skype, or Teams Meeting) will be scheduled based on responses from the questionnaire regarding types of interruption in service events identified. Up to 58 potential respondents to the data collection questionnaire will participate in focus group discussions. A maximum of six participants will be in each focus group. Thus, a maximum of 7 to 10 focus groups are anticipated.

Respondents will be recruited for individual focus groups through an invitation email (see **Attachment G—Focus Group Invite Email). The invitation email will explain:**

- The purpose of the focus group and why participation is important
- Instructions for participating
- Method to safeguard their responses
- That participation is voluntary
- The expected time to complete the focus group discussion
- Contact information for the project team

Respondents will be allowed 2 weeks to reply to the invitation email. PHL mycobacteriology supervisors who do not respond to the initial invitation within 2 weeks will receive a reminder email (**see Attachment H—Reminder Email for Focus Group**) requesting them to participate. Those who do not respond to the reminder email by the end of the 4 weeks from the initial invitation will be considered non-responders. PHL mycobacteriology supervisors who decline the invitation to participate outright or who are unable to participate will be asked to forward to an appropriate designee from the same PHL. If the request to forward to a designee is also declined, the mycobacteriology supervisor will receive no further communication.

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the data collection and focus groups 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. Focus groups will use a virtual platform and limit discussions to a maximum of 120 minutes to reduce burden.

Following the distribution of the invitation to participate in the data collection (**Attachment E — Notification Email)**, respondents will have 6 weeks to complete the instrument. Those who do not respond within 2 weeks will receive a reminder **(Attachment F— Reminder Email**) urging them to complete the instrument. Those who do not respond within 4 weeks from the reminder email will be considered non-responders. Following the distribution of the invitation to participate in a focus group (**Attachment G – Focus Group Invite Email)**, respondents will have 2 weeks to reply. Those who do not reply after 2 weeks will receive a reminder email **(Attachment H – Reminder Email for Focus Group).** Those who do not reply within 4 weeks from the initial invitation to participate in a focus group will be considered a non-responder.

4. Test of Procedures or Methods to be Undertaken

REDCap Survey

The estimate for burden hours is based on a pilot test of the data collection instrument by nine 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 7 minutes (range: 5 to 10 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 10 minutes) is used.

Focus Group Discussions

The estimate of burden hours for focus group discussions is based on a maximum of 58 participants in group discussions using a virtual platform being limited to two hours in length (**Attachment D — Focus Group Virtual Platform Discussions Script**). For the purposes of estimating burden hours, the upper limit (i.e., 120 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.

A. **Attachment A – CoAg PHLS and Mycobacteriology supervisors or designees**
B. **Attachment D – Focus Group Virtual Platform Discussions Script**
C. **Attachment E – Notification Email**
D. **Attachment F – Reminder Email**
E. **Attachment G – Focus Group Invite Email**
F. **Attachment H – Reminder Email for Focus Group**