

INFORMATION COLLECTIONS TO ADVANCE STATE, TRIBAL, LOCAL, AND  
TERRITORIAL (STLT) GOVERNMENTAL AGENCY SYSTEM PERFORMANCE,  
CAPACITY, AND PROGRAM DELIVERY

OMB No. 0920-0879; Exp.

01/31/2024

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

SUPPORTING STATEMENT B

06/09/2023

**Program Official/Project Officer**

Karen Mumford, PhD

Associate Director for Science, Office of Science and Evaluation

Division of Jurisdictional Support

Centers for Disease Control & Prevention

11 Corporate Blvd NE, MS: V18-1

Atlanta, Georgia 30329

Office - 404-498-0223

## **TABLE OF CONTENTS**

1.	Respondent Universe and Sampling Methods	3
2.	Procedures for the Collection of Information	3
3.	Methods to Maximize Response Rates and Deal with Non-Response	4
4.	Test of Procedures of Methods to be Undertaken	5
5.	Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data	5

## **Part B. Data Collection Procedures**

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

The respondent universe is comprised of the following:

- a) STLT government agency staff with a task(s) to improve the public's health<sup>1</sup>. Task is defined as actions, mission, services, functions, or duties that benefit the public's health and not tied to the organization delivering the public health service.
- b) Delegates acting on behalf of STLT government agency staff involved in the provision<sup>2</sup> of essential public health services<sup>3</sup> in the United States. A delegate is defined as: a governmental or non-governmental agent (agency, function, office or individual) acting for a principal or submitted by another to represent or act on behalf of STLT health departments.

The scope of data collection is limited to responsibilities and duties of governmental staff or delegates. There are many types of potential respondents due to the diversity in organizational structure and management approaches in different jurisdictions. The potential respondents include 800 State, Territorial, or Tribal government staff or delegates involved in the provision of essential public health services, and 3000 Local/County/City government staff or delegates involved in the provision of essential public health services. There is great diversity in organization and management of public health tasks within government jurisdictions.

Below are descriptions of the professions and organizations that have and could represent respondent universe in this generic submission: State, tribal, local/city, or territorial government staff or delegate acting on behalf of a STLT agency tasked with the provision of essential public health services such as:

- a. health officer, chief state epidemiologist, head of chronic disease prevention program, health communication and informatics specialist, school commissioner, emergency preparedness coordinator, environmental specialists, child welfare and health staff, public safety and transportation departments, migrant health clinics, agriculture and food safety, Native American health serving agencies, etc.

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

Efforts will be made to conduct a census, i.e., include all jurisdiction representatives in the assessment. This is feasible due to limited number of state, territorial and tribal jurisdictions. For data collections involving several counties/cities, a sample of respondents may be drawn from a population. For all categories of respondents, self-selection is an acceptable sample selection method for focus groups, customer satisfaction, routine communications etc.

---

<sup>1</sup> Public health- the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals.

<sup>2</sup> Provision- the act of (directly or indirectly) planning, providing, or assessing services.

<sup>3</sup> Essential public health services- 10 services identified in 1988 IOM report.

The information collections will utilize standard modes of administration. These include:

- Online data collections will be the principal method of data collection
- Telephone data collections are particularly useful for maintaining high response rates and will be used to contact non-respondents. A list of non-respondents will be deducted from the initial data collection respondent list and trained interviewers contact them to administer a questionnaire over the phone.
- In-person data collections will be implemented in a central location or sometimes door-to-door by interviewers who canvass households or individuals living within a discrete geographic area to elicit information regarding certain topics or issues. In-person data collections will be used on limited basis, mostly for the same reason as telephone data collection (non-response).
- Focus Groups serve as a particularly useful medium to collect information from respondents when rich, in-depth information regarding attitudes and reactions to products is desired. Focus groups traditionally take place in an in-person format, in which a moderator facilitates a discussion regarding a product, issue, or program. \_

### ***Estimation procedures***

All data analyses will be conducted under the advice of a CDC statistician/data analyst and will involve estimation of descriptive and inferential statistics. Linking collected data to existing data sources by non-personal identifiers (state, county, city names, etc.) may be used to increase the overall utility of a proposed data collection.

### ***Degree of accuracy needed for the purpose described in the justification***

CDC conducts these information collections for the purpose of program monitoring, assessment, and performance improvement. The use of scientifically sound sampling methods (census, random sampling, etc.) will ensure that CDC collects quality data to inform decisions about allocation of STLT resources and effectiveness of CDC programs and services. For that purpose, different sampling methods may be used for different categories of respondents as described above.

### ***Unusual problems requiring specialized sampling procedures***

Unusual problems requiring specialized sampling are expected to be rare and will be disclosed in individual generic requests.

## **3. Methods to Maximize Response Rates and Deal with Non-Response**

The following are the examples of the procedures that have proven effective in previous studies and will be used when possible to maximize response rates:

- Potential respondents will be informed about the importance of these studies and encouraged to participate through a variety of methods, including newsletters from professional associations or community organizations, and letters of support from key individuals.

- When appropriate, a dedicated toll-free number will be established at CDC or a contractor's office to allow potential respondents to confirm a study's legitimacy.
- Interviewers will participate in thorough training sessions. Training topics will include strategies for engaging respondents, role playing, and techniques for fostering respondent cooperation and data collection completion.
- For telephone interviews, outgoing calls that result in a disposition of no answer, a busy signal, or an answering machine will be automatically rescheduled.
- Respondents may be allowed several options for completing data collections (online or in-person or faxing back/mailed completed data collections etc.). Follow-up e-mail, mail or phone contacts will be made to encourage participation.
- To minimize non-response rates, a phone or in-person interview may be arranged in case of non-response to initial web-based distribution of questionnaires.

#### **4. Test of Procedures of Methods to be Undertaken**

Before each information collection is implemented, instrument(s) and method(s) of data collection will be pilot tested. Lessons from the pilot test will be identified, and changes will be incorporated into the instrument and method, as necessary. All pretests will involve no more than nine individuals unless OMB clearance is sought for more than nine.

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

The following individuals, among others, will be available to provide advice about the design of statistical and sampling procedures undertaken as part of these data collection activities:

Karen Mumford, PhD  
Associate Director for Science, Office of Science and Evaluation  
Division of Jurisdictional Support  
Centers for Disease Control & Prevention  
11 Corporate Blvd NE, MS-18-1  
Atlanta, Georgia 30329  
[eqh1@cdc.gov](mailto:eqh1@cdc.gov) / Office - 404-498-0223