# CDC Funded Recipient Experience Survey

STLT Generic Information Collection Request

OMB No. 0920-0879, exp. 8/31/2026

## Supporting Statement – Section B

Date: April 26, 2024

**Program Official/Project Officer**

Brittany Argotsinger, MPH

Health Scientist

National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce

Centers for Disease Control and Prevention

1600 Clifton Rd NE, Atlanta, GA 30329

### Table of Contents

[Section B – Data collection Procedures 3](#_Toc413847910)

[1. Respondent Universe and Sampling Methods 3](#_Toc413847911)

[2. Procedures for the Collection of Information 3](#_Toc413847912)

[3. Methods to Maximize Response Rates Deal with Nonresponse 4](#_Toc413847913)

[4. Test of Procedures or Methods to be Undertaken 5](#_Toc413847914)

[5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data 5](#_Toc413847915)

[LIST OF ATTACHMENTS – Section B 6](#_Toc413847916)

### Section B – Data Collection Procedures

#### Respondent Universe and Sampling Methods

The respondent population is comprised of an estimated 2,000 state, tribal, local, or territorial (STLT) health department officials or delegates designated as primary principal investigators/ project directors (PIs/PDs) for at least one CDC grant or cooperative agreement that meets the following criteria for inclusion:

* + The award was active as of 12/04/2023.
	+ The award was for domestic research or nonresearch activities.

In some cases, potential respondents are listed as the PI/PD for multiple awards. In cases where the PI/PD has multiple awards, they will respond to most questions for one award, which they will be asked to identify.

The set of candidate respondents includes persons who can convey their experiences and needs in connection with receiving and administering one or more CDC grants and cooperative agreements for a STLT jurisdiction. Because a census of STLT PI/PDs (or delegates) will be used, no sampling framework is needed. Participation by respondents is voluntary.

Three types of delegate agencies will be included:

1. Bona fide agents of state, tribal, local and territorial government agencies, with formal capacity to submit applications under STLT eligibility in lieu of STLT application.
2. Units of local government other than local public health agencies or Boards of Health (e.g., city/county government offices, Boards of Supervisors) that are responsible for the delivery of applicable essential public health services on behalf of their jurisdiction.
3. Tribal-serving organizations that provide essential public health services to benefit affiliated Tribal Organizations or Tribal Governments.

These delegate entities are best positioned to reflect the experience and needs of STLT partners, which CDC is seeking to understand. If excluded, jurisdictions that rely on delegates to seek and administer critical federal funding in support of essential public health infrastructure, programs, and services would be excluded from providing input to inform potential changes to CDC funding processes and management systems that could benefit them.

#### Procedures for the Collection of Information

Prior to formal recruitment by the contractor, a CDC pre-notification email (see **Attachment C—CDC Survey Prenotification**) will be sent by project officers (a trusted email account) to potential respondents to inform them of planned outreach by the contractor. This email will be sent up to one week prior to formal survey recruitment. Apart from the initial pre-notification outreach, all survey-related communication will be sent by the contractor.

Data will be collected via Web-based survey and respondents will be recruited through an email notification (see **Attachment D—Survey Notification Email**) to the respondent universe. 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

The contractor’s secure online survey platform will be used for all data collection through a desktop Web browser. Each respondent will be provided with a unique URL that will be associated only with their response.

The survey will remain open for 6 weeks. Respondents can leave the survey and return later to complete it, allowing them flexibility to respond when most convenient. System-generated reminder emails (see **Attachment E—System-Generated Survey Reminder Emails**) will be sent at weekly intervals after 1 week, 2 weeks, and 3 weeks to encourage participation by potential respondents who have not yet completed the survey. The contractor will use the unique URL associated with each respondent to ensure that only non-responders receive email reminder messages. At 4 weeks post-notification, the contractor will send a personal reminder email (see **Attachment F—Personal Survey Reminder Email**) to encourage participation among recipients who have not yet responded. As needed, project officers will be invited to send a final reminder email (see **Attachment G—Final Project Officer Reminder Email**) to their recipients at 5 weeks post-notification. Because they will not know who has responded, this email will go to all potential respondents. The contractor will monitor response rates at each weekly reminder interval to inform subsequent outreach prior to the closing of the survey.

The overall data collection process, from pre-notification to final reminder and closing of the survey, is planned to occur over a period of 6 weeks. If at that time, a potential respondent has not completed the survey, they will be considered a non-responder.

Once the survey is closed, all data collected will be stored in the contractor’s secure online database. All data sharing will comply with guidance from CDC personnel with information technology security credentials. The contractor will clean the data with input from CDC and remove direct identifiers prior to analysis. To share summary-level data with CDC, the contractor hosts an analytics tool that uses dual factor authentication. Access to this tool will be provided to the project team. Deidentified case-level data also will be provided to the CDC project team for internal use in a .CSV file with a codebook. This data will be transferred to CDC using a secure, CDCPartners SharePoint site, accessible only to members of the project team, and files will be stored in secure, access-limited folders on the project team’s internal SharePoint site.

#### 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 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 (**Attachment D**), respondents will have 30 business days to complete the instrument. Those who do not respond within 5 business days will begin to receive system-generated reminder emails (**Attachment E**) urging them to complete the instrument. The contractor will use the unique URL associated with each respondent to ensure that only non-responders receive email reminder messages. If additional reminders are needed, a final email will be sent by the contractor (**Attachment F**) and project officers (**Attachment G**) at 4- and 5-weeks post-notification, respectively. Those who do not respond within 30 business days from the initial recruitment email will be considered non-responders for the purpose of analysis.

#### Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the data collection instrument by 6 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 16 minutes (range: 6 to 28 minutes). For the purposes of estimating burden hours, the average (i.e., 16 minutes) is used.

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

Brittany Argotsinger, MPH, Health Scientist

Office of Data Reporting and Evaluation

National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, Centers for Disease Control and Prevention

1600 Clifton Rd NE, Mailstop US11-2, Atlanta, GA 30329

Carlos Zometa, MSPH, PhD, Health Scientist

Office of Data Reporting and Evaluation

National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, Centers for Disease Control and Prevention

1600 Clifton Rd NE, Mailstop US11-2, Atlanta, GA 30329

Nancy Habarta, MPH, Director

Office of Data Reporting and Evaluation

National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, Centers for Disease Control and Prevention

1600 Clifton Rd NE, Mailstop US11-2, Atlanta, GA 30329

### LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

1. **Attachment A – Instrument: Word Version**
2. **Attachment B – Instrument: Web Version**
3. **Attachment C—CDC Survey Prenotification**
4. **Attachment D—Survey Notification Email**
5. **Attachment E—System-Generated Survey Reminder Emails**
6. **Attachment F—Personal Survey Reminder Email**
7. **Attachment G—Final Project Officer Reminder Email**