CDC/ATSDR Formative Research and Tool Development

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SUPPORTING STATEMENT: PART B

Evaluating Content and Usability of CDC's Clinical Heat Guidance

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1. Respondent Universe and Sampling Methods

The intended audience to receive the survey is clinicians practicing at CHCs across the US. Additional audiences include non-clinician CHC staff - such as community health workers (CHWs), patient educators, health and safety team members, patient navigators, and/or call center staff - who may also be sharing CDC's clinical heat guidance with CHC patients. The survey will be distributed to each of 1,496 nationwide health centers, also known as Community Health Centers (CHCs) or Federally Qualified Health Centers (FQHCs). This includes all Health Center Program awardees and look-alikes funded through the Health Resources and Services Administration (HRSA). Health centers (referred to in this document as CHCs) are local clinics that provide affordable health care to individuals and communities, including medical, dental, mental health, and other health care.

The invitation will be sent by NACHC to each Chief Medical Officer (CMO) email contact recorded in the 2023 Uniform Data Systems report among the total of 1,496 CHCs. If a CMO contact is not available for a particular CHC listed, the invitation will be sent to the Chief Executive Officer (CEO). Participants will be informed that CDC, NCFH, and NACHC are inviting the person in the CHC who is most likely to counsel CHC patients on heat protective measures to complete the survey. The initial CMO or CEO recipient of the invitation may fall into that category. The recipient will be instructed to complete the survey if they counsel CHC patients on heat protective measures *and* (*or*, if they don't counsel on heat themselves) to send the survey to other clinicians and other clinic staff within their CHC who work with patient populations and are likely to use or distribute resources such as the CDC's Heat and Health Guidance. Respondents could be a clinician, or other CHC staff members who are familiar with or used the CDC's Heat and Health Guidance, or who may be responsible for implementing and disseminating new guidance at the CHC and could include a variety of disciplines. This could include community health workers, patient educators, health and safety team members, patient navigators, or call center staff. Multiple clinician and non-clinician staff members at a single health center may complete the survey.

2. Procedures for the Collection of Information

Data will be collected via an online survey (see **Attachment 1 – Survey Instrument** and **Attachment 2 – Programmed Survey**). Respondents will be recruited through a notification (see **Attachment 3 – Recruitment Email**) to the respondent universe (see **Attachment 6 – Respondent Universe**) via email. The email notification 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; and
- Information on how to receive token of appreciation with email address.

The email notification will include a survey link, where each participant will submit responses. The survey will be fielded for up to 3 weeks to ensure grantees have sufficient time to respond. Participants will receive up to one reminder email each week (i.e., up to three emails in total) (see **Attachment 4—Reminder Email and Attachment 5—Final Reminder Email**).

Survey invites will be sent to all CHCs to either the CMO or the CEO, who will be instructed to identify the staff person most knowledgeable or familiar with the topic (which could be the initial CMO or CEO recipient themselves) with guidance to complete the survey if relevant to the recipient *and* to send the survey to complete and distribute to any other relevant staff to complete. Survey responses will be tracked by census region towards a total response of 1,000 surveys. Regions will be closed before the 3-week period if necessary if responses reach 1,000.

After the raw survey data are downloaded from the Qualtrics platform, the project team will use MS Excel software for data processing and cleaning, and SPSS statistical software for the analysis. Each variable will be clearly named and labeled, and each will be properly identified by type (e.g., Likert-type variables designated as interval variables). No personally identifiable information (PII) is being requested of respondents, but if any is provided by respondents, it will be removed. The data set cleaning procedures will include independent review of data set creation to ensure accuracy. The data will be password protected and stored in a secure environment maintained by the contractor.

3. Methods to Maximize Response Rates and Deal with No Response

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, (**Attachment 3—Recruitment Email**), respondents will have up to 15 business days to complete the instrument. Any CHCs without a response within 5 business days will receive an email reminder (see **Attachment 4—Reminder Email**) urging them to complete the instrument, which will be repeated as needed within 10 business days (see **Attachment 5-Final Email Reminder**).

4. Tests of Procedures or Methods to be Undertaken

CDC and contractor project staff have tested the survey for length of time to complete and will test the survey again prior to launch to ensure proper logic and functionality.

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

NACHC provided analysis to inform the statistical approach to surveying a sample of the total number of CHCs. A target sample size of 1000 of the total 1,496 CHCs was informed by the parameters required to achieve a margin of error of 5% or less at a 95% confidence interval for 33 percent of the overall sample. The estimated proportion of survey respondents who are familiar with the materials being tested is one in three (33%). With a sample size of 1,000, 330 respondents are estimated to be familiar with the CDC materials. Among these 330 respondents, the margin of error is 4.76%, given an overall sample size of 1,000 and a universe of 1,496 health centers.

G*Power was used to calculate an a priori sample size for additional power analysis needed to assess the message effects and variances in scores within each of two groups: those familiar with the resources and those unfamiliar with the resources. To conduct t-tests to detect a moderate effect size (β=0.2), with 95% confidence (α =0.05), a minimum sample size of 262 (for the familiar group) or approximately 845 survey participants will be needed. Due to the likelihood of having some missing data on some questions, this number was rounded up to 1,000 participants needed. A total of 1,000 respondents is the number being used to calculate burden hours and total cost (see Exhibits A.12.1 and A.12.2).

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