

# **Assessment of State, Tribal, Local and Territorial Grantees' Technical Assistance Needs and Support from CDC Project Officers**

OSTLTS Generic Information Collection Request  
OMB No. 0920-0879

## **Supporting Statement – Section B**

### **Submitted:**

#### **Program Official/Project Officer**

Karen Mumford, PhD  
Health Scientist

Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support  
Division of Public Health Performance Improvement  
1825 Century Center, Atlanta, GA 30345  
Phone: 404.498.0365  
Fax: 404.498-0340  
Email: eqh1@cdc.gov

### **Section B – Data Collection Procedures**

## 1. Universe and Respondent Selection

The respondent universe consists of **2,541** state, local, tribal, and territorial health departments that receive technical assistance from project officers for a cooperative agreement/discretionary grant focusing on the implementation of public health prevention or control program during FY2011 (**See Attachment J**). Eligible respondents include individuals within a particular organization who serve as the primary contact for CDC's project officers in the health department. Grantees were identified from CDC's funding database (IMPAC II system, Query/View/Report Module (QVR) as of May 2012) for FY11.

The total population of **2,541** potential respondents will be surveyed for the following reasons: (1) to achieve the desired level of accuracy (95% confidence level with a  $\pm 5$  margin of error), (2) population is known and contact information is available for all respondents, and (3) to address possible bias introduced through the significant variability in the size and organization of CDC centers, institute, and offices (CIOs) posed by a stratified sampling methodology. While a stratified sampling method would be appropriate, this approach would not achieve a 95% level of statistical significance on estimates derived from samples of smaller CIOs. For example, the Office of Surveillance, Epidemiology and Laboratory Services (OSELS) currently stewards 88 or 3.5% of all of the Cooperative Agreements (n=2,073) awarded in FY2011. If a stratified sampling approach were to be employed with a total sample of 350 randomly selected grantees, only 12 grantees would be selected from OSELS (the actual number of respondents would be less if we anticipate a response rate of 80%). A sample size this small poses two distinct concerns: (1) Confidentiality may be comprised and (2) Generalizability and comparison inferences would be limited. Specifically, drawing conclusions about the quality of technical assistance provided by OSELS with any level of confidence would be impossible given the small sample sizes.

This is the first time that this data collection has been conducted, so there are not data on response rate from previous data collection. We anticipate a response rate of 80% or higher in this data collection.

**Table B-1:** Potential Respondent Universe

Entity	Potential Respondent	N
Awardees of Cooperative Agreements (FY11)	Primary contacts for project officers in STLT organizations	2,541
<b>Total Universe of Potential Respondents</b>		<b>2,541</b>

## 2. Procedures for Collecting of Information

Data will be collected through a one-time web-based survey administered to the respondent population. Eligible respondents include individuals in STLT agencies who serve as the primary

contact for CDC project officers for the implementation of a prevention or control program. An email notification (**see Attachment K**) will be sent to all respondents with a link to the data collection tool. The tool will be open for 14 business days to allow ample time for respondents to complete the survey. Reminders will be emailed on day 5 and day 10 of the survey to only non-respondents (**see Attachment L**).

The survey will be administered one time as an assessment of CDC's technical assistance and support. Data will be collected and stored in survey software maintained by the OSTLTS Office of Communication as respondents submit their completed surveys. Data will be transferred to Excel for conducting basic descriptive analyses and producing data charts and tables for reporting.

### **3. Methods to Maximize Response Rates**

Email notification and reminder emails will be sent to maximize response rates. The notification will be sent by the Director of OSTLTS to CDC centers, institute, and offices (CIOs) leadership, partner organizations (e.g., NACCHO, ASTHO), Senior Directors and State Health Officers, and to the respondent population (**see Attachments K & L**).

The purpose of this survey is to capture the STLTs perspective on the quality of CDC's technical assistance and the involvement and utility of project officers in the delivery of technical assistance. Higher response rates will yield more reliable information, however, no scientific inferences will be made.

### **4. Test of Procedures**

The web-based version of the questionnaire was pilot tested by three CDC public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming of skip patterns, and establish the estimated time required to complete the survey.

Desk reviews were conducted with eight representatives from CDC's partner organizations including Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), and Pacific Island Health Officers Association (PIHOA) as well as Tribal representation coordinated through CDC's Tribal Liaison. The purpose of the desk review was to (1) ensure that the survey measures aspects of TA provided by CDC's project officers that are relevant and important to external stakeholders, and (2) ensure that all items included in the survey contribute to an increased understanding of STLT expectations and informs priorities for future TASII activities. Feedback from this group was used to refine questions as needed and establish the estimated time required to complete the survey scheduled for implementation in July 2012. In the pilot test, the average time to complete the survey including time for reviewing instructions, gathering needed information and completing the survey, was 30 minutes. Based on these results, the estimated time range for actual respondents to complete the survey is 20-45 (range) minutes.

**5. Contact for Statistical Aspects and Data Collection**

The data collection was designed by the project leads who will also collect and analyze the data. Statistical consulting will be provided by Branch Health Scientist.

Karen Mumford, PhD  
Health Scientist  
CDC/OSTLTS, DPHPI/ASERB

Phone: 404.498.0365  
Email: [eqh1@cdc.gov](mailto:eqh1@cdc.gov)

Saira Nawaz, PhD  
ORISE evaluation fellow  
CDC/OSTLTS, DPHPI/ASERB

Phone: 404.498.0338  
Email: [vy19@cdc.gov](mailto:vy19@cdc.gov)

**LIST OF ATTACHMENTS – Section B**

Note: Attachments are included as separate files as instructed.

**J. Respondent Universe by CIO, division, and branch**

**K. Email notification of the survey to STLTS**

**L. Email reminders to complete survey**