

# **Immunization Program Core Components and Staffing Models**

OSTLTS Generic Information Collection Request  
OMB No. 0920-0879

## **Supporting Statement – Section B**

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

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

## 1. Respondent Universe and Sampling Methods

Respondents to the telephone interviews will be the entire universe of immunization program managers from the 64 state, local, and territorial health departments awarded immunization funding from CDC. These health department awardees include 50 states, 8 territories, and 6 cities including the District of Columbia.

## 2. Procedures for the Collection of Information

Telephone interviews will be conducted with each of the 64 immunization program managers to describe the staffing level and structure used to implement core immunization program components, identify perceived strengths and weaknesses associated with current staffing levels and structures, and identify opportunities to enhance the effectiveness and scalability of immunization program staffing models. The telephone interviews are intended to be concise and focused.

Following OMB approval, respondents will be contacted via email and asked to participate in an interview within a 4-week period (20 business days). Along with the invitation to participate in a telephone interview, each immunization program manager will receive a one-page overview of the project (**see Att. B – Invitation and Overview**). If an immunization program does not respond to the initial request to participate in a telephone interview, up to two reminder emails will be sent (**see Att. C – Reminder Email**). The first email will occur after five business days (seven calendar days) following the initial e-mail, the second reminder, will be sent just prior to the 10<sup>th</sup> business day.

Each time an interview is scheduled, a confirmation email will be sent (**see Att. D – Confirmation**). At the close of the data collection period for the telephone interviews, a follow up email will be sent to thank respondents for their participation (**see Att. E – Thank You Email**).

For the interviews, qualitative data from the interviews will be imported into Dedoose<sup>®</sup> qualitative data analysis software ([www.dedoose.com](http://www.dedoose.com)). The collected qualitative data will be coded and analyzed thematically, where data analysts will identify key themes that emerged across groups of interviews by segment or other characteristics. Frequency and intensity of discussions on a specific topic will be key indicators used for extracting main themes.

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

The invitations and emails will be sent to the potential respondent universe of 64 immunization program managers and the CDC Immunization Project Officer assigned to each immunization program will be copied on each invitation and email. If the initial person contacted to complete the interview is no longer with the health department or no longer serving as the immunization program manager, follow-up communication with the health department will be conducted to identify the current immunization program manager and the newly identified person will be invited to participate in an interview. Only one interview will be completed with each of the 64 immunization programs. Reminder emails will be sent to address non-response.

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

The interview guide was piloted with three individuals who have extensive knowledge of the role and responsibilities of immunization program managers and formerly served as Immunization Program Managers themselves. The interview guide was revised in response to feedback obtained through the pilot interviews. The average time to complete the telephone interview including time for reviewing instructions, gathering needed information and completing the interview is estimated an average of 45 minutes and no more than 60 minutes. For the purpose of estimating burden hours, the upper limit of this range (i.e., 60 minutes) is used..

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

The following individuals were consulted to provide advice about the design of these data collection activities:

Kimberly Martin  
Director, Immunization  
Association of State and Territorial Health Officials (ASTHO)  
571-522-2312  
[kmartin@astho.org](mailto:kmartin@astho.org)

Carol McPhillips-Tangum, MPH  
Principal Consultant and Owner,  
CMT Consulting, LLC  
404-377-4061  
[ctangum@mindspring.com](mailto:ctangum@mindspring.com)

The team of individuals working on information collection, including instrument development, data collection, and data analysis are contractors and members of CDC's

National Center for Infectious and Respiratory Diseases, Immunization Services Division as listed in Table B-2.

**Table B-2:** Staff Responsible for Instrument Design, Data Collection and Analyses

<b>Name</b>	<b>Agency</b>	<b>Telephone Number</b>	<b>Email</b>
Emma Gelman	CDC/OID/NCIRD	404-718-8772	irn7@cdc.gov
Kimberly Martin	ASTHO; contracted by CDC/OID/NCIRD	571-522-2312	kmartin@astho.org
Kathy Talkington	ASTHO; contracted by CDC/OID/NCIRD	571-522-2313	ktalkington@astho.org
Carol McPhillips-Tangum	CMT Consulting; Contracted by ASTHO	404-377-4061	ctangum@mindspring.com

The data for the telephone interviews will be analyzed using qualitative techniques of thematic coding. Because the major purpose of this data collection is for program improvement, we do not anticipate the use of complex statistical techniques.

## **LIST OF ATTACHMENTS – Section B**

**Att. B – Invitation and Overview**

**Att. C – Reminder Email**

**Att. D – Confirmation**

**Att. E – Thank You Email**