

# **Public Health Ethics Activities at State and Local Health Departments: Status and Challenges**

OSTLTS Generic Data collection Request  
OMB No. 0920-0879

## **Supporting Statement – Section B**

Submitted: April 27, 2018

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## Section B – Data collection Procedures

### 1. Respondent Universe and Sampling Methods

The respondent universe for this information collection consists of 80 state and local health directors (or their designated representative). This includes health directors from all 50 states and the 30 local health departments in the Big Cities Health Coalition (**See Attachment A – List of Big Cities Health Coalition Members**).

As of February 2018, 30 of the 50 state health departments have PHAB accreditation (10 of those 30 are accredited under version 1.5 of the PHAB accreditation criteria).<sup>i</sup> Surveying all 50 states will allow the Public Health Ethics unit to obtain information on a range of public health ethics activities. As with the BCHC local health departments, we expect that state health departments will be at various points in the development and implementation of public health ethics programs.

As of February 2018, 19 of 30 BCHC members are PHAB accredited (four of those 19 are accredited under version 1.5 of the PHAB accreditation criteria).<sup>ii</sup> Version 1.5 of the PHAB accreditation criteria requires documentation of public health ethics practices. The cities that are accredited under version 1 of the accreditation criteria will need to show that they have implemented ethics practices if they apply for reaccreditation. Thus, collecting data from the BCHC local health departments should allow the Public Health Ethics Unit to obtain information from local health departments that are at various points in the development and implementation of public health ethics programs.

Having feedback from both state and local health departments will allow the Public Health Ethics Unit to make comparisons between the groups that would not be possible if only BCHC members or only state health departments were surveyed.

Information will be collected from respondents via two methods: an online survey and a telephone interview. Details regarding the specific respondent universe and associated sampling for each of the methods are outlined below.

#### **Online Survey (n=80)**

Respondents will include a total of 80 health directors or their designated health department staff member (50 state and 30 local). No sampling procedures will be employed. Everyone in the respondent universe will be asked to participate in the survey.

We anticipate a response rate of approximately 80-90% based on the response rate the National Association of County and City Health Officials (NACCHO) received to their *National Profile of Local Health Departments*. As described below, reminders to complete the survey will be sent to maximize participation.

#### **Telephone Interviews (n=8)**

A subset (n=8) of the 80 respondents who participated in the online survey will be invited to participate in a telephone interview. At the end of the survey (question 33), the respondents will be

asked if they would be interested in participating in a 60 minute telephone interview to provide more details about how their health department addresses ethical issues that arise in public health practice and what needs they may have in building ethics capacity. Eight interested respondents will be selected for a telephone interview. We will purposively select respondents from both state and local health departments who are at varying points in the development and implementation of ethics activities based on their response to question 4 of the online survey (Does your health department have a formal process to identify, analyze, and resolve ethical issues that arise in public health practice?). Telephone interview participants will be selected as follows:

Sample of Telephone Interview Participants (n=8)

Response to Question 4	Health Department Type	
	State Health Department	BCHC Health Department
Has a formal ethics process or currently working to establish a formal ethics process (response a or b)	2 survey respondents interviewed	2 survey respondents interviewed
No formal ethics process or unsure if have a process (response c or d)	2 survey respondents interviewed	2 survey respondents interviewed

If there are more than 2 survey respondents willing to participate in a telephone interview per stratum, we will select telephone participants that reflect diversity in status of ethics activities.

If there are fewer than 2 survey respondents willing to participate in a telephone interview per stratum, we will consider conducting additional interviews in the other stratum, not to exceed 8 total interviews. Participating in interviews will be voluntary.

Because we are asking potential respondents to demonstrate interest in participating in the telephone survey, we anticipate a 100% response rate. If a potential participant decides they do not want to be interviewed, the project lead will identify another interviewee as a replacement.

## 2. Procedures for the Collection of Information

Data will be collected via two methods: An online survey administered via Survey Monkey (see **Attachment B- Online Survey Instrument: Word Version** and **Attachment C— Online Survey Instrument: Web version**) and a follow-up telephone interview (see **Attachment D— Phone Interview Guide**).

### ***Online Survey***

Respondents will be invited to participate in the online survey via an email (see **Attachment E—Online Survey Invitation Email**) sent to all 80 health directors in the respondent universe. Names, email addresses, and telephone numbers of health directors will be obtained from the records of the CDC Office of State, Tribal, Local and Territorial Support (OSTLTS) and from the Big City Health Coalition. In addition, we will ask OSTLTS to supply information about the size of the population served and governance structure of the health department. The notification email will be sent through the email invitation feature in Survey Monkey, which will allow the Public Health Ethics Unit to track participant’s responses using the email address provided by OSTLTS and the Big City Health Coalition.

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 invitation email will explain that the respondent may designate an alternative staff member to complete the survey on their behalf, especially if that person is more involved with public health ethics activities. The survey will be embedded into the invitation email and can be accessed by pressing the “Begin Survey” button. The survey will be live for a three week (15 business days) period to allow ample time for response. To minimize non-response, a reminder email will be sent to non-responders the second week following the initial invitation (9<sup>th</sup> business day) (see **Attachment F—Online Survey Reminder Email 1**) and a second/final reminder will be sent the day before the assessment ends (14<sup>th</sup> business day) (see **Attachment G—Online Survey Reminder Email 2**). Those who do not respond before the survey closes on the 15<sup>th</sup> business day will be considered non-responders.

Information collected from the online survey will be stored in a secure environment maintained by the Public Health Ethics Unit. Once the survey is closed, responses will be downloaded from Survey Monkey into an Excel spreadsheet file. Data will be reviewed for completion and simple descriptive statistics will be run examining response frequencies. Depending on the response distribution, frequencies may be cross-tabulated to identify response similarities and differences between subgroups of respondents (e.g. state vs. local health departments, accredited vs non-accredited health departments). On March 6, 2018, the Office of the Chief Information Officer approved the “Third-Party Site Security Plan” for use of Survey Monkey for administration of the online survey.

### ***Telephone Interviews***

Potential participants will be recruited for a telephone interview via an invitation email (see **Attachment H—Telephone Interview Invitation Email**). Participants will only receive an invitation to be interviewed if they have demonstrated interest (responded yes to question 33 on the online survey - Are you willing to participate in a telephone interview?). If the participant does not respond to the invitation email within one week (5 business days), a second email will be sent (see

**Attachment I—Telephone Interview Reminder Email**). If the participant cannot be contacted within three business days of the reminder email, or declines to participate, a replacement will be identified by the project lead. Replacement participants will be sent the original invitation email. Telephone interviews will be conducted with individual respondents by CDC Public Ethics Unit project team members. If there are fewer than 2 survey respondents willing to participate in a telephone interview per stratum, we will consider conducting additional interviews in the other stratum, not to exceed 8 total interviews.

As with the online survey, interview candidates will be informed that participation in the telephone interview is voluntary. All telephone interviews will be recorded and transcribed. Verbal permission to be recorded will be obtained from the participant prior to the beginning of the interview. Data from the telephone interviews will be stored in a secure environment maintained by the Public Health Ethics Unit. Each of the transcribed interviews will be compared against the recording to ensure accuracy. Thematic analysis will be used to analyze data. The qualitative software management program QDA Miner Lite will be used to code the interviews.

Following analysis of responses to all information collection instruments, key findings will be shared in aggregate form with project staff, partner organizations and the respondents who participated in this information collection. Additionally, staff at CDC will condense key findings from the online survey and telephone interviews, refine them into a manuscript format, and submit for publication in a scientific journal.

### **3. Methods to Maximize Response Rates 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 instruments were designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden.

#### ***Online Survey***

Following the invitation to participate in the online survey (**Attachment E— Online Survey Invitation Email**) a reminder email will be sent to non-respondents the second week following the initial invitation (8<sup>th</sup> business day) (see **Attachment F—Online Survey Reminder Email 1**) and a second/final reminder will be sent the day before the assessment ends (14<sup>th</sup> business day) (see **Attachment G—Online Survey Reminder Email 2**). Those who do not respond to the survey by the time is closes at the end of the 15<sup>th</sup> business day will be considered non-responders

#### ***Telephone Interviews***

For the telephone interviews, participants will be invited to participate by email (see **Attachment H—Telephone Interview Invitation Email**). If the participant does not respond to the email within 5 business days, a second email will be sent (see **Attachment I—Telephone Interview Reminder Email**). If the participant cannot be contacted within 3 business days of the reminder email, or declines to participate, a replacement will be identified by project lead.

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

##### ***Online Survey***

The estimate for burden hours is based on a pilot test of the online data collection instrument by 4 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 8 minutes (range: 6 to 11 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 11 minutes) is used.

##### ***Telephone Interviews***

In order to not unduly burden respondents, we will limit the time for the telephone interview to 60 minutes. We did not pilot test the data collection instrument; however, we obtained input on the interview guide from 5 public health professionals. Thus, the maximum burden for the data collection instrument, including reviewing instructions, gathering needed information and completing the instrument will be 60 minutes.

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

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

Note: Attachments are included as separate files as instructed.

- A. Attachment E - Online Survey Invitation Email**
- B. Attachment F - Online Survey Reminder Email 1**
- C. Attachment G - Online Survey Reminder Email 2**
- D. Attachment H - Telephone Interview Invitation Email**
- E. Attachment I - Telephone Interview Reminder Email**

<sup>i</sup> <http://www.phaboard.org/news-room/accredited-health-departments/>

<sup>ii</sup> <http://www.phaboard.org/news-room/accredited-health-departments/>