

Assessment of Partnerships Impacting STD Outcomes in Areas of Service Reduction

OSTLTS Generic Data collection Request
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Supporting Statement – Section B

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Table of Contents

Section B – Data collection Procedures.....3

1. Respondent Universe and Sampling Methods.....3
2. Procedures for the Collection of Information.....4
3. Methods to Maximize Response Rates Deal with Nonresponse.....5
4. Test of Procedures or Methods to be Undertaken.....6
5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data...7

LIST OF ATTACHMENTS – Section B.....8

Section B – Data collection Procedures

1. Respondent Universe and Sampling Methods

The respondent universe for this information collection will consist of a total of 154 state, territorial and local health department respondents from 59 county/city health departments with the highest morbidities of syphilis, gonorrhea and chlamydia in each of the 50 states, 2 US territories (the US Virgin Islands and Puerto Rico), and the 7 directly-funded cities (Baltimore, Chicago, District of Columbia, Los Angeles, New York City, Philadelphia and San Francisco) funded under the CDC Assessment, Assurance, Policy Development, and Prevention Strategies, or STD-AAPPS (“PS14-1402”) cooperative agreement. Respondents acting in their official capacities include STD program managers, STD coordinators and data managers/epidemiologists (**see Attachment A- Respondent Breakdown**).

Details regarding the specific respondent universe and associated sampling for each of the methods are outlined below.

Web-based Assessment

The respondent universe for the web-assessment will include local and territorial program managers [n=59; (county n=50; territories n=2; cities n=7)]. To identify the most appropriate individuals to take this assessment, a referral form will be sent to 50 state STD program managers (one for each state; we will already have the cities’ and territories’ contact information and will not be sending them this referral form). The state-level program managers are best positioned in their jurisdictions to identify the counties with the highest morbidity of syphilis, gonorrhea and chlamydia and will be asked to provide the contact information for the local STD program manager in their county. No sampling will be employed.

In-person Interviews

Fifteen jurisdictions will be selected to participate in the in-person interviews. The 15 jurisdictions will be chosen by considering the following factors: 1). geographic diversity, 2). engagement in partnerships, 3). partnership contributions, and 4). measurement of clinical outcomes and partnership costs (factors 2-4) driven by answers provided on the web-based assessment.

The desired participants for the in-person interviews are local program managers, local STD coordinators, and local data managers/epidemiologists because they have the best knowledge of syphilis, gonorrhea, and chlamydia in their jurisdictions. Program managers will already be known, as they participated in the web-based assessment. To identify coordinators and data managers, program managers will be asked to complete a referral form to identify colleagues who will also be invited to participate in the interviews. In all, 4 staff will be invited to participate from 15 jurisdictions = 60 total participants. Although the web instrument is provided to both local and territorial, the interviews are being conducted with only the local portion (state and city) of this group. This is due to the limited staffing in territories and travel constraints to U. S. Territories.

2. Procedures for the Collection of Information

Web-based Assessment

State STD program managers will provide contact information for local county-level STD program managers on the referral form. Once the respondent pool for the web-assessment is finalized, respondents will be recruited through a notification **Attachment I— Web-based Assessment Invitation Email**) email. 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 email will also state instructions for participating and provide a link to the online assessment. Respondents will be asked to complete the assessment instrument within a four week (20 business days) period to allow ample time for respondents to complete it. A reminder email will be sent to non-respondents the second week following the initial invitation (10th business day) (see **Attachment J— Web-based Assessment Reminder Email 1**) and a second/final reminder will be sent two days before the assessment ends (18th business day) (see **Attachment K—Web-based Assessment Reminder Email 2**). Those who do not respond within four days from the second reminder email will be considered non-responders.

Information collected from the web-based assessment will be stored in a secure environment maintained by The Cloudburst Group. Once the 4-week information collection period has closed, data from will be downloaded from Survey Monkey into an Excel spreadsheet file. Data will be reviewed for completion and simple descriptive statistics will be run looking at response frequencies. Depending on the response distribution, frequencies may be cross-tabulated to identify response similarities and differences between subgroups of respondents, such as morbidity and geographic location.

In-person Interviews

Fifteen local STD program managers (who participated in the web-assessment) will provide contact information for three additional staff who are most involved with the STD prevention clinical partnerships and data management, including two local county/city level STD coordinators and one local county or city data manager/epidemiologist, on the referral form. The 15 local STD program managers will also be asked to participate in the interviews. Therefore, there will be four people interviewed at each of the fifteen jurisdictions. Once the respondent pool for the interviews is finalized, interviews will be schedule through email. Two separate interview guides will be used, one for STD program managers/STD coordinators and one for data managers/epidemiologists, based on their official roles.

County and city level staff will be provided a one-page fact sheet to use as background information on the project (see **Attachment H— EPP Overview - Assessment of Partnerships Impacting**

STD Outcomes 1pg format). If a grantee declines to participate, CDC project officers will be asked to identify another grantee.

The interviews will be conducted by two staff from The Cloudburst Group and will take place over a one and a half day period within each of the selected jurisdictions. For the in-person interviews, a schedule of the time and location of all interviews will be sent to all participants two weeks prior to the visit (see **Attachment L-In-Person Interview Invitation Email**) and a reminder email will be sent the day prior to the visit (see **Attachment M- In-Person Interview Reminder Email**). If a person is unable to participate on the day of the site visit, which may occur to illness or staffing problems, that individual will be considered a non-responder.

All in-person interviews will be audio recorded and transcribed. Verbal permission to be recorded will be obtained from the participant prior to the beginning of the interview. Data from the participant responses will be stored in a secure database maintained by The Cloudburst Group. Each of the transcribed interviews will be compared against the recording to ensure accuracy. A directed form of content analysis will be used to analyze data, using the project's conceptual framework and logic model as guides. The qualitative software management program NVIVO 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 CDC staff, partner agencies and the respondents who participated in this information collection, in the form of a written report and a PowerPoint Presentation. Additionally, The Cloudburst Group will condense key findings from the web-based assessment and in-person interviews and refine them into a final report, PowerPoint presentation, and a manuscript to submit for publication.

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 web-based assessment 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 introductory email, respondents will have 20 business days to complete the instrument. Those who do not respond within 10 business days will receive an email reminder urging them to complete the instrument and a second/final reminder will be sent two days before the assessment ends. Those who do not respond within 2 business days from the second reminder email will be considered non-responders.

For the in-person interviews, a schedule of the time and location of all interview will be sent to all participants two weeks prior to the visit and a reminder will be sent the day prior to the visit.

4. Test of Procedures or Methods to be Undertaken

Pilot tests were conducted with a total of 8 public health professionals. The estimate for burden hours is based on pilot tests of the STD program manager referral form and the in-person interview referral form with 2 public health professionals, the web-based assessment instrument and the in-person interview guide for STD Program Managers and STD Coordinator by 4 public health professionals, and the in-person interview guide for data managers/epidemiologists with 2 public health professionals.

In the pilot tests, the average time to complete the **STD program manager referral form** including time for reviewing instructions and completing the referral form was 10 minutes (range: 5 - 15 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 15 minutes) is used. Although 15 minutes may seem like a lot of time to complete a referral form, the pilot test showed that frequent staff turnover led to instances where contact information was not always readily accessible.

In the pilot test of the **web-based assessment instrument**, the average time to complete the instrument, including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 38 minutes (range: 30 to 60 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 60 minutes) is used.

In the pilot tests, the average time to complete the **in-person interview referral form** including time for reviewing instructions and completing the referral form was 15 minutes (range: 10 - 20 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 20 minutes) is used. Although 20 minutes may seem like a lot of time to complete a referral form, the pilot test showed that frequent staff turnover led to instances where contact information was not always readily accessible.

In the pilot test of the **In-Person Interview Guide for STD Program Manager and STD Program Coordinators**, the average time to complete each of the instruments, including time for reviewing instructions and completing the instruments, was approximately 50 minutes (range: 45 to 60 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 60 minutes) is used.

In the pilot test of the **In-Person Interview Guide for Data Manager/Epidemiologist**, the average time to complete each of the instruments, including time for reviewing instructions, gathering needed information and completing the instruments, was approximately 35 minutes (range 25-40 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 40 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for Medical and Health Services Managers (11-9111), Other Healthcare Practitioners (29-9000) and Epidemiologists (19-1041) (http://www.bls.gov/oes/current/oes_nat.htm). Based on DOL data, an average hourly wage of \$52.58 is estimated for STD program managers, an average hourly wage of \$30.41 for STD coordinators, and an average hourly wage of \$37.37 is estimated for data managers/epidemiologists. Table A-12 shows estimated burden and cost information.

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

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LIST OF ATTACHMENTS – Section B

- H. Attachment H- EPP Overview - Assessment of Partnerships Impacting STD Outcomes 1pg format
- I. Attachment I- Web-based Assessment Invitation Email
- J. Attachment J- Web-based Assessment Reminder Email 1
- K. Attachment K- Web-based Assessment Reminder Email 2
- L. Attachment L- In-Person Interview Invitation Email
- M. Attachment M- In-Person Interview Reminder Email

