Use and Acceptability of the Model Aquatic Health Code (2024)

STLT Generic Information Collection Request
OMB No. 0920-0879

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Supporting Statement - Section B

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Table of Contents

1. Respondent Universe and Sampling Methods

Respondent Universe

The respondent universe is comprised of state, tribal, local, and territorial (STLT) governmental staff and delegates acting on behalf of a STLT agency involved in the provision of essential public health services in the United States. The STLT agency will be represented by a local, state, tribal or territorial governmental entity or delegate tasked with improving the public's health. Data will be collected from respondents in the following categories of STLT governmental officials: 1) State, Tribal, Local, and Territorial governmental staff or delegate; and 2) Local/County/Municipal/City government staff or delegate.

Specifically, we will seek to collect data from STLT public health recreational water programs, focusing on staff and delegates who work on public aquatic facility safety and regulation. State, territorial, and tribal government agency staff or delegates are in a unique position to provide CDC with information on if and how their jurisdiction uses the Model Aquatic Health Code (MAHC), as well as barriers and facilitators to the MAHC's implementation.

The respondent universe is calculated based on state, territorial (800) and county (3,000) health officials/employees and a representative sample of, at most, 100 municipal/city employees. An estimate of 4,000 is based on 50 states, 8 territories, 574 federally recognized tribes, and additional room for various positions in health department (epidemiology, environment health, etc.).

Sampling Methods

We will distribute data collection instruments to all identified members of the respondent pool and will not pursue a sample-based design for this study. We will disseminate a quantitative survey to the entire respondent pool using CDC's STLT partner contact lists and membership lists from partner organizations (Attachment D). From the respondent universe that is estimated above (4,000), we anticipate a response rate of approximately 33% for the survey, for a total of 1,334 participants. From this response pool, we aim to recruit 24 individuals to participate in focus groups (over-recruiting by 20% to account for loss-to-follow-up or scheduling difficulty) (Attachments F–H). Additionally, we will conduct case studies with five jurisdictions, conducting in-depth interviews with three governmental staff and delegates per jurisdiction (e.g., epidemiologist, environmental health professional, policy specialist) (Attachment I).

2. Procedures for the Collection of Information

Surveys will be distributed to partners across all states, territories, and federally recognized tribes using contact information CDC has for other surveillance and response activities (Attachment K). Additionally, to reach local-level partners, we will distribute the survey via email lists administered by the National Environmental Health Association (NEHA), National Association of County and City Health Officials (NACCHO), and the Association of State and Territorial Health Officials (ASTHO) in a convenience sampling approach (Attachment L).

Implementation of Data/Information Collection Instruments

In Phase I, data collection methods will include a quantitative survey and focus groups. The survey instrument is comprised of 35 Likert and "select all that apply" questions to assess use, acceptability, and implementation of the MAHC and supplementary MAHC resources (e.g., MAHC Annex, training materials., etc.) (Attachment D). The quantitative survey has been developed in Epi Info™ Web Survey System (i.e., Epi Info™ Web). This system allows the survey designer to collect information from participants over the internet. When published, Epi Info™ creates a survey specific Universal Resource Locator (URL) or website address. The survey designer can distribute the URL over email or post it on a web page or shared resource like Microsoft SharePoint™.

Pilot testing revealed that survey completion was difficult on mobile devices, so participants will be asked to access the web survey and submit their responses through a web browser on a laptop or desktop. After the participant submits the response, the survey designer downloads the response directly into the original Epi Info™ 7 project for analysis. The survey will remain open for six weeks. We will send reminder emails every two weeks for the six weeks that the survey remains open (Attachment M). If response rates remain low one month after distribution, we will also explore a snowball sampling approach, in which STLT partner respondents are invited to provide the contact information for other states that may be interested in participating (Attachment N).

The focus group guide was developed by MAHC subject matter experts across CDC's National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), National Center for Environmental Health (NCEH), and National Center for Injury Prevention and Control (NCIPC) (Attachment C). Based on results of the quantitative survey, we will conduct focus groups across three different levels of MAHC use/implementation (i.e., limited use, moderate use, and advanced use/implementation of the MAHC) (Attachments E–H). We aim to have 4–6 STLT participants per level. Partners will be recruited into each level based on responses to survey questions 6–9, in which participants will be asked to approximate the extent to which their jurisdiction's public aquatic facility regulations use MAHC language (Attachment E, Attachment O). Prospective participants will be polled for their schedule availability and will receive confirmation and reminder emails ahead of the focus group (Attachments P– Q).

Focus group facilitation will be led by experts with the Behavioral Science Unit within the Health Promotion and Communication Team in the Waterborne Diseases Prevention Branch (NCEZID) and supported by co-investigators on the project. Analytic methods for the focus groups will include thematic

analyses in MAXQDA to interpret key and emerging themes from the interviews and to highlight illustrative quotes.

In Phase II, we will conduct in-depth case studies among STLT partners (Attachment I). Data collection will be conducted in the form of key-informant interviews across multiple stakeholders within a given jurisdiction (e.g., epidemiologists, environmental health professionals, policy specialists). Participants will be recruited into the case study based on indicated interest during the focus groups (Attachment S). Participants will receive confirmation and reminder emails, and sign consent forms ahead of the interview (Attachments T–U).

Additional qualitative research methods may include policy and legislative document analysis (i.e., local jurisdiction aquatic code review), as well as stakeholder and timeline mapping. Similar to focus group implementation, in-depth interviews will be led by experts with the Behavioral Science Unit within the Health Promotion and Communication Team in the Waterborne Diseases Prevention Branch and supported by co-investigators on the project. Analytic methods for the focus groups will include thematic analyses in MAXQDA to interpret key and emerging themes from the interviews and to highlight illustrative quotes. Inter-coder reliability methods will be performed, which will provide a numerical measure of the agreement between different coders regarding how the same data should be coded.

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

Quantitative Survey

The survey will be open to responses for approximately six weeks. We will send reminder emails every two weeks for the six weeks that the survey remains open through ASTHO, NEHA, and NACCHO listservs (Attachments L–M). If response rates remain low one month after distribution, we will also explore a snowball sampling approach, in which STLT partners provide the contact information for other states that may be interested in participating (Attachment N). We will also make announcements about the survey during the monthly CDC-State Waterborne Disease Prevention Calls.

Focus Groups

To recruit individuals for the focus groups, we are asking survey participants to provide their contact information. We have included a separate response field requesting respondents to confirm their emails, to minimize loss-to-follow-up due to incorrect spelling. To optimize and increase the chance of having at least four participants in each focus group, we will over-recruit by 20 percent (24 total individuals). This will account for any last-minute cancellations or no-shows and aim to get four to six people per focus group. We will send reminder emails one week and one day prior to the focus group to maximize participation.

4. Tests of Procedures or Methods to be undertaken

Surveys were tested internally among the study team and assessed for length, readability, and interpretability. Additionally, the surveys were distributed to nine public health colleagues familiar with

STLT MAHC use and implementation. From this pool of six survey participants, we held a pilot focus group with four participants.

This pilot focus group allowed us to test the length and order of the focus group guide and conduct a practice session. Additionally, we tested the telecommunications application (Zoom®) to ensure there were no technical difficulties that arose during the focus groups. Pilot focus groups were recorded to test a preferred approach and service for focus group transcription. These pilot focus groups also served as training sessions for team members less experienced in qualitative research methodologies.

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

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