Supporting Statement

Request for OMB Review and Approval

Focus Group Testing and Survey of Radiological Event Messages for Public Health Workers

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Katrina Pollard
CDC/National Center for Environmental Health
Division of Environmental Health and Hazards
Radiation Studies Branch
1600 Clifton Road, NE. MS –E-29
Atlanta, Georgia
Kxp1@cdc.gov

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A. Justification

1. Circumstances Making the Collection of Information Necessary

In January 2003, CDC held a roundtable meeting to specifically address communications needs likely to arise in the aftermath of a terrorist event involving mass casualties. Hospital administrators and clinicians, public health practitioners, and emergency planners emphasized the gaps in their training and in their knowledge of how to respond to nuclear or radiological events.

Concurrent with this meeting, CDC began working with the Association of Schools of Public Health to conduct research designed to assess knowledge, attitudes, and behaviors related to preparedness for a radiological or nuclear event in the United States. The findings from the research revealed that both the professional (i.e., clinicians and public health workers) and the lay American public were unprepared to respond to such an event. Participants acknowledged a lack of training, potential unwillingness to treat patients if perceived to be contaminated, concerns about public panic, and consequent overwhelming of hospitals and other clinical systems. More importantly, these findings revealed a critical need to assess how prepared public health workers are to communicate with the public and each other in the aftermath of a radiological emergency.

Another recent study conducted by CDC indicates that some public health workers may not report to work and therefore will be unable to perform their duties if there is a radiological event. Their primary concern during these types of events would be the safety of their families. Public health workers also expressed concern about actions that need to be taken in the event of a radiological emergency. In addition, a recent CDC review of emergency response plans from 22 states showed that the materials use varying radiological terms and assign different levels of importance to these terms. In some cases, very little information is included in their plans about providing information to assist the public if a radiological event occurred.

CDC's primary goal is to protect the health and safety of the public, and the agency is viewed by professional health audiences as a critical leader in public health preparedness and emergency response. Because public health workers may be asked to fill various capacities in the event of a radiological emergency, the need to provide time-sensitive

and consistent communications is vital. The advance development of clear messages that can be used by public health workers as an integral part of their radiological emergency plan is consistent with this goal.

As part of a cooperative agreement, CDC has contracted with the National Public Health Information Coalition (NPHIC) to collect data from public health workers in six states — California, Iowa, Kansas, Michigan, North Carolina and South Carolina — to evaluate one set of five messages that have been developed by CDC for public health workers to use for radiological emergency preparedness and response situations. States with diverse demographics were chosen to get a cross section of the public health workforce for the evaluation of the message maps**.** The five messages **(Attachment A)** were developed by CDC subject matter experts. The participating states volunteered for this project.

To get the most relevant input, this proposal seeks OMB approval to obtain data from public health workers using two methods — focus group testing and email surveys. As specified in the proposal, the public health workers will include physicians, nurses, clinical technicians, epidemiologists, and public health administrators, managers, and support staff. Focus group testing will be conducted to obtain qualitative data that will be used to assess attitudes, knowledge, and emotional responses to questions related to radiological events.. Information will be gathered through a series of six focus groups, one in each participating state. The focus groups will consist of 12 participants and will be about 1½ hours in length. Of particular interest will be how the participants might react to information pertaining to their roles as public health workers. Quantitative data will be obtained from a one-time survey that will be sent to randomly selected public health workers in the six states **(Attachment B)**

The proposed message concepts, which range from how to protect public health workers and their families to their official duties during a radiological event, can serve as a reference tool or guideline for state health departments during such events. CDC proposes to use this information to develop a final set of communications messages. The intent is for the messages to be disseminated using various methods so they can provide the basis for a more consistent response to radiological emergencies. In addition, the development of these messages will foster collaboration between the states and CDC.

The authorizing legislation to conduct this research is contained in section 300hh of the PHS Act, Title 42, Chapter 6A, Subchapter XXVI Part A---national preparedness for bioterrorist and Other Public Health Emergencies as shown in Attachment C.

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2. Purpose and Use of Information Collection

The information findings will help refine messages for public health workers about personal safety and proper procedures for responding to emergencies. Providing consistent, up-to-date information that can help them protect their families while safely performing their duties may help increase the percentage of public health workers who are available to deliver services to the public during a radiological emergency. Also, as a result of the study, CDC will have a tested set of public health messages that can allow

emergency responders to “speak with one voice” to the general public during a radiological event.

The information findings will also help ensure that messages formulated by subject matter experts and communications professionals are responsive to the concerns identified in a previous qualitative study showing that some public health workers would not be present to perform their duties during a radiological emergency. Participants will be asked questions such as

- How believable is this message? Why?
- What would make it more believable?
- Is there anything else on this topic you need to know?
- How confident are you that these actions will keep you and your family safe?
- How confident are you that you can carry out these recommendations?
- What would make these messages better or more informative?
- What would make these messages easier to understand?

Upon completion of this message testing, the information will be analyzed without identifiers to determine how public health workers perceive current information messages as information that would be useful to them before, during and after a radiological emergency. The messages will be repurposed to use as part of facts sheets, brochures, questions and answers database, web site information, as well as part of a public health tool kit that can be shared with other government agencies, state and local health departments, and preparedness partners as appropriate. Without this research, CDC will not be adequately prepared to support public health workers during radiological emergencies. The focus group testing and survey will assist with the development of messages that can be used regularly, determining how much public health workers know, and if additional training is needed.

3. Use of Improved Information Technology and Burden Reduction

In the six states where public health workers have universal access to the Internet, the quantitative survey will be conducted electronically to reduce the burden on the participants. An e-mail follow-up survey will also be delivered if necessary.

Focus group demographic data and answers to questions will be recorded on a secure laptop computer during the session. The sessions will be tape recorded for backup only, not for transcription. Sample messages will be provided in print form so that participants can easily refer to them while providing feedback.

4. Efforts to Identify Duplication and Use of Similar Information

There have been recent radiation emergency messages developed for the public. For example, the Environmental Protection Agency has developed a publication entitled

Communicating Radiation Risks ,Crisis *Communications for Emergency Responders* which was developed for the public. However, these messages have not been tested for public health workers.

In 2002, CDC and Analytical Sciences, Inc. held three focus groups with adult consumers to review public information materials about radiologic terrorism issues. The focus groups were in Philadelphia, Los Angeles, and Chicago. The purpose of this task order was to assist the CDC in the development of the best methods for the development and dissemination of public messages related to the emergency response to chemical or radiological terrorist events.

The focus group testing proposed for this project for public health workers along with information about the public's perception of specific messages will provide a better sense of knowledge, attitudes and behavior risks of a broader audience. Also, it will allow cross referencing of information that can assist in developing various information products for varied audiences.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in or affected by this project. The physicians who will be participating are full time employees for the state health departments.

6. Consequences of Collecting the Information Less Frequently

This is a one time study. Without the collection of this information CDC will not be able to provide public health workers with a clear understanding about important safety precautions during a radiological emergency such as decontamination and sheltering in place, or when to seek medical assistance. Effectively communicated messages will allow public health workers to assist the public in making critical decisions regarding protective actions that may have a significant impact on the health and safety of individuals who may be affected by such an event.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There should be no special circumstances with this request collection. The data collection fully complies with the guidelines of 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency.

A 60-day Federal Register Notice was published on April 4, 2007, Volume 72, page 65. No comments were received. (Attachment D)

Below is a list of individuals and groups outside of the agency who were consulted to obtain their views on the clarity of instructions and information, and the completeness of the information that is requested from participants.

Mr. Art Schletty
Consultant, McKing Consulting Corporation
Portfolio Management Project
Office of the Chief Operating Officer
Centers for Disease Control and Prevention
2400 Century Center
Room 3201.08
Atlanta, GA 30345

Linda Elsner
Writer/Editor Services Contractor
Palladian Partners, Inc.
Centers for Disease Control and Prevention
NCCDPHP/OD, Mail Stop K-11
4770 Buford Highway, N.E.
Atlanta, Georgia 30341-3717

9. Explanation of Any Payment or Gift to Respondents

Lunch will be provided to participants before the focus group convenes to allow participants to get a better understanding of their role and to feel more comfortable with each other. Conducting the focus groups during lunchtime will decrease the time employees will have to take away from work and lessen the potential impact on public health services.

10. Assurance of Confidentiality for Respondents

This submission has been reviewed for Privacy Act applicability and it is determined that the Privacy Act does not apply. Information collected during the focus group portion of this project will contain only first names, and the e-mail survey will be conducted through the health departments who will be adding to their already existing record system of public health workers.

There is no assurance of formal confidentiality. Per the relevant section in OMB circular 0920-0572, focus group participants and survey respondents will be advised of the nature of the activity and length of time it will require, and that participation is voluntary. Respondents will be assured that no penalties will occur if they wish not to respond to any questions. These procedures conform to ethical guidelines for collecting data from human participants and the privacy act does not apply.
State or local public health communications offices — not CDC — will make

appointments with focus group members and determine survey participants. All information provided by the respondents will be reported by job category, job location, and length of service, not by individual. The information for the focus group will not be kept and the survey will be handled by the health departments---this is a one time project**.** The data analysis vendor, the Institute of Government's Survey Research Center (SRC) at the University of Arkansas at Little Rock (UALR), will e-mail the surveys and reminders. The SRC will not associate the personal data with the research results. All analyses will be presented in aggregate form.

Focus Groups

Demographic data and verbatim answers to questions will be recorded on a secure laptop computer during the session. Only first names of respondents will be recorded. The sessions will be tape recorded for backup only, not for transcription, and tapes will be destroyed after the report is written. All data will be securely stored, and only project staff and SRC staff will have access to study reports.

Electronic/Email Surveys

All data are housed on a server and on researchers' computers as backup in the UALR Institute of Government SRC. To access these data remotely, the user must have the correct user name and password. During data cleaning and analysis, researchers maintain databases on their desktop computers. These computers require passwords to access them at start-up and user names and passwords for remote access. The two researchers associated with this project hold current CITI Human Subjects certification.

Additionally, SRC Research Associate Heather Best holds current research certification from the University of Arkansas for Medical Sciences (UAMS) for biomedical research involving human subjects and has completed UAMS's HIPPA training. Each SRC Research Associate who will work on this project is a professional researcher and experienced Primary Investigator bound by the research profession's rules and expectations regarding confidentiality.

An invitation e-mail will be sent to potential respondents to establish the study's credibility, assure the respondents that their information will be kept secure, explain the survey's purpose, and state the importance of participating in the survey.

This data collection is considered exempt for IRB approval.

11. Justification for Sensitive Questions

This projects poses little or not risk to the participants. Based on the Human Research Protection Office Guide, the research falls under the category at CFR 46.101 which states" the research involves survey and focus groups where identifiers are collected but the topics of discussion are not sensitive such that a respondent's social standing would not be affected by the disclosure of the subjects response.

12. Estimates of Annualized Burden Hours and Costs

This project involves a one-time focus group discussion that will last approximately 90 minutes and a one-time e-mail survey that takes about 20 minutes to complete. The time for the focus group discussion was determined by estimating the response time for each question in the discussion guide. The time to take the survey was determined by estimating response times to the e-mail survey.

Focus Groups

The hourly wage figures were taken from the U.S. Department of Labor Statistics, 2006. The public health categories used to determine the wage totals are physicians, nurses, clinical technicians, epidemiologists, environmental science technicians, and management and administrative support personnel. Since there are 6 states that will be participating, the estimated number of annual burden hours had to be calculated for each state with a response time of 90 minutes or 1 ½ hour per respondent participating in the focus groups.

12A-1 Estimates of Annual Burden Hours

Type of Respondent	**Form**	**Number of Respondents**	**Average burden per response (in hours)**	**Total Burden Hours**
Public Health Workers	**Focus Groups**	**72**	**90/60**	**108 hours**
Public Health Workers	**E-mail Surveys**	**2022**	**20/60**	**674 hours**
Total		**2094**		**782 hours**

Since each state has different hourly rates for the public health categories that are proposed for participation, the hourly rates were averaged to get one hourly rate for each state. For example, the mean hourly wage for California for each category is as follows:

Registered Nurses	36.12 per hour
Epidemiologists	32.76 per hour
Environmental Scientists and Specialists	32.66 per hour
Clinical Technicians/Scientists	36.98 per hour
Management and Administrative	26.00 per hour
Physicians	70.00 per hour

The total hourly wage for all categories is approximately 235.00 which is divided by 6 (the number of categories) which gives a total of 38.95. All mean hourly wage rates were determined using this method.

12B **Annualized costs to Respondents for focus group and email surveys**

Email Surveys

The estimated time for the e-mailed surveys to be completed is about 20 minutes. The number of respondents is calculated by using the number of public health workers employed by the state health departments.

Type of Respondent	Form	Number of Respondents	Number of Responses	Average Burden	Total Burden	Average Hourly Wage	Respondent Cost
Public Health Workers	Focus Group	72	1	90/60	108	34.15	3,688.00
Public Health Workers	Email surveys	2022	1	20/60	674	34.15	23,017.00
							26,705.00

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There is no other burden to respondents and record keepers.

13. Annualized Cost to the Government

This is a one time collection of information for this part of the NPHIC contract. So, it is difficult to provide specific amounts. However the below chart provides figures for the entire project which has other phases including additional audience research on population monitoring. The salary for the project officer is also included in the total amount.

TOTAL BUDGET SUMMARY FOR OVERARCHING PROJECTS

	RADIOLOGICAL PROJECT

Personnel	$72,343
Fringe	$4,779
Consultants	0
Equipment	0
Supplies	$2,277
Travel	$2,171
Other	$18,430
Contractual costs	$50,379
Total Request	$150,379

15. Explanation for Program Changes or Adjustments

This is new data collection. Information will be collected in 2 formats—focus group testing and an electronic survey. The design of the survey allows for three waves of electronic surveys in case the first wave does not produce the desired number of responses. It also allows for mailed surveys if the desired number of respondents in a state do not reply to e-mail surveys. If 80% response is achieved for one or more states in the first or second waves, no further invitations to participate are necessary in that state.

16. Plans for Tabulation and Publication and Project Time Schedule

Jessica Szenher Consulting will provide expertise for conducting the focus groups, compiling verbatim records of the discussions, and analyzing the responses. Ms. Szenher will conduct the focus groups according to the Focus Group Discussion Guide (attachment E). A recorder will use a laptop computer to input all responses and identifiers so that feedback can be categorized by state, by employee length of service, by distance from a nuclear facility, and by work location (rural or urban). The focus group discussion will be tape recorded, and the recorder will check all input against the audio tape before sending the verbatim responses to be analyzed.

Experts at the UALR Institute of Government's SRC will select survey participants and distribute surveys through electronic and postal channels. All participating state health departments reported their number of public health workers to the SRC, and the SRC determined how many workers should be surveyed from each state. From a list provided by each state, the SRC will randomly select the number of participants needed for each job category.

The SRC will first e-mail the survey to randomly selected workers from all states (Wave). A reminder e-mail will be sent. If necessary due to a low response rate, more workers will be randomly selected for Wave 2 e-mails, and reminder e-mails will again be sent. Finally, the SRC will mail the surveys to all who have not responded in Waves 1 and 2.

Plans for Tabulation

Jessica Szenher Consulting will write the final report that will include an executive summary, methodology review, data tabulations, and communications recommendations. Since the information provided will be comments, the verbatim information can not be categorized. The comments from the focus group and the e-mail surveys will be compiled. The SRC also will provide the data input and analysis to produce tabulations that will characterize the data by state, by employee length of service, by distance from a nuclear facility, and by rural or urban work location.

The project timetable shows approximate timeframes for the project. This project will take approximately six months to complete.

Activity	Time Schedule
Focus group recruitment letters	2 weeks following OMB approval
Focus group testing	3-6 weeks following OMB approval
Conduct random selection of Wave 1 participants	2 weeks following OMB approval
Send out e-mail invitation to Wave 1	3 weeks following OMB approval
Send out e-mail reminder to Wave 1	4 weeks following OMB approval
Conduct random selection of Wave 2 participants	4.5 weeks following OMB approval
Send out e-mail invitation to Wave 2	5 weeks following OMB approval
Send out second e-mail reminder to Wave 1	5.5 weeks following OMB approval
Send out e-mail reminder to Wave 2	5.5 weeks following OMB approval
Wave 3: Send out mailing to Wave 1 and Wave 2 nonrespondents	6 weeks following OMB approval
Data entry of Wave 3 mail respondents	8 weeks following OMB approval
Analysis of focus group responses	8 weeks following OMB approval
[Receipt of] Data analysis and tabulation from UALR	10 weeks following OMB approval
Written report completed	14 weeks following OMB approval

17. Reason(s) Display of OMB Expiration Date is Inappropriate

This is a one-time survey.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.