

Emergency Risk Communication Network

Needs Assessment

Information Collection Request Package

OMB #0920-0798

Agency:

Centers for Disease Control and Prevention
National Center for Health Marketing
Emergency Risk Communication Branch

CDC Principal Investigator / Project Officer:

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Date

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A. Justification

A1. Circumstances Making the Collection of Information Necessary

On January 9, 2009, CDC received OMB approval for the generic concept of health marketing (Health Marketing, 0920-0798) to provide feedback on the development, implementation, and satisfaction regarding public health services, products, communication campaigns, and information.

Under Health Marketing, OMB has agreed to expedite review of proposals for data collections for survey/informative materials development and customer satisfaction surveys only. OMB will generally review such request within ten business days.

Background

The CDC Emergency Risk Communication Branch (ERCB), located in the National Center for Health Marketing (NCHM) began publishing *The Risk Communicator* newsletter in August 2008. The goal of the ERCB is to provide a truly interactive forum for emergency communication professionals at all levels to share information and generate new ideas and more effective approaches to risk communication.

The Risk Communicator is designed to provide evidence-based, practical guidance for emergency risk communication strategy and operations. *The Risk Communicator* newsletter is distributed by subscription via GovDelivery.

Two issues of *The Risk Communicator* have been published, and currently there are 1353 subscribers. The subscriber base is continually growing. A typical issue contains practical tools and techniques, guest interviews with risk communication researchers and practitioners, and feature stories exploring issues related to applying emergency communications principles. Subscribers are encouraged to provide feedback and suggestions on the content and design of the newsletter via email.

The *Risk Communicator* newsletter supports NCHM's objective 1.3.1, to "implement new collaborative marketing initiatives (global, preparedness, other priority areas)" by reaching a wide variety of readers, including public health information officers, emergency communications researchers, emergency preparedness and response personnel at the state, local, and national level as well as private sector and non-profit organizations active in emergency preparedness and response.

ERCB *Risk Communicator* staff have collected anecdotal evidence that these public health and communications professionals use information presented in the publication to update their knowledge of risk communication principles applications and use the information presented for adaptation to their own work. The *Risk Communicator* supports the CDC mission by providing information to communicators and decision-makers so they can more effectively prepare for and respond to public health emergencies to “prevent and control disease, injury, and disability.” Evaluation of the publication and an assessment of subscribers’ needs will help support ERCB’s ability to ensure that *The Risk Communicator* content serves customer and partner priorities, build CDC’s brand, and contribute to the health impact goals.

Authorization to conduct this study is contained in the Public Health Service Act (42 U.S.C. § 241) Section 301.

Description of Respondents:

Potential respondents include over 1353 newsletter subscribers. This group contains subscribers from different levels of government, non-profit organizations, faith-based organizations, tribal nations, and professional associations as described in the table below.

The Risk Communicator Subscribers:

American Red Cross Employee/Volunteers	5
Blind and Vision Impairment Focused Organizations	22
Centers for Disease Control and Prevention (CDC) Connects Staff	3
Communication Directors	0
Community-Based Organizations	147
Deaf and Hard-of-Hearing Focused Organizations	22
CDC - Emergency Communication System (ECS) All	6
ECS Leadership	2
Emergency Public Health Education(EPHE)	483
Faith-Based Organizations	105
Federal Agency	0
Health communicator/Health educator	113
Migrant Farm Workers	0
Migrant Worker Clinicians	0
National Public Health Information Coalition (NPHIC)	296
NPHIC Voter	0
Public Information Officers (PIO)	0
Society for Public Health Education (SOPHE)	10
School (K-12)	0
State and local health departments Employee/volunteers	112
Tribal Nations	30
University/ Institutes of Higher learning	0
TOTAL	1353

Overview of the Data Collection System

Data collection for assessment of *The Risk Communicator* readers will consist of one 23-question web-based survey. Question formats include both item-selection and write-in.

The ERCB evaluation consultant will conduct the survey using Survey Monkey for online data collection, and will store resulting data for the duration of the study.

Items of Information to be Collected

The survey consists of a brief demographic section to collect information about the respondent's background, including level of education, field of practice and sector of employment. The predominant portion of the survey includes questions about the respondent's experience with the publication and additional needs.

The survey instrument has been pilot tested and revised slightly according to respondents' feedback. All testers took approximately 12 minutes to complete the survey. We have performed technical testing to ensure technical quality, ease of use, and proper collection of data. We have tested the questions with fewer than 9 people to ensure questions and answers are logical and clear. The pilot test protocol is provided in Attachment B.

Identification of Website and Website Content Directed at Children Under 13 Years of Age

The needs assessment does involve web-based data collection but does not refer respondents to websites other than the Survey Monkey survey location. Respondents are not referred to any websites with content directed at children less than 13 years of age.

A2. Purpose and Use of Information Collection

In order to ensure future development and expansion of *The Risk Communicator* newsletter, it is critical to obtain feedback from subscribers to understand who uses the newsletters, how they use them, how satisfied they are with the information provided, and solicit suggestions on ways to improve the newsletter. As part of this effort, we request approval of an Internet-based form distributed to

current subscribers of *The Risk Communicator*. Data collected from this effort will allow ERCB to answer critical operating questions, including:

- Which audiences receive information on public health and emergency communication from the newsletter, and which are using it?
- How do subscribers representing different work sectors use information delivered by the newsletter?
- How satisfied are subscribers with the content and delivery of the information?
- Are there ways to enhance the newsletter for use by subscribers through improvements to current offerings or through new products / services?

Without the collection of this information, ERCB and *The Risk Communicator* staff has no way to systematically evaluate the publication's impact, and no clear direction about how the publication might better benefit readers.

A3. Use of Improved Information Technology and Burden Reduction

In order to place fewer burdens on the respondent, we will use a web-based survey. We have attempted to keep the format of the survey simple with short questions and clearly labeled scaled answer choice-sets with few multi-part questions.

The web-based survey will be administered by the evaluation consultant using Survey Monkey as the online data-collection mechanism. For almost all questions, respondents will click on a radio button that corresponds to their selection. The 23 questions include choice selections, yes/no, 5-point scale, and open-ended response options. The survey is provided in Attachment A.

A4. Efforts to Identify Duplication and Use of Similar Information

Subscriber information for *The Risk Communicator* has not previously been collected. Upon subscription to the newsletter, consumers are required only to provide their names and email addresses -- not enough information to garner the results ERCB requires. Since this is a unique publication with a unique subscriber base, there will be no duplication of data collection activities. This is a unique data collection specifically for the use of the staff of the Emergency Risk Communication Branch.

A5. Impact on Small Businesses or Other Small Entities

There is no burden on small businesses or small entities. Newsletter subscribers would voluntarily respond to the survey. Survey questions have been held to the absolute minimum required for the intended use of the data.

A6. Consequences of Collecting the Information Less Frequently

Respondents only include current subscribers to *The Risk Communicator* and participation is entirely voluntarily. This is a one-time request; therefore, it is not possible to ask subscribers to fill out the survey less frequently. There are no legal obstacles to reduce the burden.

A7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances with this information collection package. This request fully complies with the guidelines of 5 CFR 1320.5

A8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. The Health Marketing generic 60-day noticed was published in the Federal Register on May 14, 2008, Volume 73, page 27833. There were no public comments.

B. Consultation has been sought with the following:

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A9. Explanation of Any Payment or Gift to Respondents

As an incentive and to thank respondents for their time, their e-mail addresses will be entered into a drawing for a small gift upon receipt of the completed survey. Gifts will include a \$50.00 gift card for Target, a \$50.00 gift card for Amazon.com, and four \$25.00 movie ticket gift cards.

A10. Assurance of Confidentiality Provided to Respondents

To enable follow-up requests to non-respondents, and entry into the drawing, respondents e-mail addresses will be included in the database. However, only the evaluation consultant will work directly with the information provided by respondents.

RC subscribers will be informed in both the email invitation to participate and in the survey instructions that their individual responses will be seen only by the evaluator, and that only summary data will be shared.

IRB Approval

The approved generic information collection (0920-0798) was determined to be public health practice and non research and therefore did not require IRB review.

Privacy Impact Assessment Information

A. The purpose of this project is to evaluate the content, processes, and channels through which CDC communicates emergency communication and preparedness information to partners and subscribers. Responses will help ensure that health impact is maximized through the delivery of timely, effective, and credible information, which will result in optimal benefit for public health. The needs assessment will help ensure that the newsletter meets subscriber and partner priorities, build CDC's brand, and contribute to health impact goals. Feedback from the subscriber base is necessary to fully evaluate the performance of CDC's newsletter.

This project is a needs assessment focused on *The Risk Communicator* newsletter, which is owned and managed by CDC to transmit information primarily intended for emergency planning, public health, and communication professional audiences. The content in the newsletter is often accessible to the general public, but the content is written and disseminated primarily for use by those working in the field of emergency communications, including: public health

information officials; emergency planners; federal, state, and local decision-makers; and healthcare professionals.

Information generated by this data collection will be used to evaluate the utility of content provided by *The Risk Communicator* newsletter. We intend to use survey results to determine how different work sectors use the information provided in the *RC*; which public health emergency communications topics are of most interest to readers; which types of information sources are most important (e.g. best practices, journal articles, practical tools).

To enable follow-up requests to non-respondents and entry into a drawing for incentive gifts, respondents' e-mail addresses will be included in the database. However, no sensitive information will be collected for this project, and only the evaluation consultant will work directly with the information provided by respondents. Additionally, all identifying information will be deleted from the data set once its purpose has been fulfilled.

B. Respondents will access the survey instrument by clicking on the link provided in their individualized letter of invitation. Instructions on survey completion will be provided once they have entered the website. The data will be collected and stored on the Survey Monkey website, which ensures security and privacy. Data will be stored on the website throughout the data collection period, and subsequently downloaded by the contractor and stored both on and offsite. Files will be backed up daily. Methods will be in place to ensure least privilege.

C. The survey is voluntary, and subscribers must "opt in" to complete the survey as described above. The email invitation (Attachment C) will clearly state the survey is voluntary. The email invitation also will clearly state that the intended uses of the data are to determine the publication's critical target audiences, determine how readers use information delivered by the newsletter, and determine how it might be modified to better serve the public's health. The email invitation will further inform respondents that the information they provide will be used by the contractor and Emergency Risk Communication Branch staff only. Those who do not wish to complete the survey can simply ignore the request. All data collected will be stored in a database on the evaluation consultant's computers and back-up system following the survey's completion and will not contain any personal identifiers once the follow-up requests and drawing have been completed.

D. Respondents will be informed about the voluntary nature of their response in the email solicitation.

A11. Justification for Sensitive Questions

There are no questions that could be considered sensitive such as questions about sexual behavior and attitudes, religious beliefs, alcohol or drug use, race/ethnicity, or other matters commonly considered private. In the event a respondent finds any question to be objectionable, the respondent can easily skip that question.

A12. Estimates of Annualized Burden Hours and Costs

A. We intend to conduct a sample survey of the *RC* subscriber base, which presently includes 1353 individual email addresses. We estimate that the response rate to the web-based survey will be 50%. The survey will take approximately 12 minutes to complete. This estimate has been calculated by testing the survey with a limited number of staff within each newsletter to ensure accuracy and appropriate brevity.

Estimated Annualized Burden Hours

Type of Respondent	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Subscriber	676	1	12/60	135.2

B. There is no cost to respondents for the collection of information other than their time.

Estimated Annualized Burden Costs

Type of Respondent	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Subscriber (Health Communications specialists, Health Educators)	676	1	12/60	135.2	\$23.36	\$3158.27

A13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no additional costs to the respondents.

A14. Annualized Cost to the Federal Government

Costs for this project include personnel for planning and designing the study, developing and pilot testing the survey instrument, collecting and analyzing the data, and reporting. The government costs include personnel costs for federal staff involved in the oversight, study design, ICR review, data interpretation, report writing and presentation development which include approximately 2% of annual salary for a GS-14 scientist, 20% of annual salary of a Public Health Analyst. Costs for contract labor hours include planning and design, pilot testing, development of ICR and study protocols, data collection, data preparation, data cleaning, data analysis, and report development and dissemination. The overall cost of this research to the Federal Government is presented in the following table.

Estimated Annualized Cost to the Government

Labor:	Cost:
CDC personnel for oversight and assistance with communications, ICR protocol development, report writing, dissemination.	\$11,060.00
Contract labor for planning and design, ICR and other protocol development, data collection, preparation, entry, cleaning and analysis, report writing, dissemination assistance.	\$52,750.00
Other direct costs:	
Online survey costs	\$240.00
Incentive gifts	\$255.00
Communications	\$500.00
Total estimated annualized costs	\$64,805.00

A15. Explanation for Program Changes or Adjustments

This is an information collection for a generic OMB clearance.

A16. Plans for Tabulation and Publication and Project Time Schedule

The data collected will be summarized to inform changes to a CDC newsletter. This information is for internal use only and will not be published.

Activity	Time Schedule
Survey link emailed to newsletter subscribers	1 week following OMB approval
Survey ends / begin data summarization	4 weeks following OMB approval
Report findings to ERCB staff	10 weeks following OMB approval
Determine changes needed and communicate to newsletter developer	14 weeks following OMB approval
Communicate results to newsletter readership.	16 weeks following OMB approval

A17. Reasons(s) Display of ICR Expiration Date is Inappropriate

Exemption is not being sought.

A18. Exceptions to Certification for Paperwork Reduction Act Submission

There are no exceptions to certification.