

DBS Gulf Coast Survey

**Supporting Statement
For an Emergency Clearance Request**

10/04/2010

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A. *Justification*

1. Circumstances Making the Collection of Information Necessary

On April 21, 2010, the Deep Water Horizon oil drilling rig (owned by British Petroleum (BP)) caught fire and sank leading to oil spilling from the sea floor. The lives and livelihoods of persons residing in coastal communities have been impacted by this event due to loss of work, changes in patterns of leisure activities, and the effect on the physical environments in which they live. Preliminary data suggest that residents of gulf coast states, and particularly residents within coastal counties, are reporting higher levels of health risk behaviors and lower levels of self-assessment of health than in the previous year. Among the most significant health issues caused by this spill are the emotional and behavioral health effects on the populations in proximity to the Gulf region. To meet the behavioral health needs of the affected population it is imperative that CDC, along with federal partners (i.e. SAMHSA) and state and local stakeholders in these regions, have access to timely and credible data on behavioral health indicators.

CDC's Division of Behavioral Surveillance (DBS) coordinates state-based surveys and data collection of self-reported health risk behaviors. DBS has existing capacity and infrastructure to conduct population based surveillance for these indicators. In addition, CDC possesses the necessary expertise to successfully collaborate with stakeholders to arrive at a scientifically credible assessment of the current situation and provide stakeholders with the data necessary to evaluate alternatives to meet the behavioral health needs of this population. DBS requests OMB approval to conduct the DBS Gulf Coast Survey that will be used to assist CDC and federal, state, and local stakeholders to evaluate changes in health risk behaviors and self-reported health assessments since April 2010. Emergency clearance is requested due to the fact that immediate impact on health risk behaviors should be measured as close to the event as possible. The DBS Gulf Coast Survey will continue for one year after initiation to allow for examination of both short- and long-term consequences and to monitor any changes in behavior.

2. Purpose and Use of Information Collection

The primary objectives are to:

- 1) Compare behavioral health risk and health status information taken from persons residing within coastal counties immediately after and monthly over a twelve month period following the initial implementation of the survey. This will be accomplished using 12 monthly cross sectional samples within each county. Samples will be stratified by the populations of selected counties. Coastal counties which are within 32 miles (approximately within 45 minutes or less of driving time) of an area where fishing was closed due to the Deepwater Horizon Event will be selected for inclusion.
- 2) Following the completion of all data collection, compare affected areas among states. Comparisons will be accomplished by aggregating responses from counties within each state and making comparisons with aggregated counties from other states included in the survey.
- 3) Draw comparisons from data taken from questions included in other DBS surveys by matching responses from identical questions from the DBS Gulf Coast Survey. Comparisons across surveys will be accomplished by examining difference in prevalence of behavioral health risks and

health status. It will be possible to make comparisons to BRFSS surveys which have been completed in previous years by the same states and/or among other areas within these states where sufficient sample sizes are available using the routine administration of the BRFSS questionnaire.

4) Provide a dataset which is amenable to analysis by investigators at CDC, SAMHSA, and participating states to determine behavioral health status in the populations across the affected areas. Data will be susceptible to trend analyses, tests of differences among population demographic subgroups, and control group comparisons (using routine administrations of the BRFSS, not included in this study). Trend analyses may be conducted using monthly changes in prevalence, and cross sectional data may also be used to examine difference in prevalence among those who live in close proximity to the event and those who do not. These data will be used to determine mental health service needs among the population in the affected areas.

3. Use of Improved Information Technology and Burden Reduction

The DBS Gulf Coast Survey will be collected using random digit dialing (RDD) telephone samples. Interviewers will use Computer Assisted Telephone Interview (CATI) software to enter data directly into a database, thereby eliminating some errors which may have been caused by manual data entry procedures.

4. Efforts to Identify Duplication and Use of Similar Information

Significant efforts to identify impacts on health related to the oil spill have been conducted by the Emergency Operations Center (EOC) of the CDC. Extant data do not include sufficient sample size to determine whether there are measureable changes/trends in health risk behaviors and/or self-assessment of health status among residents of the states and/or coastal areas.

5. Impact on Small Businesses or Other Small Entities

There will be no impact on small business.

6. Consequences of Less Frequent Collection

This is a one year data collection period allowing for assessment of changes over the course of the year. Data will be collected for one year period with a potential of extension for another year.

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

There are no special circumstances.

8. Comments in Response to the Federal Register Notice/Outside Consultation

9. Explanation of any Payment/Gift to Respondents

Not applicable.

10. Assurance of Confidentiality Provided to Respondents

This survey will collect information from respondents via telephone interviews. Respondents will be notified of the voluntary nature of their response in the introductory script which precedes the survey. Data will include self-assessments of health risk behaviors and health status. No information in identifiable form (IIF) will be collected other than telephone numbers which comprise the sample. Sample files with telephone numbers will be maintained separately from files which include responses to questionnaire items. All health risk and health assessment information will be maintained in a secure manner by CDC.

11. Justification for Sensitive Questions

Participating states have used standardized questions on state behavioral risk surveys for many years. Sensitive questions regarding health and health risk behaviors are necessary to identify changes in behaviors and/or self-assessments of health status when aggregated to community or state levels. In order to assess changes in health risk behaviors, it may be necessary to ask questions of a sensitive nature. This sensitive information would be pertinent to determine community needs for mental health services.

12. Estimates of Annualized Burden Hours of Respondents

Approximately 2,500 interviews will be completed each month. Interviews are anticipated to last approximately 20-25 minutes. Since the only screening question will be whether the interviewer has reached a household (rather than a business), no adult respondents will be determined to be ineligible based on demographic characteristics. A liberal calculation of respondent burden, using a thirty minute interval for completion of the survey would result in an average of \$7.24 per respondent, or approximately \$18,100 per month. Calculations of respondent burden are made using average hourly wage for the region in which surveys will be conducted. The table below illustrates respondent burden for each of the states where regions have been selected for inclusion in the Gulf Coast Survey. Total number of respondents equal 30,000 responding .5 hours.

Estimated Annualized Burden Hours

Respondents	Form	Number of Respondents	No. Responses per Respondent	Avg. Burden per Response (in hours)	Total Burden Hours
Individuals	BRFSS Stand Alone Survey	30,000	1	.5	15,000

State	Proportion of respondents in State (1)	Estimated No. of Respondents (2)	Average length of survey in hours. (3)	Average Burden per Response : hours x average regional wage* (4)	Total Costs (2 x 4)
Florida	19%	5700	.5	.5 hours x 14.47= \$7.24	\$41,268
Alabama	16%	4,800	.5	.5 hours x 14.47= \$7.24	\$34,752
Mississippi	11%	3,300	.5	.5 hours x 14.47= \$7.24	\$23,892
Louisiana	54%	16,200	.5	.5 hours x 14.47= \$7.24	\$117,288
Total Target Area	100%	30,000	.5	.5 hours x 14.47= \$7.24	\$217,050
*Average regional hourly wages are calculated using Bureau of Labor Estimates for Census Divisions in which the target states are included.					

13. Keepers/Capital Costs

There are no maintenance or capital costs to respondents.

14. Annualized Cost to Federal Government

Costs are presented below as per complete estimates which include weighting and sampling as well as interviewer costs and administration which will be borne by subcontractor(s).

Annualized Cost to the Federal Government

30,000 surveys @ \$100 per complete	\$3,000,000
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15. Explanation for Program Changes or Adjustments

This is an emergency clearance request for a new data collection.

The DBS Gulf Coast Survey questionnaire is similar to other state-based surveys conducted annually. This application of the DBS Gulf Coast Survey will target areas within states. Moreover, there are a

large number of questions which are needed to focus on topics which are salient within the targeted population.

16. Plans for Tabulation and Publication and Project Time Schedule

Data collection will begin as soon as clearance and funding are received. Data collection will continue for one year from initiation of the DBS Gulf Coast Survey.

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

Not applicable.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.