

ICR Supporting Statement Part A

Project Title: Division of Behavioral Surveillance (DBS) Gulf States Population Survey

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Contents

A.	Justification.....	3
1.	Circumstances Making the Collection of Information Necessary.....	3
2.	Purpose and Use of Information Collection.....	4
3.	Use of Improved Information Technology and Burden Reduction.....	4
4.	Efforts to Identify Duplication and Use of Similar Information.....	4
5.	Impact on Small Businesses or Other Small Entities.....	5
6.	Consequences of Collecting the Information Less Frequently.....	5
7.	Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....	5
8.	Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency.....	5
9.	Explanation of any Payment/Gift to Respondents.....	6
10.	Assurance of Confidentiality Provided to Respondents.....	6
11.	Justification for Sensitive Questions.....	6
12.	Estimates of Annualized Burden Hours and Costs.....	6
13.	Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers.....	7
14.	Annualized Cost to Federal Government.....	7
15.	Explanation for Program Changes or Adjustments.....	7
16.	Plans for Tabulation and Publication and Project Time Schedule.....	7
17.	Reason(s) Display of OMB Expiration Date is Inappropriate.....	8
18.	Exceptions to Certification for Paperwork Reduction Act Submissions.....	8

A. Justification

1. Circumstances Making the Collection of Information Necessary

On April 20, 2010, the British Petroleum (BP) Deepwater Horizon oil rig exploded in the Gulf of Mexico spilling more than 4.9 million barrels of oil into the Gulf. The lives and livelihoods of persons residing in the Gulf coastal communities were impacted by this event due to loss of work, changes in patterns of leisure activities, and the effect on the physical environment in which they live. An ongoing public health issue of concern following the spill is the effect on mental and behavioral health of populations living in and around the Gulf region and the mental health services required to meet that need.

On October 7, 2010 the Office of Management and Budget (OMB) granted emergency clearance (OMB control # 0920-0868, expiration date April 30, 2011) to CDC's Public Health Surveillance Program Office (PHSPO), Division of Behavioral Surveillance (DBS) to conduct a survey to monitor the mental and behavioral health status of this affected population. The legal authority for this data collection is covered under 42 USC Sec 241 (see Attachment 1).

Using the existing capacity and infrastructure of the Behavioral Risk Factor Surveillance System (BRFSs), DBS implemented a standalone survey designed to monitor the mental and behavioral health variables in the adult population in selected coastal counties affected by the oil spill. The Gulf States Population (GSPS) survey includes health related questions taken from the ongoing BRFSS as well as additional questions taken from standardized scales or from other surveys designed to measure anxiety, depression, and potential stress-associated physical health effects.

The survey questionnaire was developed by DBS in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) and state public health and mental health departments from Louisiana, Mississippi, Alabama, and Florida, where the survey is being conducted.

Data collection for the GSPS began on December 14, 2010 and will continue monthly for a one-year period. No data were collected from October 2010 to December 13, 2010, because the sampling and data collecting contracts had not been awarded. Because the OMB emergency clearance for the DBS GSPS expires April 30, 2011, DBS is submitting a new information collection request (ICR) to continue data collection for one year.

The 60-day Federal Register Notice for the new ICR was posted on the Federal Register December 21, 2010, Volume 75, Num 244, pages 80056-80057 (see Attachment 2). One non-substantive comment was received on December 22, 2010 in response to the 60-day Federal Register Notice and was addressed by CDC. This new ICR includes modifications to the original GSPS questionnaire and protocol that were approved under the emergency clearance. Modifications include:

- Translation of the questionnaire into Spanish for Spanish speaking respondents.
- Slight modifications of the wording of some questions to improve comprehension.
- Extension of the sample area to the entirety of the four states, which will allow comparison of results from the Gulf Coast counties to non-Gulf Coast counties.

- Addition of cell phones to the sampling frame. Extension of the sample area to the entirety of the four states will allow DBS to sample cell phone responses in addition to landline telephones. This will improve the survey representativeness because those who have a cellular phone, but no land-line telephone, have a demographic profile that differs from those who do have land-line telephones.

These modifications are reflected in justification statements A and B.

2. Purpose and Use of Information Collection

The primary objectives are to:

- 1) Compare mental and behavioral health risk and health status information taken from persons residing within coastal counties and comparison groups within the same states. This will be accomplished using monthly cross sectional samples. Samples will be stratified by the populations of selected counties. Select 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 in the target area. Counties in the balance of the state (those not within 32 miles of closed fishing areas) will be included in the comparison group.
- 2) Following the completion of all data collection, comparisons will be accomplished by aggregating responses from counties within each state and making comparisons with aggregated counties from other parts of Florida, Mississippi, Louisiana and Alabama.
- 3) Draw comparisons from data taken from questions included in other DBS/BRFSS surveys by matching responses from identical questions from the GSPS. Comparisons across surveys will be accomplished by examining difference in prevalence of mental and 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 mental and 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 the need for mental and behavioral health services in the region and to inform the provision of those services.

3. Use of Improved Information Technology and Burden Reduction

The GSPS data 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 Collecting the Information Less Frequently

This new ICR application is for a one year data collection period. Data will be collected monthly to allow assessment of changes over time. There are no legal obstacles to reduce the burden.

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 and Efforts to Consult Outside the Agency

The 60-day Federal Register Notice for the new ICR was posted on the Federal Register December 21, 2010, Volume 75, Num 244 pages 80056-80057 (see Attachment 2). One non-substantive comment was received on December 22, 2010 in response to the 60-day Federal Register Notice and was addressed by CDC.

The GSPS questionnaire was developed in September 2010 by DBS in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) and state public health and mental health departments from Louisiana, Mississippi, Alabama, and Florida, where the survey is being conducted. Individuals involved in the development of the GSPS include:

SAMHSA	Peter Delany (Director CBHSQ)	Peter.delany@samhsa.hhs.gov
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Alabama	Kathy Seifried (Mental Health)	Kathy.seifried@mh.alabama.gov
Florida	Sharon Watkins (Epidemiologist)	Sharon_watkins@doh.state.fl.us
Florida	Jamie Forest (BRFSS Coordinator)	Jamie.Forest@doh.state.fl.us
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Mississippi	Mardi Allen (Mental Health)	Mardi.allen@dmh.state.ms.us
Mississippi	Ron Mcanally (BRFSS coordinator)	Ron.mcanally@msdh.state.ms.us
Louisiana	Todd Griffin (BRFSS coordinator)	tgriffin@dhh.la.gov

Louisiana	Anthony Speier (Mental Health)	Anthony.speier@la.gov
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9. Explanation of any Payment/Gift to Respondents

Not applicable.

10. Assurance of Confidentiality Provided to Respondents

The Privacy Act does not apply. The Gulf States Population Survey data will be collected using random digit dialing (RDD) landline and cellular telephone samples. Data collection will include self-assessments of mental and behavioral health risk behaviors and health status.

No information in identifiable form (IIF) will be collected from respondents during the telephone interviews. Telephone numbers are not linked to respondents. Files containing RDD telephone samples are kept separately from files which include responses to questionnaire items.

All mental and behavioral health risk and health assessment data collected will be in aggregate form and will be maintained in secure servers and password protected files by CDC.

No information in identifiable form (IIF) will be collected, filled or retrieved by the name of the individual.

Respondents will be notified of the voluntary nature of their response in the introductory script which precedes the survey questions.

11. Justification for Sensitive Questions

Participating states have used standardized questions on state behavioral risk surveys for many years. Sensitive questions regarding mental and behavioral 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 is 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 and Costs

Approximately 2,500 interviews will be completed each month in the targeted coastal counties. Approximately 1,250 comparison interviews will be completed each month in the comparison group counties. Interviews are anticipated to last approximately 25-30 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 \$9.88 per respondent, or approximately \$37,050 per month. Calculations of respondent burden are made using average hourly wage for the region in which surveys will be conducted (http://www.bls.gov/sae/gulf_coast.htm). The table below illustrates respondent burden for each of the states where regions have been selected for inclusion in the survey. Total number of respondents equal 40,000 responding .5 hours.

Estimated Annualized Burden Hours

Respondents	Form	Group	Number of Respondents	No. Responses per Respondent	Avg. Burden per Response (in hours)	Total Burden Hours
Individuals	GSPS	Coastal Counties	30,000	1	30/60	15,000
		Comparison Group Counties	10,000	1	30/60	5,000

Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Individuals	20,000	\$19.76	\$395,200
Hourly wages were averaged from private wages provided for the Gulf States included in the survey (http://www.bls.gov/sae/gulf_coast.htm).			

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

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

40,000 surveys @ \$75 per complete	\$3,000,000
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15. Explanation for Program Changes or Adjustments

This is a request for a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Data collection for the GSPS began December 14, 2010 under OMB emergency clearance (OMB control # 0920-0868, expiration date April 30, 2011). Ongoing data collection will continue with OMB approval of the new ICR.

A. 16 – 1 Project Time Schedule	
Activity	Time Schedule
Ongoing collection of survey data	6-8 months after OMB approval of new ICR
Completion of data collection	9-10 months after OMB approval of new ICR
Data analyses and reports	10-18 months after OMB approval of new ICR
Publications	18- 24 months after OMB approval of new ICR

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.