

State and Local Environmental Public Health Employees Usage of Public Health Assessments and Consultations Documents

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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Program Official/Project Officer

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Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. The respondent universe for this data collection aligns with that of the OSC. Data will be collected from Agency for Toxic Substances and Disease Registry (ATSDR) personnel in the Division of Community Health Investigations acting in their official capacities.

The mission of the Division of Community Health Investigations (DCHI) is to serve the public through responsive public health actions to promote healthy and safe environments and prevent harmful exposures. To support this mission, the Division's programs aim to advance the science of environmental public health (EPH); to support environmental public health practice; to educate partners and policy makers about environmental health risks and protective measures; to promote environmental justice and reduce health disparities related to environmental exposures; and to provide unique scientific and technical expertise to advance public health science and practice. The Division provides liaison, technical advice, and consultation to the Environmental Protection Agency, other federal, tribal, and state agencies, private organizations, community groups, and individuals on eliminating or mitigating public health problems resulting from the release of hazardous substances into the environment. The Division also conducts and evaluates exposure pathways analyses and other exposure screening analyses to identify impacted communities, to include exposure investigations (biologic sampling, personal monitoring, etc.), exposure-dose reconstruction, and related environmental assessments.

In 1980, Congress created the ATSDR to implement the health-related sections of laws that protect the public from hazardous wastes and environmental spills of hazardous substances. The Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), commonly known as the "Superfund" Act (see **Attachment A**), provided the Congressional mandate to remove or clean up abandoned and inactive hazardous waste sites and to provide federal assistance in toxic emergencies. As the lead Agency within the Public Health Service for implementing the health-related provisions of CERCLA, ATSDR is charged under the Superfund Act to assess the presence and nature of health hazards at specific Superfund sites, to help prevent or reduce further exposure and the illnesses that result from such exposures, and to expand the knowledge base about health effects from exposure to hazardous substances. The Agency determines public health implications associated with hazardous waste sites and other environmental releases. This work supports ongoing site investigations conducted by other agencies, addresses community health concerns, and results in recommendations for preventing harmful exposures and conducting additional scientific study.

The Division produces public health assessments (PHAs), health consultations (HCs), and other related public health activities (e.g. fact sheets, PowerPoint presentations) related to the characterization of environmental hazards to determine the health implications of releases or threatened releases of toxic substances into the environment; in particular, such activities are conducted for CERCLA and Resource Conservation and Recovery Act (RCRA) sites, petition requests, and instances where communities have been or may have been exposed to toxic substances in the environment. The RCRA (see **Attachment B**) gives EPA the authority to control hazardous waste from birth to disposal. This includes the generation, transportation, treatment, storage, and disposal of hazardous waste. The National Priorities List (NPL) is the list of national priorities among the known releases or threatened releases of hazardous substances, pollutants, or contaminants throughout the United States and its territories (see **Attachment C**). The NPL is intended primarily to guide the EPA in determining which sites warrant further investigation. ATSDR is required by law to conduct a PHA at all sites proposed for or listed on EPA's National Priorities List (NPL). Two of the most common evaluation activities are the production of documents for PHAs (see **Attachment D**) and HCs (see **Attachment E**), both of which evaluate data and information on the release of hazardous substances into the environment.

A PHA is conducted to determine whether and to what extent people have been, are being, or may be exposed to hazardous substances associated with a hazardous waste site and, if so, whether that exposure is harmful and should be stopped or reduced. The PHA process enables ATSDR to prioritize and identify additional steps needed to answer public health questions, and defines follow-up activities needed to protect public health. A HC generally focuses on one particular public health question (e.g., a specific exposure pathway, substance, health condition, or technical interpretation). HCs are often time critical and require a more rapid response than PHAs. While some HCs include a presentation of all the elements required in the PHA, discussions are often limited to answering the question at hand. Anecdotal evidence seems to indicate that the Division's PHAs and HCs are in many cases not timely, useful, or helpful to end users. The purpose of this data collection will explain why this is the case so that we can improve our documents. We will be evaluating these two documents.

For example, in 2012 an internal CDC clearance process evaluation (see **Attachment F**) indicated that it takes over a year on average to complete a document of this type. More specifically the mean time to complete a PHA and HC is 374.4 days. This amount of time is considered excessive. One of the reasons it takes this much time is because many documents, particularly PHAs, are very long (some in excess of 100 pages) and require extensive time to review and clear. Some have suggested that many PHAs and HCs contain a lot of information that may not be useful to end users. Others have raised concerns that the public health documents are duplicative of EPA risk assessments calling into question the value of the public health documents. In short, the Division needs a better understanding of what types of information end users need in these documents to help them address environmental issues in their communities.

In order to learn more about state/local environmental public health employees' and officials' document usage, DCHI plans to conduct focus groups to determine what types of information in the PHAs and HCs is useful to our stakeholders. In-person group discussions are priority over a web survey in this project primarily because we will present participants with three alternative redesigns of the PHA/HC format. The first redesign is a community report (see **Attachment G**). A community report can assist the redesign of a PHA. It's similar to a fact sheet in design and speaks to the community directly about the exposures at hand although it leaves out the majority of technical information. Our second redesign is a HC brochure (see **Attachment H**). This brochure is an abbreviated HC formatted with a brochure style. Another redesign option is a HC template (see **Attachment I**). The HC template is a consolidated method to streamline the document. Not only do we want to know how the state/local environmental public health employees used the PHA/HC document but which sections where most useful, can be consolidated, or removed. Since the group discussion will discuss various documents its imperative to have a guided discussion in person with a facilitator. This project will provide data to redesign the format and content of the PHA and HC documents to enhance its usefulness to petitioners, stakeholders, and EPA. This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241).

Privacy Impact Assessment

Overview of the Data Collection System – The data collection system is designed to answer several document questions. These questions will help the Division understand how the end users actually use the document and which sections of the document are most beneficial to them. The data will be collected using semi-structured focus groups (see **Attachment J & K – Phone Screener and Focus Group Data Collection Tool**) of state/local environmental public health employees and officials. The focus group data collection tool and phone screener was pilot tested by four public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming and tools and establish the estimated time required to complete the survey.

Items of Information to be Collected – The phone screener (N=100) introduces the potential participants to whom we are, what is the project, why we are doing this and how the focus groups will be conducted. Only one question will be asked and that is if they want to participate. If yes, then they are encouraged to review the site document and confirm their mailing and e-mail addresses. A facilitator will conduct the focus groups and/or interviews and will record the information by video, tape recorder, and taking notes via pen and paper.

The focus group data collection (N=50) tool consists of 23 questions divided into four different sections. The first section (two questions) is designed to set participants at ease, establish a positive group dynamic, and get subjects engaged and talking. The questions help us decipher the most effective method for users to obtain documents. Section two (eleven questions) speaks to the specific document (PHA or HC) written for the site. The

focus of these questions is to gain further insight into the participants' impressions of the document, how beneficial the document is for the type of work they do, and to determine if the conclusion and recommendation section has been adopted, the level of adoption (full or partial), if the recommendation(s) has been implemented and to what success, and how much of the state has implemented the recommendation(s) if known. The third section (3 questions) attempts to learn the document content most useful to participants. The final section (six questions) introduces new products to the participants. Participants will rank which redesign best suits their needs, describe their impressions and how beneficial the new document is for the type of work they do.

2. Purpose and Use of the Information Collection

In order to learn more about the recommendation implementation, utilization, and experiences, DCHI plans to conduct focus groups to obtain feedback from end users on the current format and content of PHAs and HCs. Data will be collected through focus groups of state and local public health employees (n=50). The information collected will help the Division determine how to improve these documents so they are more useful to end users. These questions will help the Division understand how the end users actually use the document and which sections of the document are most beneficial to them.

This information is needed to support ATSDR in carrying out its mission to serve the public through responsive public health actions to promote healthy and safe environments and prevent harmful exposures. Use of the PHAs and HCs documents has the potential to reduce harmful exposures through the recommendations to minimize toxic environmental exposures. Results of the evaluation will be used to redesign the format and content of the PHA and HC documents to enhance its usefulness to petitioners, stakeholders, and EPA. Additionally, ATSDR will be able to learn about potential barriers of adoption and implementation to better understand how it can provide optimal assistance throughout the process.

Privacy Impact Assessment

Recommendation adoption by a site poses no risk to the participant state because such matters are widely known within each State and are a matter of public record. To protect the individual privacy of respondents, the focus group facilitators will not record the participant's name and will refer to the focus group participant by the site the document denotes. The notes, audio and video recordings will be transferred to NVivo, a qualitative data software after all focus groups have been completed. The focus group notes, audio and video recordings will be destroyed once all of the information has been transferred to NVivo. Focus group participants will be catalogued in NVivo by their occupation and site document. Collection of these data will not yield data that can be generalized.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via focus groups lasting approximately two hours allowing respondents to complete questions in a friendly information sharing environment. This method was chosen over a web-based survey to gain a better understanding of testing hard copies of multiple documents. Since the group discussion will discuss various documents its imperative to have a guided discussion in person with a facilitator. A focus group will allow for the facilitator to get a better sense of how the PHA and HC are being received within each state. Additionally, this method will allow for the participant being interviewed to express the potential barriers and successes to adopting a recommendation within their state. This information will help the Division define its role in assisting states with improving documents. The focus group data collection tool was designed to collect the minimum information necessary by a facilitator for the purposes of this project (i.e., limited to 23 questions). Once the information has been collected, it will be analyzed for its descriptive nature using the qualitative data software NVivo. NVivo analyzes qualitative information by organizing, classifying, and sorting data into frequencies. Qualitative thematic analyses will be performed on open-ended questions to compile recommendations for improving ATSDR's technical assistance and documents. In addition, personally identified information will not be collected. A phone screener will be used to describe the project to potential participants and ask if they want to participate (1 question). We will use the phone screener to request participants review the site document and confirm their mailing and e-mail addresses.

4. Efforts to Identify Duplication and Use of Similar Information

We searched the literature and Agency program records and documents and no evidence of PHAs or HCs feedback exist. This undertaking is unique in that it will allow ATSDR, for the first time, to query state and local public health employees and leadership about the usefulness of PHAs and HCs. To date, no similar data has been gathered or maintained by the Division or are available from other sources known to the Division.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

The purpose of this request is to ensure collection of data that is not otherwise available. Specifically, without this data there would be:

- No timely feedback regarding effectiveness on the current format and content of DCHI's public health assessment and health consultation documents
- Less effective dissemination of our various documents to better assist petitioners, stakeholders, and EPA.
- Limitations to effective and timely assessment of documents of government agencies to fulfill their public health mission.

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 with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and participation will be voluntary.

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

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. A 60-day Federal Register Notice was published on October 22, 2010, Vol. 75, No. 204; pp. 65353-54. Two comments were received from the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO).

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

10. Assurance of Confidentiality Provided to Respondents

The Privacy Act does not apply to this data collection. Employees of state and local public health agencies will be speaking from their official roles and will not be asked, nor will they provide individually identifiable information.

This data collection is not research involving human subjects.

11. Justification for Sensitive Questions

No information will be collected that are of personal or sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on a pilot test of the survey instrument and focus group script by four public health professionals. In the pilot test for the focus group script, the time to complete was approximately 10-15 minutes. For the purposes of estimating burden hours, 15 minutes is used because the state/local EPH employees will be asked to verify their mailing and e-mail addresses. In the pilot test, the average time to complete the focus group data collection tool including time for reviewing instructions, gathering needed

information and completing the focus group, was approximately 120 minutes. The Welcome and Part 1 took an average of 8 minutes, Part 2 took 27 minutes, Part 3 took an average of 35 minutes and Part 4 and the Wrap-Up took 26 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 120 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Survey estimate for management occupations – medical and health services managers in state government (<http://www.bls.gov/ncs/ocs/sp/nctb1349.pdf>). Based on DOL data, an average hourly wage of \$57.11 is estimated for all respondents. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents – Data Collection Tools

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
State EPH Official Phone Screener	80	1	15/60	20	\$57.11	\$1142.20
Local EPH Official Phone Screener	20	1	15/60	5	\$57.11	\$285.55
State EPH Official Focus Group	40	1	2	80	\$57.11	\$4568.80
Local EPH Official Focus Group	10	1	2	20	\$57.11	\$1142.20
TOTALS	150	1		125		\$7138.75

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

There will be no direct costs to the respondents other than their time to participate in each survey.

14. Annualized Cost to the Government

There are no equipment or overhead costs. Contractors are not being used to support this data collection. The only cost to the federal government would be the salary of CDC staff supporting the data collection activities and associated tasks.

The focus group data collection tool will be prepared by ATSDR staff. Interviews will be conducted by internal ATSDR staff. Data analysis and reporting will also be conducted by internal ATSDR staff. The estimated cost to the federal government is \$113,154.20. Table A-14 describes how this cost estimate was calculated.

Table A-14: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
ATSDR Project Officer (GS-14/09, FTE) Review and oversee OMB package preparation, pilot testing, data collection, quality control	100	\$61.32	\$6132
ATSDR Project Staff (GS-12, FTE) x 2 Lead on development of focus group data collection tool and phone screener, pilot test moderator, OMB package preparation, data collection, data analysis, report preparation	400	\$39.05	\$15,620
ATSDR Project Staff (O, Commission Corp) Pilot testing, instrument development, consultation with staff lead on OMB package preparation, data coding and entry, quality control	80	\$60.74	\$4859.20
Communicate Health Contractor Participant recruitment, facilities, data collection	275	\$260.16	\$71,544
CDC Travel 5 trips			\$15,000
Estimated Total Cost of Information Collection			\$113,155.20

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

There are no plans to publish the results of this data collection. Results of this assessment will be shared internally with ATSDR leadership and staff across the Agency. Data from the states will be evaluated to determine how to improve the PHA and HC documents so they are more useful to end users. The data collected will be analyzed for its descriptive nature using the qualitative data software NVivo. Qualitative thematic analyses will be performed on open-ended questions to compile recommendations for improving ATSDR's technical assistance and documents.

Project Time Schedule

✓ Design focus group data collection tool.....	(COMPLETE)
✓ Develop phone screener and analysis plan.....	(COMPLETE)
✓ Pilot test phone screener.....	(COMPLETE)
✓ Pilot test focus group data collection tool.....	(COMPLETE)
✓ Prepare OMB package.....	(COMPLETE)
✓ Submit OMB package.....	(COMPLETE)
<input type="checkbox"/> OMB approval.....	(TBD)
<input type="checkbox"/> Identify list of potential state/local EPH employees	(2 weeks)
<input type="checkbox"/> Contact potential focus group participants.....	(2 weeks)
<input type="checkbox"/> Conduct 5 focus groups.....	(8-12 weeks)
<input type="checkbox"/> Collect, code, enter, quality control, and analyze data.....	(4-6 weeks)
<input type="checkbox"/> Prepare report.....	(2 weeks)
<input type="checkbox"/> Disseminate results/reports.....	(July 2013)

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

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

- A. The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA)**
- B. Resource Conservation and Recovery Act (RCRA)**
- C. National Priorities List (NPL)**
- D. Public Health Assessment**
- E. Health Consultation**
- F. Clearance Process Evaluation Executive Summary**
- G. Community Report Redesign A**
- H. Health Consultation Brochure Redesign B**
- I. Health Consultation Template Redesign C**
- J. Phone Screener**
- K. Focus Group Data Collection Tool**