

Supporting Statement A

“So What? Telling a Compelling Story” Template

New

Centers for Disease Control and Prevention
Office of Public Health Preparedness and Response
Office of Policy, Planning and Evaluation

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September 4, 2013

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Attachments

- A. Authorizing legislation: Section 301 of the Public Health Service Act (42 U.S.C. 241)
- B. Published 60-Day Federal Register Notice
 - a. Public Comment
- C. “So What? Telling a Compelling Story” Template
- D. “So What? Telling a Compelling Story” Follow-Up Questions
- E. Screen Shot: “So What? Telling a Compelling Story” Template
- F. IRB Determination Form

A. Justification

1. Circumstances Making the Collection of Information Necessary

Background

This is a request for Office of Management and Budget (OMB) approval of a new data collection for activities associated with framing public health preparedness and response events and impacts at the state and local level. The Centers for Disease Control and Prevention (CDC) is requesting a three year approval for this data collection.

This application and the corresponding template do not apply to the CDC research agenda for the agency because there is no research being conducted with this template. Stories are difficult to gather and track; therefore, the Office of Public Health Preparedness and Response (OPHPR) must use a creative method to collect relevant stories on the impacts of the Public Health Emergency Preparedness (PHEP) grant in state and local health departments and at the community level. The PHEP grant is the CDC/OPHPR administered grant which enables state and local health departments to plan for and take action during public health emergencies. While there has always been a performance reporting requirement in the grant, there hasn't been a formal request or a conduit for state and local health departments to share anecdotes about those implementing activities associated with the grant. The collection of stories that state and local public health officials can provide to OPHPR are needed to share the work that public health officials do each day to keep our nation public health secure. OPHPR uses these stories to write blog posts, to share with the public on the OPHPR website and with the OPHPR Director and CDC Director. This information will be used when they are travelling to a state and request background information on people they are going to meet, to celebrate through national awards offered by partners, to share back to the community of public health preparedness and response partners, to educate professionals of other fields of preparedness and response on the importance of public health in the greater emergency management ecosphere, and to educate national partners about the work being done in specific project areas. These eight functions of storytelling are specific but there are other uses for storytelling that we have yet to uncover. That is why this template is not collecting full stories but rather story leads. This will benefit OPHPR and CDC by anecdotally supplementing grant reporting and by identifying the everyday heroes of public health preparedness and response. Only through this mechanism can OPHPR tell the story, describing the "so what?" details of why this work is vital to the nation. Sometimes the request for a regional-specific story comes in and OPHPR can cull through leads to follow up with the storyteller, as described in this Information Collection Request (ICR).

Several resources and tools exist within CDC and partner organizations to share stories but the stories tend to be dated or already used in another capacity, not specifically public health preparedness and response. The types of stories OPHPR will collect are clearly laid out in the template: describing a personal story about a public health preparedness and response scenario; a personal story about the participants in a specific program; describing an instance when the Department of Health and Human Services (DHHS)-funded public health preparedness or response resources affected an individual personally, within a health department, or in a broader context (state, local, regional, national); In your organization, what have you been able to

accomplish that you couldn't have accomplished without DHHS-preparedness and response funding? Describing how a person's city/county/state/tribe benefited from DHHS-funded preparedness and response activities; what DHHS-preparedness and response funding accomplished in a specific community that no other resource has.

OPHPR must be proactive in leveraging this template to collect new, timely anecdotes, described as "leads" in the rest of this ICR, versus full stories, in order to describe successes and challenges public health officials face implementing the PHEP grant and associated activities. With this tool, developers intend to dramatically reduce the burden on respondents and employees who may otherwise engage in complete story development with each new event. In this manner, staff may tease out pertinent and timely leads for potential development at a later date based on the needs of leadership. Development of a complete story from this template will occur with a small percentage of the leads and will be described later in this document.

The authorizing legislation for this CDC data collections can be found in Section 301 of the Public Health Service Act (42 U.S.C. 241). In particular, 301 (1) collect and make available through publications and other appropriate means, information as to, and the practical application of, such research and other activities and (4) secure from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad (**Attachment A**).

1.1. Privacy Impact Assessment

Overview of Data Collection System

The majority of the data will be collected by email with or without the Portable Document Format (PDF) template, depending on the technical requirements of the recipient. A version of this worksheet will be posted online so interested partners can self-submit (**Attachment E**). In rare circumstances, the information may be collected on a paper-based worksheet or by emailing a PDF version of said worksheet when an individual story lead is identified. This last method is specifically called out due to the sensitivity that in some circumstances, access to the internet, email, specific software programs or hardware may not be available. The information received will be maintained for five years.

Information to be Collected

Information in Identifiable Form (IIF) will be collected. The IIF is used to facilitate the collection of response data are names, telephone numbers, and email addresses in order to follow-up on story leads collected with the questions described in (**Attachment D**). It is estimated that there will be a follow-up questionnaire for full stories in less than 15% of all completed templates over three years.

Information will be requested from named individuals strictly on the basis of his or her role with public health preparedness and response. While those collecting the information can't ensure that the contact information provided on the template is professional or personal, all information will be treated as a professional contact and any further contact with respondents will follow standard security procedures.

2. Purpose and Use of Information Collection

The intent of this template is to guide the development of bullets and headlines describing successes, impacts, and other funding-related activities.

The goals of these leads are shaped by four topics:

1. Showcasing the nature of the preparedness and response challenge: Something observed at ground level that clearly illustrates why preparedness and response work is necessary.
2. Illustrating the public health contribution: Examples that prove public health preparedness and response not only makes a difference, but also describe the unique approach public health brings to emergency response.
3. Supporting the evidence-base: Examples that compliment qualitative research on evidence based interventions.
4. Demonstrating return on investment: Leads describing awareness of how funds are used and demonstrating fiscal responsibility and transparency.

The developers plan to leverage existing communications channels if the leads are used or developed into more lengthy stories. Leads from this template may be used in formal inquiries, leadership presentations, annual reports, and websites on an as needed basis. OPHPR uses these stories to write blog posts, to share with the public on the OPHPR website and with the OPHPR Director and CDC Director. This information will be used when they are travelling to a state and request background information on people they are going to meet, to celebrate through national awards offered by partners, to share back to the community of public health preparedness and response partners, to educate professionals of other fields of preparedness and response on the importance of public health in the greater emergency management ecosphere, and to educate national partners about the work being done in specific project areas. These eight functions of storytelling are specific but there are other uses for storytelling that we have yet to uncover. That is why this template is not collecting full stories but rather story leads.

2.1 Privacy Impact Assessment

The IIF collected (i.e., names, telephones numbers and email addresses) is used to facilitate the collection of response data in order to follow-up on story leads collected with this template. It is estimated that there will be follow-up for full stories in less than 15% of all completed templates. Information will be shared in existing communications channels if the leads are used or developed into more lengthy stories. Leads from this template may be used in formal inquiries, leadership presentations, annual reports, and official websites. The developers plan to leverage existing communications channels if the leads are used or developed into more lengthy stories. Leads from this template may be used in formal inquiries, leadership presentations, annual reports, and websites on an as needed basis.

OPHPR uses these stories to write blog posts, to share with the public on the OPHPR website and with the OPHPR Director and CDC Director. This information will be used when they are travelling to a state and request background information on people they are going to meet, to celebrate through national awards offered by partners, to share back to the community of public health preparedness and response partners, to educate professionals of other fields of preparedness and response on the importance of public health in the greater emergency management ecosphere, and to educate national partners about the work being done in specific project areas. These eight functions of storytelling are specific but there are other uses for

storytelling that we have yet to uncover. That is why this template is not collecting full stories but rather story leads.

Information is requested from named individuals strictly on the basis of his or her role with public health preparedness and response. The information collected by OPHPR on this template will only be used to contact the respondent for follow-up information. Since the template is a voluntary submission of a story lead to OPHPR, respondents submitting the leads are under advisement that if their lead is to be made into a complete story, OPHPR will contact them. The issue of the respondent's privacy is managed through the language on the form describing the OMB privacy language: "Your contact information will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law."

While those collecting the information can't ensure that the contact information provided on the template is professional or personal, all information will be treated as a professional contact and any further contact with respondents will follow standard security procedures.

3. Use of Improved Information Technology and Burden Reduction

The majority of the data will be collected by digital media conduits such as email, with or without the PDF template, depending on the technical requirements of the recipient. Also, a version of this worksheet will be posted online so interested partners can self-submit. In all, the electronic submissions of this template will amass 95% of template use. In rare circumstances (5%), the information may be collected on a paper-based worksheet or by emailing a PDF version of said worksheet when an individual story lead is identified. This last method is specifically called out due to the sensitivity that in some circumstances, access to the internet, email, specific software programs or hardware may not be available. Due to the very brief format employed, there is a distinct option that some respondents will choose to email responses directly, without use of the form. In addition, it is anticipated that a version of the form will be posted on a public website in 2014 (cdc.gov/phpr/partners) (**Attachment E**) and data collection will be automated. The use of electronic forms will facilitate a reduction in burden for those respondent applicants who choose to submit more than one form to CDC.

4. Efforts to Identify Duplication and Use of Similar Information

No other component of HHS or other agencies in federal government is involved in storytelling specifically for public health preparedness and response. Inasmuch as storytelling has been one of the strategic initiatives of OPHPR for the past three years, interviews were done with four other CDC Centers, Institutes, and Organizations in 2011 and 2012 to determine story collection themes and techniques before OPHPR embarked on this endeavor. OPHPR also used contractors developing the agency strategic partnerships plans to research the government and non-governmental storytelling ecosystem in terms of public health preparedness and response as well as compelling storytelling techniques. The majority of this work also occurred in 2011 and 2012. At CDC, there are other efforts to collect stories on the impact of grants to states and local health departments and public health issues of concern for the agency. However, none of those story

collection efforts focus on public health preparedness and response. That is the responsibility of OPHPR. The other methods are grant or project specific and cannot be reused to highlight the four goals of this template as described previously under the PHEP grant administered through OPHPR's Division of State and Local Readiness, there is an external effort with the Association of State and Territorial Health Officials, in partnership with Dr. Cathy Slemple (former State Health Official and Preparedness Director, West Virginia) to undertake a communications project aimed at using engaging stories to demonstrate the effectiveness of PHEP efforts. This is complimentary and since this initiative is under the auspices of this agency, the initiative will benefit from this form as another tool.

5. Impact on Small Businesses and Other Small Entities

Collection of information may involve some small businesses or other small entities, but the burden has been limited to providing minimal information on forms, verifying information by telephone, and emailing information to the appropriate parties. CDC has made every effort to ensure that the information collection places a minimal burden on all parties involved.

6. Consequences of Collecting the Information Less Frequently

The consequences of less frequent information collection to the program are two-fold: 1) The agency will be at a loss for current impact stories at the community level of the grants administered through OPHPR. These leads are different than the grant-required technical reports which are required by the grant guidelines. The reports monitor funding processes and specific deliverables. The four described goals of this project relate to the grant but not to the deliverables spelled out therein. 2) When addressing decision-makers, the leadership in OPHPR and CDC would not be able to highlight the current issues and successes of state and local health departments in regards to preparedness and response. Due to the continual public health emergency events in communities, the agency demands that we stay on top of stories which impact the nation. There are no technical or legal obstacles to reducing the burden by collecting this information less frequently. The purpose of this information collection is to gain insight into public health preparedness and response events. This information has no effect on CDC's mandate to carry out its commitments to protect the public's health. Respondents will respond to data collection on a case by case basis as necessary with no chronological requirements.

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

This request fully complies with the regulation 5CFR 1320.5

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

A8A. A "60 Day Federal Register Notice" was published in the Federal Register on May 28, 2013, vol. 78, No. 102, pp. 31940-41 (Attachment B). There was one public comment.

No other component of DHHS or other agencies in federal government is involved in storytelling specifically for public health preparedness and response. Inasmuch as storytelling has been one of the strategic initiatives of OPHPR for the past three years, interviews were done with four other CDC Centers, Institutes, and Organizations in 2011 and 2012 to determine story collection themes and techniques before OPHPR embarked on this endeavor. OPHPR also used contractors developing the agency strategic partnerships plans to research the government and non-governmental storytelling ecosystem (this is a demonstration of OPHPR efforts to consult with persons outside the agency) in terms of public health preparedness and response as well as compelling storytelling techniques through environmental scans. The majority of this work also occurred in 2011 and 2012. At CDC, there are other efforts to collect stories on the impact of grants to states and local health departments and public health issues of concern for the agency. However, none of those story collection efforts focus on public health preparedness and response.

9. Explanation of Any Payment or Gift to Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality Provided to Respondents

This submission has been reviewed by OPHPR who determined that the Privacy Act does not apply. This template is voluntary and has written assurance that shared contact information will be secured. That statement reads: “Your contact information will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.” The contributor’s name, phone number, and email address will be maintained in an access database on the CDC secure servers on the SharePoint website. The agency servers are protected from public access and the intranet files are accessible only by those employees and contractors who are associated with the staff of the Office of Policy, Planning, and Evaluation (OPPE). The records may be accessed by those OPPE employees and contractors who are approved for access into the secured location. As per the CDC Office of the Chief Information Officer, the Microsoft Access 2010 database will be on an internal-only SharePoint website.

Data will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

IRB Approval

IRB approval is not required for this data collection. It has been determined that these activities are public health non-research (**Attachment F**).

Privacy Impact Assessment Information

IIF is being collected. The IIF collected (i.e., names, telephones numbers and email addresses) is used to facilitate the collection of response data in order to follow-up on story leads collected with this template. It is estimated that there will be follow-up for full stories in less than 15% of all completed templates. Information requested from named individuals will be strictly on the basis of his or her role with public health preparedness and response. While those collecting the information can't ensure that the contact information provided on the template is professional or personal, all information will be treated as a professional contact and any further contact with respondents will follow standard security procedures.

11. Justification for Sensitive Questions

This data collection does not include questions of a sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

Developers estimate that there will be a maximum of 300 voluntary template submissions over the span of this approved information collection. The annualized rates are in the charts below and take into account the template and the small percentage of leads that require follow-up. The average response time to complete this template is 30 minutes. Follow-up will take no more than 1.5 hours to gather information and report back to story gatherers.

Table A12A. Estimate of Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
CDC Field	“So What?”	100	1	30/60	50

Staff, state health officers, local health department directors, preparedness planners, non-public health preparedness and response partners, the public and volunteer group members	Telling a Compelling Story”				
CDC Field Staff, state health officers, local health department directors, preparedness planners, non-public health preparedness and response partners, the public and volunteer group members	“So What? Telling a Compelling Story” Follow-Up Questions	30	1	1.5	45
Total					95

Table A12B. Estimate of Annualized Cost to Respondent

Type of Respondent	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rates	Total Respondent Costs
CDC Field Staff, state health officers, local health department directors, preparedness planners, non-public health preparedness and response partners, the public and volunteer group members	100	1	30/60	50	34.33	\$1,717.00
CDC Field Staff, state health officers, local health department directors, preparedness planners, non-public health preparedness and response partners, the public and volunteer group members	30	1	1.5	45	34.33	\$1,545.00
Total						\$3,262.00

To estimated costs to respondents, CDC assumed that the hourly burden would be evenly split between managerial staff and clerical staff. CDC assumed an average hourly respondent labor rate (including fringe and overhead) of \$42.67 for managerial staff and \$25.99 for clerical staff. To calculate the mean hourly rate, we averaged these two figures for an hourly wage rate of \$34.33. These rates were obtained from the Bureau of Labor Statistics, from the 2010 Occupational Employment Statistics Survey by Occupation (<http://www.bls.gov/oes/>).

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

Respondents incur no capital or maintenance costs. The only costs incurred to respondents are those associated with telephone calls and emails. All of these costs are part of normal business expenses.

14. Annualized Cost to the Government

The total estimated cost for using this template is non-applicable in this case. This template is offered on a case by case basis to public health representatives for them to share their ideas of a story lead. OPPE staff responsible for processing the completed forms is included in their regular duties. There is no specific time or employee burden associated with this template. Printing of the template is also minimal and sporadic and does not register as a significant number outside of daily or yearly office expenditures.

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Leads from this template may be used for congressional inquiries, leadership presentations, annual reports and websites. The submitters request the maximum three years OMB approval with the intent of reapplying after that time. The information requested in this ICR is not a traditional survey and will not include an analysis using statistical methods or formal tabulation. The information is individually collected and processed and is not on a strict timeline.

For example, the CDC Annual Preparedness Report is based on CDC-funded preparedness programs and activities in national project areas. Stories selected for inclusion in the CDC Annual Preparedness Report will be collected annually between January and June. Stories will demonstrate how a state/locality/territory used resources to prepare for, respond to, and mitigate public health threats. Individuals identified to share their success stories may be contacted more than once to confirm facts and to approve the final draft. The questions asked will be uniform but individuals contacted will change from year to year. The main report audience is Congress, though it is also used by partner organizations; state, local, territorial, and tribal governments; and the public.

Other avenues of “publication” include public internet sites associated with OPHPR: the CDC

Public Health Matters Blog, <http://blogs.cdc.gov/publichealthmatters>, and on pages of the OPHPR website, www.cdc.gov/phpr. There are no analytical techniques or standards for deciding which stories are posted on these websites. Factors such as timeliness, compelling content, and interesting topics will be considered.

Project Time Schedule	
Activity	Time Schedule
CDC's annual preparedness report, including publication	Annually beginning in middle of January and ending during the first full week of the following January (report published first full week of January annually – i.e., work for 2015 report will begin mid-January 2014 and report will be published early January 2015)
Story collection	Beginning middle of January of each report cycle and ending by June of each report cycle (i.e., stories for 2015 report will be collected from January – June 2014)
Websites and non-published presentations	As needed

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

The display of the OMB expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.