

Healthy Homes Needs Assessment for State and Local Health Departments

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 OMB Clearance Center (O2C2) – OMB No. 0920-0879. The respondent universe for this data collection aligns with that of the O2C2. Data will be collected from 40 state and local program managers of childhood lead poisoning prevention programs within 40 state and local health departments. These officials will be acting in their official capacities, and will be specifically selected from a universe of state and local health departments known by the Centers for Disease Control and Prevention (CDC) as being high risk based on such factors as high percent of old housing, high percent of rental properties, high percent of low income and minority children and high percent of immigrant and refugee children (see **Attachment A: Risk by State Locality**).

This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This data collection falls under the following essential public health services: 1) evaluating effectiveness, accessibility, and quality of personal and population-based health services, and 2) development of policies and plans that support individual and community health efforts.¹

Today, out of 38 million US households with children, at least 4.2 million households (11%) have children living in them that are being exposed to lead at levels that can harm their intellectual development.² Children who are exposed to lead suffer a \$3,000 to almost \$8,000 loss in lifetime productivity for each 1 µg/dL incremental increase in blood-lead level, and blood-lead levels over 1 µg/dL are associated with measurable reductions in IQ.³ In 2010, more than 12 million U.S. children had levels above this threshold, and it is estimated that they will suffer a \$45 to \$99 billion loss in lifetime productivity associated with this exposure.⁴

Preventing high blood lead levels in children by controlling or eliminating lead sources before children are exposed is estimated to save \$110-319 in economic benefits for each yearly cohort of unexposed 2 year old children.⁵ Further, housing where a child has been identified with high blood lead levels and where lead hazards are unaddressed is 4.5 times more likely to poison another child in the next 5 years compared to an address where hazards are controlled or eliminated.⁶ Primary prevention of high blood lead levels through controlling lead hazards in this high risk housing saves an estimated \$45,000 (2000 dollars) by preventing exposure to subsequent children.⁷

In 2010, a US council on prevention was created to develop a national prevention and healthcare promotion strategy.⁸ The strategy was released in the summer of 2012 and includes a section on healthy and safe community environments. This strategy, with its emphasis on primary prevention of chronic diseases and conditions, public health education, and evidence based interventions, provides a useful backdrop to CDC's primary prevention efforts that focus

on controlling or eliminating lead hazards before children are exposed and empowering parents to identify and reduce lead hazards at home.

At the CDC, Healthy Homes and Lead Poisoning Prevention (HHLPP) is dedicated to reducing blood lead levels in children through supporting state and city public health programs, educating communities, and providing scientific knowledge regarding the adverse health effects to children from being exposed to lead and supporting research to determine the effectiveness of prevention efforts at federal, state, and local levels.⁹ The current goal of HHLPP is to ensure that primary prevention of high blood lead levels are incorporated into efforts to develop and implement prevention and health promotion strategies, and to ensure more Americans have access to critical preventive health services. This includes forming partnerships with agencies and organizations such as housing authorities, schools, clinical pediatric health care providers and teachers that are on the forefront of promoting the initiatives to reduce children's exposure to lead hazards in their homes.

In 2011, state and local health department childhood lead poisoning prevention programs developed and implemented strategies and best practices that successfully incorporated environmental health initiatives into their plans to conduct community needs assessments and use these data to develop and implement prevention and health promotion activities. These plans also often include strategies for local and state health departments to work with state Medicaid agencies to allow individualized services, such as home inspection and case management, to be supported through Medicaid reimbursement. In addition, some jurisdictions are exploring ways to implement Social Impact Bonds, which bring together four parties—private investors, a knowledgeable intermediary, a government body, and a social service provider—to fund primary prevention of childhood lead poisoning by controlling or eliminating lead hazards in houses before children are exposed. In 2012, funding for these programs was eliminated and as a result, CDC's knowledge of these best practices is based on anecdote and may not include many of the most effective or efficient practices.

Although we know best practices exist among these programs, we seek to identify the specific strategies for these practices in an effort to integrate primary prevention of lead poisoning into prevention and health promotion plans. Thus, the purpose of this information collection is to identify and gather data on these best practices and how they have been executed from program managers of childhood lead poisoning prevention programs within the state and local health departments. This will allow HHLPP to gather and collate information that is currently unavailable, and improve our understanding in key areas. Specifically, the data collection will improve our understanding of 1) current practices and information gaps, 2) the impact of these strategies on environmental public health practice, and 3) the capacity of state and local health departments and partnering agencies. These practices and their implementation will become an integral part of HHLPP training for state and local health departments through the National Healthy Homes Training Center. Some of the funding for state and local lead poisoning prevention programs was restored in FY 2014 and CDC will restore lead funding to up to 35

state and local health departments. In FY 2015, having this information available will improve the impact of the state and local efforts.

Privacy Impact Assessment

Overview of the Data Collection System – Data collection consists of an interview conducted by telephone using a trained interviewer (see **Attachment B: Interview Script and Interview Guide**) and is designed to identify strategies for successfully incorporating environmental health initiatives into state prevention and health promotion plans by assessing the capacity for state/local agencies to integrate these activities into their health prevention and promotion plans, identifying gaps and assessing the impacts observed by 40 program managers of state or local childhood lead poisoning prevention programs in the state and local health departments. Telephone interviews are the most appropriate method to elicit success stories. Telephone interviews preserve the advantages of in-person interviews such as using an open-ended question format followed by probes while allowing us to efficiently interview a geographically diverse sample.¹⁰ The interview guide template includes the following components: a personal introduction, an explanation of the goals and rationale of the interview, a statement on anonymity, an explanation as to why the respondents were selected, and a permission request to audio record the responses. The data collection instrument was pilot tested by eight public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns, and establish the estimated time required to complete the data collection instrument.

Items of Information to be Collected –

This needs assessment interview guide consists of ten overarching questions, including three questions each on the areas of partnerships, impacts, and resources, and a final question assessing participant interest in being involved in a future HHLPP workgroup/panel. The interview will be guided by the following questions:

1. **Partnerships:** What is the organization's focus on incorporating lead poisoning prevention activities into state prevention and health promotion plans? What partners/organizations have they worked with to better implement lead poisoning prevention initiatives their plans? In particular, which organizations have they worked with to collect community needs assessment data that will be used to develop and implement prevention and health promotion activities?
2. **Impacts:** What are the barriers, impacts, and lessons learned the program has observed with respect to the implementation of primary prevention of lead poisoning into state prevention and health promotion plans?
3. **Resources:** What resources and partnerships do organizations need or have already developed (e.g., working with state Medicaid agencies, implementation of Social Impact Bonds) to help facilitate or implement these lead poisoning prevention initiatives?

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age –
The data collection system does not involve using a web-based data collection instrument. No website content will be directed at children.

2.

Purpose and Use of the Information Collection

The purpose of this information collection is to gather information on the specific strategies that state and local health departments have implemented as their best practices in an effort to integrate primary prevention of lead poisoning into prevention and health promotion plans. This will allow HHLPP to learn from their experience, gather and collate information that is currently unavailable, and improve our understanding in key areas. Specifically, the data collection will improve our understanding of 1) current practices and information gaps, 2) the impact of these strategies on environmental public health practice, and 3) the capacity of state and local health departments and partnering agencies.

HHLPP plans to use the data collected to develop best practices that federal, state, and local agencies can use as a guide for understanding state prevention and health promotion plans, and also to identify strategies for successfully incorporating environmental health initiatives into state plans. Future initiatives will focus on 1) developing workgroups with agencies and organizations to share best practices and lessons learned, and 2) compiling and creating educational materials for state and local health departments, hospitals, and healthcare professionals to enforce the importance of continuing to monitor environmental hazards in children.

Privacy Impact Assessment

The contractor conducting the interviews subscribes to TCC Online (<https://tcconline.com/IOL.action>), a service which allows it to record interviews conducted via conference telephone lines. Recorded interviews will be transmitted from TCC Online to the contractor's secure server. A narrative summary of each interview will be derived from the recordings and the interviewer's notes

Participants asked to provide information for the data collection will be informed of the reason for collecting the information and how the information will be used. They will be notified that their participation is voluntary through a written statement via email. All responses will be kept secure and IP addresses will not be collected. Their identities will not be included in any published materials related to this data collection. The jurisdiction of the health department will be made public.

3.

Use of Improved Information Technology and Burden Reduction

Data will be collected via a telephone interview. This method was chosen as the best method to elicit participants' stories while less burdensome than responding in writing to open ended questions. Telephone interviews also preserve the advantages of in-person interviews such as using an open-ended question format followed by probes while allowing us to efficiently interview a geographically diverse sample. The data collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to nine overarching questions).

4.**Efforts to Identify Duplication and Use of Similar Information**

The proposed data collection is unique. States have only recently begun to implement prevention and health promotion plans particularly those elements related to environmental health and primary prevention. Thus, data regarding successful practices has not yet been collected.

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**

This request is for a one time data collection. There are no legal obstacles to reduce the burden.

This collection will gather data that is not otherwise available. Specifically, without these data there would be:

- Incomplete understanding of current practices regarding successful integration of primary prevention of lead poisoning and other housing related illnesses and diseases into state prevention and health promotion plans
- Gap in information on current activities funded through state prevention and health promotion plans and lack of ability to inform recommendations based on an understanding of best practices
- No information on the impact of state prevention and health promotion plans on environmental public health practice testing
- Incomplete understanding of the capacity for state and local health departments to integrate environmental health into state prevention and health promotion plans.

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 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 OMB Clearance Center (O2C2) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on October 31, 2013, Vol. 78, No. 211; pp. 653 25-26. No comments were received.

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 Participants

CDC will not provide payments or gifts to participants.

10.

Assurance of Confidentiality Provided to Participants

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.

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 data collection instrument by eight public health professionals. In the pilot test, the average time to conduct the interview including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 15 minutes. Based on these results, the estimated time range for actual participants to complete the interview guide is 15-20 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 20 minutes) is used.

Estimates for the average hourly wage for participants 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 40 participants. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Participants

Data Collection Instrument: Form Name	Type of Participant	No. of Participants	No. of Responses per Participant	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Participant Costs
Healthy Homes Assessment	Program managers of state or local childhood lead poisoning prevention programs	40	1	20/60	13	\$57.11	\$742.43
	TOTALS	40	1		13		\$742.43

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

There will be no direct costs to the participants other than their time to participate in each data collection.

14.**Annualized Cost to the Government**

There are no equipment or overhead costs. The only cost to the federal government would be the salary of the CDC staff and contracted costs during the preparation of the interview guide, data collection and analysis activities. The estimated cost to the federal government is \$3,121.79. 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
Project Officer (GS-13) Support the development of instrument, pilot testing, review and oversee OMB package preparation, data analysis, and report preparation	12.5	47.80	\$597.50
Contractor (Analyst & Supervisor) Instrument development, pilot testing, data collection,			\$2,524.29
Estimated Total Cost of Information Collection			\$3,121.79

15.**Explanation for Program Changes or Adjustments**

This is a new data collection.

16.**Plans for Tabulation and Publication and Project Time Schedule**

Data analysis will begin upon completion of data collection. CDC staff and contractors will perform the analysis using SAS 9.3. The analysis will consist of simple descriptive statistics and qualitative analysis to understand current practices. The majority of data will be analyzed using basic descriptive analyses. Because the major purpose of this data collection is program improvement, this assessment does not anticipate needing to use complex statistical techniques. Qualitative data provide information about the “why” and the ‘how’ of a program strategy. Thus it facilitates a more practical understanding of childhood lead poisoning prevention program decision-making processes.

HHLPP plans to use the data collected during the needs assessment to develop best practices that federal, state, and local agencies can use as a guide for understanding state prevention and health promotion plans, and also to identify strategies for successfully incorporating environmental health initiatives into state plans.

Project Time Schedule

- ✓ Design questionnaire.....(COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan.....(COMPLETE)
- ✓ Pilot test questionnaire.....(COMPLETE)
- ✓ Prepare OMB package.....(COMPLETE)
- ✓ Submit OMB package.....(COMPLETE)
- OMB approval.....(TBD)
- Gather responses.....(3 weeks from start date)
 - Reminder email at 3 days after invitation if no response and 1 day before the interview
- Collect, code, quality control, and analyze data.....(2 weeks)
- Prepare report.....(2 weeks)
- Disseminate results/publication of findings.....(4 weeks)

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. Risk by State Locality**
- B. Interview Script and Interview Guide**

REFERENCE LIST

1. Centers for Disease Control and Prevention (CDC). "National Public Health Performance Standards Program (NPHPSP): 10 Essential Public Health Services." Available at <http://www.cdc.gov/nphpsp/essentialservices.html>. Accessed on 8/14/14.
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9. Lead Contamination Control Act of 1988. Available at <http://www2.epa.gov/aboutepa/lead-contamination-control-and-asbestos-information-acts-1988>. Accessed 6/12/2013.
10. The Access Project 1999 Getting the Lay of the Land on Health: A guide for Using Interviews for Gathering Data on Health. Available at <http://www.accessproject.org/adobe/getting the lay of the land on health> Accessed 06-16-2014.