

State, Territorial and Local Public Health Preparedness and Response Assessment for Ebola- Related Activities

OSTLTS Generic Information Collection Request

OMB No. 0920-0879

SUPPORTING STATEMENT – Section A

Submitted: 9/8/2014

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Section A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

Background

This information 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 information collection aligns with that of the O2C2. Data will be collected from: 1) 62 state, territorial and local Public Health Emergency Preparedness (PHEP) Directors with direct knowledge of preparedness activities, acting in their official capacities, that receive funds through the PHEP Cooperative Agreement; and 2) a sample of local health departments (n=200), stratified by population size served and national region.

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service of evaluating effectiveness, accessibility, and quality of personal and population-based health services.¹

Ebola virus is the cause of a viral hemorrhagic fever disease. Symptoms include fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, and abnormal bleeding. Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola virus although 8-10 days is most common. Ebola is transmitted through direct contact with the blood or bodily fluids of an infected symptomatic person or through exposure to objects (such as needles) that have been contaminated with infected secretions.

The World Health Organization (WHO) has declared the current Ebola outbreak in West Africa to be an international public health emergency. The 2014 Ebola outbreak is one of the largest Ebola outbreaks in history and the first in West Africa. The scale of the current Ebola outbreak in Guinea, Liberia, Sierra Leone, and Nigeria, and recently Senegal, was accelerated due to the lack of logistical support and expertise. Core public health interventions in these countries—such as identifying patients and diagnosing with laboratory tests, isolation when confirmed, and contact tracing—are essential to control the spread of Ebola. The Centers for Disease Control and Prevention (CDC), by taking active steps to respond to the rapidly changing situation in West Africa, is working with other U.S. government agencies, WHO, and other domestic and international partners in an international response to the current Ebola outbreak in West Africa. CDC has activated its Emergency Operations Center (EOC) to help coordinate technical assistance and control activities with partners. CDC has also deployed several teams of public health experts to the West Africa region to assist with various response efforts, including surveillance, contact tracing, database management, and health education.

The current outbreak does not pose a significant risk to the U.S. public; however CDC is taking precautions domestically in addition to its activities abroad. CDC is working to prepare U.S. healthcare facilities about how to safely manage a patient with suspected Ebola virus disease. To ensure additional preparedness in the United States, CDC intends to conduct an information

collection to determine: 1) how state, territorial and local public health awardees of PHEP Cooperative Agreement are implementing strategies developed as part of the *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (**Attachment A**); and 2) whether state, local, and territorial public health and healthcare officials and staff are taking actions to assess their local readiness to respond to Ebola. The information will be utilized to develop technical assistance strategies.

Privacy Impact Assessment

Overview of the Data Collection System

The information collection system consists of a web-based questionnaire (see **Attachment B—Ebola Preparedness Assessment: MS Word version** and **Attachment C—Ebola Preparedness Assessment: Web version**) designed to assess state, local, and territorial public health agency readiness to respond to Ebola. The information collection instrument will be administered as a web-based instrument (MR Interview). The information collection instrument was pilot tested by three 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 information collection instrument.

Items of Information to be Collected

The assessment instrument consists of 15 multiple choice response questions, surrounding the following Ebola-related preparedness capabilities:

- Healthcare System Preparedness
- Emergency Public Information and Warning
- Information Sharing
- Non-Pharmaceutical Interventions
- Public Health Lab Testing
- Public Health Surveillance and Epidemiology Investigation
- Responder Safety and Health

For each of these questions, respondents are given four possible response options:

- Recognized need, prepared
- Recognized need, preparing
- Recognized need, not prepared
- No need identified

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age – The information collection system involves using a web-based information collection instrument. Respondents will be sent a link directing them to the online instrument only (i.e., not a website). No website content will be directed at children.

2. Purpose and Use of the Information Collection

To ensure additional preparedness in the United States, CDC intends to conduct a brief assessment to determine whether state, local, and territorial public health agency officials and staff are taking

actions to assess their local readiness to respond to Ebola. The respondent universe for this information collection includes state, local, and territorial public health agencies across the United States.

The planned information collection will be administered once during the early phase of the Ebola response, with follow-ups administered quarterly through the response (burden estimates assume the response will last 9 months). The first information collection will provide CDC with baseline measures about the extent to which critical capability-based response activities are being undertaken by state, territorial and local health departments (STLHD), and to provide CDC with information to shape technical assistance and guidance. Subsequent data collections will measure the uptake of information and to assess how STLHD needs and activities change over the course of the response, so that CDC can provide updated guidance and technical assistance.

Privacy Impact Assessment – No sensitive data are being collected. No individually identifiable information is being collected. The proposed data collection will have little or no impact on respondent privacy. Respondents are participating in their official capacity as directors of public health preparedness, or as a staff person with direct knowledge of emergency preparedness activities, within state, local, and territorial health departments and their delegates.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a web-based questionnaire allowing respondents to complete and submit their responses electronically. The data collection instruments will be designed and distributed using MrInterview. This method was chosen to reduce the overall burden on respondents. The information collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 15 questions).

4. Efforts to Identify Duplication and Use of Similar Information

This assessment represents the first attempt to assess practitioners' activities related to state, local, and territorial public health agency readiness activities related to Ebola. There is no information available that can substitute data collection.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this information collection.

6. Consequences of Collecting the Information Less Frequently

There are no legal obstacles to reduce the burden. Without this information collection, CDC will be unable to

- Assess state, local, and territorial public health agency readiness to respond to Ebola surrounding the following Ebola-related preparedness capabilities:
- capabilities:
 - Healthcare System Preparedness
 - Emergency Public Information and Warning

- o Information Sharing
- o Non-Pharmaceutical Interventions
- o Public Health Lab Testing
- o Public Health Surveillance and Epidemiology Investigation
- o Responder Safety and Health
- Develop technical assistance strategies for assisting with state, local, and territorial readiness activities related to the Ebola response

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 information 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 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 information collection instrument by three public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the

instrument, was approximately 8 minutes. Based on these results, the estimated time range for actual respondents to complete the instrument is 6 to 10 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 10 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 \$45 is estimated for all 262 respondents. Table A-12 shows estimated burden and cost information.

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

Data Collection Instrument: Form Name	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
STLT Assessment for Ebola-Related Activities	State, territorial and local PHEP Directors and lead local public health emergency preparedness and response coordinator	262	1	10/60	44	45.00	1,980
	TOTALS	262	1		44		1,980

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 information 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 during data collection and analysis activities. The estimated cost to the federal government is \$978.00. 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 Director (GS 14): Oversight for data collection	4	48.90	195.60
Health Scientist (GS 14): Instrument development, OMB package creation, data collection and analysis	10	48.90	489.00
Health Scientist (GS-14): Data analysis and reporting	6	48.90	293.40
Estimated Total Cost of Information Collection			978.00

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

We plan to conduct descriptive analyses using Microsoft Excel to inform a final project report, which will consist of a Word document and a PowerPoint presentation. The ultimate objective of the final report is to indicate the extent to which state, territorial and local health departments are using guidance and other CDC-provided information to perform public health emergency preparedness and response activities as outlined in the Public Health Preparedness Capabilities: National Standards for State and Local Planning within the context of the Ebola response. It will also provide recommendations for how CDC can assist state, territorial and local health departments through additional guidance development and technical assistance tools and strategies.

Project Time Schedule

Design instrument.....	Complete
Pre-test instrument.....	Complete
Prepare OMB package.....	Complete
Submit OMB package.....	Complete
OMB approval.....	TBD
Launch assessment.....	Open 3 weeks
Reminder partial- and non-responders.....	Week 1 of assessment open
Code, enter, and analyze data.....	2 weeks after assessment close
Prepare final report.....	3 weeks after assessment close
Delivery final report.....	4 weeks after assessment close

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

Note: Attachments are included as separate files as instructed.

- A. Public Health Preparedness Capabilities**
- B. Assessment: MS Word version**
- C. Assessment: Web version**

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.