Public Health Emergency Law Competencies for Mid-Tier Public Health Professionals

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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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 state, tribal, local, or territorial (STLT) public health agency emergency preparedness and response program coordinators and their supervisors, and STLT public health agency attorneys acting in their official capacities.

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 "assuring a competent public health and personal health care workforce."[1]

One of the nation's key challenges in preparing for public health emergencies has been determining appropriate state and local public health preparedness priorities. In response to this challenge, in March of 2011, the Centers for Disease Control and Prevention released the *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (hereinafter PHEP Capabilities) to assist states and local planners in identifying gaps in preparedness, determining specific jurisdictional priorities, and developing plans for building and sustaining capabilities (see **Attachment A – PHEP Capabilities**). According to the final publication, the "standards are designed to accelerate state and local preparedness planning, providing guidance and recommendations for preparedness planning, and ultimately, assure safer, more resilient, better prepared communities." To ensure the PHEP Capabilities met the needs of STLT health departments, each capability was based on "evidence-informed documents, applicable preparedness literature, and subject matter expertise gathered from across the federal government and the state and local practice community." This deliberative process resulted in 15 preparedness capabilities within the six domains of biosurveillance, community resilience, countermeasures and mitigation, incident management, information management, and surge management. The PHEP Capabilities now serve as a standard for STLT preparedness to measure a health department's ability to respond to public health emergencies.

While the PHEP Capabilities took into account many aspects of public health practice, such as epidemiology, laboratory testing capabilities, and public information sharing, law-based competencies were not specifically considered in their development. Nevertheless, law is recognized as a critical tool in addressing public health emergencies, and competency in public health emergency legal preparedness is consistent with the widely understood principle that law is integral to all public health practice settings and situations. As noted in the 2008 National Action Agenda on Public Health Legal Preparedness, "a uniform set of legal competencies that are routinely implemented and evaluated would prove invaluable to emergency preparedness and response" (see **Attachment B – 2008 National Action Agenda**). Given the centrality of

public health law to effective public health emergency preparedness and response, an understanding of the scope and limits of legal authority and how law can be used as a tool is critical for those charged with preparing for and responding to public health emergencies.

Recognizing this critical gap in emergency preparedness, CDC's Public Health Law Program (PHLP), in collaboration with CDC's Office of Public Health Preparedness and Response (OPHPR) and the Association of Schools of Public Health (ASPH), embarked on a project to develop a Legal Preparedness Competency Model. A competency model is a framework that identifies a combination of knowledge, skills, abilities, and behaviors that together define successful performance across an industry, an occupational group, an organization, or a single occupation. Competency models are recognized as the foundation for important human resource functions—e.g., recruitment and hiring, training and development, and performance management—because they specify what is essential to select, train, or develop.

The Legal Preparedness Competency Model for public health emergencies (hereinafter "PHEL Competencies") offers a set of minimum standards that aim to ensure public health professionals understand the legal framework and are competent in applying legal authorities to public health preparedness and response activities. The PHEL Competencies are designed for mid-tier public health professionals because of their role in carrying out the planning, planning, response, and recovery duties of public health preparedness and response. As defined by the ASPH, a mid-tier public health professional is either a) an individual with five years of experience and an MPH equivalent or higher degree in public health or b) an individual who does not have an MPH or related degree, but has at least ten years of experience working in the public health field. In general, aside from years of experience and education, these workers may be responsible for program support, coordination, development, implementation, management and/or evaluation, supervision, establishment and maintenance of community relations, argument prevention, and policy issue recommendations. As such, the broad capabilities presented herein generally apply to public health practitioners with program management and/or supervisory responsibilities. If prioritized and mastered, the mid-tier public health professional should be better able to perform his or her job functions in the context of a public health emergency while complying with applicable law, reducing concerns for personal and institutional liability, and recognizing and respecting the rights of community members, whenever possible.

In order to develop the Legal Preparedness Competency Model, PHLP staff used a deliberative four-step process aimed at building on existing frameworks for competency-based public health emergency curricula: 1) Step 1: Conduct Research: Gather and analyze background information, 2) Step 2: Developing a draft competency model framework, 3) Step 3: Gather feedback from subject matter experts, and 4) Step 4: Refine the draft competency model framework.

Step 1: Conduct Research: Gather and analyze background information

PHLP staff reviewed and analyzed existing statements of competencies, performance measures and benchmarks, and other related standards for public health workforce development in public health emergencies and general public health practice. This review included a literature

review and communications with public health practitioners and public health emergency professionals, academicians, and public health lawyers across STLT jurisdictions.

Step 2: Develop the draft competency model framework
Using the literature review and a library of existing competency models PHLP staff created a draft competency model to capture the minimum knowledge, skills, and abilities public health professionals need to be able to understand the legal framework and are competent in applying legal authorities to public health preparedness and response activities.

Step 3: Gather feedback from subject matter experts
To validate the PHEL Competencies among subject matter experts, PHLP staff gathered a group of experts from the CDC's OPHPR and the ASPH to review the draft competency model and provide feedback based on their practical and academic expertise.

Step 4: Refine the competency model framework
Based on the feedback received from subject matter experts, PHLP staff revised the PHEL Competencies to consist of three domains containing a total of nine competency statements (**see Attachment C – PHEL Competencies v. 1.0)**. These three domains consist of Systems Preparedness and Response, Management and Protection of Property and Supplies, and Management and Protection of Persons.

Having now finalized and released version 1 of the PHEL Competencies, PHLP seeks to gather feedback from STLT public health agency emergency preparedness and response program coordinators and their supervisors on their perception of the importance of each competency statement to their experience preparing for, responding to, and recovering from disasters. Further, PHLP seeks to gather feedback from STLT public health agency attorneys to obtain their assessment of the competency statements based on their expertise as legal experts charged with providing health departments with legal advice on public health law matters. By collecting this feedback, PHLP will be able to determine whether the competency statements represent the minimum standards needed to ensure public health professionals understand the legal framework and are competent in applying legal authorities to public health preparedness and response activities. If not, the assessment will provide data to revise the PHEL Competencies to more accurately reflect the legal preparedness competencies used by mid-tier public health professionals. The feedback collected will also serve to establish a baseline for the current use of the PHEL Competencies so that PHLP may later collect data and measure the implementation and impact of the PHEL Competencies.

Privacy Impact Assessment
Overview of the Information collection System – The data collection system consists of a web-based questionnaire (see **Attachment D –Instrument: MS Word version** and **Attachment E – Instrument: Web version**) designed to assess the minimum competencies needed to address the use of public health emergency law in emergency preparedness, response, and recovery, and the use of public health emergency competency statements in job descriptions and

trainings. The information collection instrument will be administered as a web-based instrument. The information collection instrument was pilot tested by 6 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 information collection instrument consists of 9 questions of various types including single response, multiple response, interval, filter, and open-ended. An effort was made to limit questions requiring narrative responses from respondents (1 open-ended question and 2 questions with an "other, please describe" option on multiple response questions). The information collection instrument will collect information on the following:

a. Respondent characteristics: involvement in emergency preparedness, response, and/or recovery, primary field of practice, and employer type (state, tribal, local, or territorial);
b. Importance of each PHEL competency statement to emergency preparedness, response, and recovery;
c. Suggestions for additional competency statements that should be included; and
d. Current use of PHEL Competencies.

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

The purpose of this assessment is to assist the Public Health Law Program (PHLP) in validating the Legal Preparedness Competency Model (PHEL Competencies). To do so, PHLP staff must assess whether each competency statement accurately captures the knowledge, skills, and abilities that mid-tier state, Tribal, local, and territorial (STLT) public health professionals need to properly and efficiently use the law in public health emergency response, to identify potential sources of liability, recognize the limits of legal authorities, and respect the rights of members of the public. Additionally, PHLP seeks to establish a baseline measurement of the current use of the PHEL Competencies in current job descriptions and trainings for mid-tier public health professionals, as well as their use in current emergency preparedness, response, and recovery activities. To accomplish this, PHLP aims to develop an online information collection instrument which focuses on an assessment of 1) the importance of each competency statement to STLT public health emergency preparedness; 2) whether additional competency statements should be added to the PHEL Competencies; 3) whether the competencies must be possessed by mid-tier public health professionals; and 4) whether the PHEL Competencies have been incorporated into current job descriptions, trainings, and emergency preparedness, response, and recovery activities.

PHLP will use the data collected from the one-time web-based information collection instrument to assess the validity and establish a baseline for the current use of the PHEL Competencies. Results from the information collection instrument will be reviewed and synthesized into a report identifying the importance of each competency statement, what additional statements should be added, and the level at which the PHEL Competencies are being used by STLT health departments. This report will serve to inform the proactive development and assessment of the PHEL Competencies. In addition, the results will be used to:

1) Determine which competency statements should remain in, be removed from, or added to the PHEL Competencies;
2) Determine whether competency in public health law is perceived to be essential for mid-tier public health professionals to adequately prepare for, respond to, and recover from public health emergencies;
3) Determine whether PHEL Competencies are currently being used in job descriptions and trainings for mid-tier public health professionals engaged in emergency preparedness and response activities; and
4) Determine whether PHEL Competencies are currently being used in public health emergency plans, exercises, responses, or after action reporting procedures.

Privacy Impact Assessment

No sensitive information is being collected. The proposed data collection will have little or no effect on respondent privacy because respondents are participating in their official capacity as employees of STLT public health-related agencies and attorneys for STLT public health-related agencies.

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. 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 9 questions).

4. Efforts to Identify Duplication and Use of Similar Information

The Public Health Law Program currently does not systematically collect information on the use of PHEL Competencies by STLT public health-related agencies and attorneys for STLT public health-related agencies nor do data exist in the literature.

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

This request is for a one-time information collection. There are no legal obstacles to reduce the burden. If no data are collected, the Public Health Law Program will be unable to:

- Validate the importance of each competency statement to public health emergency preparedness, response and recovery,
- Identify the common and recurring PHEL Competencies used by the public health workforce in emergency preparedness, response and recovery, and
- Identify the current level of use of PHEL Competencies in public health workforce job descriptions and trainings.

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 information 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 information 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 6 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 5 minutes. Based on these results, the estimated time range for

actual respondents to complete the instrument is 4-6 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 6 number 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 the 1393 respondents who are STLT Preparedness Personnel and $40.85 is estimated for the 129 respondents who are STLT Public Health Attorneys. 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
PHEL Competency Questionnaire	STLT Preparedness Personnel	1393	1	6/60	139	57.11	7938.29
PHEL Competency Questionnaire	STLT Public Health Attorneys	129	1	6/60	13	40.85	531.05
	TOTALS	1522	1		152		8469.34

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. 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 lead staff for this project is a Senior Public Health Analyst (GS-14) in the OSTLTS Public Health Law Program. The lead staff and ORISE Fellow developed the survey, and will collect the data, code, enter, and prepare the data for analysis; conduct the qualitative data analysis; and conduct and prepare the evaluation report. A Senior Public Health Analyst (GS-13) will analyze the data, provide quality control, and report preparation. Hourly rates of $48.41 for GS-14 and $40.97 for GS-13 were used to estimate staff costs. The estimated cost to the federal government is $4391.57.

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

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Senior Public Health Analyst (GS-14): Instrument development, pilot testing, OMB package preparation, data collection, qualitative data analysis, quality control, report preparation	50	48.41	2420
Senior Public Health Analyst (GS-13): Qualitative data analysis, quality control, report preparation	10	40.97	409.70
ORISE Fellow: Instrument development, pilot testing, OMB package preparation, data collection, qualitative data analysis, quality control, report preparation	50	31.24	1561.87
Estimated Total Cost of Information Collection			4391.57

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

PHLP plans to analyze data using Microsoft Excel and SAS to gather descriptive statistics meaning the results will reflect generalizations about the sample group only and not the total STLT population. Once analyzed, PHLP will share findings with other CDC stakeholders and CDC leadership via the *CDC Public Health Law News*, the PHLP website, peer-reviewed journal articles, and conference presentations.

Project Time Schedule

- ✓ Design information collection instrument.....(COMPLETE)
- ✓ Develop instrument protocol, instructions, and analysis plan.....(COMPLETE)
- ✓ Pilot test instrument questionnaire.....(COMPLETE)
- ✓ Prepare OMB package.....(COMPLETE)
- ✓ Submit OMB package.....(COMPLETE)
- ❑ OMB approval.....(TBD)
- ❑ Conduct information collection instrument.....(instrument open 2 weeks)
- ❑ Collect, code, enter, quality control, and analyze data.....(4 weeks)
- ❑ Prepare report.....(3 weeks)
- ❑ Disseminate results/reports.....(4 weeks)

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.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

A. PHEP Capabilities
B. 2008 National Action Agenda
C. PHEL Competencies v. 1.0
D. Instrument: MS Word version
E. Instrument: 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.