

**Examining the Use of Climate Change Health Indicators by Health Departments in  
Adaptation Planning**

**ASPE Generic Information Collection Request  
OMB No. 0990-0421**

Supporting Statement – Section A

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## Section A – Justification

### **1. Circumstances Making the Collection of Information Necessary**

#### *Background*

The President's Climate Action Plan emphasizes the importance of tools to support local, State and regional governments in preparing to address and respond to our changing climate. This priority is emphasized within the President's November 1, 2013 Executive Order on preparing for the impacts of climate change. Within this directive, agencies are ordered to promote three new strategies, including tools to facilitate local risk-informed decision-making.

Along these lines, several federal and state-level organizations have developed both indicators of changes in climate and associated changes in health. However, indicators developed differ in scope and additional ones are still under development. The use of indicators can be a beneficial tool in communicating trends in health outcomes potentially impacted by climate change, identify vulnerabilities, and inform planning and resource management. Currently, it is unclear to what extent health departments are incorporating these indicators into their adaptation planning.

### **2. Purpose and Use of the Information Collection**

The U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation (HHS/ASPE) is working with The Lewin Group to examine the use of climate change health indicators by health departments and examine relevant data sources utilized in climate and health adaptation plans.

The goals of this project are to:

1. Examine ways health departments are utilizing indicators as a tool for monitoring impacts of climate change in their jurisdiction and assessing the impact of mitigation strategies;
2. Identify data needs related to climate change related health indicators; and
3. Identify opportunities and barriers to incorporating climate and health indicators into climate adaptation planning.

In previous work we developed a cannon of indicators that provide perspective on the wide array of indicators proposed or in use to assess the impact of climate change on health, mitigation of climate change, and processes in place. To better understand the needs and opportunities for state and local planning authorities, the contractor shall conduct a series of webinars with state and local health department contacts regarding various questions aimed at addressing the goals above. This qualitative assessment approach will include a series of five webinars with five representatives from state and local health departments to identify opportunities and barriers to incorporating climate change-health indicators into adaptation plans. Climate change is a cross-cutting issue that does not have a typical "home" in a health department and sometimes staff can be found in natural resources offices as well. For that reason, we will reach out staff in Climate Adaptation Offices within the unique offices within state and local health departments or environmental quality offices at the state or local level. The webinars will be a two-hour structured interview process with five participants engaged in each webinar. The webinars will allow participants to engage in the discussion remotely.

### **3. Use of Improved Information Technology and Burden Reduction**

Data will be collected remotely via group webinar interviews. The contractor will provide summaries of each webinar and summarize all five webinars in final report.

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

To our knowledge, there is no information that has been or is currently being collected similar to these for climate change – health indicators. This is an exploratory study to answer questions that we currently do not have the data to answer. We are collaborating with agency partners such as the Centers for Disease Control and Prevention (CDC), and US. Global Change Research Program - Climate Change and Human Health Working Group members to reduce duplication.

#### **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.

#### **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 through ASPE – OMB No. 0990-0421.

#### **9. Explanation of Any Payment or Gift to Respondents**

We will not be providing incentives for this study.

#### **10. Assurance of Confidentiality Provided to Respondents**

We are not asking any personally identifiable information of respondents, but rather only about their experience in their professional capacity. We are asking them to provide information about their state or local efforts in climate adaptation planning.

#### **11. Justification for Sensitive Questions**

We will not be asking any questions of a sensitive nature.

#### **12. Estimates of Annualized Burden Hours and Costs**

The group webinar interviews will take approximately two hours to complete.

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

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, Local and Academic Staff	25	1	2	50	\$34.21	\$1,710.50
TOTALS	25	1		50		\$1,710.50

**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 the data collection.

**14. Annualized Cost to the Government**

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

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Social Science Analyst, GS 12	15	36.60	\$549.00
Social Science Analyst, GS 15	5	76.00	\$380.00
Estimated Total Cost of Information Collection			\$929

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

This is a new data collection.

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

The goals of this project are to:

1. Examine ways health departments are utilizing indicators as a tool for monitoring impacts of climate change in their jurisdiction and assessing the impact of mitigation strategies;
2. Identify data needs related to climate change related health indicators; and
3. Identify opportunities and barriers to incorporating climate and health indicators into climate adaptation planning.

*Goal 1: Examine ways health departments are utilizing indicators as a tool for monitoring impacts of climate change in their jurisdiction and assessing the impacts of mitigation strategies.*

In efforts to address this goal, a scan of the literature was conducted to develop an array of indicators available for climate and health assessment and monitoring. These indicators serve to inform us of the possibilities of indicators that are proposed or currently in use within adaptation planning at the national, state, or local levels government.

*Goals 2 and 3: Identify data needs related to climate change related health indicators and opportunities and barriers for incorporating these indicators into climate adaptation planning.*

In order to understand the feasibility of incorporating the array of climate-health indicators into adaptation planning, it is imperative for the Department and its partners to have a better understanding of the challenges and resources available to the state and local health departments or climate adaptation planning experts within these jurisdictions. These webinars aim to identify these challenges and opportunities and the relevant data sources available and feasible to use.

The information gained in aiming to address these issues will be summarized in a final report authored by the contractor.

**Timeline:**

Completion Date	Major Tasks/Milestones
March 2016	Submit request for OMB approval under an existing generic PRA clearance
April - March 2016	Receive OMB approval under an existing generic PRA clearance
April 2016	Receive and confirm list of invitees for webinar participation with contractor and partners Draft interview guide; send to partners for review Update previously performed literature scan with most recently published information Schedule and conduct webinar interviews Contractors will provide summaries of each webinar with key points from interview
May 2016	ASPE will review summaries provided for each webinar session Draft final report; submitted to ASPE for review highlighting key points from the webinars
June 2016	Final Report submitted to ASPE

**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. Draft interview guide