

Supporting Statement A

Become a Partner

New

Centers for Disease Control and Prevention
Office of Public Health Preparedness and Response

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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
- C. 60 Day FRN Public Comment
- D. “Become a Partner” form
- E. “Become a Partner” Follow-Up Questions
- F. Screen Shot: “Become a Partner” online 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 identifying new partners in public health preparedness and response. The Centers for Disease Control and Prevention (CDC) is requesting a three year approval for this data collection.

This application and the corresponding form do not apply to the CDC research agenda for the agency because there is no research being conducted with this template.

The Office of Public Health Preparedness and Response (OPHPR) provides strategic direction, ongoing support, and coordination for CDC's portfolio of emergency preparedness and response activities. CDC and OPHPR work 24/7/365 to keep America safe from all-hazards, focusing on chemical, biological, radiological and nuclear as well as naturally-occurring threats, both foreign and domestic. OPHPR's mission is critically dependent on effectively engaging outside partners to maximize resources and overall impact. Therefore, OPHPR seeks ways to improve its current partner strategy to engage new partners. Forging strategic alliances with diverse stakeholders is critical as OPHPR works to keep America safe from all health, safety, and security threats. Health security is a national challenge that calls for a national, whole community solution.

New partners who do not have an explicit mission statement related to public health preparedness and response are difficult to identify; therefore, OPHPR must use a creative method that allows groups and individuals to self-identify their interest in partnerships—such as an online form housed on CDC's public website. By identifying new partners, OPHPR will strengthen its ability to collaborate with a broader audience of stakeholders thereby, strengthening our collective voice on public health preparedness issues to keep our nation's health secure. OPHPR will use the information submitted through this online form to determine who in our agency would be the best liaison for this potential partner, and then follow up on this information with a phone call to further assess how we can begin building and effectively managing this new relationship.

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 form will be posted online so interested partners can self-submit (**Attachment D**). In rare circumstances, the information may be collected on a paper-based form or by emailing a PDF version of the form when a partner interest 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 partner interests collected with the questions described in (**Attachment E**). It is estimated that there will be a follow-up questionnaire for all interested partners.

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 form is to guide relationship development and management among new, potential partners. The information gathered will allow OPHPR to identify an appropriate liaison to then engage interested partners in meaningful collaborations for the purpose of expanding, enhancing and sustaining public health preparedness and response infrastructure.

Once a new, potential partner self-identifies themselves by filling out this online form, OPHPR Partnerships Team staff will review the information and match the interest with an appropriate liaison within OPHPR. At this point, the OPHPR liaison will use the follow-up questions to engage the potential partner to learn how we can further develop a relationship and work together to improve public health preparedness and response. These partnerships can take on many forms, which includes both formal and informal interactions such as information exchange to resource sharing.

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 partnerships interests collected with this form. It is estimated that 100% of interested, potential partners will require follow-up to determine appropriateness of partnership opportunities.

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 form will only be used to contact the respondent for follow-up information. Since the form is a voluntary submission of contact and partner interest information to OPHPR, respondents submitting the form are under advisement that OPHPR will contact them for further discussion of partnership opportunities. 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 data will be collected via an online form so interested partners can self-identify and submit their information. In all, the electronic submissions of this template will amass 95% of form 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 a potential partner 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 F**) 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 a form to CDC online.

4. Efforts to Identify Duplication and Use of Similar Information

No other component of HHS or other agencies in federal government is involved in partnership identification specifically for public health preparedness and response. Inasmuch as partnership development 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 partnership needs before OPHPR embarked on this endeavor. OPHPR also used contractors developing the agency strategic partnerships plans to research the government and non-governmental partnership ecosystem in terms of public health preparedness and response as well as partnership best-practices. The majority of this work also occurred in 2011 and 2012. At CDC, there are other efforts to build robust partnership strategies; however, none of those strategies focus on public health preparedness and response partnerships. That is the responsibility of OPHPR.

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 miss opportunities to identify partners who are influential to public health preparedness and response (either directly or indirectly); and 2) the agency will not have the opportunity to maximize our impact through increased, smarter leveraging of partner support if we can't identify them.

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 individuals or groups who believe they can add value to public health preparedness and response through a partnership with OPHPR. 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 January 7, 2014, vol. 79, No. 4, pp. 828-829 (**Attachment B**). There was one public comment (**Attachment C**).

No other component of HHS or other agencies in federal government is involved in partnership identification specifically for public health preparedness and response. Inasmuch as partnership development 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 partnership needs before OPHPR embarked on this endeavor. OPHPR also used contractors developing the agency strategic partnerships plans to research the government and non-governmental partnership ecosystem in terms of public health preparedness and response as well as partnership best-practices. The majority of this work also occurred in 2011 and 2012. At CDC, there are other efforts to build robust partnership strategies; however, none of those strategies focus on public health preparedness and response partnerships. That is the responsibility of OPHPR.

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.

Privacy Impact Assessment Information

IIF is being collected. The IIF collected (i.e., names, telephone numbers and email addresses) is used to facilitate the collection of response data in order to follow-up on partnerships interests collected with this form. It is estimated that 100% of interested, potential partners will require follow up to determine appropriateness of partnership opportunities. 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 form submissions over the span of this approved information collection. The annualized rates are in the charts below and take into account the form submission and the follow-up conversation. The average response

time to complete this template is 15 minutes. Follow-up will take no more than 30 minutes to gather information and record partner interests and opportunities for collaboration.

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 Staff, state health officers, local health department directors, preparedness planners, non-public health preparedness and response partners, the public and volunteer group members	Become a Partner	100	1	15/60	25
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	Become a Partner follow-up questions	100	1	30/60	50
Total					75

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	15/60	25	34.33	\$858.25
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	\$1,716.50
Total						\$2,574.75

To estimate the cost 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 Record Keepers

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 form is limited to CDC staff hours for processing the information collected, as identified above in Table A12B. This form is offered to the general public via the World Wide Web to self-identify themselves as potential OPHPR partners. OPPE staff responsible for processing the completed forms will perform these duties as part of their regular duties. Printing of the template is minimal and sporadic and does not register as a significant number outside of daily or yearly office expenditures. The estimated time of staff hours at the hourly wage rate of \$34.33 is 30 hours annually. The total annualized cost to the federal government is $\$34.33/30$ is 1029.90.

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The information gathered from these forms will not be used in any publications. Rather, leads from this form will be used in internal strategy discussions with OPHPR leadership, as leaders seek to refine partner initiatives and create engagement opportunities. 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.

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.