Supporting Statement

U.S. Army Public Health Data Repository (APHDR)

SUPPORTING STATEMENT – PART A

A. JUSTIFICATION

1. Need for the Information Collection

The Department of the Army is proposing a new system that will integrate medical information from non-related and dispersed databases into a comprehensive health surveillance database. The Army Regulation 40-5, Preventive Medicine, designates the US Army Public Health Command (USAPHC) and the Army Institute of Public Health (AIPH) as the Army's public health authority. As the Army's public health authority, the USAPHC and AIPH perform systematic public health surveillance, public health investigations and emergency response, and evaluations of public health interventions. These missions require ongoing, routine, and reliable assessment of data to in order to prevent and control disease, injury or disability. The creation and sustainment of the proposed information collection will provide the USAPHC and AIPH with the comprehensive health surveillance database required to complete this defined public health mission.

The following authorities provide the circumstance for this proposed information collection: 5 U.S.C. 7902, Safety Programs; 29 CFR 1910, Occupational Safety and Health Standards; DoD Instruction 6490.2E, Comprehensive Health Surveillance; Army Regulation 40-5, Preventive Medicine; and, E.O. 12223, Occupational Safety Health Programs for Federal Employees.

2. Use of the Information

The data contained in the system will be used to support operational public health practices and maintain a record of work places, training, exposures (occupational and environmental), medical surveillance, ergonomic recommendations, corrections and any medical care provided for eligible individuals. Although the focus of the system is military personnel, eligible individuals may include retired military personnel and family members of military personnel under certain circumstances, e.g., community-based infectious disease outbreaks. Additional special populations include U.S. Military Academy and Reserve Officer Training Corps cadets, when engaged in directed training, and foreign national military assigned to Army Components. Pertinent records on Army military and civilian personnel previously assigned with the Navy, Marines, Air Force, or Coast Guard will also be included. These data will not be used to determine fitness for duty or other personnel actions, such as assignments, entitlements or benefits.

The data will only be available to those within the USAPHC and AIPH with a need to know. Those individuals will use the information for the purpose of preventing or controlling

disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events, such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. The data may also be available to legitimate, appropriately credentialed, researchers in support of authorized studies with scientific merit and potential benefit to the Army. These researchers may be internal, e.g., Army Science Board, or external, e.g., National Institute of Mental Health, academic institutes, RAND, GAO, etc. Some studies will be of short duration and limited scope (such as a focused epidemiological consultation at an individual installation), which are part of public health practice and do not involve human subject research, while others will be long-term formal research studies with Institutional Review Board oversight to ensure all required safeguards with respect to human subject protection, privacy, and HIPAA.

3. Use of Information Technology

The information collection will be maintained electronically and solely within the local area network of the USAPHC and AIPH. The primary collection method will be through recurring (usually quarterly or monthly) electronic transmission of standardized and incremental data exports from existing Department of Defense (DoD) and Army information systems (e.g., Defense Manpower Data Center and Medical Operation Data System). Requests for data updates are submitted electronically (e-mail) to data source providers, who return electronic data extracts via secure File Transfer Protocol or other approved mechanisms. Sampling techniques will not be employed as a data collection method. Several of the Army information systems that will supply data for the proposed information collection can employ the use of Web services. This automated method will allow system to system, electronic transfer of data to minimize manual interactions and costs to the USAPHC, DoD and Army.

4. Non-duplication

The data required to support the USAPHC/AIPH public health mission currently resides in dozens of DoD and Army information systems. There is no single, existing system that encompasses the range of data necessary to support the full range of Army public health surveillance activities. There are some systems that incorporate a subset of the required information, such as the Defense Medical Surveillance System (DMSS) maintained by the Armed Forces Health Surveillance Center (AFHSC). However, the DMSS consists primarily of data from health encounters and selected personnel data, but lacks many other valuable data such as environmental exposure information. Additionally, the AFHSC's resources and mission are prioritized for DoD-level analyses and surveillance, i.e., across all military Services/Branches. Army-specific analyses are the responsibility of the Army's designated public health authority, USAPHC/AIPH. Therefore, in order for the USAPHC/AIPH to accomplish their mission, data from respective DoD and Army information systems must be transferred and integrated into a single, comprehensive collection of information.

5. Burden on Small Business

None of the data obtained for the proposed information collection will originate from small businesses or other small entities. All data source providers are established Army or DoD offices/agencies.

6. Less Frequent Collection

A public health authority must have access to detailed individual level data for its beneficiary population, both for people with the outcomes of concern (cases of disease, injury, death, exposure, etc.) and those with similar exposures or conditions who have not suffered the outcome (apparently healthy controls). These data maximize the likelihood of identifying risk and protective factors for many preventable diseases or conditions affecting the human condition. Without timely access to quality data, the USAPHC/AIPC cannot fully meet its public health mission and associated obligations. Although it sounds like an overstatement, the ultimate cost of incomplete medical surveillance is the occurrence of illnesses, injuries, disabilities, or deaths that could have been avoided if the USAPHC/AIPC had only understood and characterized them more fully.

7. Paperwork Reduction Act Guidelines

Special circumstances do not exist that would require the proposed information collection to be conducted in a manner inconsistent with the guidelines delineated in 5 CFR 1320.5(d)(2). All reporting is electronic. There are no paper records. There is no requirement for the data providers to retain records that they are not otherwise required to maintain. The data providers are the official sources of the various types of data and maintain their systems accordingly.

8. Consultation and Public Comments

A Proposed Collection Notice was published in the Federal Register requesting comment from the public for 60 days on October 25, 2013 (78 FR 63970). No Comments were received. The Submission Notice was published in the Federal Register requesting comment from the public for 30 days on April 28, 2014 (79 FR 23333). Comments will be accepted through May 28, 2014.

9. Gifts or Payment

Payment or gifts to respondents will not be used in order to maintain the proposed collection of information, other than remuneration of contractors or grantees. Individual-level data are collected for administrative purposes by each of the data source providers without tendering payment or providing gifts.

10. Confidentiality

Access to all data acquired for the proposed collection of information is exclusively limited to specific personnel who perform the work described in Section 2 or who

support the maintenance of the data and servers. All of the data are maintained on USAPHC/AIPH servers and local area network. Those USAPHC/AIPH personnel with access to the servers and data must use a valid Common Access Card (CAC) to initiate the access. The USAPHC and AIPH network and servers are an accredited system operating in an approved DoD network environment. The network and servers are Approved to Operate (ATO) through the completion of the DoD Information Assurance Certification and Accreditation Process (DIACAP). Any exchanged Privacy Act information is protected in accordance with DoD 8500.2 security requirements.

In addition, the collection will not maintain proprietary, trade secret or confidential information relative to an agency. Thus, an assurance of confidentiality is not required. Draft versions of a SORN and PIA are included.

11. Sensitive Questions

The proposed information collection will contain data that are private or sensitive. Those data types include, but are not limited to, ethnicity, SSN, drug and alcohol screening results, inpatient and outpatient medical records and criminal investigation data. USAPHC/AIPH is authorized to collect such data as it isn't possible to identify risk and protective factor for any given condition without being able to observe the differences between those with and without the condition. In all cases, the reported results will be collapsed and aggregated in such a fashion as to prevent the identification of any specific individual. All public laws and governing regulations (Privacy Act, HIPAA, DoD 6025.18-R, etc.) are adhered to scrupulously. According to DoDI 1000.30, dated August 1, 2012, the justification for the use of SSN is paragraph 2c, subsection 8, Computer Matching. Without a common identifier implemented by all of the DoD and Army information systems from which the USAPHC/AIPH receive data, such as the SSN, the USAPHC/AIPH do not have a method to inter-relate the data received from each of these systems.

12. Respondent Burden, and its Labor Costs

a. Estimation of Respondent Burden

The USAPHC/AIPH is not requesting information from individuals. Instead, there are approximately 36 existing DoD and Army information systems that will provide data on a regular basis to maintain the proposed collection of information. For approximately 18 of the data sources, the USAPHC/AIPH will require monthly updates of data. The remaining 18 data sources will require quarterly updates. Multiplying the total annual monthly and quarterly requests (18x12 and 18x4) produces a total of 288 requests. Each of the data updates or requests are estimated to require 3 hours to complete. Consequently, 3 hours per request equals 864 total hours for the respondent burden.

b. Labor Cost of Respondent Burden

In order to complete the data request required to sustain the proposed information collection, each of the agencies managing the existing DoD and Army information systems will need a database administrator (DBA). The DBA should have a minimum of 3-5 years of experience and with the skill set would likely rate as the GS level 13-5 pay grade. The 2013 hourly rate for a GS 13-5 in the Baltimore/Washington DC/Northern Virginia area is $49.77. Multiplying the total annual hourly burden (864) times the current GS 13-5 hourly rate produces a total annual cost of $43,001.28.

13. Respondent Costs Other Than Burden Hour Costs

There are no additional costs to sustaining the proposed information collection other than the hourly burden addressed in section 12 and 13.

14. Cost to the Federal Government

In order to sustain the proposed information collection, the USAPHC/AIPH will need a database administrator (DBA). Currently, the USAPHC has contract staff in place to perform DBA services on an existing information collection (A0040-5b DASG, Army Behavioral Health Integrated Data Environment (ABHIDE), December 1, 2009 74 FR 62765). To account for the additional work required for the proposed information collection, the contract staff will need an additional .5 full time equivalent (FTE). This resource will need a minimum of 3-5 years of experience and with the skill set would likely require a salary (including common government approved overhead) of $90 per hour. Multiplying the total annual hourly burden of 960 hours (1920 hours ÷ 2) times $90 per hour produces a total annual cost of $86,400.

15. Reasons for Change in Burden

The proposed collection of information is a new system. So, the hours/costs expressed in sections 12-14 are a result of the USAPHC/AIPH attempting to execute its mission as directed in AR 40-5, Preventive Medicine.

16. Publication of Results

Publication in peer-reviewed journals may occur when the results are of importance to the broader military or civilian public health community. Analytical results, observations, interpretations, and recommendations are reported through various media, including official technical reports, internal reports, government web sites, presentations at scientific conferences, and scientific manuscripts in peer-reviewed journals. In all cases results are aggregate without personal identifiers. Additional steps are taken to protect the identity of Soldiers by collapsing categories, cells, strata, or other results that contain small numbers of individuals. For instance, all results related to general officers would be aggregated with O-6 colonels to prevent the identification of any given individual.

17. Non-Display of OMB Expiration Date

Displaying the expiration date for OMB approval is acceptable.

18. Exceptions to "Certification for Paperwork Reduction Submissions"

None