Supporting Statement A

Ready CDC

New

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

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List of Attachments

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

The classification of this Information Collection (IC) is new. Under the Authority of Sections 301(a) and 317(k) (2) of the Public Health Service Act, the Centers for Disease Control and Prevention (CDC) administer the Ready CDC program. Ready CDC is an educational intervention designed to increase awareness about personal and family preparedness and increase the number individuals who are prepared for a disaster in their community. Surveys are used to measure the changes in the levels of preparedness that occur as a result of this intervention and to tailor the training to the needs of the participants. CDC is presently conducting a pilot of the Ready CDC program, involving only those CDC employees who are designated as response personnel. CDC seeks to expand this program to the larger CDC workforce [non-responder full time employees (FTEs) and contract employees]. CDC is requesting a three year approval for this data collection.

The Ready CDC program was created because CDC is involved in national and international disaster response. One component of ensuring staff are prepared to respond to disasters is ensuring that the workforce has their personal and family preparedness plans in place. Research has shown that individuals are more likely to respond to an event if they perceive that their family is prepared to function in their absence during an emergency. Section 241, Research and investigations generally, of the Public Health Service Act (42 U.S.C. 241) is the authorizing law for this data collection (Attachment A). As a response Agency, CDC has the organizational capabilities needed to respond to disasters and has made business continuity preparations for the organization itself if it, or the local community, was affected by a disaster. However, little has been done to ensure the CDC workforce is personally prepared for a disaster. The Ready CDC program would do CDC's part in ensuring that its workforce, including its responders, are prepared to survive, assist in, and potentially help the CDC and their community in case of a local disaster.

The Ready CDC program will conduct educational interventions (workshops) targeting the CDC workforce, other Federal employees, contractors, and potentially other external governmental and non-governmental organizations. The purposes of the program are to increase awareness about personal and family preparedness, as well as increase the number of CDC staff who are prepared for a disaster in their community. Change in individual behaviors around recommended actions to improve personal and family preparedness will be documented with a quasi-experimental design using a pre and post assessment. Before and after the intervention, information will be gathered through an electronic questionnaire, which will inquire about the general constructs listed below (see Attachments C and E for pre-workshop and follow-up survey instruments).

- Demographics (e.g., gender, age, education level, marital status, number of dependents in the household, county of residence, etc.)

- Perception of Preparedness versus Actual Preparedness
- Barriers to Preparedness
- Perception of Risk or Vulnerability
- Social Capital

Existing, reliable, and valid measurement scales will be used when possible e.g., Behavioral Risk Factor Surveillance System (BRFSS) and other scales used in previously published studies.

1.1 Privacy Impact Assessment

Overview of the Data Collection System

The data collection system consists of three data collection instruments used to gather information describing CDC Workforce personal and family preparedness, outcomes and impact. These three data collection instruments are: 1) Pre-workshop Survey (Attachments C and M), (2) Workshop Evaluation, (Attachments D and N) and 3) Follow-Up Survey (Attachment E and O). The instruments will be administered by an electronic web-based survey.

Due to the nature of the intervention (i.e., an in-person training/educational event), participants cannot be anonymous. However, pre and post survey results will remain secure. In order to determine behavior change as a result of the intervention, participants will be followed over time and their pre and post assessment results will be linked using an identification number. No names will be used in any reporting or publishing.

Data collection will occur once per respondent for each instrument. It is anticipated that data collection will begin within four weeks of OMB approval. The collected information will be maintained until completion of the study or approximately three years following initial data collection.

Items of Information to be Collected

Data to be collected include multiple items regarding respondents' perceptions about their personal and family preparedness, along with the perceived preparedness of their communities and regions.

Identifying information from Ready CDC Program workshop participants, such as name, organization, and contact information, will be known only to the CDC employees involved in data collection and analysis. This information is only necessary for the purpose of scheduling workshop follow-up data collection activities. Data collection records will not be maintained with individual identifiable information and procedures will be followed to limit the linkage of this information to response data as described in

Part A.10. (page 5). No identifiable information describing individual respondents will be included in the analyzed data and aggregate reports provided to CDC.

2. Purpose and Use of the Information Collection

Specific to the intervention, all findings generated from this study will be used to inform future educational programming around personal/family preparedness for the CDC workforce. Materials used for the course are already available to the general public through national organizations such as the Federal Emergency Management Agency (FEMA) and the American Red Cross. Any modified/tailored materials specific to the CDC workforce will be made available to CDC employees through a CDC personal/family preparedness resource webpage.

Participants will be notified of the findings of the study upon completion of analysis and formal reporting of data presented in a report or publication format.

It is expected that the results and findings of the study will be presented in one or more publications in the scientific literature. The analyzed data, findings, and recommendations gathered through the assessment and educational intervention evaluation will be developed into a project report that can be shared with interested partners throughout OPHPR, CDC, other federal agencies, and the larger Atlanta metro area.

Privacy Impact Assessment Information

Identifying information from Ready CDC Program workshop participants, such as name, organization, and contact information, will be compiled for the purpose of administering workshop follow-up data collection activities. Each participant will be assigned a unique ID number. Data collection records identified with the participant ID number will not be stored with participant identifying information (i.e., name, contact information). Procedures will be followed to limit the linkage of ID numbers and personal identification information.

Identifying information will be used only to provide survey instructions to workshop participants. No identifiable information describing individual respondents will be included in the analyzed data and aggregate reports. However, names of organizations may be used. The proposed data collection will have little or no effect on the respondent's privacy. Highly sensitive information is not necessary and will not be collected.

3. Use of Improved Information Technology and Burden Reduction

The Pre-Workshop Survey, Workshop Evaluation and Follow-Up Survey will be web-based and disseminated via e-mail (Attachments I, J and K). All responses will be

collected within the web-based tool, reducing burden on the respondent (unless requested in paper form by a respondent).

4. Efforts to Identify Duplication and Use of Similar Information

No similar data are available.

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 a recurring data collection. Without collecting the data, no evaluation of the Ready CDC workshops would occur, outcomes of the program would not be identified, and recommendations to inform the development of a new emergency preparedness and response training and education program would not be generated.

Respondents will respond to three distinct data collection efforts (Pre-Workshop Survey, Workshop Evaluation, Follow-Up Survey) in a four month time period. Data collection efforts are administered within this time frame to measure behavior change based on participation in the educational intervention.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 60-day Federal Register Notice (FRN) was published in the *Federal Register* on Thursday, February 13, 2014, vol. 79, No. 30, pp. 8720-9721 (Attachment B). There were no public comments. There were no efforts to consult outside the agency.

9. Explanation of Any Payment or Gift to Respondents

No payment or gift will be offered to respondents.

10. Assurance of Security Provided to Respondents

This submission has been reviewed by OPHPR who determined the Privacy Act does not apply. Although the data collection staff will use identifiable information, such as names and email addresses, to facilitate administration of the data collection process, this information will be maintained in a separate password-protected record file on CDC file servers and will not be linked to response data. Participants will receive unique ID

numbers; data collection records identified by participant ID numbers will not be stored with participant identifying information (i.e. name, contact information). Procedures will be followed to limit the linkage of ID numbers and personal identification information.

Privacy Impact Assessment Information

Due to the nature of the intervention (i.e., an in-person training/educational event), participants cannot be anonymous. Every effort will be made to maintain participant privacy and pre and follow up results will remain secure. Informed consent forms (Attachment F) will be included in the invitation to participate (Attachment H) and are required of participants. Forms will be collected and stored in a secure manner prior to participant's inclusion in the intervention. Those individuals that agree to participate will be assigned a unique participant identification number so data stored and maintained by CDC associated with this educational intervention will not be retrievable by name. The file containing the record of names and assigned identification numbers will be stored separately and password protected. In order to determine behavior change as a result of the intervention, participants will be followed over time and their pre and follow-up survey results will be linked using the identification number. Surveys will be distributed to each participant containing an embedded link that is unique to that participant; each participant will only have access to his/her link.

Opportunities for voluntary consent to participate will be provided to every respondent within each instrument (refer to Attachments C-E: Pre-Workshop Survey, Workshop Evaluation, and Follow-Up Survey). As part of the introduction and consent to participate process at the time of the data collection request, each respondent will be provided with information describing the purpose of collecting the information and how the data will be used. Respondents will be informed of the voluntary nature of their responses. There will be no effect on the respondent should they not respond to the data collection request. Data will be used solely for the purposes of the Ready CDC program and will not be shared outside CDC other than in final report form.

Only Ready CDC staff will have access to any data files. Personal identification information (e.g. names, emails), will be maintained in a separate file from results. Additionally, only Ready CDC staff will have access to the master file which links participant names to unique IDs. All data are stored in a password-protected file and data will be treated in a secure manner and not disclosed unless otherwise compelled by law. No names will be used in any reporting or publishing of intervention findings. All electronic files are protected by constantly updated firewall technology and active monitoring and management of network/port security.

11. Justification for Sensitive Questions

No questions of a sensitive nature will be asked of respondents.

12. Estimates of Annualized Burden Hours and Costs

The Ready CDC Pre-Workshop Survey, Workshop Evaluation, and Follow-Up Survey will have up to 600 total respondents each annually, based on an average of up to 50 participants per each of the monthly workshops). Workshop participants may include CDC federal employees and federal contract employees. It should take each respondent twenty minutes to complete the Pre-Workshop Survey, five minutes to complete the Workshop Evaluation, and ten minutes to complete the Follow-Up Survey. The following table presents a summary of the estimated total burden requested for this clearance:

Exhibit 2: Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
CDC Federal Employees and Contractors	Pre-Workshop Survey	600	1	20/60	200
CDC Federal Employees and Contractors	Workshop Evaluation	600	1	5/60	50
CDC Federal Employees and Contractors	Follow-Up Survey	600	1	10/60	100
TOTAL:					350

B. The mean hourly wage is based on the United States national average for 2012 taken from the Bureau of Labor Statistics website.

Exhibit 3: Estimated Annualized Burden Costs

Form Name	Total Burden (in hours)	Hourly Wage Rate	Total Respondent Costs
Pre-Workshop Survey	200	$35.35*	$7,070.00
Workshop Evaluation	50	$35.35*	$1,767.50
Follow-Up Survey	100	$35.35*	$3,535.00
Total:			$12,372.50

**Hourly Wage Rate is for Healthcare Practitioners and Technical Occupations*

Source: U.S. Department of Labor, Bureau of Labor Statistics, May 2012 National Occupational Employment and Wage Estimates.
http://www.bls.gov/oes/current/oes_nat.htm

13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no capital or maintenance costs associated with this IC.

14. Annualized Cost to the Federal Government

The government costs include personnel costs for federal staff involved in project oversight, study management, analysis and reporting. These efforts involve approximately 25% of a GS-11 Health Scientist, 5% of a GS-12 Health Communications Specialist, 10% of a GS-14 Behavioral Scientist, and 5% of a GS-15 Health Scientist. The external (contractor) costs to the federal government for conducting Ready CDC are $230,000 (estimated cost per year for three years). Activities supported by these contract costs include study coordination, communications, partner relationship management, development of the Information Collection Request, website improvements, and the development of an implementation/sustainability plan for Ready CDC. The total cost to the federal government is $264,983.32.

Exhibit 4: Annualized Cost to the Federal Government

Labor:	
CDC personnel for project oversight (25% of GS-11, 5% of GS-12, 10% GS-14, 5% GS-15)	34,983.32
Contract labor for study coordination, communications, partner relationship management, ICR development, website improvements, implementation plan	230,000
Total estimated government costs	264,983.32

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Exhibit 5: Project Time Schedule

A.16 – 1 Project Time Schedule	
Activity	**Time Schedule**
Annual Workshop schedule developed.	Within 2 weeks after OMB approval
Participant recruitment	2 weeks after OMB approval
Annual Workshop schedule advertised.	1 month after OMB approval
Workshop Cycle* • Pre-Workshop Survey (administered 30 days prior to in-person workshop) • Workshop Evaluation (administered 1 day following in-person workshop) • Follow-Up Survey (administered 90 days following in-person workshop) *Surveys included in workshop cycle are repeated for each cohort of workshop participants. For example, if a workshop was held on October 1, the pre-workshop survey would be administered on September 1, the Workshop Evaluation would be administered on October 2, and the Follow-Up Survey would be administered on January 1). The cycle would be repeated for each additional workshop.	Ongoing cycle
All data collection complete	28 months after OMB approval
Analyses	28-32 months after OMB approval
Report Developed	32-34 months after OMB approval
Publication	34-36 months after OMB approval

Analysis Plan

Data analysis

Data related to the study variables will be collected from each cohort of workshop participants via a pre-workshop survey, workshop evaluation and follow-up survey. Data collected in response to the quantitative (close-ended) questions in the surveys will be analyzed using IBM SPSS Version 20. Simple descriptive statistics will be computed for the data collected from each question on the survey (e.g., frequency of each response and mean, median, and mode as appropriate). The responses will be tallied and the proportion of each type of response will be reported. Tables and figures may be used to

provide a visual representation of the responses Results of the pre-workshop survey will be compared with results of the follow-up survey and analyzed to determine change in individual behavior as a result of the targeted educational intervention and advanced statistical test such as repeated measures t-test will be conducted. The purpose of the study is educational and skill-based in scope: to improve individual behavior change.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

Display of the OMB Expiration Date is appropriate for this information collection.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.