Epi-Aid Satisfaction & Impact Assessment

OSTTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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- Goal of the study: To assess the benefit of domestic Epi-Aids to STT agencies and to continuously ensure that Epi-Aids are effective in meeting STT needs during urgent public health events through assessing short-term Epi-Aid impacts.
- Intended use of the resulting data: Data will be used to quantify the significance of domestic Epi-Aids to STT agencies and to continuously ensure that Epi-Aids are effective in meeting state, tribal, and territorial needs during urgent public health events.
- Methods to be used to collect data: Descriptive study using a self-administered web-based assessment tool.
- The subpopulation to be studied: Epi-Aid requestors (state and territorial epidemiologists and tribal chiefs) or their delegates (i.e., health authority).
- How data will be analyzed: Descriptive statistics (percentages) will be calculated using Microsoft Excel.

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 the requestors of Epi-Aids (state epidemiologists, territorial epidemiologists, and tribal chiefs) or their delegates (i.e., health authority) acting in their official capacities within state, tribal and territorial (STT) health agencies. The web-based assessment will collect data from approximately 45 state, 5 tribal, and 10 territorial health authorities.

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(s) of

- ☐ 1. Monitoring health status to identify community health problems
- ☒ 2. Diagnosing and investigating health problems and health hazards in the community
- ☐ 3. Informing, educating, and empowering people about health issues
- ☐ 4. Mobilizing community partnerships to identify and solve health problems
- ☐ 5. Development of policies and plans that support individual and community health efforts
- ☐ 6. Enforcement of laws and regulations that protect health and ensure safety
- ☐ 7. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable
- ☒ 8. Assuring a competent public health and personal health care workforce
- ☐ 9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services
- ☐ 10. Research for new insights and innovative solutions to health problems [1]

The investigation of emergency problems is an integral part of the mission of the Centers for Disease Control and Prevention (CDC). Early recognition of adverse health conditions and rapid application of prevention and control measures are fundamental to CDC's contribution to healthy people in a healthy world. Epidemics and natural and human-made disasters create extraordinary demands for health services. Because of the difficulty in dealing with complex and immediate demands created by outbreaks and other urgent public health events, state, tribal, and territorial (STT) health authorities frequently look to CDC for short-term epidemiologic assistance. When assistance is requested, CDC makes every effort to respond by dispatching epidemiologic investigators, supported when necessary by specialists in other areas (e.g., sanitarians, laboratorians) to participate in epidemiologic field investigations. During these investigations, CDC staff act as consultants to the STT health authority requesting assistance, investigating the patterns of disease or other health condition of concern, and the impact of preventive interventions.

The request for epidemiological assistance (Epi-Aid) process is an essential mechanism used by CDC to render epidemiological technical assistance when requested by state, territorial, or tribal partners **(Att. A. Epi-Aid Fact Sheet)**. The term, Epi-Aid, denotes a specific administrative mechanism has been invoked to support the field response. Epi-Aids are administratively coordinated and approved by the EIS program within the Epidemiology Workforce Branch, Division of Scientific Education and Professional Development, Centers for Surveillance, Epidemiology, and Laboratory Services at CDC. The EIS Program has been issuing Epi-Aids since 1946. Since then, Epi-Aids have been used to investigate over 3000 public health problems. There are domestic single-

entity Epi Aids and multi-state Epi Aids. This request focuses on domestic single-entity Epi-Aids, in that they comprise approximately 80% to 90% of all domestic Epi-Aids. The Epi-Aid request process for multi-state Epi-Aids differs from single-entity Epi-Aids and, therefore, will require a different assessment that falls outside of this information collection request.

Approximately 50 urgent public health problems are investigated domestically each year upon request for CDC assistance from STT health authorities **(Att. B. Domestic Epi-Aids)**. Epidemiologic support might include but is not limited to providing resources, expertise, or information collection support to identify the agent, source, modes of transmission, or risk factor to effectively implement rapid prevention and control measures when the situation is warranted. The focus of Epi-Aids is to make practical recommendations and (or) institute actions to mitigate the public health problem.

The STT health authority requesting assistance can benefit from the Epi-Aid in several ways, including:

- Increase the manpower available to respond rapidly to a public health problem
- Streamline access to CDC subject matter expertise and laboratory resources
- Facilitate coordination of multi-state investigations
- Build state and local epidemiologic capacity via collaboration with CDC staff
- Train and mentor CDC trainees and expose them to state and local health department activities
- Train and mentor state and local epidemiologists in those areas where expertise is limited or lacking

The purpose of this request is to assess the impact of domestic Epi-Aids to STT agencies and to continuously ensure that Epi-Aids are effective in meeting STT needs during urgent public health events. We anticipate up to 60 domestic Epi-Aids in fiscal year 2015. The Epi-Aid customer satisfaction information collected from the STT health authorities who request Epi-Aids in fiscal year 2015 will help ensure that our partners have an effective, efficient, and satisfying experience with the Epi-Aid. This feedback will provide insights into experiences and expectations, provide an early warning of issues with service, and focus attention on areas where communication, training or changes in operations might improve Epi-Aids. This collection will allow for on-going, collaborative and actionable communications between the Agency and the STT health authorities. It will also allow feedback to contribute directly to the improvement of program management. Impact information collected on the outcome of the Epi-Aid will be used to document the importance of Epi-Aids, justify continued Agency-level support, and inform program strategic planning.

Overview of the Information Collection System

Data will be collected via a web-based questionnaire allowing respondents to complete and submit their responses electronically (**see Att. C—Instrument: Word version** and **Att. D—Instrument: Web version**). The online instrument will be used to gather information from STT health authorities that request CDC Epi-Aid assistance to respond to an outbreak or other urgent public health event to assess customer satisfaction and Epi-Aid impact. This method was chosen to reduce the overall burden on respondents. The information collection instrument is based on a pilot test with 5 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 online data collection instrument consists of 23 items of various types, including multiple response, interval (rating scales), and open-ended. An effort was made to limit questions requiring narrative responses from respondents whenever possible. The instrument will collect information on the following:

- The extent to which the requesting agency is satisfied with the EIS program's level of support and guidance
- The extent to which the requesting agency is satisfied with the Epi-Aid Team's professionalism, technical skills and expertise, communications, and ability to work with the requestors
- The extent to which the Epi-Aid increases the requesting agency's capacity (i.e., resources and/or expertise) to respond to the public health threat or problem
- The extent to which the Epi-Aid results in prevention and control of the outbreak/public health event
- The extent to which the Epi-Aid strengthens the requesting agency's capability (i.e., knowledge and/or skills) to respond to public health threats or problems in the future

2. Purpose and Use of the Information Collection

The purpose of this information collection is to assess the impact of domestic Epi-Aids to STT agencies and to continuously ensure that Epi-Aids are effective in meeting STT needs during urgent public health events. This assessment is necessary to enable CDC to garner STT partner feedback in an efficient, timely manner. This feedback will provide insights into experiences and expectations of STT partners for Epi-Aids, provide an early warning of issues with Epi-Aid service, and focus attention on areas where communication, training or changes in operations might improve Epi-Aids.

The Epi-Aid program will use the results of the assessment for continuous quality improvement of the program, strategic planning, and documenting impact. Assessment data will ultimately be used to identify opportunities to improve the service CDC provides to STT health agencies through Epi-Aids and to understand and document the impact of Epi-Aids. The information will help ensure that our STT partners have an effective, efficient, and satisfying experience with the Epi-Aid. The EIS program will produce a final report that describes key findings and strategic directions for improving upon and supporting the use of Epi-Aids in the future. A final internal report will be prepared for the EIS program, other CDC programs, and the CDC Epidemiology Advisory Committee. In addition, a written summary and power point presentation will be developed for CDC to deliver and tailor by audience. Potential audiences include STT agencies and the Council of State and Territorial Epidemiologists (CSTE). Assessment findings will also be used to develop manuscripts to submit for publication in peer-reviewed journals and might be presented at other regional or national conferences.

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 23 questions).

4. Efforts to Identify Duplication and Use of Similar Information

No similar data are gathered or maintained by the Agency or are available from other sources known to the Agency. The information being collected is specific to Epi-Aids and there is currently no information available that can substitute for direct responses from the target audience—STT health authorities who request Epi-Aids. Because Epi-Aids are unique to CDC and target respondents are a critical stakeholder group for CDC, there are no existing data that could replace the need to gather data through this data collection.

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. Without these types of feedback, the Agency will be unable to understand:

- The extent to which Epi-Aids meet the needs of STT public health agencies during outbreaks or other urgent public health events
- The impact of Epi-Aids in terms of identifying effective prevention and control measures to stop an outbreak or reduce the negative health consequences of an urgent public health event
- Opportunities for continuous quality improvement of Epi-Aids

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 (IC) 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 STT 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. STT governmental staff and / or delegates 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.

10.1 Privacy Impact Assessment Information

No individually identifiable information (IIF) will be collected.

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 5 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 10 minutes. Based on these results, the estimated time range for actual respondents to complete the instrument is 10 to 15 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 15 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 all 60 respondents. Table A-12 shows estimated burden and cost information.

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

Information 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
Online assessment	State Epidemiologist	45	1	15/60	11	$57.11	$628.21
Online assessment	Tribal Chief	5	1	15/60	1	$57.11	$57.11
Online assessment	Territorial Epidemiologist	10	1	15/60	3	$57.11	$172
	TOTALS	**60**			**15**		**$857.32**

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, however, are being used to support development of the assessment tool, data collection, and data analysis. The only cost to the federal government would be the salary of CDC staff and contractors. The total estimated cost to the federal government is $8523.44. Table A-14 describes how this cost estimate was calculated.

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

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Supervisory Epidemiologist (GS-14) Consultation on and oversight of development of OMB package; Consultation with and oversight of instrument development, data collection, data analysis, quality control and report preparation	60	$41.94	$2516.40
Health Scientist (GS-12)	208	$28.88	$6007.04

Instrument development, data collection, data analysis, quality control and report preparation			
Estimated Total Cost of Information Collection			**$8523.44**

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The results will be used to create both internal and external reports.

- A final internal assessment report will be prepared. This final report will describe any challenges encountered, factors associated with these challenges, successes identified by Epi-Aid requestors, factors that have facilitated success, and lessons learned and strategic directions for the EIS Program to consider to improve upon and support Epi-Aids in the future.
- A core PowerPoint presentation of key assessment findings will be developed and tailored by audience.
- Manuscripts will be developed for submission to peer-reviewed journals (focused on assessment and public health practice) for publication.

Project Time Schedule [Please see example template below and adjust as needed]

- ✓ Design questionnaire ..... (COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan ..... (COMPLETE)
- ✓ Pilot test questionnaire ..... (COMPLETE)
- ✓ Prepare OMB package ..... (COMPLETE)
- ✓ Submit OMB package ..... (COMPLETE)
- ❑ OMB approval ..... (TBD)
- ❑ Conduct assessment ..... (Assessment open 52 weeks)
- ❑ Code, quality control, and analyze data..... (4 weeks)
- ❑ Prepare reports ..... (4 weeks)
- ❑ Disseminate results/reports ..... (4 weeks)

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

Att. A. Epi-Aid Fact Sheet
Att. B. Domestic Epi-Aids
Att. C. Instrument: Word version
Att. D. 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.