

RSB Product and STLT Preparedness Assessment

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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- **Goal of the study:** The purpose of this information collection request is to gather feedback regarding expectations of CDC related to radiation emergency preparedness and response; to gather feedback regarding the usefulness of CDC Radiation Studies Branch (RSB) products (i.e. educational materials, planning aids, training products, and guides); and to assess the current level of radiation emergency preparedness among state, territorial, tribal and local response agencies engaged in public health preparedness planning.
- **Intended use of the resulting data:** The information collected will help ensure that users have an effective, efficient, and satisfying experience with the RSB products. This feedback will provide insights into state, territorial, tribal and local officials' perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services.
- **Methods to be used to collect:** online assessment; convenience sampling
- **The subpopulation to be studied:** Data will be collected from 336 respondents; 134 state, 9 territorial, 1 tribal, and 192 local government officials engaged in public health preparedness planning for radiation emergencies.

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 336 respondents; 134 state, 9 territorial, 1 tribal, and 192 local government officials engaged in public health preparedness planning for radiation emergencies (i.e. radiological and nuclear incidents) acting in their official capacities. These respondents can be found under multiple programs/offices at each level of government. For this assessment, we will recruit from three different programs/offices to capture the greatest cross-section of radiation emergency preparedness personnel. The programs/offices include CDC Public Health Emergency Preparedness (PHEP) Grantees, Radiation Control Program Officials, and FEMA Radiological Emergency Preparedness (REP) Program Participants.

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 services of assuring a competent public health and personal health care workforce and evaluating effectiveness, accessibility, and quality of personal and population-based health services.¹

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

Following the terrorist attacks of September 11, 2001, the Centers for Disease Control and Prevention (CDC) Radiation Studies Branch (RSB) assumed a leading role in preparing the public health community to respond to radiation emergencies.² RSB organized numerous interagency working groups, roundtables, and meetings to help identify best practices for public health and medical response to radiation emergencies (**See Att. A RSB Roundtables**). RSB is involved in emergency preparedness for

- Incidents involving lost or misused radiation sources.
- Accidents involving radioactive sources or radiation-emitting devices.
- Nuclear power plant incidents.
- Terrorism threats involving the use of a radiological dispersal device (RDD), radiological exposure device (RED), or an improvised nuclear device (IND).

In this role, RSB has established itself as a trusted source within CDC to which all radiation-related questions and issues are referred. For example, during two international radiation emergencies – the 2006 polonium poisoning of a Russian expatriate in London, England, and the 2011 nuclear power plant meltdown in Fukushima, Japan – RSB provided guidance to state, territorial, tribal and local health departments on conducting health assessments for U.S. citizens impacted by these incidents.^{3, 4}

In addition to emergency response activities, RSB has supported public health preparedness efforts by providing educational materials, professional training, exercise support, and planning assistance to state, territorial, tribal and local officials to increase their level of radiation emergency preparedness. As part of this effort, RSB has developed numerous educational materials, planning aids, training products, and guides to support radiation emergency planning.⁵

Radiation planning for public health emergency response relies on interagency collaboration. As previously mentioned above, this assessment will recruit from three different programs/offices to capture the cross-section of radiation emergency preparedness personnel. The programs/offices include CDC Public Health Emergency Preparedness (PHEP) Grantees, Radiation Control Program Officials, and FEMA Radiological Emergency Preparedness (REP) Program Participants. These programs/offices governmental staff play a critical role in conducting public health emergency preparedness and response efforts and are described in greater detail below.

- I. **Public Health Emergency Preparedness (PHEP) Grantees** – CDC funds preparedness programs for state, local, and territorial health departments. Many jurisdictions conduct radiation emergency preparedness and response activities conducted under this grant. A list of the state, local, and territorial PHEP grantees is included in **Att. B PHEP Grantees**.

- II. **Radiation Control Program Officials** – Many states (and some counties, cities, and territories) have a designated radiation control program that manages the licensing of radioactive sources within the state. Many of these programs are also involved in planning for and responding to public health radiation emergencies. Some states have radiation control programs in multiple state offices, such as public health and regulatory agencies. For these states, government officials from both offices will be included in the respondent universe. A list of these programs is included in **Att. C List of Radiation Control Programs**.

- III. **FEMA Radiological Emergency Preparedness (REP) Program Participants** – FEMA instituted the REP Program after the 1979 radiological incident at the Three Mile Island nuclear power plant. Participants include state, local, and tribal officials in areas with operating nuclear power plants. These governmental staff play a critical role in conducting public health emergency preparedness and response efforts within relevant jurisdictions. Currently, there are 61 operating nuclear power plants in 30 states. Counties, localities, and tribal areas within 10-miles of a nuclear power plant have the greatest planning responsibilities. Therefore, this respondent pool will be geographically limited to the 30 states with operating nuclear power plants and the 185 counties, localities, and tribal areas that fall within a 10-mile emergency preparedness zone (EPZ). Additionally, there are two states – Delaware and West Virginia – that do not have nuclear power plants within state borders, but are within the 10-mile EPZ of nuclear power plants in neighboring states. As such, these two states have REP Program staff that will also be included in the respondent universe. A list of the state, local, and tribal areas that participate in REP planning is included in **Att. D REP Participants**.

The purpose of this information collection request is: 1) To gather feedback regarding expectations of CDC related to radiation emergency preparedness and response. 2) To gather feedback regarding the usefulness of RSB products (i.e. educational materials, planning aids, training products, and guides). 3) To assess the current level of radiation emergency preparedness among state, territorial, tribal and local response agencies engaged in public health preparedness planning. This data collection is necessary to enable RSB to garner feedback in an efficient, timely manner, in accordance with our commitment to improving service delivery. The information collected will help ensure that users have an effective, efficient, and satisfying experience with the RSB products. This feedback will provide insights into state, territorial, tribal and local officials' perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services.

Overview of the Information Collection System

The information collection system consists of a web-based questionnaire (see **Att. E – Instrument: MS Word version and Att. F – Instrument: Web version**) designed to assess state, territorial, tribal and local officials regarding RSB products and assess the current level of radiation emergency preparedness among state, territorial, tribal and local response agencies engaged in public health preparedness planning. The information collection instrument will be administered as a web-based instrument, 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 pilot tested by 9 public health preparedness planners. 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 data collection instrument consists of 30 questions, including some multiple choice items, Likert scales and one open-ended item. The instrument will collect information on the following:

- Demographics – Respondents will be asked to identify what type of agency they work for (e.g., public health, emergency management, radiation control, etc.), the level of government (i.e., state, territorial, tribal, or local), and years of experience in radiation emergency response planning.
- Expectations of CDC- Respondents will be asked to identify their expectations of CDC related to radiation emergency preparedness and response.
- Current level of radiation emergency preparedness – Respondents will be asked to describe their current level of radiation preparedness and identify partnerships that have helped advance preparedness or barriers that have inhibited it.
- Feedback about CDC products – Respondents will be asked to rate the usefulness of various RSB products, including educational materials, training products, planning aids, and guides.

2. Purpose and Use of the Information Collection

The purpose of this information collection request is:

- To gather feedback regarding expectations of CDC related to radiation emergency preparedness and response
- To gather feedback regarding the usefulness of RSB products (i.e. educational materials, planning aids, training products, and guides).
- To assess the current level of radiation emergency preparedness among state, territorial, tribal and local response agencies engaged in public health preparedness planning.

The data will be used to enable RSB to garner feedback in an efficient, timely manner, in accordance with our commitment to improving service delivery. The data will also be used to ensure that users have an effective, efficient, and satisfying experience with the RSB products through providing insights into public health preparedness planners' perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a web-based questionnaire (SurveyMonkey®) 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 30 questions).

4. Efforts to Identify Duplication and Use of Similar Information

This assessment represents the first quantitative attempt to assess RSB products and activities related to state, territorial, tribal and local readiness related to radiation emergencies. There is no information available that can substitute 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 this information collection, CDC RSB will be unable to

- Assess state, territorial, tribal and local officials' readiness to respond to radiation emergencies surrounding the following preparedness capabilities:
 - Population monitoring
 - Public health and medical operations
 - Mass care operations
 - Laboratory operations
 - Worker health and safety considerations
 - Risk communication considerations
- Assess state, territorial, tribal and local officials' opinions about the existing RSB products
- Develop technical assistance strategies and/or products for assisting with state, territorial, tribal and local public health preparedness activities related to radiation emergency response.

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 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 STLT 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. STLT 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 nine public health preparedness 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 20 minutes. Based on these results, the estimated time range for actual respondents to complete the instrument is 15-20 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 20 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>).⁶ Based on DOL data, an average hourly wage of \$57.11 is estimated for all 336 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
Product Feedback & Preparedness RSB Assessment	State	134	1	20/60	47	\$57.11	\$2684
Product Feedback & Preparedness RSB Assessment	Territorial	9	1	20/60	3	\$57.11	\$171
Product Feedback & Preparedness RSB Assessment	Local	192	1	20/60	64	\$57.11	\$3655
Product Feedback & Preparedness RSB Assessment	Tribal	1	1	20/60	.5	\$57.11	\$29
	TOTALS	336	1		114.5		\$6539

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 costs or overhead costs. The only cost to the federal government would be the salary of the of one CDC staff member during data collection and analysis activities. Contractor subject matter expertise will be provided by ORAU through an IAA. The cost for this project is estimated at \$10,000. The total estimated cost to the federal government is \$10,512. 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
Lead Health Education Specialist: Oversight for data collection, analysis and reporting.	8	\$64.00	\$512
Contractor			\$10,000

Estimated Total Cost of Information Collection	\$10,512
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15.Explanation for Program Changes or Adjustments

This is a new information collection.

16.Plans for Tabulation and Publication and Project Time Schedule

Responses from the assessment will be compiled into a spreadsheet. Assessment responses will then be used to compose descriptive statistics about these inquiries using SPSS. The data will be shared with the RSB staff members via a PowerPoint and Word document. Finally, the data may be used in the future to guide product development and readiness.

Project Time Schedule

Design instrument.....	Complete
Pre-test instrument.....	Complete
Prepare OMB package.....	Complete
Submit OMB package.....	Complete
OMB approval.....	Pending
Launch assessment.....	Open 4 weeks
Reminder partial- and non-responders.....	Day 14 and Day 21 after launch assessment
Code, enter, and analyze data.....	2 weeks after assessment close
Prepare final report.....	4 weeks after assessment close
Delivery final report.....	6 weeks after assessment close

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.

- Att. A. RSB Roundtables
- Att. B. PHEP Grantees
- Att. C. List of Radiation Control Programs
- Att. D. REP Participants
- Att. E. Instrument-MS Word Version
- Att. F. Instrument-Web Version

REFERENCE LIST

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