

State and Local Healthy Homes and Lead Poisoning Prevention Programs: Baseline Profile Assessment

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

Submitted: 1/26/2021

Program Official/Project Officer

Elise Lockamy, MSPH

Health Scientist | Project Officer

National Center for Environmental Health

Centers for Disease Control and Prevention

4770 Buford Highway NE, MS F-58, Atlanta, GA 30341-3717

TEL: 770-488-0050

FAX: 770-488-4820

Email: vts8@cdc.gov

Table of Contents

Table of Contents..... 2

Section A – Justification..... 3

- 1. Circumstances Making the Collection of Information Necessary..... 3
- 2. Purpose and Use of the Information Collection..... 6
- 3. Use of Improved Information Technology and Burden Reduction..... 7
- 4. Efforts to Identify Duplication and Use of Similar Information..... 7
- 5. Impact on Small Businesses or Other Small Entities..... 7
- 6. Consequences of Collecting the Information Less Frequently..... 7
- 7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5..... 8
- 8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency..... 8
- 9. Explanation of Any Payment or Gift to Respondents..... 8
- 10. Assurance of Confidentiality Provided to Respondents..... 8
- 11. Institutional Review Board (IRB) and Justification for Sensitive Questions..... 8
- 12. Estimates of Annualized Burden Hours and Costs..... 8
- 13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers..... 9
- 14. Annualized Cost to the Government..... 9
- 15. Explanation for Program Changes or Adjustments..... 10
- 16. Plans for Tabulation and Publication and Project Time Schedule..... 10
- 17. Reason(s) Display of OMB Expiration Date is Inappropriate..... 10
- 18. Exceptions to Certification for Paperwork Reduction Act Submissions..... 10

LIST OF ATTACHMENTS – Section A..... 11

REFERENCE LIST..... 11

- Goal of the study: The purpose of the assessment is to identify: 1) jurisdictional legal frameworks governing CDC-funded childhood lead poisoning prevention programs in the United States, and 2) strategies for implementing childhood lead poisoning prevention activities in the United States.
- Intended use of the resulting data: The information collection will allow the CDC Healthy Homes and Lead Poisoning Prevention Program to identify common characteristics of awarded childhood lead poisoning prevention programs. The information collection will also inform guidance, resource development and technical assistance activities the CDC Healthy Homes and Lead Poisoning Prevention conducts in support of the ultimate elimination goal. The dissemination of results of this information collection will ensure that non-funded jurisdictions are able to: 1) devise and enact legal frameworks (policies) that gird childhood lead poisoning prevention, and 2) develop and apply similar strategies to support the national agenda to eliminate childhood lead poisoning. Assessment findings will be shared in response to inquiries by the public, press, and Congress.
- Methods to be used to collect: Data will be collected using a one-time web-based information collection instrument.
- The subpopulation to be studied includes 35 respondents. Data will be collected from 29 state health department lead poisoning prevention program Project Managers, 1 District of Columbia Department of the Environment childhood lead poisoning prevention Project Manager, 4 local health department lead poisoning prevention program Project Managers, and 1 Project Manager of the bona fide fiscal agent and delegate of the Los Angeles Housing and Community Investment Department, Impact Assessment, Incorporated in their official capacities.
- How data will be analyzed: Data will be analyzed using Microsoft Excel to calculate and organize descriptive statistics and qualitative response themes respectively.

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 35 respondents. Specifically, the respondent universe is comprised of the 35 Project Managers of the awarded state and local jurisdictions of Cooperative Agreement EH14-1408 (see **Attachment A – Awarded Jurisdictions**). Data will be collected from 29 state health department lead poisoning prevention program project managers, 1 District of Columbia Department of the Environment childhood lead

poisoning prevention project manager, 4 local health department lead poisoning prevention program project managers, and 1 project manager from Impact Assessment, Inc.; Impact Assessment, Inc. serves as a delegate of the Los Angeles Housing and Community Investment Department (LAHCID) (see **Attachment B - Letter for Bona Fide Fiscal Agent**). Impact Assessment, Inc. is receiving funds from the Centers for Disease Control and Prevention to act as a proxy for the LAHCID to implement its "Implementing Innovative Solutions for High-Risk Children in Hard to Reach Populations Exposed to Lead in Los Angeles and San Diego Cities" project (see **Attachment B - Letter for Bona Fide Fiscal Agent**). Each organization has one Project Manager for lead poisoning prevention activities.

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 #5) Development of policies and plans that support individual and community health efforts and 9) Evaluating effectiveness, accessibility, and quality of personal and population-based health Services:

- 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 problems¹

Lead, a naturally occurring metal, is used in a wide variety of products around the globe. Unfortunately, lead extracted and used in consumer products and occupational settings contributes to morbidity and mortality in children and adults. To date, a safe blood lead level has not been identified. High blood lead levels cause decreased academic achievement, decreased IQ, and behavioral problems in children. In extreme cases, lead poisoning can result in death. Children under six years of age are at an increased risk for adverse effects of lead exposure due to their accelerated development and behaviors, like hand to mouth tendencies, which contribute to exposure.²

Since 1988, when the Lead Contamination and Control Act became public law, the Centers for Disease Control and Prevention has been charged with: 1) developing programs and policies to prevent childhood lead poisoning, 2) educating families, caregivers, and clinical providers about childhood lead poisoning, 3) providing funding to state and local health departments to collect surveillance data concerning childhood lead poisoning, and 4) "[supporting] research to determine the effectiveness of prevention efforts at federal, state, and local levels".³ Consistent with those

aims, the CDC Healthy Homes and Lead Poisoning Prevention Program, formerly the CDC Childhood Lead Poisoning Prevention Branch, funds childhood lead poisoning prevention programs to develop, implement and evaluate prevention activities. The Program also trains public health professionals on lead poisoning prevention and healthy homes principles. The Program devises and implements internet technology solutions to conduct surveillance of childhood lead poisoning, providing a no-cost surveillance system to national lead poisoning prevention programs.

Despite tremendous strides toward the elimination of lead poisoning in the United States, an estimated 535,000 children ages 1 – 5 have blood lead levels at or above the reference value for blood lead, contributing to intellectual and behavioral shortcomings in children across the nation.⁴

To fulfill the Healthy People 2020 goal to eliminate childhood lead poisoning as a public health problem, the CDC Healthy Homes and Lead Poisoning Prevention Program distributed \$11 million of Affordable Care Act Prevention and Public Health Fund dollars to 35 state and local jurisdictions in the United States in fiscal year 2014. Cooperative Agreement EH14-1408 serves to equip awardees to: 1) build and strengthen lead poisoning surveillance systems, 2) conduct outreach and education regarding lead poisoning, and 3) initiate and develop partnerships to prevent childhood lead poisoning, all evidence-based approaches to reduce and eliminate childhood lead poisoning.⁵ Work plans submitted and activities conducted by the awardees to date affirm that cooperative agreement aims are being carried out in each jurisdiction. However, to date, publicly-accessible databases related to lead poisoning prevention contain no information related to the legal frameworks governing childhood lead poisoning prevention programs nor information on the strategies implemented by CDC-funded childhood lead poisoning prevention programs. The identification of legal frameworks and strategies for childhood lead poisoning prevention programs is critical to developing and disseminating national standards for the elimination of childhood lead poisoning in the United States."

The purpose of the assessment is to identify: 1) jurisdictional legal frameworks governing CDC-funded childhood lead poisoning prevention programs in the United States, and 2) strategies for implementing childhood lead poisoning prevention activities in the United States. Each Project Manager will respond to the assessment in his or her official capacity. Childhood lead poisoning prevention program project managers are equipped with the knowledge necessary to answer the assessment questions and are familiar with reporting to CDC.

The information collection will allow the CDC Healthy Homes and Lead Poisoning Prevention Program to identify common characteristics of awarded childhood lead poisoning prevention programs. The information collection will also inform guidance, resource development, and technical assistance activities the CDC Healthy Homes and Lead Poisoning Prevention conducts in support of the ultimate elimination goal. The dissemination of results of this information collection will ensure that non-funded jurisdictions are able to: 1) devise and enact legal frameworks (policies) that gird childhood lead poisoning prevention, and 2) develop and apply similar strategies to support the national agenda to eliminate childhood lead poisoning.

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 **Attachment C —Instrument: Word version** and **Attachment D—Instrument: Web version**). Project Managers will be able to answer the assessment questions quickly, and likewise submit the responses to CDC with ease. The online instrument will be used to gather information from all Project Managers, who will respond in their official capacity regarding: 1) jurisdictional legal frameworks governing CDC-funded childhood lead poisoning prevention programs in the United States, and 2) strategies for implementing childhood lead poisoning prevention activities in the United States. This method was chosen to reduce the overall burden on respondents. Respondents may stop taking the assessment and finish it at a later time. The information collection instrument was pilot tested by 8 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 12 main questions covering 2 broad themes. The instrument includes dichotomous (yes/no), multiple response, and open-ended questions. An effort was made to limit questions requiring narrative responses from respondents whenever possible. The instrument will collect information on the following items specific to each of the 2 broad themes:

1. Jurisdictional legal frameworks governing CDC-funded childhood lead poisoning prevention programs in the United States
 - o Existence of legislation mandating operation of a childhood lead poisoning prevention program
 - o Existence of legislation mandating blood lead testing in children
 - o Existence of legislation mandating electronic reporting for laboratories
 - o Existence of legislation mandating lead paint abatement
2. Strategies for implementing childhood lead poisoning prevention activities in the United States, including
 - o The program's current childhood lead screening strategy
 - o Estimated number of children under six years of age targeted for blood lead testing
 - o Blood lead test results that result in letters and phone calls to affected families, home visit for risk assessment, full lead inspection, or a full healthy homes inspection
 - o Medicaid reimbursement rates for lead and healthy homes related services

STLT governmental staff and / or delegates will be speaking from their official roles; therefore, the instrument will only collect the organizational name, state, and city affiliation of respondents.

2. Purpose and Use of the Information Collection

As the CDC Healthy Homes and Lead Poisoning Prevention Program monitors progress toward the achievement of the Healthy People 2020 goal to eliminate childhood lead poisoning, the purpose of the assessment is to identify: 1) jurisdictional legal frameworks governing CDC-funded childhood

lead poisoning prevention programs in the United States, and 2) strategies for implementing childhood lead poisoning prevention activities in the United States.

The information collection will allow the CDC Healthy Homes and Lead Poisoning Prevention Program to identify common characteristics of awarded childhood lead poisoning prevention programs. The information collection will also inform guidance, resource development and technical assistance activities the CDC Healthy Homes and Lead Poisoning Prevention conducts in support of the ultimate elimination goal. The dissemination of results of this information collection will ensure that non-funded jurisdictions are able to: 1) devise and enact legal frameworks (policies) that gird childhood lead poisoning prevention, and 2) develop and apply strategies to support the national agenda to eliminate childhood lead poisoning. Assessment findings will be shared in response to inquiries by the public, press, and Congress.

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 12 main questions).

4. Efforts to Identify Duplication and Use of Similar Information

The National Center for Healthy Housing, an organization dedicated to the promotion of healthy homes principles and activities, maintains a resource library for the lay public, parents, clinical providers, environmental health scientists and practitioners, and policy decision-makers.⁶ To date, the resource library and clearinghouse contain no information related to the legal frameworks governing childhood lead poisoning prevention programs nor information on the strategies implemented by CDC-funded childhood lead poisoning prevention programs. The CDC National Center for Environmental Health (NCEH) has not collected this information and subsequently does not have a record of the information in any publicly accessible resource database. Additionally, a literature search returned no results related to the same.

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. If no data are collected, CDC will be unable to:

1. Map characteristics of lead poisoning prevention programs throughout the U.S.
2. Assess and share characteristics of lead poisoning prevention programs that lend to demonstrated success in preventing childhood lead poisonings

3. Assess gaps in or achievements of best practice approaches to lead poisoning prevention
4. Develop resources for program improvement to ensure childhood lead poisoning elimination

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

This information collection request was reviewed on 02/10/2016 by the NCEH/ATSDR ISSO (Information Systems Security Officer) who determined that the Privacy Act does not apply. The data will be collected through the Survey Monkey online assessment tool. The Survey Monkey account to be used belongs to OSTLTS. The data will be stored in Survey Monkey until downloaded to a secure CDC shared drive, accessible to CDC Healthy Homes and Lead Poisoning Program officials only. Data will be analyzed using CDC licensed data software on a CDC machine (computer). Files will be saved to the secure CDC shared drive. Controls described are adequate for protecting the aggregate and non-sensitive data being collected. The data collection does not involve collection of sensitive and/or personally identifiable information.

This information collection is not research involving human subjects.

11. Institutional Review Board (IRB) and 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 8 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 5 minutes. Based on these results, the estimated time range for actual respondents to complete the instrument is 3 to 7 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 7 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Survey estimate for Medical and Health Services Managers (<http://www.bls.gov/ncs/ocs/sp/nctb1349.pdf>). Based on DOL data, an average hourly wage of \$57.11 is estimated for all 35 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
HHLPPP Awardee Baseline Profile	Project Managers of State (includes DC) Health Departments	30	1	7/60	4	\$57.11	\$228
HHLPPP Awardee Baseline Profile	Project Managers of Local Health Departments	4	1	7/60	.5	\$57.11	\$29
HHLPPP Awardee Baseline Profile	Delegate: Impact Assessment, Inc.	1	1	7/60	.1	\$57.11	\$6
	TOTALS	35	1		4.6		\$263

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. The only cost to the federal government would be the salary of CDC staff. The total estimated cost to the federal government is \$2,450. 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
Health Scientist / Project Officer (GS-12): Support for the development of the instrument, pilot testing, review and oversee OMB package preparation, data analysis, and report preparation	70	\$35	\$2450
Estimated Total Cost of Information Collection			\$2450

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The data collection instrument will be fielded to the state and local lead poisoning prevention program Project Managers in early 2016. The timeline is consistent with other cooperative agreement report timelines. Data collection will take approximately 3 weeks to complete. Data will be cleaned and analyzed by a CDC Health Scientist using Microsoft Excel. Data will be tabulated by jurisdiction, with distribution in response to inquiries by the public, press, and Congress.

Project Time Schedule

- ✓ 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 3 weeks)
 - o Reminder email send 5 days before the assessment closes
- Code, quality control, and analyze data..... (4 weeks)
- Prepare reports (5 weeks)
- Disseminate results/reports (6 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

- A. Awarded Jurisdictions
- B. Letter for Bona Fide Fiscal Agent
- C. Instrument: Word version
- D. Instrument: Web version

REFERENCE LIST

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.

² National Institute of Environmental Health Sciences (NIEHS). "Lead." Available at <http://www.niehs.nih.gov/health/topics/agents/lead/>. Accessed on 8/9/15.

³ Centers for Disease Control and Prevention (CDC). "CDC's Childhood Lead Poisoning Prevention Program." Available at <http://www.cdc.gov/nceh/lead/about/program.htm>. Accessed on 8/9/15.

⁴ Wheeler W and Brown MJ. Blood lead levels in children aged 1-5 years— United States, 1999-2010. 2013 MMWR April 5, 2013 / 62(13):245-248.

⁵ Centers for Disease Control and Prevention (CDC). "Funding." Available at <http://www.cdc.gov/nceh/lead/funding.htm>. Accessed on 11/9/15.

⁶ National Center for Healthy Housing (NCHH). "Resources." Available at <http://www.nchh.org/Resources.aspx>. Accessed on 12/14/15.