

Needs Assessment for Developing a National Network of Local Environmental Health Professionals

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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- **The goals of the study are to:** (1) assess the need for a systematic network of local environmental health professionals from local health departments (LHDs) (2) identify how a network would be organized to best serve local environmental health professionals; (3) identify the current technical assistance needs of local environmental health professionals and their potential for participating in a network of local environmental health professionals from LHDs; and (4) identify the benefits of building a national network of local environmental health professionals. .
- **Intended use of the resulting data:** CDC will use the resulting data to develop and support a local environmental health collaboration among local environmental health professionals with the intent to address the needs and priorities of local environmental health professionals (e.g. resource sharing lessons learned, coaching/mentoring, etc.).
- **Methods to be used to collect:** Web-based assessment; convenience sampling
- **The subpopulation to be studied:** 500 local environmental health professionals working at LHDs
- **How data will be analyzed:** Descriptive statistics and cross tabulations using the statistical software package STATA.

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, expiration 3/31/2018. The respondent universe for this information collection aligns with that of the O2C2. Data will be collected from 500 environmental health professionals within local health departments (LHDs) across the United States (U.S.) (see, **Attachment A - Local Health Department Listing**). The term local environmental health professional will be used as an umbrella term to capture the varying specific titles of potential respondents. Typical job functions for environmental health professionals vary and can include but are not limited to: supervising all environmental health services; supervising a certain division within environmental health; ensuring organizations are in compliance with federal and internal health and safety rules; assessing potential environmental health and safety impacts and assess the extent of damage and impact of environmental health accidents and emergencies; and conducting environmental health inspections and related activities for settings not limited to food establishments, hotels, swimming pools, hospitals, etc. The National Association of County and City Health Officials (NACCHO) will collect data from the 500 environmental health professionals within these local health departments through various venues further described in statement B.

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241)¹, see **Attachment B – Authorizing Law**. This information collection falls under the essential

public health service(s): 4) Mobilizing community partnerships to identify and solve health problems and 8) Assuring a competent public health and person health care workforce.

- 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

Environmental health is a branch of public health that is concerned with all aspects of the natural and built environment that may affect human health. This includes a person's quality of life, which is determined by physical, chemical, biological, social and psychosocial factors in the environment.² Federal efforts exist to address environmental health issues and their impact on human health. For example, the Centers for Disease Control and Prevention (CDC) is charged with the mission of protecting people's health from environmental hazards in the air, water and the world that sustains human life.³ To accomplish this, CDC's National Center for Environmental Health (NCEH) investigates the relationship between environmental factors and health, develops guidance and builds partnerships to support healthy decision making. Although there are several existing federal efforts, local and state jurisdictions also play a critical role in addressing environmental health issues.

At the local level, NACCHO represents over 2,800 LHDs and works with the LHDs to promote national policy, develop resources and programs.⁴ Through their work with LHDs, NACCHO has learned that networks at the local level are integral for sharing resources, lessons learned, coaching/mentoring with other environmental health professionals, especially when LHDs are faced with budget constraints. According to findings from NACCHO's 2015 Forces of Change Survey, nearly one-quarter reported a lower budget in 2015 than 2014. These budget realities have also forced LHD leaders to value budget management skills in their professional public health staff. LHDs have also been faced with streamlining or eliminating essential public health programs. NACCHO's Forces of Change survey helped to identify these challenges and new opportunities and served as one mechanism to keep LHDs informed of the various challenges and potential solutions for overcoming budgetary and other challenges⁴.

At the state level, the Association of State and Territorial Health Officials (ASTHO) represent public health agencies in the U.S. Territories, the District of Columbia and over 100,000 public health professions within the agencies. Working with chief health officials of each jurisdiction, ASTHO

strives “to transform public health within states and territories to help members dramatically improve health and wellness.”⁵ Within ASTHO, the State Environmental Health Directors⁶ (SEHD) are organized as an informal peer group and works directly with state and territorial health officials. The overarching goal of the SHEDs is to provide a forum where key and emerging environmental issues at the state level can be discussed and best practices shared.⁷ Through a separate cooperative agreement, CDC’s NCEH currently supports ASTHO’s SEHD and has found that by supporting this informal peer group at the state level, the SEHD has increased its’ capacity to:

- Develop a national identity and unified voice for state environmental public health practice;
- Foster new and maintain existing relationships and communication among states and partners; and
- Share and discuss key and emerging environmental health issues in a more efficient and timely manner.

CDC’s NCEH currently supports ASTHO’s SEHD through a cooperative agreement. Given this support environmental health professionals at the state level have access to their peers from other states to meet technical assistance needs and share resources. However, an analogous peer group with a focus at the local level does not exist. Given that there are over 2,500 local environmental health departments throughout the U.S. of which most, if not all, are members of NACCHO, CDC’s NCEH has entered into a cooperative agreement with NACCHO to collect the data described in this information collection request (ICR). NACCHO’s expertise and experience with LHDs will be beneficial to CDC’s NCEH and is critical to inform the development of the national network at the local level. As with ASTHO’s SEHD, CDC’s NCEH would provide support through a cooperative agreement for convening a national network of local environmental health professionals. Convening such a network would enhance collaboration not only on a local level but it would also help to inform relative state and federal budget concerns that have potential to effect all those in the local environmental health communities. The network would provide an opportunity for many local environmental health professionals to share emerging issues in their respective areas, lessons learned and calendars of relevant events. The network may also provide opportunities for some local environmental health professionals to provide technical assistance to other LHDs facing similar environmental health issues which could lead to an overall enhanced public health preparedness. See **Attachment C - Madison County LHD Example**.

The purpose of this collection is to inform the development of a national network of local environmental health professionals. Specifically, the data collection will: (1) assess the need for a systematic network of local environmental health professionals; (2) identify how a network would be organized to best serve local environmental health professionals; (3) identify the current technical assistance needs of local environmental health professionals and their potential for participating in a network of local environmental health professionals; and (4) identify the benefits of building a national network of local environmental health professionals.. CDC will use the resulting data to develop and support a local environmental health collaboration among local environmental health professionals with the intent to address the needs and priorities of local environmental health professionals (e.g. resource sharing lessons learned, coaching/mentoring, etc.).

Overview of the Information Collection System

Data will be collected via a web-based questionnaire allowing respondents to complete and submit their responses electronically (**Attachment D-EHCA Word Instrument** and **Attachment E-EHCA Web Instrument**). The online instrument will be used to gather information from environmental health professionals regarding their needs and feedback as it pertains to the development of representative network of local environmental health professionals. NACCHO has pilot tested the data collection instrument with nine public health professionals. Feedback from the pilot test 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 22 questions [dichotomous (yes/no), multiple response and open-ended items]. An effort was made to limit questions requiring narrative responses from respondents whenever possible. The instrument will collect information on the following domains:

- **Respondent's professional role and jurisdiction characteristics where employed**
Questions 1-6 will provide demographic information related to jurisdiction size, professional title and function and health organization type (i.e. environmental health department within the larger local health department or environmental health department separate from the larger local health department).
- **Current connectivity among local environmental health professionals;**
Questions 7-16 explore whether respondents are currently connecting with other environmental health professionals. If yes, in what type of forum, when, how frequent, who (local, state, regional, national) and types of information shared, barriers and facilitators.
- **Purpose of a potential national network of local environmental health professionals;**
Questions 17 and 18 explore how the respondent would participate in the national network (i.e. workgroups, virtual meetings, collaboration) and in what ways would the respondent be most likely to participate (i.e. workgroups, virtual meetings, collaboration).
- **Structure of a potential national network of local environmental health professionals;**
Questions 19 and 20 gathers information on how the network should be structured (i.e. frequency of connecting and who should participate (i.e. peers in the same city/county/state/national level/combination).
- **Perceived impact of a potential national network of local environmental health professionals;**
Questions 21 and 22 will explore the benefits of developing and convening a network and anticipated outcome.

2. Purpose and Use of the Information Collection

The purposes of this collection are to: (1) assess the need for a systematic network of local environmental health professionals; (2) identify how a network would be organized to best serve local environmental health professionals; (3) identify the current needs of local environmental health professionals and their potential for participating in a network of local environmental health professionals; and (4) identify the benefits of building a national network of local environmental health professionals.

CDC will use the resulting data to assess the need for a national network of local environmental health department professionals and to identify the structure of the network and anticipated outcomes. CDC will use the resulting data to develop and support a local environmental health collaboration among local environmental health professionals with the intent to address the needs and priorities of local environmental health professionals (e.g. resource sharing lessons learned, coaching/mentoring, etc.), and determine if and how a national network of local environmental professionals could be supported by CDC's NCEH to increase capacity needed to protect human health from existing and future environmental threats.

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.

4. Efforts to Identify Duplication and Use of Similar Information

Based on discussion with NACCHO, the nation's professional association for local level public health practitioners, this information collection about a local level peer network has not been collected previously and a network as described does not exist. The informational collection tool is not duplicative of previous work and asks unique questions. The information collected will be useful to both CDC and to NACCHO for planning purposes and establishing an effective and productive network of local environmental health professionals to better address existing and emerging environmental health needs at the local level.

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. The consequences of not collecting this information would lead to the failure to:

- Identify and understand the needs of local environmental health professionals and potential level of participation in a network;
- Understand how CDC can best support and build the capacity of local environmental health professionals (i.e. technical assistance, training, networking opportunities, etc.); and
- Convene a productive forum that would meet the needs of local environmental health professionals and would allow for networking, sharing lessons learned and prevention strategy related to environmental health issues at the local level.

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. Protection of the Privacy and Confidentiality of Information Provided by 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. The data will not contain any personal identifying

information and will be kept secure on a password protected computer in a network with a firewall. Only NACCHO, CDC and Project Y Evaluation Services, LLC will have access to the data for analysis.

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 nine public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions and gathering needed information for completing the assessment was approximately 10 minutes (range: 10 to 15 minutes). For the purposes of estimating burden hours, the upper limit of this range, 15 minutes is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for Medical and Health Services Managers http://www.bls.gov/oes/current/oes_nat.htm. Based on DOL data, an average hourly wage of \$[50.99] is estimated for all [500] 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
EHCA Word Instrument	Local Environmental Health Professionals	500	1	15/60	125	\$50.99	\$6,374
	TOTALS						\$6,374

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. NACCHO is funded under a cooperative agreement 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 NACCHO. The total estimated cost to the federal government is \$126,920.00. Table A-14 describes how this cost estimate was calculated.

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

Staff (FTE) or Contractor	Average Hours per Collection	Average Hourly Rate	Average Cost
Health Scientist (GS-12) Cooperate agreement technical monitor. Instrument development, data analysis, report preparation	20	\$46	\$920.00
Public Health Analyst (GS-13) Instrument development, data analysis, report preparation	20	\$50	\$1,000.00
NACCHO Contract (4 individuals) -Lead Research Scientist - Program Analyst - Director - Evaluator			\$125,000.00
Estimated Total Cost of Information Collection			\$126,920.00

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Environmental health professionals will have a time period of approximately 4 weeks to complete the assessment tool. If needed, NACCHO will extend the assessment period by 2 weeks to obtain respondents. NACCHO will end the data collection once 500 respondents have completed the assessment or within the specified time period. Upon completion, data collected will be analyzed using STATA (descriptive statistics and cross-tabulations), data will be used in aggregate format and will not contain any personal identifying information. NACCHO and CDC will develop a final report which will be shared CDC senior leadership to make final decisions about forming the network. The report will also be shared with an expert panel of environmental health professionals that NACCHO will convene for a one day in-person meeting. The purpose of the meeting will be to discuss the assessment results and use the results to inform the structure of the network,

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 4 to 6 weeks)
- Code, quality control, and analyze data..... (3 weeks)
- Prepare reports (3 weeks)

- Disseminate results/reports (4 weeks)
**Reminder email at 2 weeks and 2 days prior to the end of the data collection period*

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

Attachment A – Local Health Department Listing

Attachment B – Authorizing Law

Attachment C – Madison County Health Department Example of Need for Developing a Network of
Local Environmental Health Professionals

Attachment D – EHCA Word Instrument

Attachment E – EHCA Web Instrument

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.

² Prüss-Üstün, A., & Corvalán, C. (2006). Preventing Disease through Healthy Environments: Towards an estimate of the environmental burden of disease. Retrieved March 4, 2006, from http://www.who.int/quantifying_ehimpacts/publications/preventingdisease.pdf

³ National Center for Environmental Health. (2016, March 11). Retrieved March 14, 2016, from <http://www.cdc.gov/nceh/>

⁴ National Association of County and City Health Officials Forces of Change Report (2015). Retrieved March 29, 2016 from <http://www.naccho.org/about>

⁴⁵ National Association of County and City Health Officials Forces of Change Report (2015). Retrieved March 29, 2016 from <http://nacchoprofilestudy.org/wp-content/uploads/2015/04/2015-Forces-of-Change-Slidedoc-Final.pdf>

⁵⁶ Association for State and Territorial Health Officials. (2016). Retrieved March 4, 2016, from <http://www.astho.org>

⁶⁷ State Environmental Health Directors. (2016). Retrieved April 11, 2016, from <http://www.astho.org/programs/environmental-health/state-environmental-health-directors/>