

Awareness and Practice of Disaster Risk Reduction for Health: A National Assessment

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

Submitted: [May 17th, 2016](#)

Program Official/Project Officer

Mollie Mahany, MPH

Public Health Advisor

CIO: Office of Non-communicable Diseases, Injury, and Environmental Health, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry, Office of the Director
Office of Environmental Health Emergency Management

Address: 4770 Buford Highway, NE, MS F-09, Atlanta, GA 30341

Phone: 770 488-0518

Email: mmahany@cdc.gov

Table of Contents

Section B – Information Collection Procedures.....	3
1. Respondent Universe and Sampling Methods.....	3
2. Procedures for the Collection of Information.....	3
3. Methods to Maximize Response Rates Deal with Nonresponse.....	4
4. Test of Procedures or Methods to be Undertaken.....	4
5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data.....	4

LIST OF ATTACHMENTS – Section B

Section B – Information Collection Procedures

1. Respondent Universe and Sampling Methods

The respondent universe for this information collection includes 56 (50 states, 5 territories, and the District of Columbia) state and territorial health departments funded under the CDC Public Health Emergency Preparedness (PHEP) cooperative agreement. Respondents from the selected states and territories will consist of public health preparedness program directors, or their designee, acting in their official capacities.

There are a total of 62 state, local, and territorial health department grantees. Of the 62 total state, local, and territorial health departments that were funded by PHEP, 56 (50 states, 5 territories, and the District of Columbia) were selected for inclusion in this information collection. The decision to select 56 out of the 62 jurisdictions was purposeful. CDC and ASTHO chose to exclude the remaining 6 PHEP funded metropolitan areas due to the fact that they reside within states already being assessed. Participants were selected based upon the fact that they are the primary recipients of federal funding for public health preparedness in the US and are, therefore, the most knowledgeable about the information being collected in this assessment.

We anticipate a response rate of approximately 80-90%. Should any of the 56 state program directors not respond to the invitation within one week of the initial notification e-mail, they will receive a reminder email (see **Attachment E—Reminder Email**) urging them to complete the assessment.

2. Procedures for the Collection of Information

Information will be collected through a one-time web-based assessment. A notification email (see **Attachment D—Introduction Email**) will be sent by ASTHO to the state Program Directors. The notification email will explain:

- The purpose of the assessment, and why their participation is important
- Method to safeguard their responses
- That participation is voluntary
- The expected time to complete the assessment (i.e., 2 weeks)
- Contact information for the assessment team

The introduction email will also include instructions for participating and a link to the survey.

Following the introduction e-mail, Program Directors who do not respond within 1 week will receive a reminder email (see **Attachment E—Reminder Email**) urging them to complete the assessment. Three days following the reminder email, remaining non-responders will receive a reminder phone call requesting their participation (see **Attachment F—Reminder Phone Call Script**). Those who do not respond within four days from the reminder phone call, or the end of the

two week survey period, will be considered non-responders. Program Directors who decline to participate outright will receive an email requesting they delegate the task to an appropriate designee. If the request to provide a designee is also declined, the director will receive no further communication.

Once the 2 week survey period has closed, ASTHO will send the de-identified survey data set to CDC for analysis. All responses will be analyzed using Microsoft Excel to gather descriptive statistics. Data from the participant responses will be stored in a secure database maintained by CDC. Upon completion of data analysis, CDC will utilize the de-identified data to draft a report summarizing the results for distribution to CDC leadership, survey respondents, and various CDC stakeholders. CDC will also explore additional opportunities for presenting and publishing information collection findings following completion of the analysis and reporting activity.

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the assessment is voluntary, every effort will be made to maximize the rate of response.

Following the introductory e-mail (see **Attachment D—Introduction Email**), program directors will have two weeks to complete the survey. Those who do not respond within one week will receive a reminder email from ASTHO (see **Attachment E—Reminder Email**). 3 days following the reminder email, remaining non-responders will receive a reminder phone call requesting their participation (see **Attachment F—Reminder Phone Call Script**). Those who do not respond within four days from the reminder phone call will be considered non-responders.

4. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the information collection instrument by 4 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 8.5 minutes (range: 7 to 10 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 10 minutes) is used.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Mollie Mahany
Public Health Advisor
Centers for Disease Control and Prevention
Office of Environmental Health Emergency Management

Work: (770) 488-0518

Email: heu0@cdc.gov

Miguel Cruz

Emergency Operations Officer

Centers for Disease Control and Prevention

Office of Environmental Health Emergency Management

Work: (770) 488.3637

Email: mgc8@cdc.gov Gerrit Bakker

Senior Director, Public Health Preparedness

Association of State and Territorial Health Officials (ASTHO)

Work: (202) 590-8518

Email: gbakker@astho.org

Alison Brooks

ORISE Fellow

Centers for Disease Control and Prevention

Office of Environmental Health Emergency Management

Mobile: (919) 696-6121

Email: lqa3@cdc.gov

Rosemary Pearson-Clarke

ORISE Fellow

Centers for Disease Control and Prevention

Office of Environmental Health Emergency Management

Mobile: (770) 380-6115

Email: ygs1@cdc.gov

LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

- D. Attachment D- Introduction Email**
- E. Attachment E- Reminder Email**
- F. Attachment F- Reminder Phone Call Script**