Supporting Statement Part A for

Examining How Local Public Health Departments Can Leverage Age-Friendly Cities Initiatives to Build Resilience in Elderly Populations

Version 4

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- The data resulting from this study will be used to provide guidance to Local Health Departments for improving their engagement with AFIs and SVs.
- The proposed study will outline where current AFIs and community resilience (CR) efforts align; conduct 61 interviews in AFIs and SVs across the U.S. to understand relationships with Local Health Departments (LHDs); clarify the process through which policymakers can incorporate CR into AFIs; survey 31 test sites in a quasi-experimental design of AFIs currently underway; and develop a toolkit to help LHDs identify the need for AFIs, evaluate and monitor AFIs ability to improve resilience, develop effective and efficient partnerships with AFIs to expand AFI-LHD efforts across the U.S to build CR.
- This collection has two components: (1) telephone interviews with AFI staff, SV Directors and LHD Representatives, and (2) telephone surveys of adults aged 65+ in these communities or in a matched control group.
- The subpopulations to be studied are AFI staff, SV Directors, LHD representatives, adults aged 65+ living in SVs and a matched control group.
- Qualitative data management software (Atlas ti) will be used to analyze interview data. Survey data will be analyzed using a boosted regression methodology.

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control (CDC) request a 24 month clearance from the Office of Management and Budget (OMB) for a new information collection request under the Paperwork Reduction Act of 1995 for examining how local public health departments can leverage Age-Friendly communities to build resilience in elderly populations.

Despite considerable progress in efforts to define and build community resilience (CR), critical gaps remain in addressing the needs of older adults (age 60+). This group is expected to rise to 25% of the U.S. population by 2050. Age Friendly Initiatives (AFIs), including Senior Villages (SV) represent a promising strategy for U.S. communities and cities to support older adults aging in place, and could potentially build CR. However, few AFIs have wholly incorporated the critical element of emergency preparedness and resilience. Even when these domains have been included, there is no evaluation of whether these efforts have resulted in improved resilience outcomes among seniors (e.g., greater self-sufficiency).

This study will quantify the contribution that AFIs and SVs have made to improving resilience outcomes for older adults and provide guidance to local health departments (LHDs) for improving their engagement with AFIs/SVs through three key aims.

Aim 1: Assess the variability in implementation of AFIs/SV and the effects of that variability on the capacity of each type of community to build resilience.

Aim 2: Assess the efficacy of AFIs/SVs to improve the resilience of the public health system and seniors' social connectedness, self-sufficiency, emotional wellbeing, and their attention to health needs.

Aim 3: Develop a web-based toolkit for policymakers in state and local public health, healthcare, and other service delivery systems relevant to older adults.

The proposed study will outline where current AFIs and CR efforts align; conduct 61 interviews in AFIs and SVs across the U.S. to understand relationships with LHDs; clarify the process through which policymakers can incorporate CR into AFIs; survey 31 test sites in a quasi-experimental design of AFIs currently underway; and develop a toolkit to help LHDs identify the need for AFIs, evaluate and monitor AFIs ability to improve resilience, develop effective and efficient partnerships with AFIs to expand AFI-LHD efforts across the U.S to build CR.

The data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241), included in this request as Attachment A – Authorizing Legislation.

2. Purpose and Use of the Information Collection

The information collected in this study will inform a journal manuscript and a web-based toolkit for policymakers in state and local public health, healthcare, and other service delivery systems relevant to older adults.

The information collected in this study will be used to address three of the research gaps noted in the CDC Broad Agency Announcement: (1) develop and validate systems and tools to measure CR; (2) determine the efficacy of the myriad resilience-building programs in existence and to inform development of novel programs; (3) assess the impact of new policies aimed at enhancing health resilience (i.e., AFI policy) and an updated set of American Association of Retired Persons (AARP) and Mobilizing for Action Through Planning and Partnerships (MAPP) guidelines that includes AFI-LHD resilience outcomes.

The resulting knowledge and tools would inform how LHDs partner with AFIs and SVs to advance resilience planning and strengthen linkages between LHDs and social service agencies that serve older adults. These partnerships represent a key group from the CDC list of sectors required for community preparedness and recovery in the Public Health Emergency Preparedness and Hospital Preparedness Program capabilities. Through these important partnerships, LHDs will be able to determine how viable AFIs/SVs are for disseminating emergency preparedness information and training and how well they are able to address the needs of seniors during an emergency event. Additionally, LHDs will begin to explore ways that these partnerships may be used to support the range of public health activities from emergency preparedness to health promotion. For CDC, the findings of this study could also inform LHD guidance about how to engage older adults in AFIs and SVs; however, this guidance could potentially be transferable to other settings.

3. Use of Improved Information Technology and Burden Reduction

A variety of modes will be used as part of a data collection strategy, all of them employing some form of information technology (IT). For telephone interviews, information will be collected according to an interview guide and entered by the interviewer into an electronic file. Surveys will be administered as

computer-assisted telephone interviews that will include computer generated skip patterns that eliminate unnecessary questions to respondents. Members of the study team will use state-of-the-art computer systems to organize and analyze the information collected.

4. Efforts to Identify Duplication and Use of Similar Information

There are no similar data available for use in this study. While AFIs are on the rise, there has been no evaluation to date on whether these efforts have resulted in improved resilience outcomes among seniors. This claim is made on the basis of literature search, conference attendance and communication with leaders of organizations that focus on senior issues. For the first time, this study will quantify the contribution that AFIs have made to improving resilience outcomes for older adults and provide guidance to local health departments for improving their engagement with AFIs.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

This request is for a one time information collection. Not collecting this information will limit our understanding of efforts to incorporate emergency preparedness and resilience in AFI communities, and where these efforts may have resulted in improved resilience outcomes among seniors. We will be limited in our understanding of relationships of AFI communities with LHDs and the process through which policymakers can incorporate CR into AFIs, and delay possibility of expanding AFI-LHD efforts across the U.S to build community resilience.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This study does not involve and special circumstances relating to the Guidelines of 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 60-day Federal Register Notice was published in the Federal Register on [April 8 2015, vol 80, no 67, pp. 18846-18848] (see Attachment B). There were no public comments. There were no efforts to consult outside the agency.

9. Explanation of Any Payment or Gift to Respondents

Older adults that complete the telephone survey will be offered a $20 incentive. The reason we are offering older adults an incentive is to increase participation rate. A negative relationship between response rate and age has been identified in the survey methods and gerontological literature (e.g., Groves and Couper, 1988, Herzog and Rogers, 1988, Redpath and Elliot, 1988). A recent study by Murphy et al. (2008) suggests that offering modest incentives (i.e., $20-30) can improve response rates

for older adults (age 50+ years). All other respondents will not be offered payment or gift for their participation in surveys or interviews.

Groves, R., and M. Couper. (1998). *Nonresponse in Household Interview Surveys*. New York: Wiley.

Herzog, A. R. and Rodgers, W. (1988). Age and response rates to interview sample surveys. *Journal of Gerontology 43*: S200–S205.

Murphy, J., Schwerin, M, Eyerman, J., and Kennet, J. (2008). Barriers to survey participation among older adults in the National Survey on Drug Use and Health. *Survey Practice* 1 (2):25-32.

Redpath, B. and D. Elliot. 1988. National food survey: a second study of differential response, comparing census characteristics of nfs respondents and non-respondents; also a comparison of NFS and FSs response bias. *Statistical News*, *80:* 6–10.

10. Assurance of Confidentiality Provided to Respondents

Respondents are informed during the active consent procedures that their responses will be secure and only used by the study team for research purposes (Attachment C, D, E, & F). We also inform respondents that we will not link their name to the information that they provide.

10.1 Privacy Impact Assessment

This submission has been reviewed by the OPHPR Paperwork Reduction Act contact and it has been determined that the Privacy Act does not apply. To enable the interview and telephone survey processes, the following information in Identifiable Form (IIF) will be used: Names, addresses, email addresses, and telephone numbers. However, we will not be linking interview or survey responses to this personal information.

Data will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

Participants will be informed that providing information is voluntary as shown in Attachment C, D, E &F. Participants will be given an opportunity to consent to sharing and submitting information as shown in Attachment C and Attachment D, E, & F.

Interviews will be conducted by members of the study team. Surveys will be administered by ISA, a reputable survey vendor, with information securely transmitted to the RAND study team. To enable the interview and telephone survey processes, the following information in Identifiable Form (IIF) will be used: Names, addresses, email addresses, and telephone numbers. Information will be maintained for the duration of the study, and available only to study team members for purposes of analysis. Printed documents containing personal information will be maintained in locked file cabinets when not in use, and digital information will be maintained on password protected computer systems. Personal information will be destroyed after the study concludes.

A system of records is not being created for this study.

Institutional Review Board (IRB) review has completed for this study. An IRB Exemption Letter is included as Attachment J.

11. Justification for Sensitive Questions

We include two potentially sensitive questions on the survey of older adults. There is one question on the survey that asks about whether participants have any addictions including drugs or alcohol. This question is part of a validated scale of emotional wellbeing, which is a key outcome we are measuring with this study. We also ask one question about whether participants have any chronic medical or mental health conditions. This demographic question is intended to help us understand the potential needs that an individual may have during a disaster and inform our analysis about the preparedness measures an individual has taken (e.g., if they have a chronic medical or mental health issue that requires medication - do they have a 3 day supply ready in the event of a disaster).

12. Estimates of Annualized Burden Hours and Costs

This collection has two components: (1) telephone interviews with Age-Friendly Initiative staff, Senior Village Directors and Local Health Department Representatives, and (2) telephone surveys of adults in these communities. We anticipate a response rate of 52% for the telephone survey so to reach the needed sample size we will need to contact 1,491 older adults annually. 716 of these older adults will be screened out due to refusal or non-response. We display the older adults that screened out separately from the older adults that participate in the survey in Exhibit 1. Exhibit 1 summarizes the estimated annualized burden for each of these data collection activities. Time estimates are based on pilot test results of the collection instruments.

Exhibit 1: Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Age Friendly Initiative Staff	Attachment D -Interview Guide for Age Friendly Initiative Staff	16	1	30/60	8
Senior Village Director	Attachment E - Interview Guide for Senior Village Director	15	1	30/60	8
Local Health Department Representative	Attachment F - Interview Guide for Local Health Department Representative	8	1	30/60	4
Older Adult--Screened Out	Attachment C – Survey for Older Adults	716	1	2/60	16
Older Adult--Participant	Attachment C – Survey for Older Adults	775	1	20/60	256

Total		1530			292

From Exhibit 1, the total burden hours of data collection activities for this study is 292 hours. Exhibit 2 shows the estimated annualized costs of the data collection activities described above. From Exhibit 2 the total estimated annualized burden cost of data collection for this study is $13,510.51.

Exhibit 2: Estimated Annualized Burden Costs

Type of Respondent	Form Name	Number of Respon-dents	Number of Respon-ses per Respon-dent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate*	Total Respondent Costs
Age Friendly Initiative Staff	Attachment D - Interview Guide for Age Friendly Initiative Staff	16	1	30/60	8	$29.34	$234.72
Senior Village Director	Attachment E - Interview Guide for Senior Village Director	15	1	30/60	8	$29.34	$234.72
Local Health Department Representative	Attachment F - Interview Guide for Local Health Department Representative	8	1	30/60	4	$42.28	$169.12
Older Adult--Screened Out	Attachment C - Senior Village Survey	716	1	2/60	16	$22.77	$364.32
Older Adult--Participant	Attachment C - Survey for Older Adults	775	1	20/60	256	$22.77	$5,829.12
Total		1530			292		$6,832.00

*National Compensation Survey: Occupational Earnings in the United States, 2010, Table 3, U.S. Department of Labor, Bureau of Labor Statistics.

13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no other cost burdens to respondents and record keepers for this data collection.

14. Annualized Cost to the Federal Government

The annual total cost of data collection by the contractors is $289,962.

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Exhibit 3 illustrates the timeline for activities related to this collection, including recruitment of participants, data collection, data analysis, and publication.

Exhibit 3. Project Timeline

Activity	Time Schedule
Recruitment a. Interviews b. Survey	 1 month after OMB approval 9 months after OMB approval
Data Collection a. Interviews b. Survey	 3-9 months after OMB approval 9-15 months after OMB approval
Data Analysis a. Interviews b. Survey	 6-12 months after OMB approval 12-18 months after OMB approval
Publication	21 months after OMB approval

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not appropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.