

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1050)

TITLE OF INFORMATION COLLECTION: Disaster Response Training Needs Assessment

PURPOSE: The purpose of this activity is to identify disaster response training needs, priorities, and existing resources of jurisdictions impacted by the 2017 Hurricanes Harvey, Irma, and Maria in Puerto Rico, Louisiana, Florida, Georgia, and Texas.

The questionnaire will be administered online using SurveyMonkey®. A link to the questionnaire will be emailed to public health department employees involved in disaster response in the above jurisdictions.

The questionnaire contains demographic questions, such as role, current employment, and number of years working in the public health field, which will help to understand the types of roles of the people who completed the survey. The questionnaire also contains a series of Likert-scale questions that ask individuals to indicate how much training they need and their level of confidence regarding core competencies for disaster response tasks. Other questions include training preferences such as preferred formats for trainings.

Collection of this information will help CDC develop a plan to address disaster response training and education needs in jurisdictions impacted by the 2017 Hurricanes Harvey, Irma, and Maria in Puerto Rico, Louisiana, Florida, Georgia, and Texas. Conducting a needs assessment will help ensure that training and education efforts are appropriate for the target audience.

DESCRIPTION OF RESPONDENTS:

Individuals taking part in the needs assessment include public health department employees involved in disaster response in Puerto Rico, Louisiana, Florida, Georgia, and Texas jurisdictions impacted by the 2017 Hurricanes Harvey, Irma, and Maria.

TYPE OF COLLECTION: (Check one)

- | | |
|------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: _____

To assist review, please provide answers to the following question:

Personally Identifiable Information:

- 1. Is personally identifiable information (PII) collected? [] Yes [X] No
- 2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [] Yes [] No
- 3. If Applicable, has a System or Records Notice been published? [] Yes [] No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Health Professionals	1000	20 minutes	333 hours
Totals			333 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$25,000. This estimate is based on contractor support for survey development, data collection, data analysis, and report preparation.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

- 1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
[X] Yes [] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The respondents will include public health department employees involved in disaster response in Puerto Rico, Louisiana, Florida, Georgia, and Texas jurisdictions impacted by the 2017 Hurricanes Harvey, Irma, and Maria that are funded through the CDC cooperative agreement (1 NU1ROT000004-01-00). The technical lead for this cooperative agreement will assist with identifying and providing email addresses for public health department employees involved in disaster response in these jurisdictions.

Administration of the Instrument

- 1. How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Attachments:

Attachment 1 – Needs Assessment (text)

Attachment 2 – Needs Assessment (screenshots)