

Attachment G. Request for Approval under Generic Clearance for CASPER Data Collections

REQUEST FOR APPROVAL UNDER THE GENERIC CLEARANCE FOR COMMUNITY ASSESSMENT FOR PUBLIC HEALTH EMERGENCY RESPONSE (CASPER) DATA COLLECTIONS (0920-1036)

Instruction: This form should be completed by the primary contact person from the CDC CIO that will be sponsoring the investigation.

DETERMINE IF YOUR INVESTIGATION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM:

Instruction: Before completing and submitting this form, determine first if the proposed investigation is appropriate for the CASPER Generic ICR mechanism. Complete the checklist below. If you select “yes” to all criteria below, the CASPER Generic ICR mechanism can be used.

Criteria
Request is for a Community Assessment for Public Health Emergency Response (CASPER). [X] Yes [] No
CASPER methodology (probability-based, two stage 30x7 cluster sampling methodology and administration of the questionnaire at the household level) for sample selection and data collection, or an approved alternative (e.g., oversampling, selecting more than 30 clusters, or census) will be utilized. [X] Yes [] No
CDC assistance is requested by one or more external partners (e.g., local, state, tribal, military, port, other federal agency, or international health authority or other partner organization). [X] Yes [] No
One or more CDC staff (including trainees and fellows) will be deployed to the field. [X] Yes [] No
Data collection will be completed in 180 days or less. [X] Yes [] No
The data collection instruments can and will be administered in-person. [X] Yes [] No

Did you select “Yes” to all criteria above? Yes

If yes, the CASPER Generic Clearance ICR might be appropriate for your investigation. → You may proceed with this form.

If no, the CASPER Generic ICR is not appropriate for your investigation. → Stop completing this form now.

TITLE OF INFORMATION COLLECTION: Community Assessment for Public Health Emergency Response (CASPER) addressing the California Drought – Mariposa County, 2016

DESCRIPTION OF THIS SPECIFIC COLLECTION

1. Problem to be Investigated: California is currently experiencing a severe drought. Drought can have a substantial impact on the economy, the environment, and the affected communities, leading to both direct and indirect public health consequences. In Mariposa County, the drought has had a severe impact on the forests, resulting in thousands of acres of dying or dead trees. The response effort is ongoing. The Mariposa County Health Department and the California Department of Public Health (CDPH) is conducting a CASPER to assess the continued effects of the drought on the community. The results generated from this survey will be collected and analyzed to enhance drought-related response efforts. The CASPER will assess sources, quality, quantity, and ease of access to water before and during drought; communication practices and preferences; household knowledge, attitudes, and beliefs about drought and its mitigation; perception of the impact of drought on physical and mental health; financial impact of drought; and prevalence of behaviors that can make households more at-risk for drought-related health effects (for example, not washing hands because of water scarcity). CDC/HSB will provide technical assistance with preparing for the CASPER (e.g., questionnaire development), a 3-hour just-in-time training for CASPER teams, and data collection, entry, analysis, and reporting. CDC is also providing funds via cooperative agreement to CSTE under CDC-RFA-OT13-1302 to provide scientific, administrative, and logistic support to conduct this drought-related CASPER. CSTE has contracted with Mariposa County Health Department, awarding approximately \$16,000 to support the CASPER (e.g., travel, salaries, field staff transportation, and field materials).

2. Characteristics of the Assessment:

24 hour approval is requested for this assessment.

72 hour approval is requested for this assessment.

Standard approval (within 5 business days) is requested for this assessment.

Instruction: If a 24- or 72-hour approval is requested, an explanation must be provided as to why it is needed. Specifically, CDC must make a case as to why collection must begin within 24 to 72 hours, and it must be related to a public health need.

The impact of drought is a White House priority issue. See attached White House Drought Plan and attached time line. Specifically, CDC has the responsibility to conduct two drought-related CASPERS as outlined in the National Drought Response Plan task tracker (attached and listed below). Note that the first CASPER must be completed by October 31, 2016.

- Conduct 2 CASPERS in drought-affected states, complete report summarizing drought-related CASPERS
 - Conduct 1st CASPER by October 31, 2016
 - Conduct 2nd CASPER by June 30, 2016
 - Complete report by August 31, 2016

The State of California has identified a public health emergency, drought, and needs to understand the public health implications. They have requested technical assistance to conduct a CASPER.

3. Location of Assessment: *Instruction: Indicate location where assessment will occur. If multiple locations, specify each one.*

State: California
 City/County (if applicable): Mariposa
 Country: United States

4. Agency Requesting Assistance/Name and Position Title of Requestor:

Agency: California Department of Public Health
 Name: Dr. Gill Chavez
 Position Title: State Epidemiologist and Deputy Director for Infectious Disease

Note: Attach the Letter of Invitation requesting support. The letter should include the following information: 1) background on the event and 2) request for CDC assistance. Sensitive information in the Letter of Invitation not appropriate for public dissemination should be redacted.

5. Respondents: *Instruction: Provide a brief description of your respondent population.*

The respondent universe comprises households in Mariposa County. Mariposa County is the sampling frame.

Note: Define sampling frame.

6. Selection of Respondents: *Instruction: Provide a brief description of how respondents will be identified and selected. Use as much space as necessary for the description.*

<i>Standard CASPER Selection Methodology</i>	<i>Other CASPER Selection Methodology</i>
The preferred sampling method for CASPER is a probability-based, two stage cluster design (30x7 cluster sampling methodology). In the first stage of selection, 30 clusters (e.g., census blocks) within the sampling frame are selected, with their probability for being chosen proportional to the estimated number of housing units in each cluster. In the second stage, each trained, two-person interview team applies systematic random sampling to select seven housing units for the purpose of conducting interviews in each of the 30 clusters.	<i>Please describe approved alterations (e.g., oversampling, selecting more than 30 clusters or census) in CASPER selection methodology used.</i>

The standard CASPER selection methodology, a probability-based two-stage cluster design, will be employed. In the first stage of selection, 30 clusters (e.g., census blocks) within the sampling frame were selected, with their probability for being chosen proportional to the estimated number of households in each cluster. In the second stage, each trained, two-person interview team applies systematic random sampling to select seven households for the purpose of conducting interviews in each of the 30 clusters. The goal is 210 interviews.

7. Data Collection Mode:

The survey methodology used for a CASPER lends itself to only one main mode of data collection, the in-person interview. Trained interview teams deploy into the field to select households within each cluster and obtain verbal consent from one resident aged 18 years or older in each selected household. After verbal consent is given, the interviewer reads the questions from the questionnaire aloud to the interviewee and records the interviewee’s responses on a paper. The majority of questions are close-ended (e.g., yes/no, multiple choice), but a few are open-ended allowing for free text answers. The average length of an interview is 30 minutes. After returning from the field, data are entered into a database (Epi Info) for cleaning and analysis.

Questionnaire responses will be collected on paper forms.

Questionnaire responses will be collected on electronic forms (*Please specify, e.g., laptops*).

8. Type of Information to be Collected: *Instruction: Please attach (draft) data collection forms (i.e., questionnaire).*

See attached draft forms.

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Households in the selected geographic area to be assessed	CASPER Questionnaire	1,260	1	30/60	630
	Referral Form	24	1	2/60	1
Total					631

9. Duration of Data Collection (number of days): 3 days

10. FEMA Coordination:

State Emergency Operations Center (EOC) is activated: Yes No

If yes, FEMA is involved in the disaster/emergency: Yes No

If yes, provide State public health department EOC liaison contact:

Name:

Title:

Contact:

INVESTIGATION LEAD: *Instruction: Indicate the name, title, and affiliation of the person who will be leading the investigation.*

Name: Eric Sergienko
Title: County Health Officer
Affiliation: Mariposa County Health Department

CDC SPONSORING PROGRAM AND PRIMARY CONTACT PERSON: *Instruction: Indicate the sponsoring CIO/Division/Branch for this investigation. Indicate the name, title, and contact information of the CDC Primary Contact Person for this investigation. Indicate the preferred method of contact during the OMB approval process. Note, contact person or a designee must be available during the OMB approval process in case questions arise.*

CIO/Division/Branch: NCEH/DEHHE/HSB

Name of CDC Sponsoring Program Primary Contact Person: Amy Helene Schnall, MPH

Title of CDC Sponsoring Program Primary Contact Person: Staff Epidemiologist

Contact Information: *Provide complete contact information. Check box for preferred method(s) of contact during the OMB approval process.*

Office phone: 770.488.3422

Home phone:

Cell phone/Blackberry:

E-mail: GHU5@cdc.gov

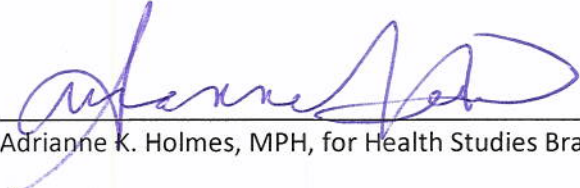
Other:

CERTIFICATION: Please read the certification carefully. Type your name to validate that you are providing certification. Note: If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved. Certification should be signed by the CDC Primary Contact Person for this Investigation.

I, Amy Schnall, certify the following to be true:

1. The collection is voluntary.
2. Respondents will not be personally identified in any published reports of the study.
3. Information gathered will be primarily used to inform effective response, recovery, preparedness, or mitigation measures.
4. No representative statistics will be collected.

CDC Sponsoring Program Primary Contact Name: _____


Adrienne K. Holmes, MPH, for Health Studies Branch

Date of Certification: 10-4-2016

REQUESTED APPROVAL DATE (MM/DD/YYYY): 10/8/16

DATE SUBMITTED TO INFORMATION COLLECTION REQUEST LIAISON (10/04/2016): *Instruction: Please indicate the date the request is submitted to the ICRL.*

E-mail the completed form to the Information Collection Request Liaison (ICRL), Stephanie I. Davis, at ncehomb@cdc.gov and sgd8@cdc.gov. If submitting outside business hours and immediate approval is needed, call 404-213-2967 to notify the ICRL of the submission.