Request for genIC Approval
"Participatory Mapping to Identify and Support at-Risk Populations in Emergency Preparedness"

0920-1154

CIO: Tracy N. Thomas, Senior Health Scientist, Office of Public Health Preparedness and Response

PROJECT TITLE:
"Participatory Mapping to Identify and Support at-Risk Populations in Emergency Preparedness" – Phase 2

PURPOSE AND USE OF COLLECTION:

The Office of Sciene and Public Health Practice (OSPHP) in the Office of Public Health Preparedness and Response (OPHPR) plays a vital role in improving the ability of Centers for Disease Control and Prevention (CDC) and its partners, including state and local health departments, emergency management organizations, and health care entities, to effectively prepare for and respond to public health emergencies and disasters. Part of this effort is accomplished by advocating and promoting consideration of the special needs of vulnerable populations during CDC's public health emergency mitigation, preparedness, response, and recovery efforts. It is through funding opportunities and collaborations that OSPHP is able to harness scientific research and innovation to enhance preparedness and response, especially for the most vulnerable of populations.

At-risk populations, defined by CDC as "those groups whose needs are not fully addressed by traditional service providers or who feel they cannot comfortably or safely access and use the standard resources offered in disaster preparedness, relief, and recovery" are ,arguably, most susceptible and vulnerable to adverse outcomes following an emergency or disaster. Levels of vulnerability relative to hazard and exposure vary, both within and across communities and segments of the population. Local agencies play a critical role in addressing the needs of at-risk populations in the preparation and response to emergencies. However, this role is often conducted with uncertainty, as there is limited knowledge regarding the best methods to identify and contact specific segments of the population, access community assets, and build effective strategies for community partnerships. This uncertainty causes unnecessary and harmful variations in public health performance, which perpetuates the "progression of vulnerability."

In collaboration with the Harvard T.H. Chan School of Public Health's Emergency Preparedness Research, Evaluation & Practice Program (www.hsph.harvard.edu/preparedness), OSPHP, seeks to engage community leaders to develop a knowledge base on specific local vulnerable populations and the available assets in the community in an effort to develop best practices for meeting the needs of at-risk populations in preparation and response to an emergency. Specifically, the project encompasses formative research to support 1) development of best practices and strategies to support emergency preparedness program activities designed to meet the needs of vulnerable populations during or after a disaster; 2) development of a new

mobile app tool that relies upon the creation of new participatory mapping methodology process for mapping community preparedness assets; and 3) development and assessment of a tabletop exercise to test the impact of the participatory mapping results on the decision-making process of local agencies engaged in preparedness planning efforts. This project would thus aim to enhance the ability of local practitioners and policy makers to apply effective methods at identifying vulnerable and at-risk populations, and to increase the ability of these populations to prepare for, withstand, and recover from public health emergencies and disasters.

This formative research project requires the development and implementation of three data collection instruments in order to achieve the outlined goals. The first data collection instrument, approved May 5, 2017 through the Formative Research and Tool Development generic information collection request (GenIC), was administered to 100 community leaders to identify strategies and opportunities for linking available resources to existing needs to address vulnerable populations in preparation and response to emergencies. Findings from that instrument helped shape the development of a survey for community leaders to use for gathering local knowledge and resources for vulnerable communities in preparation and response for emergencies.

This second data collection GenIC submission is to hold group interviews for community leaders for their feedback on the survey and to gather information on methods used to identify at-risk populations and available community assets. The purpose of engaging the community leaders is to: 1) request that each community leader complete each data item in the survey; 2) elicit feedback on the format and readability of each data item; and 3) collect community leaders' assessment of their own ability/knowledge to provide an accurate answer to each data item through a rating system.

This data collection will provide CDC and its emergency preparedness and response partners with the information on best strategies for integrating local knowledge into public health disaster decision-making processes and planning. Moreover, it is part of OSPHP's broad project portfolio to identify evidence-based interventions to mitigate adverse impacts on at-risk populations and identify information needs and optimal communication channels for reaching at-risk populations during emergencies.

DESCRIPTION OF RESPONDENTS:

Project staff from the Harvard T.H. Chan School of Public Health will conduct qualitative interviews in a group setting with community leaders from five collaborating community-based organizations (CBOs) about their first-hand knowledge of emergency preparedness needs at the community level. The collaborating CBOs include Santa Rosa County (Florida), San Juan (Puerto Rico), Charleston-Kanawha County (West Virginia), Boston (Massachusetts), and Brockton (Massachusetts).

The Harvard research team has pre-existing partnerships with these organizations, which serve at-risk populations through a wide range of public health emergencies due to their geographic locations (i.e. Zika in Puerto Rico, snow storms in Massachusetts, hurricanes in Florida, water contaminations in West Virginia). For example, the Cape Verdean Association in the city of Brockton, MA would help to identify specific

vulnerabilities within the Cape Verdean community. In Jamaica Plain in Boston, MA, the Somali Development Center would help to identify specific vulnerabilities within the Muslim Community. In Santa Rosa County, FL and San Juan, Puerto Rico, the Medical Reserve Corps units and faith-based organizations would help to identify specific vulnerabilities in the Latino community, with the unique added opportunity to gather such information in the context of the current response to the Zika outbreak. In Charleston, WV, the Charleston Area Medical Center (CAMC) Institute would help focus on the needs of people with addictive disorders.

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 <u>not</u> raise issues of concern to other federal agencies.
4. Information gathered will not be used to substantially inform influential policy decisions.
5. The study is not intended to produce results that can be generalized beyond its scope.

Name: ____Tracy Thomas_____

To assist review, please answer the following questions:

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 **NOT APPLICABLE**
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No **NOT APPLICABLE**

Gifts or Payments:

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

The Harvard T.H. Chan School of Public Health research group has sub-contracts with the participating CBOs. The CBOs will lead efforts in the identification of community leaders as survey respondents and provide incentives to augment recruitment efforts for a 90-minute in-person group interview session. A $30 incentive per person will be provided to participants for the group interview.

BURDEN HOURS

Category of Respondent	Form Name	No. of Respondents	Participation Time (minutes)	Burden in Hours
Individuals: Community leaders identified by local CBO partners	Interview questionnaire	75	90 minutes/ person	112.5 hours
Totals	**-**	**75**	**-**	**112.5 hours**

FEDERAL COST: No additional cost is incurred by the federal government. This cost is incurred by Harvard Chan staff as recipients of the *Broad Agency Announcement 2016-N-17770—Public Health Emergency Preparedness and Response Applied Research (PHEPRAR)* contract and hence, will be solely responsible for the execution of the data collection.

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? [ ] Yes **[X] 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 five participating CBOs will identify community leaders (representatives from local emergency management services, volunteer organizations, faith-based organizations, local health department and local law enforcement agency) to participate as survey respondents. Thus the strategy followed is convenience sampling for each community.

The Harvard Chan team will draft an invitation letter (co-signed by the CBO director and PI Elena Savoia) directed to the community leaders to request their participation in the group interviews. Interviewees will be invited by the CBOs as soon as the CDC GenIC request is approved. An interviewer familiar with the community and represented by the CBO will be selected jointly by the Harvard Chan team and CBO to assure cultural sensitivity.

Between July and September, 2018, it is estimated that 15 respondents in each of the five communities will participate in the interview group, for a total of 75 participants. Participation is voluntary. The interview group sessions are expected to last approximately 90 minutes. The group interview excludes personal and sensitive information.

Administration of the Instrument

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

    [ ] Web-based or other forms of Social Media

    [ ] Telephone

    [X] In-person

    [ ] Mail

    [ ] Other, Explain

2. Will interviewers or facilitators be used? **[X] Yes** [ ] No

    Either staff from Harvard T.H. Chan School of Public Health or consultants trained by the Harvard Chan team (in conducting interviews).

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

Instructions for completing genIC Request for Approval for CDC/ATSDR Formative Research and Tool Development

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is requested.

PURPOSE and USE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Briefly describe the targeted group/groups for this collection.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

Form: Provide the title of the information collection form.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group).

Burden in Minutes: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Estimate the annual cost to the Federal government for this collection.

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. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.