

**Generic Clearance for CDC/ATSDR
Participatory Mapping to Identify and Support at-Risk Populations in Emergency
Preparedness – Phase 2
Generic Clearance for CDC/ATSDR Formative Research and Tool Development
OMB Control No. - 0920-1154**

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Supporting Statement A

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A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

The Office of Science 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.

2. Purpose and Use of Information Collection

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 survey was also formatted for a mobile platform. The purpose of the second data collection, as described in this GenIC submission, 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 (**Attachment 1**). 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.

Project staff from the Harvard T.H. Chan School of Public Health (henceforth, referred to as Harvard Chan) will hold structured, qualitative interview groups with community leaders from five collaborating community-based organizations (CBOs) to learn 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). CBOs will identify community leaders to participate in the interview group. A leader familiar with the community represented by the CBO will be selected jointly by the Harvard Chan team and CBO to assure cultural sensitivity in the facilitation of the interview groups. The data collection effort seeks to identify participants from a broad range of professional roles and experiences in order to elicit a broad range of information that may vary based on their community experience and knowledge. Through this data collection effort, CDC, will become more knowledgeable of effective methods to identify vulnerable and at-risk populations and available assets in the community that best address the needs of vulnerable populations in preparation and response to an emergency.

3. Use of Improved Information Technology and Burden Reduction

The participating CBOs will assist the Harvard Chan team in developing a list of community leaders to target for participating in structured, qualitative group interview lasting approximately 90 minutes. Harvard will use technology in the form of a mobile-based survey for participants to view on a mobile device such as a cell-phone or tablet.

In order to minimize the burden on the participants, in-person group interviews will be conducted. The 90-minute session will be organized as follows:

- Welcome and introductions (10 minutes)
- Distribute paper survey and provide overview (5 minutes)
- Walk-through the 49 survey items, reading each data item aloud and asking participants to: (1) provide verbal feedback on the data item format and content, including the answer

choices, (2) rate their ability in having the knowledge to accurately answer the data item, (3) complete the data item question. (45 minutes total, with estimate of 1 minute per data item)

- Present mobile platform survey and ask participants to provide verbal feedback on readability and ease of use (user experience of scrolling, split screens, graphic design) (25 minutes)
- Collect completed surveys. Wrap up and thanks (5 minutes)

The facilitator will walk the interviewees through the survey, reading each survey item aloud and answering any questions regarding the wording of the survey item or the answer choices. The structured group interview guide used to elicit responses was developed in collaboration with the CBOs to fine-tune the questions so as to ensure easy comprehensibility and elicit focused responses that would inform the specific components of public health emergency preparedness. It is also envisaged that the CBOs will organize a year-end meeting to share interviews findings with the interviewees. Finally, the survey excludes personal and sensitive information.

4. Efforts to Identify Duplication and Use of Similar Information

Not Applicable

5. Impact on Small Businesses or Other Small Entities

Not Applicable

6. Consequences of Collecting the Information Less Frequently

The structured qualitative group interviews would be conducted between July and September 2018, and each respondent would participate in a group interview only once during this process. Subsequently, data analysis will be conducted at the Harvard T.H. Chan School of Public Health between October 2018 and January, 2019 so that the results can be shared with the partner CBOs and the respondents (community leaders) during February-March, 2019. This approach would ensure most efficient data collection, analysis and dissemination.

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

Relevant portions of the Guidelines of 5 CFR 1320.5 are met through the submission of the formative research GenIC package.

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

Not Applicable

9. Explanation of Any Payment or Gift to Respondents

The Harvard T.H. Chan School of Public Health research group has sub-contracts with the participating CBOs, which will be responsible for providing appropriate incentives to the respondents and participants to augment recruitment efforts for 90 minute group interview sessions. A \$30 incentive per person will be provided to participants for the group interview to help defray interviewee travel costs. Incentives are provided given that the eligibility criteria for respondents are very specific and the collection is an active, in-depth engagement.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents.

Participation is absolutely voluntary. We will not obtain names of prospective participants; yet, participants are encouraged to share our contact information with others so that those who might be interested in taking part of the study can contact us. No personal questions will be asked, and no sensitive information will be collected.

We would look to learn about the respondent's community (and not individual-level data) through asking questions on general and cultural aspects of disaster preparedness. This descriptive insight would help us in better analyzing and interpreting the actual interview data and formulating the list of strategies for the community.

Participants are free to skip any questions that they do not feel comfortable answering. We do not anticipate any reasonably foreseeable risks/discomforts to the prospective participants. To protect individuals' privacy, we are not collecting signatures in the consent form, and will remind participants and prospective participants to avoid using personal email accounts. De-identified group interview transcripts will be stored on the principal investigator's and senior manager's encrypted computer to keep the data secure.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

Exemption for IRB approval has been obtained from Harvard University and CDC (Attachments 3 and 4). No sensitive questions would be asked in the data collection process.

A.12. Estimates of Annualized Burden Hours and Costs

The annualized response burden is estimated at 112.5 hours.

Exhibit A.12.A Annualized Burden Hours

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)
Community leaders identified by local CBO partners	Interview questionnaire	75	1	1.5	113
Total	-	75	-	-	113

A.12.B Estimated Annualized Costs**Exhibit A.12.B. Annualized Cost to Respondents**

Activity	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Data collection	113	\$20.00	\$2260

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

Not Applicable

A.14. Annualized Costs to the Government

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.

A.15. Explanation for Program Changes or Adjustments

This is a new generic information collection.

A.16. Plans for Tabulation and Publication and Project Time Schedule

Between July and September 2018, it is estimated that 15 respondents per community would be interviewed, for a total of approximately 75 individuals. The group interview session is expected to last approximately 90 minutes. Subsequently the data analysis would be conducted at the Harvard T.H. Chan School of Public Health between October, 2018 and January, 2019 so that the results can be shared with the partner CBOs and the respondents (community leaders) during February-March, 2019.

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

The display of the OMB expiration date is not inappropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

REFERENCE

Office of Management and Budget, Statistical Policy Directive No. 2: Standards and Guidelines for Statistical Surveys; Addendum: Standards and Guidelines for Cognitive Interviews. Published in the Federal Register, October 12, 2016, vol. 81, no. 197, pp. 70586.