

**The Request for genIC Approval**  
**"Participatory Mapping to Identify and Support At-Risk Populations in**  
**Emergency Preparedness-Phase 3"**

**0920-1154**

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**CIO: Tracy N. Thomas, Senior Health Scientist, Center for Preparedness and Response**

**PROJECT TITLE:**

"Participatory Mapping to Identify and Support At-Risk Populations in Emergency Preparedness" – Phase 3

**PURPOSE AND USE OF COLLECTION:**

The Office of Science and Public Health Practice (OSPHP) in the Center for Preparedness and Response (CPR) 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 at-risk 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 at-risk 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 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."

Under contract with OSPHP, the Harvard T.H. Chan School of Public Health's Emergency Preparedness Research, Evaluation, and Practice Program ([www.hsph.harvard.edu/preparedness](http://www.hsph.harvard.edu/preparedness)) will conduct a study that will engage community leaders to develop a knowledge base on characteristics of specific local at-risk populations and the available assets in the community to serve these populations in preparation and response to an emergency. The project's formative research approach allows for the 1) development of best practices and strategies to support emergency preparedness program activities designed to meet the needs of at-risk populations during or after a disaster; 2) use of a participatory mapping process for mapping community preparedness assets to inform the development of a mobile app; and 3) development and assessment of a discussion-based exercise to evaluate the ability of the participatory mapping process to enhance local agencies preparedness planning efforts for vulnerable populations.

This formative research project requires the development and implementation of three data collection instruments in order to achieve the three objectives described above. 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 at-risk populations in preparation and response to emergencies. Findings from the implementation of this data collection instrument helped shape the development of a survey for community leaders to use for gathering local knowledge and resources for at-risk communities in preparation and response for emergencies. This survey was also formatted for a mobile platform. The purpose of the second data collection, approved August 6, 2018, was to hold structured, qualitative interviews for 71 community leaders regarding their feedback on the use of the survey and related mobile application. For this third data collection GenIC submission, we are requesting approval to conduct formative research to gather feedback from disaster planners on the usefulness of the processes and data acquired in the first two phases of this project, to enhance planning efforts for vulnerable populations. Our partnering organizations, the Massachusetts Association of Health Boards (MAHB) and the Institute for Health Communication (IHC) will conduct discussion-based disaster exercises for planners whereby the Harvard team will share information to describe the concept of local knowledge and have participants reflect upon the utility of data derived and included in the exercise scenario for emergency preparedness planning. Project staff from the Harvard T.H. Chan School of Public Health (henceforth, referred to as Harvard Chan) will then administer a web-based survey to participants to gather feedback on 1) the usefulness of local knowledge for planning for disasters, particularly for at-risk populations and 2) the utility of using a mobile app to collect local knowledge for disaster planning.

Harvard Chan will administer the survey (Attachment 1) to disaster planners with support from two collaborating community-based organizations (MAHB and IHC) in Puerto Rico and Massachusetts. Through this data collection effort, CDC, will become more knowledgeable of effective methods to identify available assets in the form of community local knowledge that best address the needs of at-risk populations in preparation and response to an emergency.

## **DESCRIPTION OF RESPONDENTS:**

Project staff from the Harvard T.H. Chan School of Public Health will administer the survey to disaster planners representing local emergency management services, volunteer organizations, local health department and local law enforcement agencies in San Juan, Puerto Rico and Massachusetts.

The Harvard research team has pre-existing partnerships with these communities, which serve at-risk populations through a wide range of public health emergencies. Due to their geographic locations, these community leader disaster planners are particularly equipped to provide first-hand knowledge of emergency preparedness needs at the community level across a variety of hazards, including hurricanes, snow storms, and other severe inclement weather-related events.

## **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. 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  **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?  Yes  **No**

Harvard Chan has sub-contracts with the participating CBOs, which will be responsible for disseminating the survey link to those participating in a prior discussion-based exercise. Thus, no incentives are deemed necessary.

**BURDEN HOURS**

Category of Respondent	Form Name	No. of Respondents	Participation Time (minutes)	Burden in Hours
Individuals: Disaster planners identified by local CBO partners	Survey	40	30 minutes/ person	20 hours
<b>Totals</b>	-	<b>40</b>	-	<b>20 hours</b>

**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  **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 Harvard T.H. Chan School of Public Health research group has sub-contracts with the participating CBOs (MAHB and IHC), who will assist the Harvard team in recruiting disaster planners to target for participating in a survey. The CBOs will send the link to the web-based survey to the list of individuals who participated in the exercise, the data will not be linked to the e-mail.

Additionally, developing survey questions focused on community efforts that excludes the collection of personal identifiable and sensitive information will significantly minimize non-responses among participants.

During January 2020, it is estimated that 20 respondents per location would be surveyed (2 locations: one in Massachusetts and one in Puerto Rico), for a total of approximately 40 individuals recruited from a base of 50 attending the exercises. All attendees will be invited to complete the web-based survey. The survey session is expected to last approximately 30 minutes. Subsequently the data analysis would be conducted at the Harvard T.H. Chan School of Public Health January, 2020 so that the results can be shared with the partner CBOs and the respondents (community leaders) during February, 2020.

## **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 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

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**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.