

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

Generic Clearance for CDC/ATSDR Formative Research and Tool Development

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Supporting Statement A

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Table of Contents

Section

A. Justification

1. Circumstances Making the Collection of Information Necessary
2. Purpose and Use of the Information Collection
3. Use of Improved Information Technology and Burden Reduction
4. Efforts to Identify Duplication and Use of Similar Information
5. Impact on Small Businesses or Other Small Entities
6. Consequences of Collecting the Information Less Frequently
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency
9. Explanation of Any Payment or Gift to Respondents
10. Protection of the Privacy and Confidentiality of Information Provided to Respondents
11. Institutional Review Board (IRB) and Justification for Sensitive Questions
12. Estimates of Annualized Burden Hours and Costs
13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers
14. Annualized Cost to the Federal Government
15. Explanation for Program Changes or Adjustments
16. Plans for Tabulation and Publication and Project Time Schedule
17. Reason(s) Display of OMB Expiration Date is Inappropriate
18. Exceptions to Certification for Paperwork Reduction Act Submissions

Attachments

- Att 1 Disaster Planners Survey
- Att 2 Invitation Letter for disaster planners (instrument 3)
- Att 3 Human Subjects Determination (Harvard T.H. Chan School of Public Health)
- Att 4 Exemption memo for CDC exempt study, #6972
- Att 5 OMB/PRA Determination

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

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) 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.

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 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, with the ultimate scope of enhancing 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 on the concept of local knowledge in preparedness 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 (the planners) 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.

3. Use of Improved Information Technology and Burden Reduction

The participating CBOs will assist the Harvard Chan team in recruiting disaster planners that attended the exercises to complete a survey lasting approximately 30 minutes.

The survey will be comprised of questions that were developed using the results of the second data collection instrument (structured interviews of community leaders). Finally, these questions exclude 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 web-based survey would be administered January, 2020, and each respondent would participate only once during this process. Subsequently, data analysis will be conducted at the Harvard T.H. Chan School of Public Health January, 2020 so that the results can be shared with the partner organizations (MAHB and IHC) and the respondents (disaster planners) by February, 2020. 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

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

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

Participation is voluntary. Harvard Chan will not obtain names of prospective participants. Neither personal questions nor sensitive information will be collected.

Participants are free to skip any questions or topics. Harvard Chan does not anticipate any reasonably foreseeable risks/discomforts to the prospective participants. To protect individuals' identify and privacy, the consent form will not collect signatures. Additionally, participants will be reminded to avoid using personal email accounts. Anonymous survey data 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 20.0 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.)
Disaster planners identified by local CBO partners	Web-based survey	40	1	0.5	20.0
Total	-	40	-	-	20.0

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	20.0	\$0.00	\$0

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

During January 2020, it is estimated that 20 respondents per community would be surveyed, for a total of approximately 40 individuals recruited from a base of 70. 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.

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.