

## **SUPPORTING STATEMENT**

### **Part A**

#### **Who's at Risk: From Hazards to Communities—A Qualitative Approach for Operationalizing CDC Guidelines to Determine Risks and Define, Locate, and Reach At-Risk Populations in Public Health Emergencies**

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**Project Officers:**

Shoukat Qari

Office of Applied Research

Office of Public Health Preparedness and Response (OPHPR)

US Department of Health and Human Services

Phone: 770 488 8808

E-mail: [sqari@cdc.gov](mailto:sqari@cdc.gov)

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Attachment D – Community Emergency Preparedness Survey

Attachment E—Human Subject Research Exemption CDC

Attachment E1 – Human Subject Research Exemption - LAC

- The goal of this study is to develop and perform a demonstration of the Risk Assessment, Mapping and Planning (RAMP) Tool for public health and emergency management professionals in Los Angeles County, and to solicit feedback from stakeholders on the potential utility, implementation, and outcomes of the tool. A separate survey will also be conducted among the general public in LA county to assess their needs during emergency situations.
- The information collected in this study will be used by Los Angeles County and CDC project scientists to develop and improve the Risk Assessment, Mapping and Planning (RAMP) Tool prototype for delivery to CDC and then perhaps, subsequently available to all national, state and local health departments for use in assessing specific hazards and developing hazard specific, community based readiness, response and recovery plans.
- A series of research and investigative steps will be used to: Determine how health and medical risk varies by hazard and geography; Determine hazard specific impacts to vulnerable populations; Develop a formula and methodology for assessing the community based impact of 40 specific hazards on Public Health, Healthcare and Mental Health services; and Development of a web-based RAMP Tool for assessing risk and developing emergency health and medical plans for jurisdictions in the United States.
- Information will be collected from Los Angeles County Public Health Center Guests, Community Partner Stakeholders, and Community Residents.
- Information collected be utilized to better understand the demographics of LA County

## A. Justification

### 1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control (CDC) request a two year approval from the Office of Management and Budget (OMB) for a new information collection request under the Paperwork Reduction Act of 1995 for examining the process and tools available to local public health departments to better evaluate, analyze, and plan for public health emergencies and disasters.

This project will conduct qualitative research that will inform the development of a comprehensive methodology—and practical, software based Tool(s), known as RAMP,—to empower local, state and national health agencies to identify, analyze, and depict health risks at the community level and enable the development of improved emergency plans, emergency response objectives and response capabilities that improve health outcomes and reduce health disparities in public health emergencies.

A series of research and investigative steps—through collection of qualitative data from state and local public health and emergency management professionals—will be used to inform, determine and better understand issues, gaps and methodologies related to risk assessment, at-risk and vulnerable population groups, and hazard and community specific emergency

response plans utilized by public health preparedness officials; specifically to: Determine how health and medical risk varies by hazard and geography; Determine hazard specific impacts to vulnerable populations; Develop a formula and methodology for assessing the community based impact of 40 specific hazards on Public Health, Healthcare and Mental Health services; and Development of a web-based Risk Assessment, Mapping and Planning (RAMP) Tool for assessing risk and developing emergency health and medical plans for jurisdictions in the United States.

To assist in developing this tool, this study will collect two types of information in Los Angeles County:

- 1) 100 key informant interviews/focus groups (**Attachment C – Key Informant Survey/Questionnaire**) will be conducted with public health and emergency management professionals from state and local health agencies across the United States.
- 2) An anonymous survey (**Attachment D –Community Emergency Preparedness Survey**) of approximately 1,500 individuals will be conducted at Los Angeles County Department of Public Health Centers to understand the needs of at-risk populations

This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241).

## 2. Purpose and Use of the Information Collection

The information collected in this study will be used by Los Angeles County and CDC project scientists to inform and improve the RAMP prototype for delivery to CDC and then perhaps, subsequently be made available to all national, state and local health departments for use in assessing specific hazards and developing hazard specific, community based readiness, response and recovery plans.

Information collected from key informant interviews (**Attachment C – Key Informant Survey/Questionnaire**) will be utilized to a) collect feedback on the preliminary version of the Risk Assessment, Analysis, Mapping and Planning (RAMP) Tool; b) Review, evaluate and judge the usefulness of the preliminary version of the RAMP Tool based on feedback post-demonstration; and c) Adjust and improve the RAMP Tool prior to completion of the project.

Information collected from Los Angeles County Public Health Center Guests, Community Partner Stakeholders, and Community Residents (**Attachment D – Community Emergency Preparedness Survey**) will be utilized to better understand the demographics of LA County residents and their needs in a disaster.

## 3. Use of Improved Information Technology and Burden Reduction

Key Informant Survey/Questionnaire (**Attachment C**): Information will be collected through self-administered surveys—either electronic or paper-based—during participant workshops and/or during project specific focus groups.

Community Emergency Preparedness Survey (**Attachment D**): All information will be collected via paper surveys because of ease of survey administration and to protect client confidentiality. All information from surveys will be entered into a secured database.

#### 4. Efforts to Identify Duplication and Use of Similar Information

There are no similar data available for this study. There has been no evaluation to date on the most efficacious and preferred methods—available to local health and medical health agencies—to evaluate, analyze, map and plan for public health emergencies. The information collected in this study will help determine what types of information state and local emergency health planners require to identify vulnerable populations, what information specific to these populations is necessary to analyze and map in order to ensure service delivery to them during emergencies, and what type of hazard specific and demographic information is necessary to include in the development of effective community based emergency response plans.

#### 5. Impact on Small Businesses and Other Small Entities

No small businesses will be impacted by this data collection

#### 6. Consequences of Collecting the Information Less Frequently

This request is for collection of information from the identified groups (key informant/stakeholders and Los Angeles County Public Health Center Guests, Community Partner Stakeholders, and Community Residents) during the course of the project. Not collecting this information will limit our understanding of 1) Factors leading to effective hazard vulnerability and jurisdictional risk assessments and the 2) Factors that make communities vulnerable to public health emergencies and disasters.

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

This study does not involve any 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

A 60-day Federal Register Notice (FRN) was published in the Federal Register on [Date: 05/18/2017, PP: 22833] (see **Attachment B**). There were no public comments.

There were no efforts to consult outside the agency.

## 9. Explanation of Any Payment of Gift to Respondents

No gifts or incentives will be included or given to any survey/focus group participants involved in this project.

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

OPHPR Science Office has reviewed this submission and determined that the Privacy Act does not apply

- Key Informant/Stakeholder Surveys and Focus Groups: No sensitive information will be collected through these surveys and focus groups. Though the questionnaire will request the respondents' names and workplace positions, that information will be used only for project planning and follow up purposes and will not be publically shared or disseminated outside of Los Angeles County Department of Public Health. Data will be entered into a secured database and de-identified data will only be disseminated and/or reported in aggregate form. All paper surveys will be locked in the secure offices of project staff. CDC will not have access to any identifiable information.
- Community Emergency Preparedness Survey: All surveys are strictly anonymous. To maintain respondent anonymity a unique identifier will be assigned to each survey and no record of participant names will be created. Individual responses will not be shown to the participants or other Center staff. Data will be entered into a secured database and de-identified data will only be disseminated and/or reported in aggregate form. All paper surveys will be locked in the secure offices of project staff.
- No system of records is being created for this information collection.

## 11. Institutional Review Board and Justification for Sensitive Questions

An Institutional Review Board (IRB) review was not required for this study. An IRB Exemption Letter is included as **Attachment E** for the CDC and **Attachment E1** for the Los Angeles County Health Department.

There are no potentially sensitive questions included in either survey instrument used in this project.

## 12. Estimates of Annualized Burden Hours and Costs

This collection has two components: 1) in-person and electronic surveys of key informants and stakeholders, and 2) in-person interviews of Los Angeles County Public Health Center Guests, Community Partner Stakeholders, and Community Residents. Exhibit 1 summarizes the

estimated annualized burden for each of these data collection components. Time estimates are based on experience with previous surveys and data collection activities.

**Exhibit 1: Estimated 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.) |
|---|---|--------------------|---------------------------------|------------------------------------|------------------------|
| Public Health and Medical Emergency Planners Key Informants | Attachment C —Key Informant Survey/Questionnaire      | 100                | 1                               | 1                                  | 100                    |
| LA County Public Health Center Guests                       | Attachment D —Community Emergency Preparedness Survey | 500                | 1                               | 5/60                               | 42                     |
| LA County Community Partner Stakeholders                    | Attachment D —Community Emergency Preparedness Survey | 500                | 1                               | 5/60                               | 42                     |
| LA County Community Residents                               | Attachment D —Community Emergency Preparedness Survey | 500                | 1                               | 5/60                               | 42                     |
| <b>Total</b>  |   |                    |                                 |                                    | <b>226</b>             |

From Exhibit 1, the total burden hours of data collection activities for this study is 226. Exhibit 2 shows the estimated annualized costs of the data collection activities described above. From Exhibit 2 the total estimated annualized burden cost of data collection for this study is \$4,859.

**Exhibit 2: Estimated Annualized Burden Costs**

| Type of Respondents | Form Name | No. of Respondents | No. of Responses per Respondent | Avg. Burden per Response (in hrs.) | Total Burden (in hrs.) | Hourly Wage Rate | Total Respondent Costs |
|---------------------|-----------|--------------------|---------------------------------|------------------------------------|------------------------|------------------|------------------------|
|---------------------|-----------|--------------------|---------------------------------|------------------------------------|------------------------|------------------|------------------------|

|   |   |     |   |      |     |          |         |
|---|---|-----|---|------|-----|----------|---------|
| Public Health and Medical Emergency Planners Key Informants | Attachment C— Key Informant Survey/Questionnaire      | 100 | 1 | 1    | 100 | \$35.46* | \$3,546 |
| LA County Public Health Center Guests                       | Attachment D— Community Emergency Preparedness Survey | 500 | 1 | 5/60 | 42  | \$10.50^ | \$441   |
| LA County Community Partner Stakeholders                    | Attachment D— Community Emergency Preparedness Survey | 500 | 1 | 5/60 | 42  | \$10.50^ | \$441   |
| LA County Community Residents                               | Attachment D— Community Emergency Preparedness Survey | 500 | 1 | 5/60 | 42  | \$10.50^ | \$441   |
| Total   |   |     |   |      |     |          | \$4,869 |

\* Hourly wage of Emergency Manager; US Department of Labor, Bureau of Labor Statistics, Occupational Employment and Wages, May 2015.

^State of California, Department of Industrial Relations, Schedule for California Minimum Wage Rate 2017-2023

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

There are no other cost burdens to respondents and record keepers for this data collection.

### 14. Annualized Cost to the Federal Government

The annual cost to the Federal Government for this data collection is \$540,038.00. The total cost of the contact is \$1,499,973 over three years. The project proposes to collect information over a two-year period. The annual cost of CDC staff in this project is \$40,047. The annualized cost of the proposed information collection is \$499,991. There are no equipment or overhead costs.

*Average Annualized Cost of Federal Contract for Information Collection*



| <b>Contract duration</b>         | <b>Total Contract Cost</b> | <b>Contract years covering data collection</b> | <b>Resulting Annualized Contract Cost</b> |
|----------------------------------|----------------------------|--|---|
| Three-year period of performance | \$1,499,973                | 2  | \$499,991                                 |

*Estimate of Annualized Cost of Federal Employee Involvement*

| <b>Staff (FTE)</b>                            | <b>Salary</b> | <b>Fringe (38%)</b> | <b>Total Compensation</b> | <b>% Time</b> | <b>Total Annual</b> |
|---|---------------|---------------------|---------------------------|---------------|---------------------|
| Senior GS-15 Supervising Office Director      | \$158,503     | \$60,231            | \$218,734                 | 2.5           | \$5,468             |
| GS-15 Project Collaborator                    | \$133,359     | \$50,676            | \$184,035                 | 2.5           | \$4,601             |
| Senior GS-14 Project Manager                  | \$134,749     | \$51,205            | \$185,954                 | 10            | \$18,595            |
| Senior GS-14 Project Collaborator             | \$117,808     | \$44,767            | \$162,575                 | 2.5           | \$4,064             |
| ORISE Fellow GS-11 Equivalent Project Support | \$63,161      | \$24,001            | \$87,162                  | 5             | \$4,358             |
| Contracting Officer Rep GS-12                 | \$85,801      | \$32,604            | \$118,405                 | 2.5           | \$2,960             |
|   |               |                     |                           |               | <b>\$40,047</b>     |

*Total Annualized Cost to the Federal Government*

| <b>Cost Type</b>             | <b>Annualized Cost</b> |
|------------------------------|------------------------|
| Federal Contract             | \$499,991              |
| Federal Employees            | \$40,047               |
| <b>Total Annualized Cost</b> | <b>\$540,038</b>       |

## 15. Explanation for Program Changes or Adjustments

This is a new data collection.

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

Exhibit 3 illustrate the timeline for activities related to this collection, including recruitment of participants, data collection, data analysis and publication.

### Exhibit 3: Project Timeline

| <b>Activity</b>                            | <b>Time Schedule</b>        |
|--|-----------------------------|
| Recruitment                                |                             |
| a. Key Informant Interviews and Surveys    | 1 month after OMB approval  |
| b. Community Emergency Preparedness Survey | 4 months after OMB approval |

|  |                                |
|--|--------------------------------|
| Data Collection                            |                                |
| a. Key Informant Interviews and Surveys:   | 3-18 months after OMB approval |
| b. Community Emergency Preparedness Survey | 4-6 months after OMB approval  |
| Data Analysis                              |                                |
| a. Key Informant Interviews and Surveys:   | 6-24 months after OMB approval |
| b. Community Emergency Preparedness Survey | 6-9 months after OMB approval  |
| Publication                                | 24 months after OMB approval   |

### 17. Reason(s) display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not appropriate.

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

There are no exceptions to the certification.

#### List of Attachments

Attachment A – Authorizing Legislation

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Attachment E—Human Subject Research Exemption CDC

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