Attachment H. Burden Memo

CDC DOCUMENTATION FOR THE GENERIC CLEARANCE OF COMMUNITY ASSESSMENT FOR PUBLIC HEALTH EMERGENCY RESPONSE (CASPER) DATA COLLECTIONS (0920-1036)

GenIC No.:	0920-1036
CASPER Title:	Undetermined health effects among persons affected by flooding – West Virginia, 2016
Requesting entity (e.g., jurisdiction)	West Virginia Bureau for Public Health
Purpose of Investigation: (Use as much space as necessary)	On June 23, 2016, a band of severe thunderstorms and heavy rain throughout the state of West Virginia overwhelmed numerous rivers and streams, causing extensive flooding throughout the state. Currently, the affected population's access to routine health care and public health systems, information sources, water sources, and health impacts due to flooding and flood damage is unclear. There is an urgent need for information on the aforementioned topics to focus ongoing public health response efforts in the affected communities. Data from the two CASPERs will be used to inform the continued response activities including access to health care; communication and messaging regarding water sources, cleanup activities, and other response-related activities; and allocation of public health resources.
Duration of Data Collection	
Date Began:	August 1, 2016
Date Ended:	August 2, 2016
Lead Investigator	
Name:	Amy Helene Schnall, MPH
CIO/Division/Branch:	NCEH/DEHHE/HSB
E-mail Address:	GHU5@cdc.gov
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Complete the following for <u>each</u> instrument used during the investigation.

<u>CASPER Questionnaire</u>

Title: Undetermined health effects of persons affected by flooding – West Virginia, 2016

Data Collection Methods (i.e., was the standard CASPER methodology of probability-based, two stage 30x7 cluster sampling methodology used or was an alternative approved methodology used? Please describe.): The standard CASPER methodology of probability-based, two stage 30x7 cluster sampling methodology was used. In the first stage of selection, 30 clusters (i.e., census blocks) within each sampling frame were selected with their probability for being chosen proportional to the estimated number of households in each cluster. In the second stage, each trained, two-

person interview team applied systematic random sampling to select seven households for the purpose of conducting interviews in each of the selected clusters.

Data Collection Mode (*i.e., was questionnaire data collected via paper form or electronic form? Please describe.)*:
The questionnaire data was collected via paper form by field interview teams.

Response Rate *(if applicable)*

Total No. Responded (A):	392
Total No. Sampled or Eligible to Respond (B):	814
Response Rate (A/B):	48.2%

CASPER Referral Form

Title: CASPER Referral Form

Response Rate *(if applicable)*

Total No. Responded (A):	9
Total No. Sampled or Eligible to Respond (B):	814
Response Rate (A/B):	1.1%

Complete the following burden table. Each data collection instrument should be included as a separate row.

Burden Table

Data Collection Instrument Name	Type of Respondent	No. Respondents (A)	No. Responses per Respondent (B)	Burden per Response in Minutes (C)	Total Burden (in minutes; A x B x C)
CASPER Questionnaire	Community member	392	1	30	11,760
CASPER Referral Form	Community member	9	1	5	45

Return completed form and a blank copy of each final data collection instrument within 5 business days of data collection completion to the ICRL (e-mail: ncehomb@cdc.gov; MS F-61). If data was collected electronically, please also submit screen shots.