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				
	Community Assessment for Public Health Emergency Response (CASPER)				
CASPER Title:	addressing the California Drought – Mariposa County, 2016				
Requesting entity (e.g.,	Mariposa County Health Department, California Department of Public				
jurisdiction)	Health				
	California is in its sixth year of the most severe drought in its recorded				
	history. Drought can have a substantial impact on the economy, the				
	environment, and the affected communities, leading to both direct and indirect public health consequences. In Mariposa County, the drought has had a severe impact on the forests, resulting in thousands of acres of dying or dead trees. The response effort is ongoing. The Mariposa County Health				
	Department and the California Department of Public Health (CDPH) is				
	conducting a CASPER to assess the continued effects of the drought on the				
	community. The results generated from this survey will be collected and				
	analyzed to enhance drought-related response efforts. The CASPER will				
	assess sources, quality, quantity, and ease of access to water before and				
	during drought; communication practices and preferences; household				
	knowledge, attitudes, and beliefs about drought and its mitigation;				
	perception of the impact of drought on physical and mental health;				
	financial impact of drought; and prevalence of behaviors that can make				
	households more at-risk for drought-related health effects (for example, not washing hands because of water scarcity). CDC/HSB will provide				
Purpose of Investigation: (Use as	technical assistance with preparing for the CASPER (e.g., questionnaire				
much space as necessary)	development), a 3-hour just-in-time training for CASPER teams, and data				
	collection, entry, analysis, and reporting				
Duration of Data Collection					
Date Began:	October 25, 2016				
Date Ended:	October 27, 2016				
Lead Investigator					
Name:	Amy Helene Schnall, MPH				
CIO/Division/Branch:	NCEH/DEHHE/HSB				
E-mail Address:	GHU5@cdc.gov				
Telephone No.:	770.488.3422				
Mail Stop:	F60				

Complete the following for <u>each</u> instrument used during the investigation.

CASPER Questionnaire

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 will be used. In the first stage of selection, 30 clusters (i.e., census blocks) within each sampling frame will be 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 will apply 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): Total No. Sampled or Eligible to Respond (B): Response Rate (A/B): 189 406 46.6%

CASPER Referral Form

Title: CASPER Referral Form

Response Rate (*if applicable*) Total No. Responded (A): Total No. Sampled or Eligible to Respond (B): Response Rate (A/B):

3	3
2	106
C	0.1%

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

Burden Table

Data Collection Instrument	Type of	No.	No. Responses	Burden per	Total Burden
Name	Respondent	Respondents	per Respondent	Response in	(in minutes;
		(A)	(B)	Minutes (C)	A x B x C)
CASPER Questionnaire	Community member	189	1	30	5,670
CASPER Referral Form	Community member	3	1	5	15
TOTAL					5,685

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.