PHEP Success Story Assessment

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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- **Purpose of the data collection:** The purpose of this data collection is to understand how useful preparedness-related success stories are to the Public Health Emergency Preparedness (PHEP) grantees, understand how these grantees hear about success stories, and how and with whom stories are shared.
- **Intended use of the resulting data:** The Division of State and Local Readiness (DSLR) will use this information to learn about the reach of stories, improve the story submission process, and identify how DSLR can better support state and local distribution of stories.
- **Methods to be used to collect data:** Data will be collected via electronic assessment, which will be emailed to participants.
- **Respondent Universe:** Data will be collected from a total of 62 respondents across 50 state, 4 local, and 8 territorial health departments/jurisdictions. Respondents acting in their official capacities include public health preparedness directors.
- **How data will be analyzed:** Data analysis will consist of descriptive statistics and will be run examining response frequencies.

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This information collection is being conducted using the Generic Information Collection mechanism of the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879. The respondent universe for this information collection aligns with that of the O2C2. Data will be collected from a total of 62 respondents across 50 state, 4 local, and 8 territorial health departments/jurisdictions. Respondents acting in their official capacities include public health preparedness directors, all of which are PHEP grantees (Please see Attachment A: Respondent Breakdown).

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service(s) of

☐ 1. Monitoring health status to identify community health problems
☐ 2. Diagnosing and investigating health problems and health hazards in the community
☒ 3. Informing, educating, and empowering people about health issues
☐ 4. Mobilizing community partnerships to identify and solve health problems
☒ 5. Development of policies and plans that support individual and community health efforts
☐ 6. Enforcement of laws and regulations that protect health and ensure safety

☐ 7. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable
☐ 8. Assuring a competent public health and personal health care workforce
☐ 9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services
☐ 10. Research for new insights and innovative solutions to health problems [1]

The Public Health Emergency Preparedness (PHEP) cooperative agreement is a critical source of funding for state, local, and territorial public health departments. Since 2002, the PHEP cooperative agreement has provided more than $11 billion to public health departments across the nation. This funding helps health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable[2].

Since 2016, CDC's administrator of the PHEP cooperative agreement, the Division of State and Local Readiness (DSLR), has developed and distributed success stories on how PHEP funds have been used to improve health outcomes before, during, and after emergencies. CDC works directly with the jurisdictions to gather and tell their stories, compiling information through informal conversations. Stories are written through a collaborative, back and forth effort between the jurisdiction and the CDC, and when complete, published on the CDC website. PHEP recipients can use the stories to educate diverse audiences about their preparedness programs. In various forms, the stories are also used in briefings for CDC leadership in preparation for site visits, as well as congressional and budget meetings and in CDC's annual preparedness reports.

These success stories assist in informing the public about public health's role in emergency preparedness and educating policymakers on the role and importance of PHEP in public health preparedness. However, it is unknown how often these stories are reaching the intended audiences and through what channels, and if the content is appropriate for each intended purpose.

The purpose of this data collection is to understand how useful preparedness-related success stories are to the Public Health Emergency Preparedness (PHEP) grantees, understand how these grantees hear about success stories, and how and with whom stories are shared.

Data will be used by DSLR to learn about the reach of stories, improve the story submission process, and identify how DSLR can better support state and local distribution of stories.

This data will be analyzed and prepared into a report by contractors with Oak Ridge Associated Universities (ORAU). DSLR already works with ORAU on a variety of projects, including social media develop and various communication materials (fact sheets, websites) that show the impact of and provide historical information for the PHEP program.

Overview of the Information Collection System

Data will be collected from 62 preparedness directors (50 state, 4 local, and 8 territorial) via a web-based assessment (**see Attachments B— PHEP Instrument: Word version** and **Attachment C— PHEP Instrument: Web version**). The instrument will be used to gather information regarding understanding how useful preparedness-related success stories are to the Public Health Emergency Preparedness (PHEP) grantees, understanding how these grantees hear about success stories, and how and with whom stories are shared.

The information collection instrument was pilot tested by 5 public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns and establish the estimated time required to complete the information collection instrument.

Items of Information to be Collected

The data collection instrument consists of 10 main questions of various types, including dichotomous (yes/no) and multiple response. The instrument will collect data on the following:

- Utility of success stories
- Distribution of success stories
- Perceptions of the effectiveness of success stories

2. Purpose and Use of the Information Collection

The purpose of this data collection is to understand how useful preparedness-related success stories are to the PHEP grantees. The information collected will shed light on how grantees hear about success stories and how and with whom stories are shared.

DSLR will use this information to learn about the reach of stories, improve the story submission process, and identify how DSLR can better support state and local distribution of stories.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a web-based assessment. This method was chosen to reduce the overall burden on respondents by asking close-ended questions, in a survey that the respondents can complete anywhere. The data collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 10 questions).

4. Efforts to Identify Duplication and Use of Similar Information

The information gathered through this data collection request is not available from other data sources or through other means nor does it duplicate any information currently being collected. The extent to which success stories are useful and how they are shared has not been collected previously. Efforts were made to identify duplication and use of similar information, including an environmental scan to identify any other assessments conducted on PHEP. Although 0920-0879 has been utilized to approve related collections (e.g., MCM-Needs), these collections

differed in purpose and scope. No assessments past or planned have assessed the utility and distribution of the PHEP story project.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this information collection.

6. Consequences of Collecting the Information Less Frequently

This request is for a one time data collection. There are no legal obstacles to reduce the burden. If no data are collected, CDC will be unable to:

- Understand the perception of state, local, and territorial preparedness directors regarding the effectiveness of success stories
- understand how useful preparedness-related success stories are to (PHEP) grantees
- know the ways in which state, local, and territorial preparedness directors are already sharing success stories

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

There are no special circumstances with this data collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on April 27, 2017, Vol. 82, No. 80, pp 19371-19373. One non-substantive comment was received. CDC sent forward the standard CDC response.

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

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

The Privacy Act does not apply to this data collection. STLT governmental staff and / or delegates will be speaking from their official roles.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

No information will be collected that are of personal or sensitive nature. This data collection is not research involving human subjects.

12. Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on a pilot test of the data collection instrument by 5 of public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 2 minutes (range: 1 – 3). For the purposes of estimating burden hours, the upper limit of this range (i.e., 3 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for Administrative Service Managers (11-3011) http://www.bls.gov/oes/current/oes_nat.htm. Based on DOL data, an average hourly wage of $33.91 is estimated for all 62 respondents. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents

Data collection Instrument: Form Name	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
PHEP Instrument	State Preparedness Directors	50	1	3 / 60	3 hours	$33.91	$102
	Local Preparedness Directors	4	1	3 / 60	1 hours	$33.91	$34
	Territorial Preparedness Directors	8	1	3 / 60	1hours	$33.91	$34
	TOTALS	**62**	**1**		**5 hours**		**$170**

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

There will be no direct costs to the respondents other than their time to participate in each data collection.

14. Annualized Cost to the Government

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff and contractors to develop the data collection instrument, collect data, and perform data analysis. Contractors are being used to support data analysis. The total estimated cost to the federal government is **$3,446**. Table A-14 describes how this cost estimate was calculated.

Table A-14: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Total Average Cost
Health Communication Specialist – GS-11 Step 1 Development of survey tool, dissemination of survey tool, plan and implement data collection/analysis	20	$30.80/hour	$616
Health Communication Specialist – GS-13 Step 2 Development of survey tool, dissemination of survey tool, plan and implement data collection/analysis	5	$45.37/hour	$227
Health Communication Specialist/ORAU- Development of survey tool, data analysis and report preparation	25	$86.75 / hour	$2,169
Health Communication Specialist/ORAU- Development of survey tool, data analysis and report preparation	5	$86.75 / hour	$434
Estimated Total Cost of Information Collection			**$3,446**

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Information collected from the online survey will be stored in a secure environment on the password-protected computers of DSLR/contractor staff and on secure CDC/contractor servers. Once the survey is closed, responses will be downloaded from Survey Monkey. Data analysis will consist of descriptive statistics and will be run examining response frequencies. Following analysis of responses, key findings will be shared in aggregate form with project staff and

OPHPR senior leadership. Findings may also be disseminated through presentations at preparedness and health communication meetings and manuscript publication in scientific journals. Data collected will inform development and delivery of the DSLR PHEP Success Stories project by 1) identifying opportunities to improve the current story submission process 2) assessing the reach of the stories and how they are being used, and 3) identifying methods to improve engagement.

Project Time Schedule

- ✓ Design instrument ..... (COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan ..... (COMPLETE)
- ✓ Pilot test instrument ..... (COMPLETE)
- ✓ Prepare OMB package ..... (COMPLETE)
- ✓ Submit OMB package ..... (COMPLETE)
- ❑ OMB approval ..... (TBD)
- ❑ Conduct data collection ..... (Open 4 weeks)
- ❑ Code data, conduct quality control, and analyze data..... (2 weeks/months)
- ❑ Prepare summary report(s) ..... (1 months)
- ❑ Disseminate results/reports ..... (1 week)

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

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

Attachment A: Respondent Breakdown
Attachment B: PHEP Instrument: Word Version
Attachment C: PHEP Instrument: Web Version

REFERENCE LIST

1. Centers for Disease Control and Prevention (CDC). "National Public Health Performance Standards Program (NPHPSP): 10 Essential Public Health Services." Available at http://www.cdc.gov/nphpsp/essentialservices.html. Accessed on 8/14/14.

2. "State and Local Readiness." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 7 Aug. 2018, www.cdc.gov/phpr/readiness/phep.htm.