Healthy Homes and Lead Poisoning Prevention Surveillance System (HHLPSS)

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Request for Extension

Supporting Statement Part B –

Collections of Information Employing Statistical Methods

Program Official/Project Officer:
Adrienne S. Ettinger, ScD, MPH, MS
Chief, Healthy Homes and Lead Poisoning Prevention Program
National Center for Environmental Health
U.S. Centers for Disease Control and Prevention (CDC)
4770 Buford Hwy N.E., MS-F58
Atlanta, GA 30341
Email: aettinger@cdc.gov
Phone: (770) 488-7492
Fax: (770) 488-3635

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Part B. Collections of Information Employing Statistical Methods

The primary purpose of the Healthy Homes and Lead Poisoning Prevention Surveillance System (HHLPSS) is to improve program management and oversight. State, local, and territorial programs collect extensive information as part of home visits conducted by their staff. These visits can occur in response to: 1) complaints from residents;   2) case-management for asthma, injury, childhood blood lead, etc.; and 3) healthy housing community outreach efforts. The HHLPSS extracts data from these files for submission to the CDC National Center for Environmental Health. Data extracted are a smaller portion of the original information housed at the programs.

HHLPSS can be used to compare changes over time in a given area when the method by which housing units are chosen for inclusion remains the same. HHLPSS provides useful information using descriptive statistics such as the number of individuals in a given area with both a specific housing hazard and health condition and the association between this number and the population geographic descriptors such as poverty, age of housing, tenancy, and health conditions.

Limitations

Housing, injury, and asthma surveillance data are currently being collected through the use of several systems [e.g., The National Health and Nutrition Examination Survey (NHANES), National Health Interview Survey (NHIS), Behavioral Risk Factor Surveillance System (BRFSS), and the American Housing Survey (AHS)] (see Section A.4). These surveys are episodic evaluations and representative of the entire non-institutionalized US population. Because the HHLPSS is not a representative sample, data in HHLPSS cannot be compared to the data in any of the above surveys. State-to-state comparisons also cannot be made because of varying state policies and practices for blood lead testing and housing health hazards that are local priorities. The participating cooperative agreements state, local, and territorial health departments do require electronic reporting of all blood lead testing done on state residents; however, targeting strategies vary as state and local jurisdictions use local demonstration of need to determine subpopulations at high risk.

HHLPSS can be used to determine whether targeting screening strategies are indeed identifying high risk and whether interventions are successful within homes visited. It is also useful to determine the number of children tested and the number of visits conducted in order to ascertain the programs' fidelity to their protocols. Finally, population-based data such as census and tax assessor data have been demonstrated to be adequate predictors of elevated blood lead levels, substandard housing and poor health. HHLPSS data can be linked to this data to help programs better understand their coverage of areas most in need.

CDC uses HHLPSS data not only as a program management tool, but in the aggregate, CDC produces summaries for states and counties in order to report to Congress and stakeholders the status of healthy homes services. These reports are in keeping with the Congress's intent that CDC provide such reports.

B.1. Respondent Universe and Sampling Methods

The respondents are the recipients of CDC cooperative agreement funds. All respondents come from the following pool of eligible applicants: the official state, local, or territorial health departments, and/or departments of the environment. Currently, up to 40 state and local programs are funded by CDC's Healthy Homes and Lead Poisoning Prevention Program (HHLPPP – hereafter, the "Program") after an objective review process by the Program. We anticipate a 100% response for the respondents to submit their data (these data are part of their quarterly progress report). All funded respondents will submit their surveillance data as described in Section B.2 - Procedures for the Collection of Information.

Data are collected during home visits for families referred by their primary health care provider, other social service provider, self-referred, or, as in the case of blood lead levels, reported by laboratories. In most funded cooperative agreement programs, blood lead testing and laboratory reporting of all blood lead levels is required by law (see for example: National Conference of State Legislatures: State Lead Poisoning Prevention Statutes at http://www.ncsl.org/documents/environ/stlaws10.pdf). Data regarding race/ethnicity are collected by the parent or self-report in the clinical office or during the home visit. All programs use the 5 category race variable found in Attachment 4. During meetings with the cooperative agreement partners, they agreed to and through our authority under the cooperative agreement, CDC requires programs to use the standardized healthy homes questions also found in Attachment 4. These include the questions related to asthma diagnosis and symptoms cognitively tested by the National Center for Health Statistics (NCHS). However, unlike NCHS, HHLPSS uses the clinically relevant age threshold of 6 years old as recommended by the National Heart Lung and Blood Institute.

B.2. Procedures for the Collection of Information

Recipients of cooperative agreement awards are required to submit a summary data file within 90 days of the end of each quarter of the federal fiscal year. Data will be entered by the state, local, and territorial programs into a database (e.g. Microsoft SQL) which will also be password-protected by state IT security protocols and processes. State, local, and territorial programs will extract the HHLPSS data from their existing records and send the encrypted files electronically to Program staff at CDC.

The HHLPSS is primarily a program management tool and essential to the branch evaluation and monitoring responsibilities related to the cooperative agreements with state and local healthy homes lead poisoning prevention programs. As such, there is no group assignment and no comparison of participants and non-participants. Thus, calculation of statistical power is immaterial in this context.

All data from the funded programs are entered into the HHLPSS. For the main objective of HHLPSS, the prevalence of housing hazards and adverse health effects (e.g., injuries and asthma) must be collected within a single surveillance system. Only then can we begin to assess timeliness of program responses to unsafe housing and the degree to which programs are meeting their goals and objectives.

Descriptive statistics such as means and ranges will be used to characterize the collected data. For example, mean blood lead level in micrograms per deciliter (µg/dL) for the children under 6 years of age tested for lead poisoning and living in the state of Texas, or the range of homes with reported mold-damage in various New York counties, are a possible type of descriptive statistics. The descriptive statistics can be used to evaluate program progress in meeting stated goals, identify subpopulations or small geographic areas where risk for specific housing conditions is high and to target resources to these areas. These statistics can be used to evaluate program management in terms of timely response to individual cases.

B.3. Methods to Maximize Response Rates and Deal with No Response

Since data for the HHLPSS are required to be submitted as part of the awarded cooperative agreement, we anticipate a 100% response rate (as stated in Section B.1). In the event that an awardee does not submit its quarterly progress report (and consequently, HHLPSS data); the assigned project officer will contact the program to help them overcome any barriers to submitting the progress report. In addition, CDC will develop reports to provide feedback to each state, local, and territorial program funded by the CDC Program about the quality of their data. CDC project officers will use these reports to highlight weaknesses in data and recommend ways to improve program activities and ensure consistency with stated objectives.

B.4. Test of Procedures or Methods to be Undertaken

Tests of Procedures or Methods is currently not applicable. No tests or procedures were employed.

B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Individual(s) Consulted on Statistical Aspects of the Design and Analyzing Information for the Agency:

Adrienne S. Ettinger, ScD, MPH, MS (**beginning in 2017**)
Chief, Healthy Homes and Lead Poisoning Prevention Program (HHLPPP)
National Center for Environmental Health
U.S. Centers for Disease Control and Prevention (CDC)
4770 Buford Hwy N.E., MS-F58
Atlanta, GA 30341
Email: aettinger@cdc.gov
Phone: (770) 488-7492
Fax: (770) 488-3635

Designed the data collection:

Mary Jean Brown ScD, RN (**retired 2016**)
Healthy Homes and Lead Poisoning Prevention Program
National Center for Environmental Health
Centers for Disease Control and Prevention (CDC)
4770 Buford Hwy., N.E., MS-F60
Atlanta, GA 30341
Tel: (770) 488-3992
Fax: (770) 488-3635
mjb5@cdc.gov

Individuals consulted in study design in 2009:

Ralph Caraballo, PhD
Program Chief, Epidemiology Program, Office on Smoking and Health, National Center for Chronic Disease Prevention & Health Promotion (NCCDPHP), CDC
rfc8@cdc.gov
770-488-5732
Michael Ballesteros, PhD
Deputy Associate Director for Science, Division of Unintentional Injury Prevention National Center for Injury Prevention & Control (NCIPC), CDC
zzb0@cdc.gov
770-488-1308

Jeanne Moorman, PhD
Survey Statistician, Air Pollution and Respiratory Health Program, Division of Environmental
Hazards and Health Effects, NCEH, CDC
zva9@cdc.gov
770-488-3726

Individuals Responsible for Collecting Information and Analyzing the Data for the Agency:

Adrienne S. Ettinger, ScD, MPH, MS
Chief, Healthy Homes and Lead Poisoning Prevention Program
National Center for Environmental Health
U.S. Centers for Disease Control and Prevention (CDC)
4770 Buford Hwy N.E., MS-F58
Atlanta, GA 30341
Email: aettinger@cdc.gov
Phone: (770) 488-7492
Fax: (770) 488-3635

David Wright, MS
Senior IT Specialist, HHLPPPP, NCEH, CDC
ybq2@cdc.gov
770-488-4715

Stella Chuke, MBBS, MPH
Epidemiologist, HHLPPPP, NCEH, CDC
slc7@cdc.gov
770-488-3475

Kathryn Egan, PhD, MPhil, MPH
Epidemiologist, HHLPPPP, NCEH, CDC
nky9@cdc.gov
404-718-5778

References

See Supporting Statement A.

List of Attachments

Attachment 1: HHLPSS Authority Authorizing Legislation

Attachment 2. 60-Day Federal Register Notice

Attachment 3. 2013 HHLPSS Deployment

Attachment 4. Healthy Homes and Lead Poisoning Prevention Surveillance System (HHLPSS) Variables

Attachment 5. CDC-RFA-EH14-1408PPHF14 Corporative Agreement

Attachment 6. Enforcement of Federal Lead Disclosure Rule Section 1018 of Title X and Lead-Safe Housing Rule (45 CFR 164.512(b))

Attachment 7. HUD Lead Safe Housing Rule (24 CFR 35)

Attachment 8. Research Determination

Attachment 9. Privacy Impact Assessment