

Supporting Statement A  
Public Health Emergency Management Capacity Assessment Tool (PHEM TOOL)  
(OMB Control No. 0920-xxx)  
New

Centers for Disease Control and Prevention  
Office of Readiness and Response  
Division of Emergency Operations

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August 21, 2023

## Table of Content

A. Justification.....	3
1. Circumstances Making the Collection of Information Necessary.....	3
2. Purpose and Use of Information Collection.....	4
3. Use of Improved Technology and Burden Reduction.....	5
4. Efforts to Identify Duplication and Use of Similar Information.....	5
5. Impact on Small Businesses or Other Small Entities.....	5
6. Consequences of Collecting the Information Less Frequently.....	5
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....	5
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency.....	5
9. Explanation of Any Payment or Gift to Respondents.....	6
10. Assurance of Confidentiality Provided to Respondents.....	6
11. Justification of Sensitive Questions.....	8
12. Estimates of Annualized Burden Hours and Costs.....	8
13. Estimates of Other Total Annual Cost Burden to Respondents or Record keepers.....	9
14. Annualized Cost to the Government.....	9
15. Explanation for Program Changes or Adjustments.....	10
16. Plans for Tabulation and Publication and Project Time Schedule.....	10
17. Reason(s) Display of OMB Expiration Date is Inappropriate.....	10
18. Exceptions to Certification for Paperwork Reduction Act Submissions.....	10
List of Attachments:.....	11

## Supporting Statement A

**Goal of the project:** The Center for Disease Control and Prevention's (CDC) Global Emergency Management Capacity Development (GEMCD) team will use the PHEM Tool to assess public health emergency management (PHEM) program and Public Health Emergency Operations Center (PHEOC) capacity of Global Health Security Agenda (GHSA) countries.

**Intended use of the resulting data:** Data will identify strengths and weaknesses, capabilities, and gaps in PHEM programs and PHEOCs in GHSA countries. Findings will guide GEMCD team program planning initiatives and determine appropriate technical assistance (TA) for GHSA countries.

**Methods to be used to collect:** The GEMCD team's Emergency Management Technical Advisors (EMTAs) will use the Tool to guide an in-person interview with GHSA countries Ministry of Health, Public Health Emergency Operations Center (PHEOC) Manager and optional additional staff, to characterize the country's PHEM program and capabilities. EMTAs will document responses in an excel based form that will be entered into and maintained in the CDCReady data base.

**The subpopulation to be studied:** GHSA countries' PHEOC leadership and staff will be interviewed.

**How the data will be analyzed:** Data will be analyzed to identify the presence or absence of specific PHEM and PHEOC requirements, such as plans, policies, and procedures, etc. Additional analysis will focus upon the status of PHEM and PHEOC plans, policies, and procedures, e.g., date of publication, relevance, etc. The survey will be conducted annually to identify progress and document changes from one year to the next in terms of PHEM program and PHEOC capabilities.

### *A. Justification*

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

The PHEM Tool is used by GEMCD team EMTAs with GHSA Country participants to assess PHEM program and PHEOC capacity in the country. Collected data are used to determine appropriate programmatic technical assistance for a given year. For country activities occurring for more than one year, data can be used to assess progress. The PHEM Tool provides evidence

to support the GEMCD Team's program activities, specifically in terms of technical assistance.

The GEMCD team is the CDC lead for PHEM in the international setting. The PHEM Tool is used to determine the status of PHEM programs and PHEOCs in participating GHSA countries. Countries are required by the International Health Regulations, 2005 (IHR) to achieve benchmarks related to emergency response, and GEMCD provides subject matter expertise in the creation and sustainment of PHEM programs and PHEOCs.

GEMCD works with countries to ensure that they are able to prepare for and effectively respond to public health emergencies as mandated by the IHR. The information collection request is new, and the length of time requested is 3 years. This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241) (Attachment 1). The information collection request is for three years, at which time the PHEM Tool renewal may be sought.

## **2. Purpose and Use of Information Collection**

The goal of the PHEM Tool (**Attachment 3**) is to provide an easy to use but comprehensive questionnaire to assess public health emergency management (PHEM) program capacity and public health emergency operations centers' (PHEOC) capabilities, for the purpose of identifying areas of technical assistance support the following:

1. To create an easy to use and comprehensive PHEM Program and PHEOC assessment tool for use in Global Health Security Agenda as well as USG/ CDC priority countries.
2. To use data collected using the tool to identify focus areas for programmatic activities and Technical Assistance.
3. To use tool each program year to document improvements or decreases in public health emergency management and/ or Public Health Emergency Operations Center capabilities.

PHEM Tool data will be used to tailor technical assistance and programmatic activities in participant countries. PHEM Tool data will be available to participant CDC country teams, in report form. In addition, these reports may be shared with Ministry of Health officials, at the discretion of the CDC Country or Regional Teams. GEMCD may use data collected using the PHEM Tool to develop reports for programmatic use, internal to DEO, ORR, or Global Health. Aggregated or de-identified PHEM Tool data may also be used in publications pertaining to emergency management, capacity development, public health workforce development, etc. Publications external to CDC will reference country specific data in an anonymous format or as one of many represented in the case of regional comparisons. PHEM Tool data for use in external publications or presentations will be submitted through CDC's approval and clearance process.

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

Interviewers will enter respondents' information into an Excel spreadsheet.

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

GEMCD team is the CDC lead for PHEM program and PHEOC support to GHSA countries working to achieve IHR standards. GEMCD collaborates closely with other CDC entities responsible for their own programmatic activities related to GHSA and IHR standards, e.g., surveillance, point of entry, etc. In addition, GEMCD collaborates closely with WHO in development and review of guidance related to PHEM program and PHEOC practices. GEMCD Team is requested to provide and conduct the PHEM Tool as part of its "needs assessment" to provide Technical Assistance pertaining to PHEM. The Tool is designed uniquely for this purpose and crosswalks PHEM focused capabilities as required by the International Health Regulations and the Joint External Evaluation tool. It is intended to be administered annually, to assess progress or challenges a country is facing as pertains to their PHEM programs. There are no similar data/information availability for the PHEM Tool.

### **5. Impact on Small Businesses or Other Small Entities**

Collection of information may involve some small businesses or other small entities, but the burden has been limited to providing minimal information on forms, verifying information by telephone, and mailing information to the appropriate parties. CDC has made every effort to ensure that the information collection is the minimal amount necessary to meet the requirements of the law and places a minimal burden on all parties involved.

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

CDC may not be able to provide timely technical assistance to GHSA countries resulting in these partner countries with specific needs that are not met. This may impact their ability to respond to emergencies according to IHR standards. Delay or inability to respond may lead to additional morbidity and mortality in an impacted country.

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

This request fully complies with the regulation in 5 CFR 1320.5.

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

**A8A.** A "60 Day Federal Register Notice" was published in the Federal Register on May 01, 2023, Vol. 88, No. 83, Pages 26546-26547 (**Attachment 2**). One comment was received

regarding this notice and CDC responded accordingly. **(Attachment 2a)**

#### **A8B. Consultation Outside the Agency**

GEMCD assists countries in developing their PHEM programs and PHEOC capabilities. An early step of this process is to ask questions of key personnel that work in the PHEM program or PHEOC about the existing strengths, weaknesses, etc. of their PHEM program, PHEOC or challenges personnel are facing, etc. These data will inform the project plan for improving the PHEM program or PHEOC, addressing personnel training needs, etc.

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

Respondents will not receive any payment or gift.

#### **10. Assurance of Confidentiality Provided to Respondents**

The Office of Readiness and Response has determined that the Privacy Act does not apply to this information collection. The data collection does not involve collection of sensitive or identifiable personal information. Although contact information is obtained for, the contact person provides information about the organization, not personal information. No system of records will be created under the Privacy Act.

Information will be kept secure by the DEO Information Technology (IT) Team's CDCReady. The IT Team will act as the Data Manager (DM) for the PHEM Tool data, ensuring that it is maintained over time in the CDCReady platform, available to specific, role based programmatic staff. No IIF will be distributed.

#### **11. Justification of Sensitive Questions**

This data collection does not include personal questions of a sensitive nature.

#### **12. Estimates of Annualized Burden Hours and Costs**

The PHEM Tool is intended to be administered by the EMTA with key responders from GHSA country MoH representatives and/ or CDC country office personnel. The questions can be answered easily by well-informed programmatic staff and may take more time for those less familiar with PHEM and the PHEM program and the country's PHEOC. In previous pilots, the Tool can be completed in an estimated time of 6 hours. Burden hours in the table reflect one staff member providing responses.

Table A12A. Estimate of Annualized Burden Hours

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Ministry of Health personnel responsible for Public Health Emergency Management (PHEM) Program in participating GHSA countries	PHEM Tool	12	1	6	72
Total	-----	-----	-----	-----	72

Table A12B. Estimate of Annualized Cost to Respondent

When estimating the annualized burden costs, CDC is using an average hourly respondent labor rate of \$42.74 for Emergency Management Directors. These rates were obtained from the Bureau of Labor Statistics, from the May 2022 Occupational Employment and Wage Statistics Data table (<https://www.bls.gov/oes/current/oes119161.html>). The total estimate of the annualized costs to the respondents is \$3077.28.

Type of Respondents	Form Name	Total Burden (in hours)	Hourly Wage Rate	Total Respondent Costs
Ministry of Health personnel responsible for Public Health Emergency Management (PHEM) Program in participating GHSA countries	PHEM Tool	72	\$42.74	\$3077.28
Total	-----	----- ----	----- ----	\$3077.28

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

Respondents incur no capital or maintenance costs.

#### **14. Annualized Cost to the Government**

The total estimated cost for implementing the PHEM Tool data collection includes a range of the hourly rate of the EMTA administering the survey, and the range of time it takes to complete the interview. An EMTA generally earns between \$48.00- \$71.00 an hour. If the duration of the interview is 6 hours then \$48 x 6 hours= ~\$288, or \$71 x 6= ~\$426, per interview. Assume analysis of data is completed in 2 hours, and that the analyst earns a range of \$48-65 an hour.

##### **FY 2020 Annualized Government Cost**

Personnel: 6 FTEs (presently) conducting up to two PHEM Tool assessments each year

~\$ Total Estimated Range of Annual Cost:  
\$ 5,184- \$7,452

EMTA Hourly Rate	Time for Interview	EMTA Cost per interview	Analyst Rate	Analyst Time	Analyst Cost per interview	Combined Cost per interview	Interview x 12
\$48	6	\$288	\$48	3 hours	\$144	\$432	\$5,184
\$71	6	\$ 426	\$65	3 hours	\$195	\$ 621	\$7,452

#### **15. Explanation for Program Changes or Adjustments**

This is a new request.

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

Analysis of collected data will be conducted, annually. Data within or between regions may be compared, annually. Findings that are reflective of best or promising practices may be described, in aggregated or anonymous fashion, in publication.

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

The display of the OMB expiration date is not inappropriate.

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

There are no exceptions to the certification.



***List of Attachments:***

Attachment 1 - Authorizing Legislation - Public Health Service Act, Section 2102 (42 U.S.C. 300a-2)

Attachment 2 – 60-Day Federal Register Notice

Attachment 2a – 60-Day Comment and CDC Response

Att3 – PHEM Tool