

**CDC/STSDR Generic Clearance
Formative Research and Tool Development**

Supporting Statement A

*Building Resilience for State and Local Health Department Staff Responding to Public Health
Emergencies*

March 21, 2024

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A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

Public health department staff across the country have been working beyond capacity and have been overextended, not only in recent years because of the COVID-19 pandemic but also for a longer due to various health emergencies. Mental and psychological stress is increasing for health department staff, and resources are needed to support them in building resilience and overcoming factors that contribute to burnout and stress. Resources are needed to support these employees to increase their resilience, reduce stress and burnout, and ultimately reduce turnover or other negative outcomes.

Previous work for this project focused on conducting literature reviews to identify evidence-based strategies that organizations can use to support employees in the needed ways. The purpose of this data collection is to assess 1) the implementation of these strategies in public health departments and how implementation could be improved, and 2) the effectiveness of identified strategies at reducing stress and burnout and increasing employee resilience specifically in public health departments. This data collection is needed because there is not currently evidence of the effectiveness of the identified strategies specifically in public health departments.

2. Purpose and Use of Information Collection

The purpose of this data collection assess the implementation of strategies designed to improve resilience or reduce burnout and/or stress for health department staff. Strategies identified in existing literature will be implemented in health departments. This data collection will be used to evaluate the strategies in a public health department setting to determine those strategies that will be the most beneficial to the health department workforce. The information collected via this data collection will be used to achieve several important goals:

- Evaluation of implemented strategies in varying health departments
- Identification of strategies that are most effective in supporting health department employee well-being
- Evaluation of the effectiveness of strategy implementation approaches
- Identification of implementation methods that facilitate or hinder use of the strategies
- Identification of tools to include or update for future strategy implementation
- Identification of updates that may be needed to make the interventions more applicable in state, local, tribal, and territorial health departments.

Because this is a new data collection, there is not any previous data available for use.

The Survey (Attachment A) will solicit feedback about the various interventions to ensure all experiences are considered.

The Focus Group – Leadership (Attachment B) will provide important insight into specific issues of concern to health department leadership, as well as help determine which interventions can enhance health department workforce resilience and how they should be implemented.

The Focus Group – Staff (Attachment C) will provide important insight into specific issues of concern to health department staff, as well as help determine which interventions can enhance health department workforce resilience and how they should be implemented.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected by using a mixed mode (i.e., web-based survey, virtual interviews/focus groups) data collection methodology. A web-based survey will be conducted. The secure web survey will be posted online using a secure web-based survey system (i.e., Voxco). The software allows participants to skip questions and complete the survey in more than one session (i.e., the respondent can leave the web survey and come back to finish it at a later time). Interviews/focus groups will be conducted virtually to reduce burden on participants as they will not need to travel to a different location to join the data collection. Participants will also only be asked questions that are relevant to their specific situation using protocols tailored to their group.

4. Efforts to Identify Duplication and Use of Similar Information

To our knowledge, there is no duplication of information. This is a data collection that focuses on the implementation of new strategies in health departments, and as such they have not been previously studied with this population. While the strategies included in the pilot strategy implementation and data collection were identified in academic and professional literature, their implementation and effectiveness in public health departments has not previously been assessed.

5. Impact on Small Businesses or Other Small Entities

This data collection will involve participation from small governmental entities (e.g., local health departments), and their participation will be requested in the same way as participation from larger entities. Collecting data from small governmental entities will enable the CDC to better understand how strategies can be effectively implemented in these types of organizations so that resources can be updated or developed to better meet their needs. As such, by including small governmental entities in the data collection, future burden when implementing strategies to improve resilience will be reduced as implementation needs and challenges will be identified through the data collection.

6. Consequences of Not Collecting the Information or Collecting the Information Less Frequently

The CDC seeks to better understand the implementation effectiveness and outcomes of implementing strategies designed to improve public health department staff well-being. Without this data collection, there are not data available to answer these questions and provide evidence to support future implementation of effective strategies. Participants will be asked to participate in an interview/focus group only one time to gather their input about the strategy implementation. During the pilot testing of the strategies, participants will be asked to complete a survey two times (i.e., pre-implementation and post implementation) so that effectiveness of the intervention can be assessed. All data collection will take place during a 4-month period of time. There are no legal obstacles to reducing the burden.

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

There are no special circumstances. This request fully complies with the regulation 5 CFR 1320.5.

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

The Federal Register notice was published for this collection on July 22, 2022 Vol. 87, No. 140 pp. 43860. No public comments were received.

9. Explanation of Any Payment or Gift to Respondents

No incentive will be provided to data collection participants. They will be able to complete the data collection activities during their work day.

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

Personally identifying information will not be collected from participants or stored with data. To link pre- and post-implementation surveys, participants will be asked to provide their own unique identifier, which will be unknown to the research team. CDC will not receive any identifiable information from any of the participants. Persons participating in this project sponsored by CDC will be informed that their data will be maintained in a secure manner, and that the data will only be used for purposes stated in the consent form. Although the identities of respondents may be known to local project personnel who conduct interviews and interact with respondents, data collected regarding such sensitive topics will not be stored or accessed in a Privacy Act system of records, and the respondents' identifying information will not be submitted to CDC. Only authorized project staff will be allowed to have access to study information (whether identifiable or not) and all information will be kept in secure files with limited access.

Participation in development activities is strictly voluntary. Respondents will be provided with an informed consent form prior to the start of information collection, and will be allowed to ask questions about the project before deciding whether to participate or not. These forms will be included in each individual collection request. The consent form describes the purpose of the study, specifies specific procedures that will be conducted, and describes protections for the respondent's privacy and confidentiality.

For the web-based survey, Voxco will be used. Voxco is a COTS software for Survey Research. The software is best-in-class for multimodal scientific research studies. Voxco software is hosted on servers owned and managed by the contractor in its primary data center. All controls appropriate for systems and information considered Moderate Risk are in place, following the framework outlined in NIST 800-53. This includes but is not limited to data encryption at rest and in transit, access control, network segmentation, multifactor authorization, baseline compliance, vulnerability scanning and patching, and encrypted backups.

All information will be collected electronically, will be stored in the contractor's Microsoft Office 365 environment. The data will only be accessible by the team members participating with the CDC on this specific project. The contractor deploys recommendations and guidelines established by the National Institute of Standards and Technology (NIST) and International Organization of Standards

(ISO) 27001 as a baseline to establish policy and to ensure ICF follows appropriate security standards to protect company and client information. ICF maintains ISO 27001 certification, SSAE 16 SOC 2, HITRUST CSF, and UK Security Essential for core corporate systems. Third-party audits are performed annually.

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

This project was reviewed by ORR’s human subjects contact and determined to not meet the definition of research under 45 CFR §46.102(l). IRB review is not required (Attachment 4). This data collection will not include sensitive questions.

12. Estimates of Annualized Burden Hours and Costs

The annualized response burden is estimated at 284 hours. Exhibit 12.A provides the breakdown of this estimate by each form. Participants will be asked to participate in multiple data collection activities (i.e., both a pre- and post-implementation survey) to assess the impact and value of the pilot.

Expected time to complete the survey and participate in interviews/focus groups is based on prior experience with similar data collection activities.

Exhibit 12.A Annualized Burden Hours

Category of Respondent	Form Name	No. of Respondents	Participation Time (minutes)	Burden in Hours
State, local, or tribal governments	Pilot Evaluation Pre-Implementation Survey	400	10	67
State, local, or tribal governments	Pilot Evaluation Post-Implementation Survey	400	20	133
State, local, or tribal governments	Pilot Evaluation – Staff Focus Groups	60	60	60
State, local, or tribal governments	Pilot Evaluation – Leader Focus Groups	24	60	24
Totals		884		284

Exhibit 12.B Estimated Cost to Respondents

Type of Respondent	Form Name	Total Burden (in hrs.)	Hourly Wage Rate	Total Respondent Costs
Facility Staff/Leadership	Pilot Evaluation Pre-Implementation Survey	67	\$40.30	\$2,700.10
Facility Staff/Leadership	Pilot Evaluation Post-Implementation	133	\$40.30	\$5,359.90

	Survey			
Facility Staff/Leadership	Pilot Evaluation – Staff Focus Groups	60	\$40.30	\$2,418.00
Facility Staff/Leadership	Pilot Evaluation – Leader Focus Groups	24	\$40.30	\$967.20
			Total	\$11,445.20

The annual burden cost to respondents is estimated to total \$11,445.20 (284 hours x \$40.30). This estimate is derived using data from the May 2022 United States Department of Labor, Bureau of Labor Statistics data for Environmental Scientists and Specialists, including Health. While not all respondents may fit into this occupation, it is an estimate of the average salary of those who will be invited to participate.

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

There are no capital or start-up costs or ongoing operation/maintenance costs associated with the collection of these data.

14. Annualized Costs to the Government

The estimated annual cost to the Federal government is \$20,320 (CDC Project officer overseeing project at 0.25 FTE).

15. Explanation for Program Changes or Adjustments

This is a new data collection, so there are not changes to the burden estimates.

16. Plans for Tabulation and Publication and Project Time Schedule

Upon conclusion of data collection for each survey, research team staff will use the results to identify the most effective strategies and develop updated tools and resources to support strategy implementation. The data gathered through this effort will not be published. Instead, it will be used to inform tool development to support future strategy implementation. Data will be collected for this effort during a 3-month period in the summer of 2024. Data will be analyzed and internal reports prepared for CDC during the last quarter of 2024, with final tools being published by March 2025.

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

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