# Request for genIC Approval CDC/ATSDR Formative Research and Tool Development

## 0920-1154

CIO: CPR

**PROJECT TITLE:** Evaluation on Acceptability and Effectiveness of Pilot Project: This is a Tabletop Exercise Simulation Tool (T.E.S.T.)

## PURPOSE AND USE OF COLLECTION:

The purpose of this information collection is to evaluate a new training product, "This is a T.E.S.T.- a Tabletop Exercise Simulation Tool" (TEST), developed by the Centers for Disease Control and Prevention (CDC) to determine how this product has benefited state and local emergency planning partners and if there are other ways in which the product can be leveraged and improved to further enhance state and local preparedness. This is a T.E.S.T. is a collaborative game that bridges the gap between discussion and operational exercises for CRCs using narrative-based problems to foster teamwork, discuss resource management, and aid in understanding specific roles and responsibilities during a radiation emergency.

Link for overview video:

This is a T.E.S.T. Playthrough - YouTube

## This is a T.E.S.T. Playthrough - Audio Description - YouTube

The purpose of this tool is to provide participants with pressures and situations that likely will arise in a real emergency, highlighting the need to work together to process the population effectively. To determine if the goal of the tool has been met, it is key to perform evaluation and assessment of the tool and its implementation. Information collected will be used to evaluate tool effectiveness in achieving intended outcomes, identify options for future implementation of TEST which best promote emergency preparedness planning and coordination with cross sector personnel to enhance PHEP capabilities, and identify areas for improvement of development and implementation of TEST

Jurisdictions will be volunteering to host and use TEST as an exercise. Potential respondents will be selected from those who participate in these exercises so that they can provide feedback on the tool. On the initial survey immediately following exercise participation, participants will be asked if they would like to participant in further focus group discussions. Participants for focus groups will be selected from those that provide voluntary consent. Participation in the initial survey will be voluntary and open to all participants in the exercise. A QR code for the survey link will be made available during and after the exercise. A short follow-up survey will be sent to participants from the jurisdiction exercise coordinator who will have collected contact information for all participants which is standard for exercise requirement fulfillment. Participant responses to the survey will be voluntary. will be sent through the.

## **DESCRIPTION OF RESPONDENTS:**

Respondents will be those who participate in exercises using TEST and will primarily include state and local radiation emergency planners or those who work closely with radiation emergency planners.

#### **CERTIFICATION:**

I certify the following to be true:

- 1. The collection is voluntary.
- 2. The collection is low-burden for respondents and low-cost for the Federal Government.
- 3. The collection is non-controversial and does <u>not</u> raise issues of concern to other federal agencies.
- 4. Information gathered will not be used to substantially inform influential policy decisions.
- 5. The study is not intended to produce results that can be generalized beyond its scope.

Name: _Lauren Finklea_	
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To assist review, please answer the following questions:

## **Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [x] Yes [] No (CPR/NCEH will only collect name and professional email of participants who volunteer to be contacted for focus group discussions. Records will not be saved using PII. Only name and professional email are optionally provided and this data will be removed from final data storage and analysis.)
- 2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [] Yes [x] No CPR/NCEH will not retrieve data for analysis by participant PII (Name/email address). We will not record PII in final data analysis or storage.
- 3. If Applicable, has a System or Records Notice been published?  $[\ ]$  Yes  $[\ x\ ]$  No SORN is not applicable.

## **Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [x] No

## **BURDEN HOURS**

Category of Respondent	Form Name	No. of Respondents	Participation Time (minutes)	Burden in Hours
(1) Individuals or Households Radiation Emergency Planner	Initial Feedback Survey (includes total participation Game/Instructions)	600	240	2400
(1) Individuals or Households Radiation Emergency Planner	Follow up Survey (1 and 3 months)	600	15	250
(1) Individuals or Households Radiation Emergency Planner	Focus Group Discussion	50	60	50
Totals				2,750 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$4051 based on 100 hours of FTE time. The hourly wage for a GS-13 employee is \$40.51.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

## The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? [] Yes [x] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

We do not have a sampling plan. We do have a list of Public Health Emergency Preparedness (PHEP) jurisdictions which receive the Division of State and Local Readiness (DSLR) Weekly Friday Updates. We will attach the participant information flyer in the DSLR Friday updates for up to 4 dates until we have received the number of desired sites.

Sites will be selected based on how well they fit the requirements listed in Attachment A. Pending which jurisdictions volunteer, we will attempt to select one site from each HHS region pending travel funds available.

If more than 15 sites volunteer, they will still have access to the exercise materials, and we will use a previously approved generic training survey.

Additionally, the tool will be used at up to 5 conferences with each conference estimate to have up to 30 participants. Participation will be open to conference attendees.

Potential respondents will be selected from those who participate in these exercises so that they can provide feedback on the tool. Participation in the initial survey will be voluntary and open to all participants in the exercise. A QR code for the survey link will be made available during and after the exercise. A short follow-up survey will be sent to participants from the jurisdiction exercise coordinator who will have collected contact information for all participants which is standard for exercise requirement fulfillment. Participant responses to the survey will be voluntary. On the initial survey immediately following exercise participation, participants will be asked if they would like to participant in further focus group discussions. Participants for focus groups will be selected from those that provide voluntary consent.

#### **Administration of the Instrument**

1.	How will you collect the information? (Check all that apply)
	[x] Web-based or other forms of Social Media
	[ ] Telephone
	[ ] In-person
	[ ] Mail
	[x ] Other, Explain – Zoom or Teams

2. Will interviewers or facilitators be used? [x] Yes[] No Facilitators will be used for Focus groups only.

Please make sure all instruments, instructions, and scripts are submitted with the request.

## **List of Attachments**

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Attachment A – Participant Information

Attachment B – Immediate Post Exercise Survey Questions

Attachment C - Follow Up Survey Questions

Attachment D – Focus Group Script

Attachment 1 – T.E.S.T. Game Board

Attachment 1a – T.E.S.T. Game Board Instructions
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Instructions for completing genIC Request for Approval for CDC/ATSDR Formative Research and Tool Development

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is requested.

**PURPOSE and USE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Briefly describe the targeted group/groups for this collection.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

#### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

**Form:** Provide the title of the information collection form.

No. of Respondents: Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group).

Burden in Minutes: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Estimate the annual cost to the Federal government for this collection.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.