



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

*Print Date: 2/6/23*

**Title:** Evaluation on Impact and Effectiveness of Pilot Project This is a T.E.S.T.

**Project Id:** 0900f3eb8209a272

**Accession #:** CPR-PIB-1/24/23-9a272

**Project Contact:** Lauren R Finklea

**Organization:** CPR/DSL/PIB

**Status:** Pending Clearance

**Intended Use:** Project Determination

**Estimated Start Date:** 02/14/2023

**Estimated Completion Date:** 01/01/2025

**CDC/ATSDR HRPO/IRB Protocol #:**

**OMB Control #:** 0920-1154

## Determinations

Determination	Justification	Completed	Entered By & Role
HSC: Does NOT Require HRPO Review	Not Research / Other <i>45 CFR 46.102(l)</i> Quality Assurance / Improvement Other - Program improvement	2/6/23	Garcia_Albert D. (asg9) CIO HSC

## Description & Funding

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### Description

**Priority:** Standard

**Date Needed:** 02/14/2023

**Determination Start Date:** 01/24/23

**Description:** The Centers for Disease Control and Prevention (CDC) designed This is a T.E.S.T (Tabletop Exercise Simulation Tool) to teach emergency preparedness and response partners who may be involved in population monitoring about Community Reception Centers (CRCs) and expand their understanding of how to respond to a radiation incident. The goal of the tool is to facilitate cooperation between different partner agencies that would respond to a radiation emergency, train staff on their roles and responsibilities, and provide a Homeland Security Exercise and Evaluation Program (HSEEP) aligned exercise design that mimics real world issues that may arise, such as staff fatigue, public anxiety, and hazards. CDC NCEH and CPR leadership has expressed interested in 1) expanding the current version of TEST to other emergencies such as pill dispensing, vaccination, and natural disasters, 2) evaluating how the pilot version of test is performing at creating an engaging environment for public health and emergency partners, and 3) developing a virtual version pending evaluation results. This project will focus on task 2 # evaluating This is a T.E.S.T. Video of overview of tool found here: This is a T.E.S.T. Playthrough - YouTube <https://www.youtube.com/watch?v=ZMxNmIxGSJQ>

**IMS/CIO/Epi-Aid/Lab-Aid/Chemical Exposure Submission:** No

**IMS Activation Name:** Not selected

**Primary Priority of the Project:** Not selected

**Secondary Priority(s) of the Project:** Not selected

**Task Force Associated with the Response:** Not selected

**CIO Emergency Response Name:** Not selected

**Epi-Aid Name:** Not selected

**Lab-Aid Name:** Not selected

**Assessment of Chemical Exposure Name:** Not selected

**Goals/Purpose** The purpose of this project is to evaluate the pilot version of TEST to determine the effectiveness of this tool and how it impacts /improves emergency preparedness public health capacity. The evaluation will also evaluate how TEST improved learning outcomes from exercise participants through measuring retention levels with the Kirkpatrick Model. Goals following the evaluation are: # Improved evidence for using game design to develop innovative learning models in emergency preparedness # Enhanced training for workforce development based on different learning styles # Framework for experiential learning and gamification for CDC /Public Health trainings # Improved cohesion with public health response partners Needs and Priorities: Recent emergency responses such as the pandemic and natural disasters have highlighted that there is a significant need for cross sector collaboration and training. A training needs assessment for public health workforce development showed 38% of the workforce felt that there were significant gaps in skills and opportunities for form cross sectoral partnerships. Frameworks exist for federal, state, and local

governmental agencies to exercise and plan together such as FEMA's HSEEP program. Often exercises are in the form of tabletop exercises which are discussion based in nature, or functional exercises which focus on components of planning, not all aspects at once. It's been identified that these exercises can lack in engagement and realistic restrictions on resource yielding both a missed opportunity for training and identification of potential gaps in plans. Providing an engaging and realistic training environment that fosters cross agency collaboration and truly stresses decision makers is key to building a better prepared emergency response workforce. This aligns with CPR's mission #Evaluating, designing, developing, and maintaining documents, tools, and resources to strengthen recipient readiness.#

**Objective:**

The purpose of this project is to evaluate a new training product, #This is a T.E.S.T.# (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. # Evaluate training effectiveness in achieving intended training outcomes: o Improving emergency preparedness plans o Improving cross sector partnerships o Understanding current and predicted throughput capacity o Simulation of resource constraints # Identify options for implementing TEST which best promote emergency preparedness planning and coordination with cross sector personnel to enhance PHEP capabilities # Identify areas for improvement of development and implementation of TEST

**Does this project include interventions, services, or policy change work aimed at improving the health of groups who have been excluded or marginalized and/or decreasing disparities?:**

Yes

**Project does not incorporate elements of health equity science:**

Not Selected

**Measuring Disparities:**

Not Selected

**Studying Social Determinants of Health (SDOH):**

Not Selected

**Assessing Impact:**

Not Selected

**Methods to Improve Health Equity Research and Practice:**

Not Selected

**Other:**

This is a T.E.S.T. was designed to facilitate discussion among preparedness planners with a focus on improving planning for those with access and functional needs. Facilitated discussion will promote equitable response and decrease disparities.

**Activities or Tasks:**

New Collection of Information, Data, or Biospecimens

**Target Populations to be Included/Represented:**

Other - State and local public health emergency planners and partner agencies

**Tags/Keywords:**

Radiation ; tabletop ; Exercise

**CDC's Role:**

Activity originated and designed by CDC staff, or conducted at the specific request of CDC, or CDC staff will approve study design and data collection as a condition of any funding provided ; CDC employees or agents will obtain data by intervening or interacting with participants ; CDC employees or agents will obtain or use anonymous or unlinked data or biological specimens ; CDC employees will participate as co-authors in presentation(s) or publication(s)

**Method Categories:**

Focus Group; Observation; Survey

Intervention being Evaluated: This is a TEST (Tabletop Exercise Simulation Tool) is a collaborative serious game that combines pedagogic approaches and game-based learning models. Implementation: This is a TEST will be implemented by performing exercises with STLT partners. These exercises will follow similar formats to other exercises such as tabletop exercises where the

	<p>tool will be used, followed by discussion and debriefing. Exercises will follow FEMA's HSEEP principles. This is a TEST will also be implemented at conference workshops that are open to public health and emergency management personnel. Target participants: STLT agencies that would be involved in radiation emergency response and planning. Agencies include but are not limited to emergency management, fire/hazmat, law enforcement, public health, hospitals and healthcare, volunteer organizations, environmental health, and radiation control. Design: Due to the level of resources required and participation needed to facilitate an exercise, sites will be determined based on those who volunteer after the approved promotional email is shared or those who request technical assistance through normal CDC channels for exercise assistance. Sites will be asked to have previously conducted tabletop exercises in the past 2 years and engage at least 3 agencies to ensure cross sector participation for gameplay. The call for participation will be open to all state and local governmental agencies across the United States. Likely a mix of local and state partners will participate in each exercise. Due to the timelines of the project, a minimum of 5 exercise sites will be selected with the potential for up to 15 sites. Each site will need to ensure at least 20 participants. Ideally, it is preferred that a combination of decision makers and emergency response staff participate in the exercise. Due to other priorities, it may be unrealistic to integrate decision makers and leaders. For conference implementation, participants who choose to voluntarily register for the workshop will be included in the evaluation. Conferences will promote workshops through their channels. Project team anticipates at least 1 conference workshop and up to 5 conference workshops for the evaluation. Evaluation Methods: survey (posttest and 1 and 3 month follow up) and focus group interviews. Posttest survey will determine knowledge and attitude level change and reducing implicit bias of the subjective nature of perceived learning. Feedback will be grouped based on agency status to further evaluate how gamification may be accepted in different fields. Both qualitative and quantitative methods will be used to compliment the complexity of the game. Data will be electronically collected where participants will remain anonymized. During the exercise, participants will be provided the link to the evaluation survey. Due to the nature of exercises, the host site (not CDC) will collect names and emails of participants (as this is a requirement for exercise credit for CDC/FEMA). Follow-up electronic survey will be conducted for participants 1/3 months following exercise to determine level of continued collaboration and if action has been taken based on gaps identified in planning. Participant list from the exercise will be used to email participants the follow up survey link. Focus groups will be conducted within 3 months following exercises. Voluntary participation only.</p>
<b>Methods:</b>	
<b>Collection of Info, Data or Biospecimen:</b>	<p>Survey- STLT participants, given option to provide name and email if they would like to be followed up with. Participants will be given a link to do the electronic survey. Name and email will not be retained. Focus groups- During focus groups, the facilitator will take notes on main themes and feedback, but no PII will be collected.</p>
<b>Expected Use of Findings/Results and their impact:</b>	<p>Dissemination: Evaluation findings will be shared via presentations, publications, and other appropriate dissemination methods both internally to CDC and externally to agency partners. Preliminary results will be disseminated through a manuscript where evaluation and emergency response experts will provide feedback and review. Final findings will be presented with a briefing document and presentation to CDC leadership to assist with decision making on further development of the project. Presentations will be made at conferences and on webinars to share findings with external stakeholders. Impact: This project proposes to provide a realistic training experience that is engaging, stressful, and fosters cross sector collaboration among preparedness partners. Widespread implementation of this project will result in well-trained, well-prepared staff for emergency response. This may lead to reduction in lives lost and better outcomes during an emergency.</p>
<b>Could Individuals potentially be identified based on Information Collected?</b>	Yes
<b>Will PII be captured (including coded data)?</b>	Yes
<b>Does CDC have access to the identifiers (including coded data)?:</b>	Yes
<b>Is this project covered by an Assurance of Confidentiality?</b>	No
<b>Does this activity meet the criteria for a Certificate</b>	No

of Confidentiality (CoC)?

Is there a formal written agreement prohibiting the release of identifiers? No

## Funding

Funding Type	Funding Title	Funding #	Original Budget Yr	# Years Award	Budget Amount
Other-CDC Staff Time	FTE Staff Time		2023		0.00

## HSC Review

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### HSC Attributes

Quality Assurance / Improvement Yes

Other - Program improvement Yes

## Regulation and Policy

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Do you anticipate this project will be submitted to the IRB office No

Estimated number of study participants

Population - Children

Protocol Page #:

Population - Minors

Protocol Page #:

Population - Prisoners

Protocol Page #:

**Population - Pregnant Women**

Protocol Page #:

**Population - Emancipated Minors**

Protocol Page #:

**Suggested level of risk to subjects**

**Do you anticipate this project will be exempt  
research or non-exempt research**

### **Requested consent process wavers**

**Informed consent for adults** No Selection

**Children capable of providing assent** No Selection

**Parental permission** No Selection

**Alteration of authorization under HIPPA Privacy  
Rule** No Selection

### **Requested Waivers of Documentation of Informed Consent**

**Informed consent for adults** No Selection

**Children capable of providing assent** No Selection

**Parental permission** No Selection

### **Consent process shown in an understandable language**

**Reading level has been estimated** No Selection

**Comprehension tool is provided** No Selection

**Short form is provided** No Selection

**Translation planned or performed** No Selection

**Certified translation / translator** No Selection

**Translation and back-translation to/from target  
language(s)** No Selection

**Other method** No Selection

### **Clinical Trial**

**Involves human participants** No Selection

**Assigned to an intervention** No Selection

Evaluate the effect of the intervention	No Selection
Evaluation of a health related biomedical or behavioral outcome	No Selection
Registerable clinical trial	No Selection

Other Considerations

Exception is requested to PHS informing those bested about HIV serostatus	No Selection
Human genetic testing is planned now or in the future	No Selection
Involves long-term storage of identifiable biological specimens	No Selection
Involves a drug, biologic, or device	No Selection
Conducted under an Investigational New Drug exemption or Investigational Device Exemption	No Selection

Institutions & Staff

Institutions

Institutions yet to be added .....

Staff

Staff Member	SIQT Exp. Date	CITI Biomedical Exp. Date	CITI Social & Behavioral Exp. Date	CITI Good Clinical Practice Exp. Date	Staff Role	Email	Phone	Organization
Amy Schnall	08/02 /2025		08/21/2025		Co-Investigator	ghu5@cdc.gov	770-488-3422	HEALTH STUDIES
Fuyuen Yip	08/27 /2024				Co-Investigator	fay1@cdc.gov	770-488-9	DIVISION OF ENVIRONMENTAL HEALTH SCIENCE AND PRACTICE
Lauren Finklea	07/27 /2024				Principal Investigator	lna8@cdc.gov	770-488-0703	PROGRAM IMPLEMENTATION BRANCH

## Data

**DMP**

**Proposed Data Collection Start Date:** 2/14/23

Proposed Data Collection End Date: 6/3/24

**Proposed Public Access Level:** Public

**Public Access Justification:** Aggregated data will be made available in the published manuscript and can be posted through CDC github or other CDC data sharing platforms. Aggregated data will have no PII. Allowing persons to access aggregated data will lend credibility to the evaluation Raw data will be available to CDC staff performing the evaluation. This data will only be used for performing evaluation and an aggregated form will be made available for the public. Names and contact information will be removed.

**How Access Will Be Provided for Data:** Public data will be accessed through either publication manuscript website as supplemental information or through the CDC gihub portal or other data sharing platforms approved through CDC. Data will be in the form of an excel file and PDF. Raw data will be held internally on shared Teams folders with only access for CDC staff.

<b>Plans for Archival and Long Term Preservation:</b>	Public Data # Long term archival will be through manuscript publication and/or github or other CDC data repositories. Raw Data # Data will be saved on CDC shared drives and only accessible to CDC staff. As data is for training/tool evaluation, no data is anticipated to be sensitive or can be used in a negative way against participants. PII will not be kept. PII is only used to reach out to participants. Those who said they would like to be contacted and provide their name and email as voluntary consent, that data will be excluded in saved files following completion of the evaluation.
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## Spatiality

Spatiality (Geographic Locations) yet to be added .....

## Dataset

Dataset Title	Dataset Description	Data Publisher /Owner	Public Access Level	Public Access Justification	External Access URL	Download URL	Type of Data Released	Collection Start Date	Collection End Date
Dataset yet to be added...									



## Supporting Info

Current	CDC Staff Member and Role	Date Added	Description	Supporting Info Type	Supporting Info
	Finklea_Lauren (Ina8) Project Contact	01/31/2023	Attachment d with comments addressed	Other	Attachment D_Focus Group Script_blm_comments addressed.docx
	Finklea_Lauren (Ina8) Project Contact	01/31/2023	Attachment C with Comments addressed	Other	Attachment C_Follow Up Survey Questions_blm_comments addressed.docx
	Finklea_Lauren (Ina8) Project Contact	01/31/2023	gen ic template with comments addressed	Other	GenICRequestTemplate_TEST_blm_comments addressed.docx
	Finklea_Lauren (Ina8) Project Contact	01/31/2023	Updated and clean version of attachment C	Other	Attachment C_Follow Up Survey Questions_clean.docx
	Finklea_Lauren (Ina8) Project Contact	01/31/2023	Updated version Attachment B	Other	Attachment B_Immediate Post Exercise Survey Questions_clean.docx
	Finklea_Lauren (Ina8) Project Contact	01/31/2023	updated and clean gen ic template	Other	GenICRequestTemplate_TEST_Clean.docx
	Finklea_Lauren (Ina8) Project Contact	01/31/2023	Updated and clean version of attachment D	Other	Attachment D_Focus Group Script_clean.docx
	Finklea_Lauren (Ina8) Project Contact	01/31/2023	Attachment B with comments addressed	Other	Attachment B_Immediate Post Exercise Survey Questions_blm_comments addressed.docx
	Maddox_Brandy (ftn6) Branch Approver Projects	01/30/2023	Reviewer Feedback/Edits on Attachment C Follow up survey questions	Other	Attachment C_Follow Up Survey Questions_blm.docx

	Maddox_Brandy (ftn6) Branch Approver Projects	01/30/2023	Reviewer feedback/edits on Attachment B _Immediate Post Survey Questions	Other	Attachment B_Immediate Post Exercise Survey Questions_blm.docx
	Maddox_Brandy (ftn6) Branch Approver Projects	01/30/2023	Reviewer feedback/edits on Attachment D Focus Group Script	Other	Attachment D_Focus Group Script_blm.docx
	Maddox_Brandy (ftn6) Branch Approver Projects	01/30/2023	Feedback/edits on Gen IC Request Template	Other	GenICRequestTemplate_TEST_blm.docx
Current	Finklea_Lauren (lna8) Project Contact	01/24/2023	Request for genIC Approval CDC /ATSDR Formative Research and Tool Development 0920-1154	Other-Generic IC Package Form	GenICRequestTemplate_TEST.docx
Current	Finklea_Lauren (lna8) Project Contact	01/24/2023	This is the information that will be send out in DSLR update for recipients to volunteer to host the tool for exercising and evaluation.	Participant Information Form	Attachment A_Participant Information.docx
Current	Finklea_Lauren (lna8) Project Contact	01/24/2023	These are the questions we would like to use for 1 and 3 month follow up.	Other-Follow Up Survey	Attachment C_Follow Up Survey Questions.docx
Current	Finklea_Lauren (lna8) Project Contact	01/24/2023	Template of the survey we would like to implement for immediate follow up after exercising with TEST.	Other-Immediate Survey Form	Attachment B_Immediate Post Exercise Survey Questions.docx
Current	Finklea_Lauren (lna8) Project Contact	01/24/2023	Focus group script for CDC staff to use to interview participants.	Other-Focus Group Script	Attachment D_Focus Group Script.docx



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