

Environmental Health Workforce Current and Emerging Challenges Assessment

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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- **Purpose of the data collection:** The purpose of this data collection is to assess the current and emerging challenges impacting environmental health (EH) professionals and programs at state, tribal, local, and territorial health departments. Collecting this information is essential for ensuring EH programs are prepared and EH professionals are equipped and ready to address current and emerging challenges.
- **Intended use of the resulting data:** The resulting data will be used to build a stronger understanding of current and emerging challenges STLT EH programs and professionals are facing. The data will also be used to inform efforts for strengthening STLT health department EH programs through potential modification or building of new programs, and providing the needed and appropriate resources, tools, and technical assistance to EH professionals.
- **Methods to be used to collect data:** Focus groups, using a facilitator guide consisting of four primary questions, will be used to engage participants in discussion. An online recruitment instrument will collect respondent contact information and their interest in participation, which will be used for informing participant selection for the focus groups.
- **Respondent Universe:** EH professionals working at STLT health departments. The EH professionals will be directors, managers, and field staff from STLT health departments for four geographic regions: northeast, south, Midwest, and west.
- **How data will be analyzed:** Focus group results will be analyzed by reviewing group responses and using qualitative analysis methods. Specifically, content analysis will be used to identify themes associated with responses to the questions asked by the facilitator. Recruitment instrument results will only be reviewed and used to identify potential focus group participants and inform participant selection.

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This information collection is being conducted using the Generic Information Collection mechanism of the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879. The respondent universe for this information collection aligns with that of the O2C2. Data will be collected from a total of 994 environmental health (EH) respondents at state, local, tribal, and territorial health (STLT) departments. The EH professionals will be directors, managers, and field staff from STLT health departments for four geographic regions: northeast, south, Midwest, and west. (Please see **Attachment A: Respondent Breakdown**).

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service(s) of

- 1. Monitoring health status to identify community health problems
- 2. Diagnosing and investigating health problems and health hazards in the community
- 3. Informing, educating, and empowering people about health issues
- 4. Mobilizing community partnerships to identify and solve health problems
- 5. Development of policies and plans that support individual and community health efforts
- 6. Enforcement of laws and regulations that protect health and ensure safety
- 7. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable
- 8. Assuring a competent public health and personal health care workforce
- 9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services
- 10. Research for new insights and innovative solutions to health problems¹

The CDC National Center for Environmental Health is supporting the Understanding the Needs, Challenges, Opportunities, Vision and Emerging Roles in Environmental Health (UNCOVER EH) initiative, which is an effort designed to thoroughly examine the STLT health department EH workforce. The overall purpose of this effort is to identify, describe, and understand EH professionals’:

1. Demographics, skills and competencies, and potential training needs;
2. Areas of practice, primary responsibilities, and delivery of services; and
3. Current and emerging EH challenges.

The EH workforce is an essential component of the public health workforce. According to recent public health department assessments, approximately 76% of local health departments and 30% of tribal health departments employ EH professionals.^{4,5} On average, a state health department employs 46 EH professionals.⁶ While EH professionals are employed by the vast majority of health departments, there are no current efforts underway to characterize this particular workforce and understand the challenges it faces. Describing and characterizing the public health workforce is emphasized by the importance of identifying gaps in staffing, training, and ultimately ensuring a sufficient workforce prepared to meet future challenges.⁷ Efforts are underway to describe these details for the general public health workforce and within specific discipline areas, such as public health nursing and epidemiology.⁸ A similar level of effort is critical for environmental health, as a foundational area of public health that provides critical services and important activities for promoting safe and healthful communities.⁹ EH’s important role within the public health framework warrants assessment and analysis of the practice and practitioners in order to assure a workforce well positioned to address current needs and well prepared for future EH challenges.

In addition to this, the emergence of many new issues and occurrence of events, such as the Zika virus and Flint water crisis, point to a need for a well-prepared EH workforce. Reduced funding and budget cuts have led to job losses and decreased services at state and local public health

departments^{2,3}. These compounding factors reinforce the need to closely examine the EH workforce to ensure it is sufficient and well-prepared to meet the EH needs of the nation.

The purpose of this data collection is to assess the current and emerging challenges impacting EH professionals and programs at STLT health departments. This information collection is a follow up to the UNCOVER EH initiative (OMB Control No. 0920-1187, Exp. Date: 6/30/2018) which surveyed STLT health department EH workforce on demographics, education and training, experience, areas of practice, job satisfaction, and current and emerging EH challenges. The UNCOVER EH Initiative (which has concluded and for which a PRA discontinuation was submitted in April 2018), identified EH topics requiring new or modified programs, tools and resources. This proposed data collection will delve deeper into these areas, learning about the magnitude and impact of the challenges facing agencies as well as the types of tools, resources, and support that are needed to help STLT EH programs and professionals better respond to and prepare for current and emerging challenges. The results of this assessment will be used to strengthen STLT health department EH programs and support the work of EH professionals. Governmental agencies and non-governmental organizations will have the opportunity to use the results to inform efforts for strengthening, STLT health department EH programs through potential modification or building of new programs, and providing the needed and appropriate resources, tools, and technical assistance to EH professionals. Additionally, the results can be used to inform decisions about the allocation of resources to ensure EH programs and professionals are prepared and equipped to meet current and future challenges. Assessment results will be disseminated in peer-reviewed publications, online materials, and presented at regional and national conferences.

CDC has funded a contract with the National Environmental Health Association (NEHA) and has a non-funded relationship with an academic partner at Baylor University to assist with the planning, facilitation, and reporting of this data collection. The CDC is partnering with NEHA, an organization that represents the EH profession, and providing funding through a contract to support their work and assistance with recruiting participants, hosting the assessments, and communicating about the results generated by this collection of information. The academic partner from Baylor University will provide valuable guidance and insight during the design, facilitation, and reporting phases of the assessment. The academic partner has extensive knowledge and experience with this type of assessment and the EH profession.

Overview of the Information Collection System

Data will be collected from 994 STLT health department EH professionals. All 994 respondents will complete a recruitment instrument (**Attachment B: Recruitment Instrument-Word Version** and **Attachment C: Recruitment Instrument-Web Version**). Of these respondents, 42 will participate in a focus group assessment via facilitated focus groups (**Attachment D: Facilitation Guide**). The information collection instruments were pilot tested by 6 public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns, and to confirm the estimated time required to complete each instrument.

Items of Information to be Collected

The recruitment instrument collects the 994 respondent's contact information and includes seven questions that will be used to inform participant selection. The seven questions will collect respondent background information and determine the event that the respondent may be interested in attending. This information will be used solely for selecting focus group participants.

The focus group instrument will be used to gather information from the 42 respondents pulled from the 994 EH professional target group. Focus groups will be held during two separate occasions. The 42 respondents will be participating in one out of the two different events (21 participants at each event). At each event, each participant will participate in two focus group sessions to assess the current and emerging challenges impacting the EH professional and programs at STLT health departments. Each session will assess 3 topics that were revealed from the web-based assessment results (**See Attachment E: Assessment Topics**). The focus group facilitation guide consists of four primary questions that will be used to gather in depth details and engage respondents in detailed discussion around the current and emerging challenges across each of the six topics addressed at each event and as listed in **Attachment E: Assessment Topics**. These topics resulted from qualitative analysis of the mentioned web-based assessment.

2. Purpose and Use of the Information Collection

The purpose of this data collection is to assess the current and emerging challenges impacting the environmental health (EH) professionals and programs at STLT health departments.

The results of this assessment will be used to strengthen STLT health department EH programs and support the work of EH professionals. Governmental agencies and non-governmental organizations will have the opportunity to use the results to inform efforts to strengthen, STLT health department EH programs through potential modification or building of new programs, and providing the needed and appropriate resources, tools, and technical assistance to EH professionals. Additionally, the results can be used to inform decisions about the allocation of resources to ensure EH programs and professionals are prepared and equipped to meet current and future challenges. Assessment results will be disseminated in peer-reviewed publications, online materials, and presented at regional and national conferences.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a focus group facilitation guide. The guide will establish consistency in facilitation and ensure facilitators follow the same method. The data collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to four primary questions). The instrument was pilot tested by six public health professionals, who provided recommendations to ensure only essential information is collected. A web-based recruitment instrument will be used to recruit participants to focus groups. The recruitment instrument was programmed with skip logic to ensure respondents are prompted to only respond to applicable items.

4. Efforts to Identify Duplication and Use of Similar Information

A review of government websites, publication databases and general web-based searches, and consultation with non-governmental organizations revealed no duplication of effort for collecting

this information. In addition, NEHA, a contractor supporting this information collection, recognizes the important need for detailed information about the EH workforce.

The National Association of County and City Health Officials (NACCHO), Association of State and Territorial Health Officials (ASTHO), and National Indian Health Board (NIHB) produce health department profiles that report general information about EH staffing levels and the type of EH services departments are providing. The proposed collection of information spans beyond the scope of these reports by focusing directly on STLT health department EH programs and their professionals. UNCOVER EH is the first national effort of this magnitude designed to collect this essential information about STLT EH programs and professionals and the challenges they face.

The web-based assessment (OMB Control No. 0920-1187, Exp. Date: 6/30/2018) examined the STLT health department EH workforce to determine EH workforce demographics and professional roles, education and competencies and training needs, and critical skills and resources needed to meet the evolving and emerging EH challenges. The web-based assessment results identified EH topics that will require new and/or modified EH programs and more tools and resources for EH professionals. The proposed information collection will extend upon the previous collection by: 1) delving into the specific EH topics identified by respondents in the web-based assessment, 2) collecting detailed information regarding the impacts of these specific topics on the EH profession and professionals; 3) collecting information regarding how health departments might address challenges identified in the web-based assessment. In the web-based assessment, the EH workforce was assessed; whereas in the proposed information collection, specific EH topics will be assessed. Therefore, the proposed information is not duplicative (**See Attachment F: Information Collection Crosswalk**).

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this information collection.

6. Consequences of Collecting the Information Less Frequently

This request is for a one time data collection. There are no legal obstacles to reducing the burden. If no data are collected, CDC will be unable to:

- Identify and understand the current and emerging challenges EH programs and professionals are facing.
- Provide information needed to appropriately enhance and support the work of EH programs and professionals.
- Establish effective activities and initiatives to better equip and prepare the EH workforce to address future challenges.

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

There are no special circumstances with this data collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

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

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on April 27, 2017, Vol. 82, No. 80, pp 19371-19373. One non-substantive comment was received. CDC sent forward the standard CDC response.

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

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

The Privacy Act does not apply to this data collection. STLT governmental staff and / or delegates will be speaking from their official roles.

Although NEHA, for the purpose of identifying and selecting participants, will collect some individually identifiable information (IIF) related to the official roles of respondents, including respondents' name, business email, business phone number, all information will be kept on secure, password protected servers accessible only to project team members. No IIF will be distributed. CDC will not receive any IFF. IFF will be collected and used solely for the purpose of contacting respondents who indicated interest in participating in the assessment. Data collected during the assessments will be shared only in aggregate form.

This data collection is not research involving human subjects.

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

No information will be collected that are of personal or sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

The estimate for burden hours for the recruitment instrument is based on a pilot test conducted by the same 6 public health professionals. In the pilot test, the average time to complete the recruitment instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 2 minutes (range: 2 – 3). For the purposes of estimating burden hours, the upper limit of this range (3 minutes) is used.

The estimate for burden hours is based on a pilot test of the focus group facilitation guide across the defined topics by 6 public health professionals. In the pilot test, the average time for completion was approximately 90 minutes, totaling to 180 minutes per respondent given each respondent will

engage in two facilitation guide sessions. For the purposes of estimating burden hours, 180 minutes will be used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for “Environmental Scientists and Specialists, Including Health” http://www.bls.gov/oes/current/oes_nat.htm. Based on DOL data, an average hourly wage of \$36.23 is estimated for all 994 recruitment instrument respondents and 42 focus group participants. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents

Data collection Instrument: Form Name	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Recruitment instrument	State Health Department EH Professional	307	1	3 / 60	15	\$36.23	\$543
Recruitment instrument	Tribal Health Department EH Professional	7	1	3 / 60	1	\$36.23	\$36
Recruitment instrument	Local Health Department EH Professional	673	1	3 / 60	34	\$36.23	\$1,232
Recruitment instrument	Territorial Health Department EH Professional	7	1	3 / 60	1	\$36.23	\$36
Facilitation Guide	Health Department EH Professional	42 (of the STLT EH professionals)	2	90/60	126	\$36.23	\$4,565
	TOTALS	1,036			177		\$6,412

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

There will be no direct costs to the respondents other than their time to participate in each data collection.

14. Annualized Cost to the Government

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff and the cost of the contract with NEHA. The total estimated cost to the federal government is \$163,106. Table A-14 describes how this cost estimate was calculated.

Table A-14: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Total Average Cost
CDC Program Official (GS 14 Equivalent) involved in the planning and implementation of the data collection, analysis and reporting	196	\$50.00	\$9,800
Health Scientist (GS 15) provides oversight and guidance on development and implementation of the information collection	60	\$59.00	\$3,540
NEHA/Contractor - identify and select participants, organize and host the focus groups, and collect data (2 contractor staff members involved)	N/A	N/A	\$149,766
Estimated Total Cost of Information Collection			\$163,106

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

A note taker in each focus group will record focus group participant responses using a laptop with word processing software. Focus group results will be analyzed by reviewing group responses and using qualitative analysis methods. Specifically, content analysis will be used to identify themes associated with responses to the questions asked by the facilitator. All information will be kept on secure, password protected servers accessible only to project team members. Assessment results will be disseminated in peer-reviewed publications, online materials, and presented at regional and national conferences.

Project Time Schedule

- ✓ Design instrument(COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan(COMPLETE)
- ✓ Pilot test instrument(COMPLETE)
- ✓ Prepare OMB package(COMPLETE)
- ✓ Submit OMB package(COMPLETE)
- ☐ OMB approval(TBD)
- ☐ Conduct data collection(Open 5 weeks)
- ☐ Code data, conduct quality control, and analyze data.....(2 months)
- ☐ Prepare summary report(s)(1 month)
- ☐ Disseminate results/reports(1 month)

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

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

- A.** Attachment A: Respondent Breakdown
- B.** Attachment B: Recruitment Instrument-Word Version
- C.** Attachment C: Recruitment Instrument-Web Version
- D.** Attachment D: Facilitation Guide
- E.** Attachment E: Assessment Topics
- F.** Attachment F: Information Collection Crosswalk

REFERENCE LIST

- 1.** Centers for Disease Control and Prevention (CDC). "National Public Health Performance Standards Program (NPHPSP): 10 Essential Public Health Services." Available at <http://www.cdc.gov/nphpsp/essentialservices.html>. Accessed on 8/14/14.
- 2.** National Association of County & City Health Officials. Local Health Department Job Losses and Program Cuts: Findings from the 2013 Profile Study. Available at <http://archived.naccho.org/topics/infrastructure/lhdbudget/upload/Survey-Findings-Brief-8-13-13-3.pdf>. Accessed 3/7/18.
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