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**Subject:** Response to public comment on federal register notice for Assessment of Chemical Exposures (ACE) Investigations Docket No. ATSDR-2024-0002  
**Date:** Wednesday, September 4, 2024 3:15:00 PM  
**Attachments:** [ATSDR-2024-0002-0002 attachment 1 \(002\).pdf](#)

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Hello,

I am contacting you in response to the attached public comments submitted by Tao Sheng Kwan-Gett MD, MPH, Chief Science Officer, Office of Health and Science, Washington State Department of Health to our Federal Register Notice "Assessment of Chemical Exposures (ACE) Investigations Docket No. ATSDR-2024-0002". We greatly appreciate the input received and below are our responses. Please let me know if you wish to provide any further comments.

Sincerely,  
Maureen F. Orr, MS  
Surveillance Team Lead  
ATSDR/OIA/RSS

General Comments 1. WA-DOH recommends doing outreach to potential requesting agencies (including but not limited to other federal public health agencies, state/local/tribal health) to increase awareness of this tool, including when and how it can be used. This should include a having a clear and easy procedure for agencies to request an ACE, and making an ACE quick to implement, as many state and local agencies will not be aware of this tool unless they have had previous related issues.

Response: Thank you for this comment. We acknowledge there is currently a lack of awareness and training for the ACE program. We are working to identify ways to fill this gap. ACE began in 2010, and in the past, we conducted state or regional training workshops alongside other CDC disaster epi tools like CASPER. We stopped these during COVID. We also had a short training other agencies could access on CDC TRAIN that has been discontinued. These trainings need to be updated before reinstating.

In the meantime, we worked with FEMA and NIOSH to develop a 4-day resident course "Disaster Related Exposure Assessment and Monitoring" at the Center for Domestic Preparedness in Anniston, Alabama. State and local government agencies can take the FEMA course at no associated cost and federal government agencies for a low cost. We are working on promoting this option, at the same time as we revitalize our online course and regional/state training. While proactively promoting the materials is the preferred option, we have Agency for Toxic Substances and Disease Registry staff in the 10 EPA regions who assist EPA and state environmental and health departments when there are large chemical incidents. We rely on regional ATSDR staff to alert the other agencies to the ACE program when there is interest in assessing the public health impact of an incident.

General comments 2. WA-DOH has concerns regarding the online format and self-administered aspects of the surveys. Online surveys will only be available to those who have a device that is able to access the internet and/or those that have internet access. This may introduce bias into the survey responses and exclude certain populations from accessing/completing the survey such as low-income, rural, and older individuals. WA-DOH recommends ATSDR considers and is transparent in how this affects results.

Response: Thank you for this comment. We wish to offer various versions of the survey, not just the online version. Depending on the situation on the ground and the requestor's preferences there may be online, phone, and in-person surveying. While the online version will allow for more rapid and greater numbers of responses, the response needs to be carefully assessed to ensure that all populations of interest have the opportunity to participate. For example, if an online survey is used, GIS mapping and looking at population demographics and participation rates will allow us to target areas for in-person surveys.

Recommendations about the online survey WA-DOH agrees with the addition of questions related to functional disabilities and maternal and child health. Further, WA-DOH recommends that members of the disability community and advocates for maternal and child health are provided an opportunity to provide input on the questions.

Response: Thank you for this recommendation. Our team collaborated with the Centers for Disease Control and Prevention (CDC) At-Risk task force (ARTF) to develop these new questions. ARTF works on behalf of populations with access and functional needs (AFN) in public health emergencies. ARTF is led by Office of Readiness and Response Office of Science and Laboratory Readiness staff and comprises population-specific subject matter experts (SMEs) from across CDC that work throughout the preparedness, response, and recovery life cycle supporting and advocating for populations with AFN. We will assess how these new questions perform in the field and consult with additional groups you mention to consider revisions for future revisions.

Recommendation regarding the replacement mental health screeners, WA-DOH recommends the replacements are validated tools that have been field tested.

Response: Thank you for this recommendation. We are not aware of any tested screening questions for anxiety, depression, and PTSD for post disaster situations. Therefore, we used validated screeners from the mental health literature.

??? Anxiety validated screener (GAD-2): Kroenke K, Spitzer RL, Williams JB, Monahan PO, Löwe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Ann Intern Med.* 2007;146:317-25.

??? Depression validated screener (PHQ-2): Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Medical Care.* 2003;41:1284-92.

??? PTSD validated screener (PC-PTSD): Prins A, Ouimette P, Kimerling R, et al. The primary care PTSD screen (PC-PTSD): development and operating characteristics. *Prim Care Psych.* 2004;9:9-14.

We adapted them by asking for before vs after the incident to try to distinguish preexisting conditions. Also, after each of the 3 sets of screener questions, we also added a question about whether the respondent feels the symptoms are related to the incident or anything else. We will assess how these perform in the field and can propose changes in the future.

Recommendation regarding the addition of qualitative questions, WA-DOH recommends clearly outlining how the qualitative data will be used to assess chemical exposure. There are concerns around the burden, time, and expertise it takes to analyze qualitative data. Therefore, WA-DOH recommends providing training or guidance on best practices for incorporating mixed methods analysis, as well as software recommendations to be used for qualitative analysis as agencies may need to procure specific software to analyze these data.

Response : Thank you for this recommendation. The intention was to allow for an abundance of questions, from which the requestor could choose the most appropriate for their situation with ATSDR to advise them on the choice and the analysis of these questions. We collaborated with the CDC Epidemic Intelligence Service program officers to develop these questions. We can develop guidance materials for the ACE toolkit for those jurisdictions working independently from ATSDR, but in the meantime will advise that jurisdictions wanting to use these questions collaborate with ATSDR.

Additional survey recommendations include: • Language access. WA-DOH recommends ATSDR ensure that the online survey is translated appropriately and meets the language needs of the community.

Response: Thank you for this recommendation. It is ATSDR's intention to have the surveys translated. Also, there are some translation tools currently available we will investigate. ATSDR has a Geospatial Research, Analysis, and Services Program (GRASP) team of public health and geospatial science, technology, visualization, and analysis experts that we work closely with to help us determine special language needs if they are unknown. Additionally, GRASP has developed a social vulnerability index and environmental justice index that we consider when devising a survey plan.

Recommendation Low completion rate. WA-DOH recommends shortening the time it takes to complete the survey. A 60-minute-long survey will likely be seen as a high burden to potential respondents, resulting in a decreased response rate.

Response: Thank you for this recommendation. This is a generic information collection, where the requestor will choose which questions to keep or delete. The general survey should not exceed 60 minutes but could be considerably less given the selection. The Epi CASE survey is meant to be used when there is a need for a very rapid collection of the minimum amount of information so that the person can be followed up later to participate in any number of activities (e.g. general ACE, health study, registry, etc ). The need for certain information and the time burden will need to be carefully weighed by the requestor. We suggest that the most critical questions be asked with additional questions (e.g. qualitative questions) made optional at the end for those who chose. It has been our experience during these disasters that many

people feel like they have been ignored and need to express their concerns and we do not want to limit them.

Recommendation Accessibility standards. WA-DOH recommends taking steps to ensure the participation of people with disabilities (e.g. using tools such as screen readers for people with visual impairment). • Alternative modes for completion. WA-DOH recommends the development of alternative ways to complete the survey if someone is unable to complete it online due to disability or lack of internet access.

Response: Thank you for that recommendation. We will look into screen readers and other methods for those who want to take the survey online. We also advise the states to have options set up for those who do not want to take it online, such as phone or in-person methods.

Recommendation Sample size. WA-DOH recommends ensuring that there is a way to know how many households/individuals are sent the survey, how many fill it out, and how representative those two samples are of the impacted community.

Response: Thank you for this recommendation. When advertising the survey in a community via a QR code or link, or by phone or in-person methods, it is our intention to gather the geographic distribution of respondents. We will then determine the base population characteristics. We can then determine response rates and representativeness.

Recommendation Standardization. WA-DOH recommends that requesting agencies can choose the questions to be included. If this is not possible, WA-DOH recommends transparency around this issue when doing outreach to agencies.

Response: Thank you for this recommendation. It is our practice to have the requesting agency select the questions to include. ATSDR may provide advice on this selection.