

PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET
Part I: Information Collection Request

This template is intended for staff without an ICRAS account. Please fill out and submit to the appropriate Operating Division to enter into ICRAS. The form mirrors the screens available in the ICRAS 4 system. To request an account to log into ICRAS.

Instructions for filling out the form are available at www.paperworkreduction.gov.

1. Agency/Subagency originating request
DHHS/CDC/NCCDPHP

2. Title National Program of Cancer Registries Cancer Surveillance System

3. Type of information collection (check one)
(See instructions)

- New collection (Request for a new OMB Control Number)
 Extension without change of a currently approved collection
 Revision of a currently approved collection
 Reinstatement without change of a previously approved collection
 Reinstatement with change of a previously approved collection
 Nonmaterial or nonsubstantive change to a currently approved collection (formerly 83C)
 Existing collection in use without and OMB Control Number

4. OCN: 0920-0469 _____

5. Type of review requested (check one)

- a. Regular
b. Emergency - Approval requested by: _____/_____/_____
c. Delegated

If Emergency, please attach justification. (4000 characters maximum)

6. Requested expiration date (check one)

- a. Three years from approval date
b. Six Months from approval date (Maximum for Emergency reviews)
c. Other

Specify: 12/____/____ (mm/yy)
or Number of Months from Approval Date **1 year from approval date**

7. Abstract (4000 characters maximum, attach additional sheets as necessary) this project is a community-based approach to improve maternal and newborn health (MNH) and reduce preventive maternal and prenatal deaths, implemented by CARE, with CDC support from 1997-2002. This approach used a community-based surveillance system to identify preventable deaths during pregnancy, prenatal and newborn periods, and developing a community mobilization program utilizing community volunteers to assist women and families with obstetrical emergencies to get to functioning health facilities. We propose to examine long-term viability of these community efforts in Tanzania.

CDC (as authorized by Public Law 102-515) provides financial and technical support to 45 states, the District of Columbia and 3 US territories to collect and report cancer incidence data on all resident who are diagnosed or treated for cancer in their jurisdiction.

The National Program of Cancer Registries-Cancer Surveillance System (CSS) was established to provide cancer incidence data that meet CDC's responsibilities for public health surveillance.

Once a year in January, in lieu of a quarterly report, CDC requests cumulative data from central cancer registries beginning with their reference year for NPCR (1995 for most programs) to one year after the close of the most current diagnosis year (e.g., diagnosis 1995-2004 data in the calendar year 2006). CDC updates its longitudinal database each year with data from the most recent diagnosis year from the states.

A data contractor, ORC Macro (Macro), has been retained to assist with data management and analysis. Based on annual CSS submissions, standardized reports are generated by Macro for the grantees and the CDC. These reports allow the program to monitor and evaluate the grantees performance with respect to the quality and completeness of their data. Data will be used by CDC for program planning and improvement and CDC will provide regular feedback to grantees based on their data submission and will tailor technical assistance as indicated. In particular, CDC monitors the ability of each grantee to reach data standards with respect to the

12. Does this ICR contain surveys, censuses, or employ statistical methods?

Yes (Attach Part B of Supporting Statement) No

13. Is the Supporting Statement intended to be a Privacy Impact Assessment required by the E-Government Act of 2002?

Yes No

PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET
 Part I: Information Collection Request (continued)
Information Collection Budget (ICB)

If a change in burden is due to a Program Change Due to New Statute, identify the Citations for New Statutory Requirements:

Public Law:

Congress Number	Sequence Number	Section	Name

US Code:

Title	Section	Name

Executive Order:

Number	Name

Statute:

Title	Subtitle

If Program Change is due to Agency Discretion, please categorize the reduction. Burden reduction from (select one):

- a. Cutting Redundancy
- b. Using Information Technology
- c. Changing Regulations
- d. Changing Forms
- e. Miscellaneous Actions

If Program Change is due to Agency Discretion, please categorize the increase in burden. Burden increase caused by (select one):

- a. Changing Regulations
- b. Miscellaneous Actions

Explain the reasons for any program changes or adjustments reported; that is, provide a short statement how the reduction in burden was achieved or why the increase in burden occurred. (If you need more space, please provide a short summary here and elaborate in the Supporting Statement.)

Increase in burden due to a Multi-partner collaboration between CDC, GSU, and CARE to do a follow up examination of the community mobilization approach used by the Community-Based Reproductive Health Program (CBRHP) from 1997 to 2002. To assess the acceptance, relevance and sustainability of community level efforts focusing on community surveillance of maternal and perinatal outcomes, development/maintenance of support to VHWs and community mobilization to maintain a community-based medical emergency transport and referral system in rural Tanzania.