

**Submission for Revision of
Federally Sponsored Collection of Information**

**The National Tobacco Control Program (NTCP)
Chronicle Progress Reporting System**

OCSO revisions 12/21/06

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Justification

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH) provides funding to health departments of states and territories to develop, implement and evaluate comprehensive Tobacco Control Programs (TCPs) based on CDC guidelines provided in *Best Practices for Comprehensive Tobacco Control Programs-August 1999* (Atlanta, GA, HHS) and *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs-May 2005* (Atlanta, GA, HHS). TCPs are population-based, state public health programs that design, implement and evaluate public health prevention and control strategies to reduce disease, disability and death related to tobacco use and to reach those populations with disparities related to tobacco. Support for these programs is a cornerstone of the OSH's strategy for reducing the burden of tobacco use throughout the nation. This program is authorized under the Public Health Service Act 301 (a) [42 U.S.C. section 214 (a) and 317 [42 U.S.C. 247 (b)] as amended (**Attachment 1**). The Catalog of Federal Domestic Assistance number is 93.283.

The National Tobacco Control Program (NTCP) first funded state TCPs in 1999 with a 5-year cooperative agreement for 51 TCPs representing all 50 states and the District of Columbia. Awards to individual applicants are made for a 12-month budget period. Continuation awards for subsequent budget periods are made on the basis of satisfactory progress in achieving both national and program-specific goals and objectives as well as on the availability of funds. Since the inception of the NTCP program in 1999, pursuant to federal regulations, CDC has requested the submission of twice yearly status reports from each TCP. The progress information collected is used to identify training and technical assistance needs; monitor compliance with cooperative agreement requirements; evaluate the progress made in achieving national and program-specific goals; and respond to inquiries regarding program activities and effectiveness. CDC uses a variety of sources to collect state-level information including the initial cooperative agreement application, continuing applications for each yearly budget period, twice yearly progress reports, and financial status reports.

The Office on Smoking and Health received OMB clearance (# 0920-0601) on the NTCP Chronicle, a web-based program monitoring system on August 6, 2003

(<http://apps.nccd.cdc.gov/NTCPChronicle/login.aspx>). This submission represents a request for a revision clearance. Instructions to respondents for completing the information collection are provided in **Attachment 3**.

2. Purpose and Use of the Information Collection

The Chronicle is a progress reporting tool that maintains individual state TCP information and helps to normalize the information reported by these programs. By employing a more formal, systematic method of collecting progress report information, the NTCP Chronicle facilitates the CDC's ability to fulfill its cooperative agreement obligations, namely, to monitor, evaluate, and compare individual programs; and to assess and report aggregate information regarding the overall effectiveness of the National Tobacco Control Program. The progress reporting system supports CDC's goal of reducing the burden of disease related to tobacco by enabling CDC staff to more effectively identify the strengths and weaknesses of individual TCPs and to disseminate information related to successful public health interventions implemented by these organizations.

The information regarding individual state-based TCPs currently collected includes the initial cooperative agreement application, and interim and annual federally required progress reports. The initial cooperative agreement application is submitted by funding applicants once at the beginning of an approved 5-year project period. The current National Tobacco Control Program cooperative agreement budget years run from June 30 of each year through June 29 of the following year. The interim progress report, due on or around February 15 of each year, includes a continuation application for the next 12-month budget period, a proposed budget, and a progress report covering the current budget year; the annual report includes a progress report discussing the final six months of the previous budget year and is due on or around September 30 of each year. These twice yearly reports describe progress toward achieving stated goals and objectives. Additionally, an annual financial status report is required within 90 days of the end of each budget period. This is not submitted using the NTCP Chronicle.

CDC uses this information for program operations management and reporting purposes including:

- Identifying the need for ongoing guidance, training, consultation, and technical assistance in all aspects of tobacco use prevention and control
- Evaluating the progress made by programs in achieving national (HP2010) and program-specific goals and objectives
- Identifying successful and innovative strategies and public health interventions that are part of a comprehensive tobacco control program
- Disseminating and sharing Best Practices information among all TCPs
- Monitoring the use of federal funds
- Evaluating and reporting on the overall effectiveness of the TCP

The NTCP Chronicle enables CDC to use the protocols of web-based technology to assist states in providing more uniform and timely progress reports. The NTCP Chronicle helps to maintain the information collected from state-based TCPs in an easily searchable database and to more effectively use this information to accomplish the purposes described above. This progress reporting system has ensured the collection of standardized information from every state-based program, enabling CDC to more efficiently analyze state TCP activities across various recommended program components as described in the CDC manual *Best Practices for Comprehensive Tobacco Control Programs-August 1999* (Atlanta, GA, DHHS) and compare the effectiveness of different programs and intervention strategies in preventing tobacco use among youth, promoting smoking cessation, and eliminating exposure to secondhand smoke.

3. Use of Improved Information Technology and Burden Reduction

The NTCP Chronicle is a web-based program monitoring system that allows for states to input their program's action plan, consisting of outcome and process (output and infrastructure) objectives, and goal- and infrastructure-related activities; they can then modify and update their plan over the cooperative agreement cycle and describe progress over time. System design emphasis was placed on promoting theory-based program planning and evaluation methods (logic models and the promotion of key outcome indicators) through streamlining and standardizing state efforts to describe major program plans and activities, and

report on program progress. Users navigate through a series of screens that collect information about state program objectives and activities. States are also asked to input information about CDC-funded programs through answering a series of questions assessing progress on CDC-required performance measures.

Progress reporting is structured using a conceptual logic model design, where states provide program plan information including short-and long-term outcome objectives, process objectives and goal and infrastructure-related activities. States also provide progress information on their objectives. Barriers associated with failure to achieve intended outcomes are also reported, as well as plans to address stated barriers. Plan progress information collected includes a combination of quantitative and text-based information pertaining to outputs from state-level tobacco control activities. The Chronicle's comprehensive reporting structure is based upon OSH's tobacco control framework, which consists of the four program goals and the four components of the NTCP. The four program goals are to: eliminate exposure to secondhand smoke; promote quitting among adults and youth; prevent initiation among youth; and identify and eliminate disparities among population groups. The four components of the NTCP are population-based community interventions; strategic use of media; program policy/regulation; and surveillance and evaluation. Information pertaining to the following infrastructure components is also collected: Collaboration with Partners, Communication & Information Exchange, Local Grants Program, Program Management, Strategic Planning, Surveillance & Evaluation and Training & Technical Assistance.

Users are able to print a number of preformatted reports listing the information they enter each reporting period. An additional benefit of this system is that it allows for the establishment of a central location for sharing consistent information from CDC related to federal reporting requirements and programmatic best practices. This central location can provide online help, FAQs, announcements, and links to materials and resources. A major objective of this web-based system is to facilitate the transference of evidence-based program approaches through provision of an efficient, standardized program reporting tool. The system is designed to minimize the burden to the respondent and increase the usability of the information provided to both CDC and states.

4. Efforts to Identify Duplication and Use of Similar Information

The collection of this information is part of a federal reporting requirement for funds received by states from the CDC through the National Tobacco Control Program (NTCP). The NTCP Chronicle is used to facilitate the standardized collection of this information. States file their required application and progress report in hardcopy format with the Procurement and Grants Office (PGO), using the NTCP Chronicle to generate the necessary reports to meet these federal reporting requirements. The system does not cause any duplication of similar information. There are no similar automated systems collecting progress reporting information for tobacco control programs funded by the CDC.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study.

6. Consequences of Collecting the Information Less Frequently

State-level users will respond to the progress reporting requirements approximately every 6 months on or about February 15 and September 30. Reports are collected semi-annually in fulfillment of requirements outlined in 45 CFR Subtitle A: Section 92.41 and CDC Program Announcement 03022. The initial cooperative agreement application is submitted by funding applicants once at the beginning of an approved project period. These project periods are generally five years.

Continuation applications are submitted annually at the beginning of each budget period. These application reporting requirements are established by public law and cannot be reduced. Recipients submit twice yearly progress reports describing progress made in achieving stated goals and objectives since the last reporting period. These progress reporting requirements are established by public law and cannot be reduced.

There are no legal obstacles to reduce the burden.

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

There are no special circumstance related to this request for revision of a federally sponsored collection of information within a progress reporting system and the request fully complies with the regulation.

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

A.

A 60-day Federal Register notice was published on June 15, 2006, vol.71, no 115, page 34621.(see **Attachment 2**).

Two separate data collections were completed and the input of both are reflected in the proposed revision.

NTCP Chronicle External Users Feedback and Names of Persons Involved,

May 2004

All participants listed are/were* staff of State Department of Health Tobacco Control Programs

** Some of the following are no longer with state programs or complete contact information is no longer available*

| Name | State | E—Mail Address/Contact Information |
|---|-------|------------------------------------|
| Bruce Adkins, Tobacco Control Program Manager, West Virginia Department of Health and Human Resources, (304) 558-1743 | WV | bruceadkins@wvdhhr.org |
| Diane Roberson, Tobacco Control Program Coordinator, Louisiana Department of Health and Hospitals, (504) 568-7210 | LA | Droberso@dhh.la.gov |
| Eileen Sullivan * | MA | Eileen.M.Sullivan@state.ma.us |
| Georgiana Gulden* | MT | ggulden@state.mt.us |
| Janet Wilson* | MO | wilsoj@dhss.mo.gov |
| Luana Ritch* | NV | lritch@nvhd.state.nv.us |
| Nancy Sage, Tobacco Control Program Manager, Illinois Department of Public Health* | IL | NSAGE@idph.state.il.us |
| Paul Hunting, Tobacco Control Program Coordinator, California Department of Health Services* | CA | PHunting@dhs.ca.gov |

NTCP Chronicle Online Training External Users Pilot Testing, Names of Persons Involved, September-October, 2005 and Evaluation Form

All participants listed are staff of State Department of Health Tobacco Control Programs

1. Alabama: Sherifat Ortega, SOrtega@adph.state.al.us *
2. Delaware: Joanne Dell'Aquila, joanne.dellaquila@state.de.us*
3. Georgia: Argie Figueroa, Epidemiologist, Georgia Department of Human Resources, (404) 463-6580, afigueroa@dhr.state.ga.us
4. Iowa: Maggie O'Rourke, morourke@idph.state.ia.us*

5. Michigan: Kathie Boynton, Surveillance and Evaluation Specialist, Michigan Department of Community Health, (517) 335-9822, BoyntonK@michigan.gov
6. Minnesota: Jennifer Ellsworth, Assistant Program Manager, Minnesota Department of Health, (651) 201-3662, Jennifer.Ellsworth@state.mn.us
7. North Carolina: Sally Malek, Program Manager, North Carolina Department of Health and Human Services, (919) 733-1340, Sally.Malek@ncmail.net
8. Pennsylvania: Raymond Rudich, rrudich@state.pa.us *
9. Virginia: Margot Fritz, margot.fritz@vdh.virginia.gov*

Consultation between CDC/OSH staff/contractors and NTCP Chronicle system users occurs at least twice per year following the submission of Continuation Applications in February and again following the submission of the states' annual Progress Reports in September. These feedback sessions are conducted with two user types, external users, namely state staff who use the system to provide program plan and progress reporting information, and internal users, OSH project officers who use the information generated from the system to provide technical assistance. Both types of users have been involved in feedback sessions to inform improvements to the system, the methodologies, the use of the data, burden on user, etc.

Consultations with persons outside the agency (i.e., external users) can be either formal (via a designated workgroup or pilot testing group) or informal (requests for input via email or during down time at national meetings). Participation in an input session is facilitated through a request for volunteers and involves nine or fewer participants. Volunteers are a mix of state-level program managers and program evaluators or other state staff with responsibility for program planning, reporting and/or evaluation.

Three specific recent feedback sessions include: 1) a group of state volunteers was involved in a feedback session in May 2004, directly after the first use of the system. This was conducted via both email surveys and a follow-up conference call to discuss findings and prioritize system modifications (see **Attachment 4** for the list of volunteers and a summary of feedback collected); 2) At the yearly National Tobacco Control Program Meeting held in October 2005, sponsored by OSH, CDC staff facilitated a number of informal opportunities during meeting breaks and lunches for system users to provide input into system design, the requested information, and system enhancements to increase user

satisfaction. Representatives from all the TCPs attend this annual meeting and training session; 3) Online Training modules added to the system were pilot tested by state users in September-October 2005 (see **Attachment 5** for a list of participants and a copy of the evaluation form). Feedback collected from the pilot testers was used to improve the content and training approach used in the Online Training modules and helped inform revisions to system content, which are represented in this clearance packet request.

9. Explanation of any Payments or Gift to Respondents

No payment or gift will be provided to the respondents.

10. Assurance of Confidentiality Provide to Respondents

The CDC Privacy Act Officer has reviewed this submission and has determined that the Privacy Act is not applicable to the data collection. Respondents are state-based health departments providing information on their organizational goals, activities, performance metrics, and resources. No personal information is requested and no personal identifiers are reported. Although one or more contact persons may be associated with each responding health department, the contact person does not provide personal information.

The NTCP Chronicle's web-based format uses the Internet's standard communication protocols to control both access and input by State program personnel. Via a password-protected, controlled access webpage, CDC provides state program personnel with access to only their state TCP program information. Each respondent logs-in to the system at the local site and provides updates through a series of prompted data entry screens. Browsing and printing of state-specific reports is restricted to state personnel who have assigned User IDs and unique passwords. The security plan establishing controlled access to the system and following CDC transmission protocols has been approved by CDC Information Technology specialists.

11. Justification for Sensitive Questions

Some of the respondent's financial, performance or personnel data could be viewed as sensitive, however, this information must be collected because it is integral to the program evaluation model. The security measures described above have been put in place to

guard against inadvertent or inappropriate disclosure of any potentially sensitive information.

12. Estimates of Annualized Burden Hours and Costs

A. Estimates Annualized Burden Hours

51 respondents provide input into the NTCP Chronicle system. Respondents reside in each of the 50 states, and the District of Columbia. The annual hour burden is estimated at 816 total hours based on 8 hours to complete a report twice per year. For clarity, Table A.12-1 displays the annualized report burden computational elements.

| A.12-1 Estimates of Annualized Burden Hour | | | | | |
|---|------------------|------------------------------|---|---|---------------------------|
| Type of Respondents | Form Name | Number of Respondents | Number of Responses Per Respondent | Average Burden per Response (in hours) | Total Burden Hours |
| State Coordinator and staff | Progress Report | 51 | 2 | 8 | 816 |

B. Annualized Cost to Respondents

Table A.12-2 displays estimates of annualized cost to respondents for the hour burdens used to report program progress information. The hourly wage rates are based on averages of selected program coordinators and program staff as provided in budget justification reports received from states as part of their Interim Progress report continuation application.

| A.12-2 Annualized Cost to Respondents | | | | | |
|--|------------------------------|-------------------------------------|---|-------------------------|------------------------------|
| Type of Respondents | Number of Respondents | No. Responses per Respondent | Average Burden per Response (in hours) | Hourly Wage rate | Total Respondent Cost |
| State Program | 51 | 2 | 2 | \$29.00 | \$5916.00 |

| | | | | | |
|---------------------|----|---|---|---------|-------------|
| Coordinators | | | | | |
| State Program Staff | 51 | 2 | 6 | \$24.60 | \$15055.00 |
| Total | | | | | \$20,971.00 |

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

None.

14. Annualized Cost to the Federal Government

| Category | Annualized Cost |
|---------------------|------------------------------|
| System Maintenance | \$25,000 - \$50,000 |
| System Enhancements | \$150,000 - \$175,000 |
| Total | \$175,000 - \$225,000 |

System Maintenance and Enhancements

Major cost factors for the existing progress reporting system include system maintenance and enhancement (performed by Northrop Grumman Information Technology) costs. The estimated annualized cost to the government is approximately \$175,000-225,000 and is divided as follows: 1) system maintenance: \$25,000-50,000; and 2) system enhancements: \$150,000-175,000.

The ongoing maintenance costs and associated project support costs are assumed to be constant for the useful life of the system. The progress reporting system is assumed to be a multi-year project with a useful life of at minimum 10-15 years. However, because this system gathers progress reporting information associated with specific performance measures required as part of a 5-year cooperative agreement cycle with states, any changes to these performance measures in future cooperative agreement cycles may precipitate system modifications. The associated costs for such modifications are undetermined and are not reflected here. However, it is assumed these changes would be minimal and thus easily incorporated into the contractors overall system maintenance contract, a currently established government contract expenditure.

15. Explanation for Program Changes or Adjustments

For purposes of seeking OMB approval, this is a revision to an existing data collection, OMB clearance number # **0920-0601**.

Attachment 6 represents the original system data elements (as

presented in the original OMB clearance packet) and Attachment 7 represents the data elements proposed in this current revision process. This is a program change of the existing burden of 6 hours to an increase in burden of 8 hours, due to the revisions requested by the respondents. This program change includes assessment questions requirements (see **Attachment 7**) and the respondents have indicated that the burden of 8 hours would be a closer estimate of the time needed to adequately respond to the system-related reporting requirements.

16. Plans for Tabulation and Publication and Project Time Schedule

A 3-year clearance is requested for this recurring progress reporting requirement. Information from the Chronicle system is used internally to allow CDC to compile summary- and detail level reports about tobacco control activities and expected outcomes occurring within the 51 TCPs representing all 50 states, and the District of Columbia. Examples of reports that OSH anticipates generating from the NTCP system are as follows:

| Tasks | Schedule |
|--|---|
| Activity reports indicating the number of TCPs pursuing specific objectives over time, the activities by state, and barriers that might affect the completion of these activities | Collected approximately 45 days from 12/31 and on September 29 of each year |
| Reports indicating which TCPs are focusing their activities on high-risk populations | Collected approximately 45 days from 12/31 and on September 29 of each year |
| Reports indicating which TCPs have promoted legislative initiatives, such as clean air ordinances that will help move the state towards the CDC goal of eliminating exposure to secondhand smoke | Collected approximately 45 days from 12/31 and on September 29 of each year |
| Reports indicating the types of surveillance that TCPs use to help formulate policy | Collected approximately 45 days from 12/31 and on September 29 of each year |
| Technical assistance plans to be used by Project Officers and other OSH in providing TA to states | Collected approximately 45 days from 12/31 and on September 29 of each year |
| Reports indicating progress made by | Collected |

| | |
|---|---|
| states in meeting performance measures of the cooperative agreement | approximately 45 days from 12/31 and on September 29 of each year |
|---|---|

There are no specific plans to tabulate or publish this information for external use. This information will be shared and used internally, within the Office on Smoking and Health.

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

No exemption to display of OMB expiration date is being requested.

18. Exceptions to Certification for Paperwork Reduction Act Submission

No exemptions to the certification are being requested.

B. Collections of Information Employing Statistical Methods.

CDC will not use any statistical methods to select any respondents because all 51 TCPs are asked to use the progress reporting system. There is no selection process, which is the reason for obtaining OMB clearance, and item 17 on Form 83-I is checked NO. Public law requires application submission and financial reporting by the actual recipients of funding. Statistical methods cannot be used to reduce burden or improve accuracy of results. Statistical methods will not be used by states to enter in the data.

1. Respondent Universe and Sampling Methods

CDC does not use any statistical methods to select any respondents because all 51 TCPs are asked to use the progress reporting system. The response rate for the collection as a whole is 51 (all 50 states and the District of Columbia).

2. Procedures for the Collection of Information

The information is collected using the described password protected web-based system. Respondents log-in to the system at their worksite computer and provide progress reporting information through prompted data entry points.

Online training modules as well as detailed HELP systems are available for system respondents to learn how to use the application and how to provide the required report content. Respondents are uniformly informed of their reporting deadlines via semi-annual notification letters received from the

Procurement and Grants Office (PGO) and updated about system enhancements and with other relevant information via emails sent by OSH to all known users of the system. Respondents are not re-interviewed or contacted for data validation.

3. Methods to Maximize Response Rates and Deal with Non-response

Respondents are required to file twice yearly progress reports in order to continue to receive level federal funding in support of their state tobacco control programs. Respondents are encouraged to use the web-based system to prepare these reports, but are not required to do so. However, use rates have been between 95-100% since adoption of the system as a progress reporting tool.

4. Tests of Procedures or Methods to be Undertaken

As needed due to deployment of new system features, the system undergoes rigorous application testing, including fidelity and usability testing of system design, accuracy and comprehension testing of proposed new features, and pilot testing with feedback opportunities for enhancements and modifications. When necessary to include system users as part of this process, these tests are performed using less than 10 respondents per test. Respondents are culled from current staff of state tobacco control programs who have voluntarily agreed to participate in system testing.

5. Individual Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

No individuals will be consulted on statistical aspects of the design as statistical methods will not be used in analysis of the information.

The individuals responsible for design of the data collection system:

- Paul Hunting, Office on Smoking and Health, Program Services Branch, Centers for Disease Control and Prevention, (770) 488-1165, Phunting@cdc.gov
- Jeffrey Chrismon, Northrop Grumman Mission Systems (contractor), (678) 530-3525, JChrismon@cdc.gov

The individual responsible for overseeing the data collection process:

- Paul Hunting, Office on Smoking and Health, Program Services Branch, Centers for Disease Control and Prevention, 770 488-1165, Phunting@cdc.gov

The individual responsible for overseeing the data analysis process:

- Paul Hunting, Office on Smoking and Health, Program Services Branch, Centers for Disease Control and Prevention, 770 488-1165, Phunting@cdc.gov

List of Attachments

- Attachment 1: Authorizing Legislation
- Attachment 2: 60-DAY Federal Register Notice.
- Attachment 3: Instructions to Respondents for Completing Information Collection_
- Attachment 4: NTCP Chronicle External Users Feedback and Persons Involved, May 2004
- Attachment 5: NTCP Chronicle Online Training External Users Pilot Testing, September-October, 2005 and Evaluation Form
- Attachment 6: **Original** System Data Elements
- Attachment 7: **Revised** System Data Elements and related screen shots

ATTACHMENT 1

AUTHORIZING LEGISLATION

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

Part A—RESEARCH AND INVESTIGATION

IN GENERAL

Sec 301. [241] (a) The Secretary shall conduct in the Service and encourage, cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man, including water purification, sewage treatment, and pollution of lakes and streams. In carrying out the foregoing the Secretary is authorized to—

(1) collect and make available through publications and other appropriate means, information as to, and the practical application of, such research and other activities;

(2) make available research facilities of the Service to appropriate public authorities, and to health officials and scientists engaged in special study;

(3) make grants-in-aid to universities, hospitals, laboratories, and other public or private institutions, and to individuals for such research projects as are recommended by the advisory council to the entity of the Department supporting such projects and make, upon recommendation of the advisory council to the appropriate entity of the Department, grants-in-aid to public or nonprofit universities, hospitals, laboratories, and other institutions for the general support of their research;

(4) secure from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad;

(5) for purposes of study, admit and treat at institutions, hospitals, and stations of the Service, persons not otherwise eligible for such treatment;

(6) make available, to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical methods to experiments, studies, and surveys in health and medical fields;

(7) Enter into contracts, including contracts for research in accordance with and subject to the provisions of law applicable to contracts entered into by the military departments under title 10, United States Code, sections 2353 and 2354, except that determination, approval, and certification required thereby shall be by the Secretary of Health, Education, and Welfare, and

(8) adopt, upon recommendations of the advisory councils to the appropriate entities of the Department or, with respect to mental health, the National Advisory Mental Health Council, such additional means as the Secretary considers necessary or appropriate to carry out the purposes of this section.

The Secretary may make available to individuals and entities, for biomedical and behavioral research, substance and living organisms. Such substances and organisms shall be made

available under such terms and conditions (including payment for them) as the Secretary determines appropriate.

(b)(1) The Secretary shall conduct and may support through grants and contracts studies and testing of substances for carcinogenicity, teratogenicity, mutagenicity, and other harmful biological effects. In carrying out this paragraph, the Secretary shall consult with entities of the Federal Government, outside of the Department of Health, Education, and Welfare, engaged in comparable activities. The Secretary, upon request of such an entity and under appropriate arrangements for the payment of expenses, may conduct for such entity studies and testing of substances for carcinogenicity, teratogenicity, mutagenicity, and other harmful biological effects.

(2)(A) The Secretary shall establish a comprehensive program of research into the biological effect of low-level ionizing radiation under which program the Secretary shall conduct such research and may support such research by others through grants and contracts.

(B) The Secretary shall conduct a comprehensive review of Federal programs of research on the biological effects of ionizing radiation.

(3) The Secretary shall conduct and may support through grants and contracts research and studies on human nutrition, with particular emphasis on the role of nutrition in the prevention and treatment of disease and on the maintenance and promotion of health, and programs for the dissemination of information respecting human nutrition to health professionals and the public. In carrying out activities under this paragraph, the Secretary shall provide for the coordination of such of these activities as are performed by the different divisions within the Department of Health, Education, and welfare and shall consult with entities of the Federal Government, outside of the Department of Health, Education, and Welfare, engaged in comparable activities. The Secretary, upon request of such an entity and under appropriate arrangements for the payment of expenses, may conduct and support such activities for such entity.

(4) The Secretary shall publish a biennial report which contains--

(A) a list of all substances (i) which either are known to be carcinogens or may reasonably be anticipated to be carcinogens and (ii) to which a significant number of persons residing in the United States are exposed;

(B) information concerning the nature of such exposure and the estimated number of persons exposed to such substances;

© a statement identifying (i) each substance contained in the list under subparagraph (A) for which no effluent, ambient, or exposure standard has been established by a Federal agency, and (ii) for each effluent, ambient, or exposure standard established by a Federal agency with respect to a substance contained in the list under subparagraph (A), the extent to which on the basis of available medical, scientific, or other data, such standard, and the implementation of such standard by the agency, decreases the risk to public health for exposure to the substance; and

(D) a description of (i) each request received during the year involved—

(I) from a Federal agency outside the Department of Health, Education, and Welfare for the Secretary, or

(II) from an entity within the Department of Health, Education, and Welfare to any other entity within the Department, to conduct research into, or testing for, the carcinogenicity of substances or to provide information

described in clause (ii) of subparagraph (C), and (ii) how the Secretary and each such other entity, respectively, have responded to each such request.

(5) The authority of the Secretary to enter into any contract for the conduct of any study, testing, program, research, or review, or assessment under this subsection shall be effective for any fiscal year only to such extent or in such amounts as are provided in advance in Appropriation Acts.

The Secretary may conduct biomedical research, directly or through grants or through grants or contracts for the identification, control, treatment, and prevention of diseases (including tropical diseases) which do not occur to a significant extent in the United States.

The Secretary may authorize persons engaged in biomedical, behavioral, clinical, or other research (including research on mental health, including research on the use and effect of alcohol and other psychoactive drugs) to protect the privacy of individuals who are the subject of such research by withholding from all persons not connected with the conduct of such research the names or other identifying characteristics of such individuals. Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify such individuals.

PROJECT GRANTS FOR PREVENTIVE HEALTH SERVICES

Sec. 317. (k)(1) The Secretary may make grants to States, political subdivisions of States, and other public and nonprofit private entities for—

- (A) research into the prevention and control of diseases that may be prevented through vaccination;
- (B) demonstration projects for the prevention and control of such diseases;
- © public information and education programs for the prevention and control of such diseases; and
- (D) education, training, and clinical skills improvement activities in the prevention and control of such diseases for health professionals (including allied health personnel).

(2) The Secretary may make grants to States, political subdivisions of States, and other public and nonprofit private entities for—

- (A) research into the prevention and control of diseases and conditions;
- (B) demonstration projects for the prevention and control of such diseases and conditions;
- © public information and education programs for the prevention and control of such diseases and conditions; and
- (D) education, training, and clinical skills improvement activities in the prevention and control of such diseases and conditions for health professionals (including allied health personnel).

(3) No grant may be made under this subsection unless an application therefore is submitted to the Secretary in such form, at such time, and containing such information as the Secretary may by regulation prescribe.

(4) Subsections (d), (e), and (f) shall apply to grants under this subsection in the same manner as such subsections apply to grants under subsection (a).

ATTACHMENT 2

**PUBLISHED
60-DAY FEDERAL REGISTER NOTICE**

17+) and assigned the same content descriptors previously assigned to the PlayStation 2 version.

The ESRB rating information appeared in print, television, and retailer advertisements for *Grand Theft Auto: San Andreas*, and on game packaging, for all three versions of the game. Among other things, the companies made the following claims about the game: "MATURE 17+" "M+" "M+" and "CONTENT RATED BY ESRB." None of the advertising mentioned that the game contained nudity.

On June 9, 2005—two days after the release of the PC version of the game—game enthusiasts posted a program on the Internet, which, when downloaded and installed on a user's PC, enables the sex mini-game code. This program was dubbed "Hot Coffee." A subsequent version of the program imported nude skins resident on the game disc onto several of the female characters. PlayStation 2 and Xbox players eventually were able to access the mini-game by physically modifying or adding a hardware accessory to their game console, installing special software, and inputting cheat codes developed by third parties.

On July 20, 2005, the ESRB revoked the existing rating for the game as a result of, among other things, viewing *Grand Theft Auto: San Andreas* as modified by the Hot Coffee program and the widespread availability of that program. The companies entered into an agreement with the ESRB that provided that they would not contest a change in rating for the game from M (Mature 17+) to AO (Adults Only 18+) with an additional content descriptor for nudity. The companies also agreed to re-label or recall all existing inventory, and to make available to consumers a downloadable patch rendering the Hot Coffee content inoperable. In response, most retailers decided not to sell the re-labeled AO version of the game. In September 2005, the companies released a second M-rated version of *San Andreas* without the Hot Coffee content.

According to the FTC complaint, the companies represented, expressly or by implication, that the ESRB had rated the content of the original versions of *Grand Theft Auto: San Andreas* M (Mature 17+) and that the ESRB had assigned the following content descriptors as part of the ESRB rating: Blood and Gore, Intense Violence, Strong Language, Strong Sexual Content, and Use of Drugs. The complaint alleges that the companies did not disclose to consumers that the game discs contained unused, but potentially viewable, nude female skins and

disabled, but potentially playable, software code for a sexually explicit mini-game that the ESRB had not rated. The presence on the game discs of this unused content that might change, and, in fact, did change, the rating of the game to AO (Adults Only 18+) with an additional content descriptor for nudity, would have been material to many consumers, particularly parents, in their purchase, rental, or use of the product. The complaint alleges that the companies' failure to disclose these facts, in light of the representation made, was and is a deceptive practice.

The proposed consent order contains provisions designed to prevent the companies from engaging in similar acts and practices in the future. Part I of the consent order requires the companies, in connection with the advertising, sale, or distribution of any electronic game, to disclose, clearly and prominently, on product packaging and in any promotion or advertisement for an electronic game, content relevant to the rating, unless that content has been disclosed sufficiently in prior submissions to the rating authority. Part I also prohibits the companies from misrepresenting the rating or content descriptors for an electronic game, and requires the companies to establish and implement, and thereafter maintain, a comprehensive system reasonably designed to ensure that all content in an electronic game is considered and reviewed by the companies in preparing submissions to a rating authority. Finally, Part I of the order states that nothing in the order shall constitute a waiver of the companies' right to assert that any of their conduct is or was protected by the First Amendment to the United States Constitution or any analogous provision of a State constitution, except that the companies nonetheless acknowledge their obligations to comply with the order.

Parts II through V of the consent order require the companies to keep copies of relevant advertisements and promotional materials, to provide copies of the order to certain of their personnel, to notify the Commission of changes in corporate structure, and to file compliance reports with the Commission. Part VI provides that the order will terminate after twenty (20) years under certain circumstances.

The purpose of this analysis is to facilitate public comment on the proposed order, and it is not intended to constitute an official interpretation of the agreement and proposed order or to modify in any way their terms.

By direction of the Commission,
Donald S. Clark,

Secretary.

[FR Doc. 05-6259 Filed 6-14-06; 8:45 am]

BILLING CODE 9700-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-05-0601]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-3260 and send comments to Selma Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, NE-D74, Atlanta, GA 30333 or send an e-mail to cmh@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

The National Tobacco Control Program (NTCP) Chronic Disease Reporting System—Revision—(OMB No. 0920-0601) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Tobacco use is the single most preventable cause of death and disease in the United States and most people begin using tobacco in early adolescence. Annually, tobacco use

announces that 430,000 deaths in the nation, costing approximately \$50–70 billion in medical expenses alone. The Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH) provides funding to state and territory health departments to develop, implement and evaluate comprehensive Tobacco Control Programs (TCPs) based on CDC guidelines provided in *Best Practices for Comprehensive Tobacco Control Programs—August 1999* (Atlanta, GA, HHS) and *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs—May 2005* (Atlanta, GA, HHS). TCPs are population-based public health programs that are designed to implement and evaluate public health prevention and control strategies, such as: (1) Reduce disease, disability and death related to tobacco use, and (2) reach those communities most impacted by the burden of tobacco use (e.g., racial/ethnic populations, rural dwellers, the economically disadvantaged, etc.). Support for these programs is the cornerstone of OSH's strategy for reducing the burden of tobacco use throughout the nation.

Funding recipients are required to submit progress reports twice yearly to CDC. These reports are used by both the Procurement and Grants Office (PGO) and OSH managers and project officers for the following purpose: To monitor

program compliance; assess relative value and anticipated efficacy of proposed future efforts; identify training and technical assistance needs; monitor compliance with cooperative agreement requirements; evaluate the progress made in achieving national and program-specific goals; and respond to inquiries regarding program activities and effectiveness. Cooperative Agreement recipients submit this information, along with annual action plans with associated budgets, to CDC/ OSH through the on-line system known as the Chronicle.

Using a standardized format based on OSH's program framework, the Chronicle enables grantees to describe their CDC-funded program activities, expected outcomes, and report on progress. By collecting and housing this information within a searchable database, OSH can draw upon the state-provided information to effectively fulfill its cooperative agreement obligations. Namely to monitor, evaluate and compare individual programs, provide technical assistance to increase the efficacy of state-driven initiatives, and to assess and report aggregate information regarding the overall effectiveness of the National Tobacco Control Program (NTCP). The NTCP Chronicle is complementary to the Grants.Gov electronic grant submission process by facilitating development of

the key elements for inclusion in addressing Federal cooperative agreement requirements, thus helping to insure effective evidence and science-based program planning and development efforts of state public health departments.

The NTCP Chronicle supports OSH's broader mission of reducing the burden of tobacco use by enabling OSH staff to more effectively identify the strengths and weaknesses of individual TCPs; to identify the strength of national movement toward reaching the goals specified in *Healthy People 2010*; and to disseminate information related to successful public health interventions implemented by these organizations to prevent and control the burden of tobacco use. State use of the electronic system is voluntary.

The program is requesting a revision of a currently approved data collection. The revised content includes modifications to some of the Progress Report assessment questions, a reduction in the number of fields a cooperative agreement recipient is required to respond to, and a recalculation to provide a more realistic burden estimate of the amount of time required to complete the Progress Report. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Respondents | Number of respondents | Number of responses per respondent | Average burden per response (in hrs.) | Total burden hours |
|-------------------------|-----------------------|------------------------------------|---------------------------------------|--------------------|
| All States and DC | 51 | 2 | 8 | 816 |

Dated: June 9, 2006.
Jean F. Karr,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.
[FR Doc. 06-5037 Filed 6-14-06; 9:45 am]
BILLING CODE 4820-10-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Agency Recordkeeping/Reporting Requirement Under Emergency Review by the Office of Management and Budget (OMB): Retraction

ACTION: Notice of retraction.

SUMMARY: The Administration for Children and Families published a

notice in the Federal Register on June 6, 2006, requesting comments on reporting requirements contained in the Interim Final Rule for the Reauthorization of the Temporary Assistance for Needy Families Program. As the subject rule has not yet been published, the Administration for Children and Families is retracting the notice.

FOR FURTHER INFORMATION CONTACT: Robert Sargis, Reports Clearance Officer, 202-690-7275, rsargis@cfhhs.gov.

Dated: June 12, 2006.

Robert Sargis,
Reports Clearance Officer.
[FR Doc. 06-5426 Filed 6-14-06; 9:45 am]
BILLING CODE 4820-10-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: 45 CFR 1309 Head Start Facilities Purchase, Major Renovation and Construction.

OMB No.: 0970-0193.

Description: The Head Start Bureau is proposing to renew, without change, 45 CFR part 1309. This rule contains the administrative requirements for Head Start and Early Head Start grantees who apply for funding to purchase, renovate, or construct Head Start program facilities. The rule ensures that grantees use standard business practices when acquiring real property and that Federal

ATTACHMENT 3

INSTRUCTIONS TO RESPONDENTS FOR COMPLETING INFORMATION COLLECTION

<http://apps.nccd.cdc.gov/ntcpchronicle/login.aspx>

NTCP Chronicle Login - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://apps.nccd.cdc.gov/ntcpchronicle/login.aspx>

Google Search 107 blocked ABC Check Look for Map AutoFill Options

CDC Home Search Health Topics A-Z

National Center For Chronic Disease Prevention and Health Promotion
National Tobacco Control Program

NTCP Chronicle

User:

Password:

[sign-in](#)

Browser Requirements: This system requires Internet Explorer 5.0 or higher and enabled JavaScript.

OMB NO.: 0920-0601
EXPIRATION DATE: 08/31/2006
Public reporting burden of this collection of information is estimated to average 6 hours per response (semi-annual report), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA, OMB NO.: 0920-0601

[Privacy Policy](#) | [Accessibility](#)

[CDC Home](#) | [Search](#) | [Health Topics A-Z](#)

This page last reviewed January 10, 2005

[United States Department of Health and Human Services](#)
[Centers for Disease Control and Prevention](#)
[National Center for Chronic Disease Prevention and Health Promotion](#)
[Office on Smoking and Health](#)

Done Local intranet

Start | Inboxes - Microsoft Outlook | OMBpackage_OSH_draft... | NTCP Chronicle Logi... | Chronicle >> | 4:16 PM

The above represents the web address and homepage of the password-protected NTCP Chronicle. Per OMB requirements, technical staff, upon receipt of OMB approval will update the OMB number and expiration date and shift them to the upper right hand corner of the homepage instead of from the center where it is currently located. The Burden Statement will remain as is.

ATTACHMENT 4

NTCP CHRONICLE EXTERNAL USERS FEEDBACK

MAY 2004

OMB NO.: 0920-0601

EXPIRATION DATE: 08/31/2006

Public reporting burden of this collection of information is estimated to average 6 hours per response (semi-annual report), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA, OMB NO.: 0920-0601

**NTCP Chronicle: Survey of State Users
Synopsisized Summary**

(This information was collected from a limited sample of existing Chronicle users for the purpose of identifying areas of improvement to the system. Much of this input is reflected in these proposed system enhancements and contribute to the increased estimate of burden.)

Were you able to fully capture your program plan in Chronicle?

While states were split on their response to this issue, those that felt this was an issue mentioned the following factors:

- Insufficient time to fully input their plan
- Inability to describe the full qualitative aspect of their plan
- Inability to describe how they use other, non-CDC-funds within their program
- Did not provide as much detail on collaborative processes of planning, decision-making and priority setting as it has in the past (could have done it but did not feel it was as important).

Did you change your plan development process in order to prepare your plan for entry into Chronicle? If yes, did the changes improve your plan development process?

Five out of eight states said they did change their plan development process; three felt the changes were positive in that they worked harder to better define their plan. The one negative response indicated they had no time for outside review of the modified plan. Most responses were positive and focused on strengthening their outcome progression, with improvements in linking short, intermediate and long-term outcomes.

Explain how OSH could better support your plan development process (either through the Chronicle or through other support resources).

States wanted to see improved reporting features, continuing guidance and support throughout the year (i.e. state specific consultation, one-on-one consultation with PO's) and further guidance on tobacco-related disparities.

Chronicle introduced the capability of linking plan components. How useful was this capability?

Most states responded that the linking capability was useful and helped them think through their plans and identify weaknesses. They did feel that tracking of linkages was difficult and could be more useful if there was a better tracking mechanism. One state felt the linking ability within the system was not useful and she did not use it much, although she felt her components were well tied together.

Were you able to fully capture progress on your program plan in Chronicle?

While most felt that they were able to capture the plan progress fully, some felt that there was duplication between the assessment questions and the objective status sections. Two noted that the main issue in not being able to capture their plan might have been a function of time, and they indicated they might be able to do a better job next time.

By using Chronicle, were you able to address fully the performance measures outlined in the cooperative agreement? (Yes / No / Not Sure) Summary of Responses:

| | |
|--------------|---------------|
| Yes - . . . | 5 respondents |
| No - | 0 respondents |
| Not Sure - | 3 respondents |

For those who said not sure, the overwhelming issue seemed to be they were unclear if they did a good job. This could be construed as needing feedback specific to this requirement.

Were the assessment questions clear?

Six respondents said that the assessment questions were clear, but of those respondents, two added that the requested information was redundant in some cases.

Two respondents said that the questions were too broad or vague.

Report Usage

States were asked about how they could use Chronicle reports for other uses. Responses generally reflected that while the information within the Chronicle was useful, the ability to change report format might be more useful. Some states indicated that the Chronicle information probably couldn't be used since it used terminology unfamiliar to their stakeholders (state legislators, etc.)

Report Features

The responses concerning report features were wide-ranging. Overall, they tended to mimic PO feedback in terms of the need

for a shorter format. Some other responses included:

- Reports that are partner or project based
- Improving report organization
- Allow for customizing some aspects of report format

Training Needs

The responses for this question were so wide-ranging they are difficult to summarize. Refer to summary document for a list of suggested training topics. However, selected quotes lean heavily towards state's asking for feedback on the Chronicle information. This would be an interesting area for further follow-up with states.

ATTACHMENT 5

NTCP CHRONICLE ONLINE TRAINING EXTERNAL USERS PILOT TESTING SEPTEMBER-OCTOBER, 2005

(This information was collected from a limited sample of existing Chronicle users for the purpose of identifying areas of improvement to the system. Much of this input is reflected in these proposed system enhancements and contribute to the increased estimate of burden.)

EVALUATION FORM

Chronicle Fundamentals Online Training Evaluation Form

1. Please describe your responsibilities with regard to the Chronicle reporting process:

2. For each lesson you *completed*, please indicate the amount of time you spent on the lesson:

| | |
|---|---------|
| 1) Introduction to the Chronicle | minutes |
| 2) The Chronicle Plan Models | minutes |
| 3) Preparing a Plan for Chronicle Entry | minutes |
| 4) Plan Reporting | minutes |
| 5) Progress Reporting | minutes |
| A) Understanding Plan Component IDs | minutes |

3. Did you meet the prerequisites for each lesson as described on the first page of the lesson?
 Yes No If no, please explain:

4. Before the tutorial, how would you describe your experience level with the Chronicle?
 Very high (Frequent use throughout the year)
 High (Frequent use but only during the two report preparation periods)
 Moderate
 Little or no experience

- 5a. Before the tutorial, what was your comfort level with the Chronicle Plan folder?
 Not comfortable Fairly comfortable Comfortable Very comfortable

- 5b. How would you describe your *current* comfort level with the Plan folder?
 Not comfortable Fairly comfortable Comfortable Very comfortable

- 6a. Before the tutorial, what was your comfort level with the Chronicle Progress folders (Interim and Annual)?
 Not comfortable Fairly comfortable Comfortable Very comfortable

- 6b. How would you describe your *current* comfort level with the Progress folders?
 Not comfortable Fairly comfortable Comfortable Very comfortable

7. Of the new skills and information you acquired from the tutorial, which do you think will be most valuable to you?
8. Are there topics that you would like to see in this tutorial that were not covered or were covered inadequately? Please explain.
9. Do you have any recommendations regarding the presentation of the training content (for example, sequencing of topics, use of graphics, etc.)?
10. Would you consider studying any of the tutorial lessons again for the purposes of review?
 Yes No If no, please explain:
11. If your program hired a new staff member who would use the Chronicle, would you recommend the tutorial to that employee?
 Yes No If no, please explain:
12. Do you think a new employee would be able to use the Chronicle without additional training (either by state staff or OSH)?
 Yes No If no, please explain:
13. Does your state have training needs that would be better addressed through other training delivery platforms (for example, instructor-led training during conferences or via netconferences)? If yes, please describe these training needs and explain how you think they can best be met. Please include any ideas on how OSH could work with states to get staff trained on the Chronicle.
14. May we contact you after interim progress reporting for an update on this training evaluation?
Yes No If yes, please provide name and contact information:

ATTACHMENT 6

ORIGINAL PROPOSED SYSTEM DATA ELEMENTS

(These data elements represent the original clearance submission to OMB)

OMB NO.: 0920-0601

EXPIRATION DATE: 08/31/2006

Public reporting burden of this collection of information is estimated to average 6 hours per response (semi-annual report), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA, OMB NO.: 0920-0601

NTCP Chronicle Proposed System Data Elements: Implementation and Infrastructure

For demonstrating progress in implementation of OSH's four goal areas, states will be asked to provide the following information.

Part 1. Implementation Data Elements

1.1. Outcome Objective Indicator

State will choose their outcome indicators. Indicators will be chosen from a list of key indicators developed by OSH. The outcome indicators list will be divided into long-term, intermediate term and short-term indicators. Indicators will be specific to one of four program goals, and will further be divided into types of indicators relevant to activity areas of counter-marketing, community mobilization, policy and regulatory action, and school-based prevention.

1.2 Outcome Objectives

State will then provide a description (statement) of their outcome objective(s) (basing it on their chosen indicator(s)).

For each objective, state will then provide:

- Timeframe (by month and year).
- Specific population/group.
- Indicate if policy-related (YES/NO)
- Indicate if incorporated into current Strategic Plan (YES/NO)
- Indicate if objective addresses a data defined disparity (YES/NO)
- State can also provide a comment related to the disparity indication.

1.3 Status Observation

For each objective, state will then provide a Status Observation. The Observation is a means of providing status on achievement of (or movement towards reaching) the objective. The observation will include:

- Comment. This is an opportunity for the state to provide a qualitative comment on the status of their objective.
- Nomination as a key state accomplishment (YES/NO) (State can nominate an achieved objective as a key accomplishment. Description of key accomplishments is a Procurement and Grants Office (PGO) requirement).
- Status category (Met, ongoing, unmet, modified, on hold, dropped).
- Barriers statement (required by PGO if status is reported as anything except met). This would be a statement describing any barriers encountered in achieving objective.

- Proposed action statement (required by PGO). This will allow state to explain how barrier(s) will be addressed.
- Measurement type (Baseline, target, or an ongoing measurement)
 - Quantity
 - Unit of measurement (what is being measured).
 - Data source(s)
 - If state indicates that baseline is unknown, they will be prompted to incorporate an objective related to achieving measurement of baseline.

1.4 Output (Process) Indicator

State will then provide their process objective indicator. State can choose an indicator from a drop down list populated by OSH or write their own indicator.

1.5 Process Objective

State will then describe each process objective (statement), basing it on their provided process indicator. For each process objective, state will then provide:

- Timeframe
- Specific population/group
- Indicate if policy-related (YES/NO)
- Indicate if incorporated into current Strategic Plan (YES/NO)
- Indicate if objective addresses a data defined disparity (YES/NO)
- Indicate funding sources
- Indicate if CDC funding is involved (YES/NO)

1.6 Status Observation

For each process objective, state will then provide a status observation. The observation is a means of providing status on achievement of (or movement towards reaching) the objective. The observation will include:

- Comment. This is an opportunity for state to provide a qualitative comment on the status of their objective.
- Nomination as a key state accomplishment. (YES/NO) (State can nominate an achieved objective as a key accomplishment. Description of key accomplishments is a Procurement and Grants Office (PGO) requirement).
- Status type (Met, ongoing, unmet, modified, on hold, dropped).
- Barriers statement (required by PGO if status is reported as anything except met). This would be a statement describing any barriers encountered in achieving objective.
- Proposed action statement (required by PGO). This will allow state to explain how barrier(s) will be addressed.
- Measurement type (Baseline, target, or an ongoing measurement)
 - Quantity
 - Unit of measurement (what is being measured)
 - Data source(s)
 - If state indicates that baseline is unknown, they will be prompted to incorporate an objective related to achieving measurement of baseline.

1.7 Activities

For each activity funded by CDC, state will provide a basic description of the activity.

For each described activity, state will then indicate if it applies to one or more of the four component areas (selectable list)

- Media
- Policy
- Community
- Surveillance and Evaluation

Then for each activity, state will indicate the following:

- Lead organization (selectable menu)
- Specific population/group(s) (selectable menu)
- Timeline (by month or quarter)
- Indicate available resources (funding, partner staff time, etc.; selectable menu)

Part 2. Infrastructure Data Elements

States will also provide information related to the Infrastructure and Capacity-building Performance Measures described within their cooperative agreement as follows:

2.1 Performance Measure: Staff

For each state staff member funded by CDC, state will provide:

- Name
- Title
- % FTE (= % time on project)
- Salary and fringe benefits.

For each CDC-funded staff person, state will indicate applicable skills and knowledge (expertise) areas:

- Community outreach and mobilization
- Coordination and management
- Cultural competence
- Evaluation methods
- Fiscal management including management of funding to State and local partners
- Gathering and analyzing data (surveillance)
- Health communications including counter-marketing (counter-advertising and paid media)
- Leadership development
- Program development
- Public health policy including analysis, development and implementation
- Strategic planning
- Strategic use of media including media advocacy, earned and paid media
- Tobacco control and prevention content
- Training and technical assistance

State will then:

- ◆ Briefly describe any changes in or barriers with staffing pattern.

- ◆ Briefly describe plans to address barriers.
- ◆ Briefly describe any unmet staffing needs.
- ◆ Briefly describe plans to address them.

2.2 Performance Measure: Staff Training

Using the staff list already provided, state will then provide the following information:

- ◆ Indicate the CDC/OSHA sponsored trainings, meetings, and conferences each (key) staff member has participated in: (state will be presented with a selectable menu of OSHA sponsored trainings to include:
 - Media and counter marketing training
 - Program Managers Meeting
 - Surveillance and Evaluation meeting
 - Leadership Forum
 - National Conference
 - Ancillary meetings held at National Conference
- ◆ Indicate the continuing education and professional development opportunities each staff has participated in (provide text field for each staff person).
- ◆ Briefly describe staff training and development barriers (TF).
- ◆ Briefly describe plans to address them (TF).
- ◆ Briefly describe unmet staff development needs (TF).
- ◆ Briefly describe plans to address them (TF).

2.3 Performance Measure: Collaboration and Communication Among Partners

State will provide a list of key partners that the program currently collaborates with (use a selectable box with pre-formatted list, plus state can also add their own partners)

- Is this partner currently a member of the statewide coalition (YES/NO)
- Is this partner actively involved in the Strategic Planning process (YES/NO)

Briefly describe collaboration challenges or barriers with partners and/or other organizations (Text field).

Indicate the key partners that actively participate in the following activities (using a drop down list populated from questions above):

- Local tobacco control coalition and/or planning meetings
- Conferences
- Paid Media campaigns
- Media advocacy efforts
- Provision of technical assistance
- Co-sponsoring of Trainings
- Logistical Support
- Mailings/Communications
- Serves On Advisory Group
- Monitoring progress on strategic plan
- Implementation of strategic plan

- Other (please describe)

State will then describe their State Coalitions:

- Name of state coalition
- If NA, describe how other organizations are functioning in this capacity (Text field)
- Who manages/staffs the coalition? (Text field) (ACS, SHD, etc.)
- Check box: Is this coalition a 501c3 or 501c4?

- ◆ State will then describe how their state's diversity is represented in their state coalition. (I.e., Address how the state coalition is comprised of diverse groups representing your state's population demographics. (Text field).

State will then provide answers for the following questions:

Partners and the program communicate regularly through a communications system that includes:

- Listserve (indicate if statewide, regional, local, other)
 - Newsletters (indicate if statewide, regional, local, other)
 - Teleconferences (indicate if statewide, regional, local, other)
 - Conferences and training events (indicate if statewide, regional, local, other)
 - Website postings
 - Coalition minutes
 - Site visits
 - Videos
 - Other
 - Comments
- ◆ Briefly describe barriers and challenges in communicating between/among partners (TF).
 - ◆ Briefly describe plans to address them (TF).
 - ◆ Briefly describe unmet communication needs (TF).
 - ◆ Briefly describe plans to address them (TF).
 - ◆ Briefly describe unmet collaboration needs and plans to address them (TF).

2.4 Performance Measure: Strategic Planning

Do you have a strategic plan?

■ *Path if YES*

- Years covered
- Briefly describe how the program developed its strategic plan. (TF)
- Who had input into the strategic planning process? (TF)
- Does this plan reflect all tobacco control activities in the state (regardless of funding source) (TF)? (Please address).
- Briefly describe how progress on the plan is monitored and who is responsible for monitoring progress on the plan. (TF)
- Describe when and under what conditions the plan will be updated?
- Briefly discuss recent changes to the Strategic Plan (TF).
- Describe the development of the evaluation component of your Strategic Plan (TF). Please address:

- What stakeholders were involved in this process? (Selectable list of stakeholders)
- How did an advisory group or task force make recommendations for evaluation?
- Did an advisory group or task force take any other actions?
- Did you utilize a facilitator or contractor to write the plan?
- Comments

■ *Path if NO*

- Have you incorporated objectives in your annual action plan addressing development of a strategic plan?
- Anticipated completion date
- Who will have input into the strategic planning process? (TF or choose from drop down list of partners)
- Briefly describe how progress on the plan will be monitored and who will be responsible for monitoring progress on the plan. (TF)
- Describe when and under what conditions the plan will be updated?
- Briefly describe barriers and challenges encountered in the strategic planning process (TF).
- Briefly describe plans to address them (TF).
- Briefly describe unmet strategic planning needs (TF).
- Briefly describe plans to address them (TF).

2.5 Performance Measure: Training and Technical Assistance

- ◆ How is the program identifying statewide training and technical assistance needs? Your response should reflect the diversity of your state (TF)
- ◆ How are you addressing these training needs? (TF)
- ◆ Information on the trainings the program has sponsored and/or co-sponsored:
 - List trainings
 - Number of times delivered
 - Strategic purpose of training
 - Anticipated impact of training
 - Co-sponsor of training and what they contributed
 - # Of people reached
 - Comments
- ◆ Briefly describe training and technical assistance barriers (TF).
- ◆ Briefly describe plans to address them (TF).
- ◆ Briefly describe unmet training and technical assistance needs (TF).
- ◆ Briefly describe plans to address them (TF).

2.6 Performance Measure: Surveillance and Evaluation

- ◆ Describe the State Health Department's role in coordinating surveillance and evaluation efforts with locals and partners (TF).
- ◆ Describe evaluation reports produced and how they were disseminated or plans to produce and disseminate evaluation reports (TF).
- ◆ Describe how surveillance and evaluation findings were used for tobacco control program planning (TF).

- ◆ Describe barriers to conducting surveillance and evaluation activities (TF).
- ◆ Describe plans to address them (TF).
- ◆ Describe unmet surveillance and evaluation needs (TF).
- ◆ Describe plans to address them (TF).

2.7 Performance Measure: Local Grant Programs

- ◆ Briefly describe community assessments initiated by the state program and how these assessments inform the program planning process (TF).
- ◆ Briefly describe local grantees participation in surveillance and evaluation activities (TF).
- ◆ Briefly describe local grantees participation in working towards the policy goals outlined in your annual action plan (TF). (This may be captured in AAP or in the contracts justification section).
- ◆ Describe barriers to funding and/or working with local grants programs (TF).
- ◆ Describe methods to address them (TF).
- ◆ Describe unmet local grant program needs (TF).
- ◆ Describe plans to address them (TF).
- ◆ If a local grants program does not currently exist, describe how such a program will be developed and implemented, including:
 - Timeline for implementation
 - Description of the grant process
 - Eligible organizations

2.8 Performance Measure: Information Exchange

Please check each area your state is working in and provide summary comments in the provided box. Comments should relate to the development and implementation of mechanisms to facilitate information exchange between your state program, the CDC, tobacco control program personnel in other states and national partners.

- ◆ Journal articles published based on your state's work (name of journal, number and comments)
- ◆ Reports published based on your state's work (number and comments)
- ◆ MMWR articles published based on your state's work (number and comments)
- ◆ Major presentations given based on your state's work (number and comments)
- ◆ Participation on CDC-sponsored workgroups/task forces (selectable list and comments)
- ◆ Participation on OSH Technical Assistance and/or OSH Media conference calls (yes/no, how often) (Do we need to collect this here since we collect it on every call?)
- ◆ Reports on collaboration with programs and partners in neighboring states (number and comments)
- ◆ Participation in local, State, regional, and national conferences and meetings and the benefits accrued (number and comments)
- ◆ Separate questions:
- ◆ Describe how State personnel communicate and exchange information with Federal, regional, State, and local tobacco control personnel in government and partner organizations (Text field).
- ◆ Describe barriers to information exchange and plans to address them (Text field).
- ◆ Describe unmet needs and plans to address them (Text field).

2.9 Performance Measure: Tobacco-Related Disparities

- ◆ Briefly describe the strategy or process used to develop a strategic plan for addressing your state's disparities. Please indicate the stage and describe the current status of the process within your state. Discuss who is involved in this process and any progress in implementation.
- ◆ Indicate your current program planning level of achievement::
 1. Forming a diverse and inclusive strategic planning workgroup
 2. Identifying/prioritizing disparities and assessing capacity
 3. Developing goals/strategies for the strategic plan
 4. Writing the plan, identifying audiences, getting SHD approval
 5. Marketing the plan and developing action steps for NTCP annual action plan
- ◆ Describe the current status of your Tobacco-Related Disparities plan.
- ◆ Which population groups have been identified through the use of data as having disparities related to tobacco use?
- ◆ What is the identified disparity? (For each population identified, state will then indicate the disparity)
 - Prevalence rate
 - Exposure to secondhand smoke rate
 - Other
- ◆ In which other goal areas has the program developed interventions to address this disparity? (Selectable list with other three goal areas plus a choice, *Not Addressing At This Time*)
- ◆ Indicate the data sources used to assist with the identification of tobacco-related disparities. Please address both quantitative and qualitative sources at the national, state and local level.
- ◆ What are some of the limitations or barriers associated with your state's identification of tobacco-related disparities?
 - How is the program addressing these limitations/barriers?
- ◆ Briefly describe the specific strategies and initiatives to build capacity and infrastructure among population groups with identified disparities.

END OF ORIGINAL DATA ELEMENTS

ATTACHMENT 7

REVISED SYSTEM DATA ELEMENTS AND SCREEN SHOTS

The specific changes to the NTCP Chronicle are interlaced throughout the system and are difficult to specify in every instance. The changes are proposed to more accurately reflect the activities and accomplishments of the Cooperative Agreement recipients as specified in the original Program Announcement; to reduce needless duplication of information submitted in Progress Reports; enhance the ability of recipients to accurately reflect the full body of their work; and to more accurately reflect the time burden relating to planning and reporting within the NTCP Chronicle.

No new data is being collected as a result of this proposed revision.

Methodological Approach

The NTCP Chronicle is a program monitoring system that allows for states to input their program's annual action plan, consisting of outcome and process (output and infrastructure) objectives, and goal- and infrastructure-related activities; they can then modify their plan and describe progress over time. A state's annual action plan will in general contain objectives and activities addressing each of the following 11 performance measures:

1. NTCP Goal: Prevent the initiation of tobacco use among young people
2. NTCP Goal: Promote quitting among young people and adults
3. NTCP Goal: Eliminate exposure to secondhand smoke
4. NTCP Goal: Identify and eliminate the disparities related to tobacco use and its effects among different population groups
5. Infrastructure: Collaboration with Partners
6. Infrastructure: Communication & Information Exchange
7. Infrastructure: Local Grants Program
8. Infrastructure: Program Management
9. Infrastructure: Strategic Planning
10. Infrastructure: Surveillance & Evaluation
11. Infrastructure: Training & Technical Assistance

The main components of a state's plan include: A) outcome objectives, B) process (output and infrastructure) objectives, C) goal and infrastructure activities, and D) policy focus statements. Within the Chronicle states describe their annual action plan by inputting information about each of these components. There are no limits to the number of objectives or activities a state can submit as part of their annual action plan.

SCREEN SHOTS: *Annual Action Plan Elements*

(Screen shot # 1) - Creating an Outcome Objective

Outcome Indicators: states first provide information on their outcome indicators. Indicators are chosen from a list of key indicators developed by OSH and published in *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs- May 2005* (Atlanta, GA, HHS). Outcome indicators are specific to one of three program goals and are separated into long-term, intermediate term and short-term indicators that assist states in indicating the science-based pathway to achieving distal outcomes of reduced morbidity and mortality related to tobacco use. Note that by definition each outcome indicator is both goal and term specific.

Once the state has provided an indicator for their outcome objective, for each outcome objective they create they provide:

- Data source and data collection details: states choose their data source from a drop down list and provide data collection details if necessary.
- Objective statement: States provide a description (statement) of their outcome objective. They are requested to make it SMART (specific, measurable, achievable, relevant and time bound).
- Target population (drop down list) and if necessary, target population details
- Measurement, baseline and target
- Baseline and target measurement timeframe (month and year)
- If baseline is unavailable, the state is asked to address plans for collecting baseline data

(Screen shot #2) - Outcome Objective Status Observation

For each objective created, twice a year a state is asked to provide information on the status of that objective. This observation is a means of providing status on achievement of (or movement towards reaching) the objective. The observation includes:

- Status category (drop down list, choose one) - Ongoing, met, unmet, or suspended.
- Status Comments. This is an opportunity for the state to provide a qualitative comment on the status of their objective.
- Barriers statement (required by PGO if status is reported as anything except met). This would be a statement describing any barriers encountered in achieving objective.
- Proposed action statement (required by PGO). This will allow state to explain how barrier(s) will be addressed.
- Current measurement and date

B. Creating a Process Objective

There are two types of process objectives, *output*, which are associated with NTCP goal activities and outcome objectives, and *infrastructure*, which are associated with infrastructure activities. They are addressed here separately as they contain slightly different data fields.

(Screen shot #3) - Creating an Output Objective

For each output (process) objective created, states provide:

- Output indicator: states must create their own process-level indicators using the custom indicator tool **(Screen shot #4)**

- Data source and data collection details, if applicable
- SMART objective statement
- Target population and if necessary, target population details
- Measurement, baseline and target
- Baseline and target measurement timeframe (month and year)
- If baseline is unavailable, the state is asked to address plans for collecting baseline data
- Indication of applicable linkages. An output objective can link to other output objectives or short-term objectives. These linkages are used within the Chronicle system to indicate supporting relationships between the components. For example, an output objective linked to a short-term goal-specific outcome objective indicates that the specific output from that objective is causally presumed to contribute to the short-term outcome objective it is linked to.
- Indication of whether this objective is supported by federal funding.

(Screen shot #5) - Creating an Infrastructure Objective

- Infrastructure indicator: states must create their own process-level indicators using the custom indicator tool **(Screen shot #6)**
- Description of data source and data collection plans
- Infrastructure objective statement
- Primary and Secondary infrastructure area
- Target population and if necessary, target population details
- Measurement, baseline and target
- Baseline and target measurement timeframe (month and year)
- If baseline is unavailable, the state is asked to address plans for collecting baseline data
- Indication of applicable linkages. An infrastructure objective can only link to other infrastructure objectives.
- Indication of whether this objective is supported by federal funding.

(Screen shot #7) - Process Objective Status Observation

For each process objective, twice a year a state is asked to provide information on the status of that objective. This observation is a means of providing status on achievement of (or movement towards reaching) the objective. Process objective status is the same for both output and infrastructure process objectives. The observation includes:

- Status category (drop down list, choose one) - Ongoing, met, unmet, or suspended.
- Status Comments. This is an opportunity for the state to provide a qualitative comment on the status of their objective.
- Barriers statement (required by PGO if status is reported as anything except met). This would be a statement describing any barriers encountered in achieving objective.
- Proposed action statement (required by PGO). This will allow state to explain how barrier(s) will be addressed.
- Current measurement and date

(Screen shot #8) - Creating an Activity

States then provide activity descriptions. Activities entered into the Chronicle are defined as events or actions that help a program meet its objectives. When states provide information about their specific activities, they must select the activity type, either *NTCP Goals* or *Infrastructure*, depending on whether the activity supports NTCP output objectives or infrastructure objectives.

For each activity created, states provide:

- Activity type, either NTCP Goal or Infrastructure
- Available populations and population details
- Start date and target date for completion
- If NTCP goal activity, state must indicate the activities applicability to one or more of the following strategy areas:
 - Community Intervention and Mobilization
 - Counter Marketing
 - Policy/Environment
 - Surveillance and Evaluation
- Lead Roles, indicating both Organizations and Personnel involved in the activity
- Lead Role comments, if applicable
- Indication of applicable linkages. An activity of type *NTCP Goals* can link to multiple output objectives. An activity of type *Infrastructure* can link to multiple infrastructure objectives. These linkages are used within the Chronicle system to indicate supporting relationships between the components. For example, an activity X linked to an output objective A indicates that the activity support the output of that particular objective.

(Screen shot #9) - Activity Status Observation

For each activity, twice a year, a state can choose to provide information on the status of that activity. This observation is a means of providing status on completion of the activity. The observation includes:

- Status category (drop down list, choose one) - Ongoing, completed or suspended.
- Status Comments. This is an opportunity for the state to provide a qualitative comment on the status of their activity.

(Screen shot #10) - Creating Policy Focus statement

- For each of the four NTCP goals, states provide a brief statement of the policy outcomes (including social and environmental changes) that they expect from work on that goal. (Character limit: 1000)

SCREEN SHOTS: *Interim and Annual Progress Reporting Assessment Questions*

As part of their twice-yearly progress report submissions, states also answer a set of questions that provide information related to their progress on the 11 Performance Measures as well as questions related to programmatic capacity building. These questions are open text fields.

(Screen shot #11) - Executive Summary and Program Narrative

- Provide a brief narrative that summarizes plans to address the Program Goals for the next

year, indicating major areas of future program focus. (Character limit: 1,250)

- Describe changes, within the past year, in the social, political, and/or fiscal environment in which your state's program is planned, implemented, and evaluated. Include any relevant factors you expect to influence, promote, or inhibit program planning, implementation and/or evaluation. (Character limit: 7,500)

(Screen shot #12) - Major Accomplishments and Barriers

- Describe 5 to 10 of your program's most significant accomplishments during the last 6 months.
- Describe barriers, unmet needs and plans to address them for infrastructure areas and NTCP goals.
- *(Optional)* Please indicate any specific requests you may have of the Office on Smoking and Health for guidance and technical assistance during the next six to twelve months

(Screen Shots 13 and 14) - The following questions all pertain to the 11 OSH Performance Measures which are part of the current 5-year cooperative agreement. They have a character limit of 5000. Screen shots # 13 and 14 provide representative examples of how these questions are presented.

Program Management

- Describe major staffing changes, including new hires and changes in roles and primary responsibilities. For each new hire, provide the name, program role, and qualifications.
- Describe progress toward enhancing the skills and knowledge of state program staff.
- Describe relationship with and involvement of the state health officer in tobacco control issues.
- Briefly describe any components of your program that are not funded by CDC but are managed or administered by CDC-funded staff.
- Describe progress toward ensuring inclusivity in planning, implementing, and evaluating all program goals, objectives and strategies.

Strategic Planning

- Describe progress towards developing, implementing and updating the 5-year strategic plan to include the participation of diverse partners, and the integration of other appropriate State Health Department chronic disease strategic plans.
- Describe progress toward tracking, monitoring, and reporting the health and economic burden of tobacco use, including tobacco-related disparities.
- Describe progress toward developing and implementing your program evaluation plan and how diverse stakeholders are involved. Describe evaluation report content and dissemination.

Collaboration with Partners

- Describe progress toward maintaining and strengthening statewide and local partnerships and coalitions including diverse partners and coalitions.

Local Grants Program

- Describe progress made by local grantees and coalitions toward implementing evidence-based policy interventions that support the state program objectives.

Training

- Describe efforts to identify and address training needs of state and local health department staff, coalitions, contractors, and partners.

Technical Assistance

- Describe efforts to identify and address technical assistance needs of state and local health department staff, coalitions, contractors, and partners.

Communication and Information Exchange

- Describe progress toward developing and implementing your stakeholder communication plan. Describe media strategies at the state and local level, including paid and earned media and media advocacy strategies.
- Describe participation in and benefits gained from information exchanges with local grantees, CDC/OSH, tobacco control program personnel in other states, and national partners.

Initiation

- Describe progress toward developing and implementing science-based, policy-focused strategies to prevent tobacco use among young people and strategies to eliminate tobacco-related disparities.

Secondhand Smoke

- Describe progress toward developing and implementing science-based, policy-focused strategies to reduce exposure to secondhand smoke and strategies to eliminate tobacco-related disparities.

Cessation

- Describe progress toward developing and implementing science-based, policy-focused strategies to promote cessation among adults and youth and strategies to eliminate tobacco-related disparities.

Disparities

- Describe progress towards using qualitative and quantitative data to identify tobacco-related disparities for each NTCP goal.
- Describe efforts to ensure diversity and inclusivity in identifying, prioritizing, and selecting each priority population and developing strategies for each NTCP goal.

END OF DATA ELEMENTS FOR OMB CLEARANCE REVISION

Screen shots of the NTPC Chronicle

Note that this is a password protected test site located on an internal CDC server and is not accessible to the general public. The following Screen Shots relate the aforementioned descriptions of the NTCP Chronicle pages that are changed and are not reflective of all screens in the NTCP Chronicle.

Please contact Paul Hunting, MPH, Project Officer in the CDC Office on Smoking and Health for access information should it be desired, at 770-488-1165.

<http://apps.nccd.cdc.gov/NTCPChronicle/login.aspx>

Screen shot #1: Creating an Outcome Objective

The screenshot displays the NTCP Chronicle Project web application in Microsoft Internet Explorer. The browser title is "NTCP Chronicle Project - Microsoft Internet Explorer". The application header includes the "NTCP Chronicle" logo and navigation tabs for "Plan", "Budget", "Interim Progress", "Annual Progress", and "Program Resources", along with a "Log Out" button. A left sidebar contains navigation links for "Plan Views", "New Component", and "Plan Reports".

The main content area is titled "New Outcome Objective" and includes a "Print-Friendly Page | Help on this Page | Bottom" link. The form is divided into several sections:

- NTCP Goals:** A dropdown menu with options: Cessation, Disparities, Initiation, and Secondhand Smoke.
- Term Type:** A dropdown menu with options: Long-Term (LT) Outcome Objectives, Intermediate-Term (IT) Outcome Objectives, and Short-Term (ST) Outcome Objectives.
- Outcome Indicator:** A dropdown menu with options: 3.11.1: Prop. of adult smokers who have made a quit attempt, 3.11.2: Prop. of young smokers who have made a quit attempt, 3.11.3: Prop. of adults & young smokers having made a quit attempt using proven methods, and 3.12.1: Amount of tobacco product excise tax.
- Data Source:** A dropdown menu.
- Data Collection Details:** A dropdown menu.
- SMART Objective Statement:** A text area with a placeholder "(Specific, Measurable, Achievable, Relevant, Time-bound)".
- Available Populations:** A list with options: Business, Coalition: Local, Coalition: State, Community organization / agency, and Contractor.
- Selected Populations:** An empty list.
- Population Details:** A text area.

The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the time "4:26 PM".

Screen shot #2: Outcome Objective Status Observation

The screenshot displays the NTCP Chronicle Project web application in Microsoft Internet Explorer. The browser title is "NTCP Chronicle Project - Microsoft Internet Explorer". The application header includes the "NTCP Chronicle" logo and navigation tabs for "Plan", "Budget", "Interim Progress", "Annual Progress", and "Program Resources", along with a "Log Out" button. A left-hand navigation menu lists sections such as "Requirements", "NTCP Goals", "Infrastructure", "Other", and "Interim Reports".

The main content area is titled "Objective Status Update: C-IO-0001" and contains the following information:

- Type:** Outcome Objective
- Current Status:** Ongoing
- Status Date:** 1/3/2006
- Target Date:** 6/2010
- Statement:** By June 2010, increase to 20% the proportion of adult smokers who have made a quit attempt using proven cessation methods (from 12% in June 2003).

The "Status" section is expanded to show a legend:

- Ongoing -- Supporting activity continues.
- Met -- Target met.
- Unmet -- Target unmet.
- Suspended -- Objective temporarily or permanently suspended.

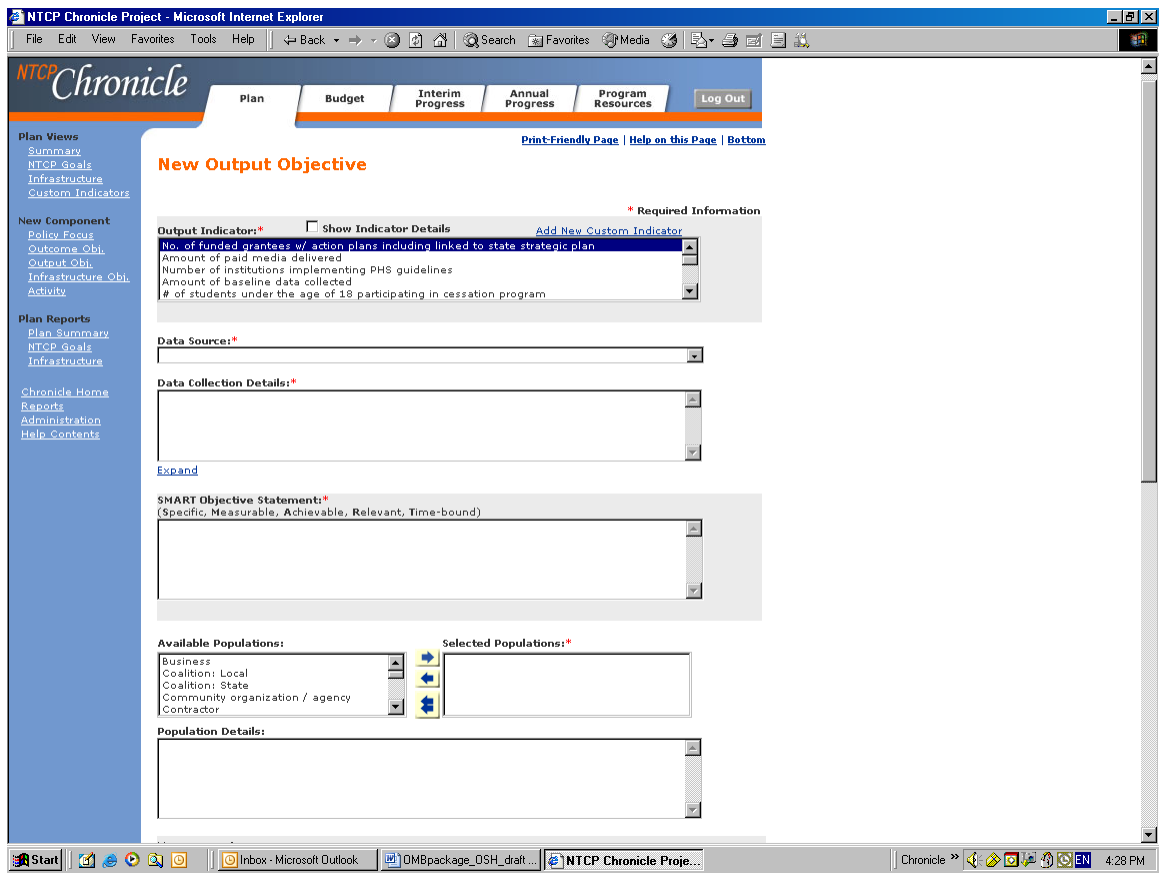
Below the legend are two empty text boxes for "Barriers, if any (required if status is 'unmet'):" and "Actions to Address Barriers:", each with an "Expand" link below it.

The "Current Measurement" section includes the indicator "Prop. of adult smokers who have made a quit attempt" and a data entry form with fields for "# or Amount", "Date" (set to 1/1998), and "Month Year".

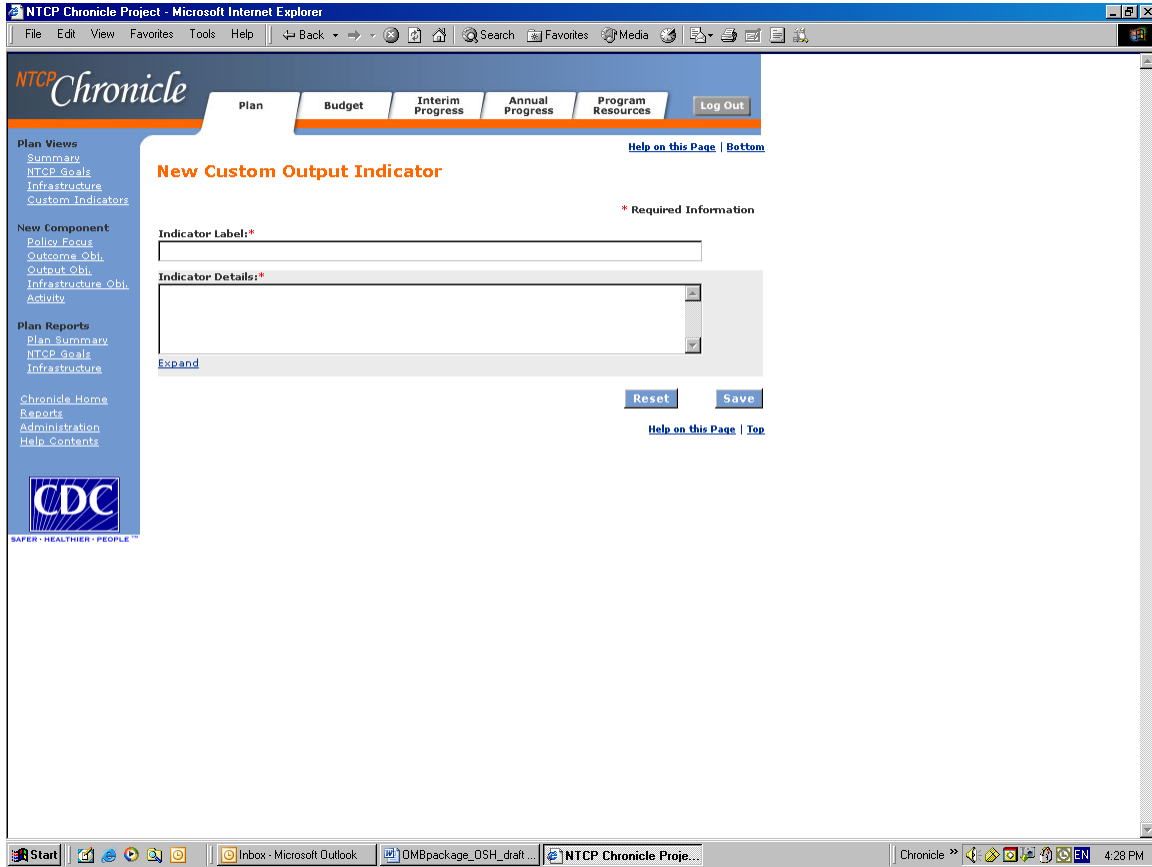
At the bottom, there is a "Status Comments" section with an empty text box.

The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the time 4:27 PM.

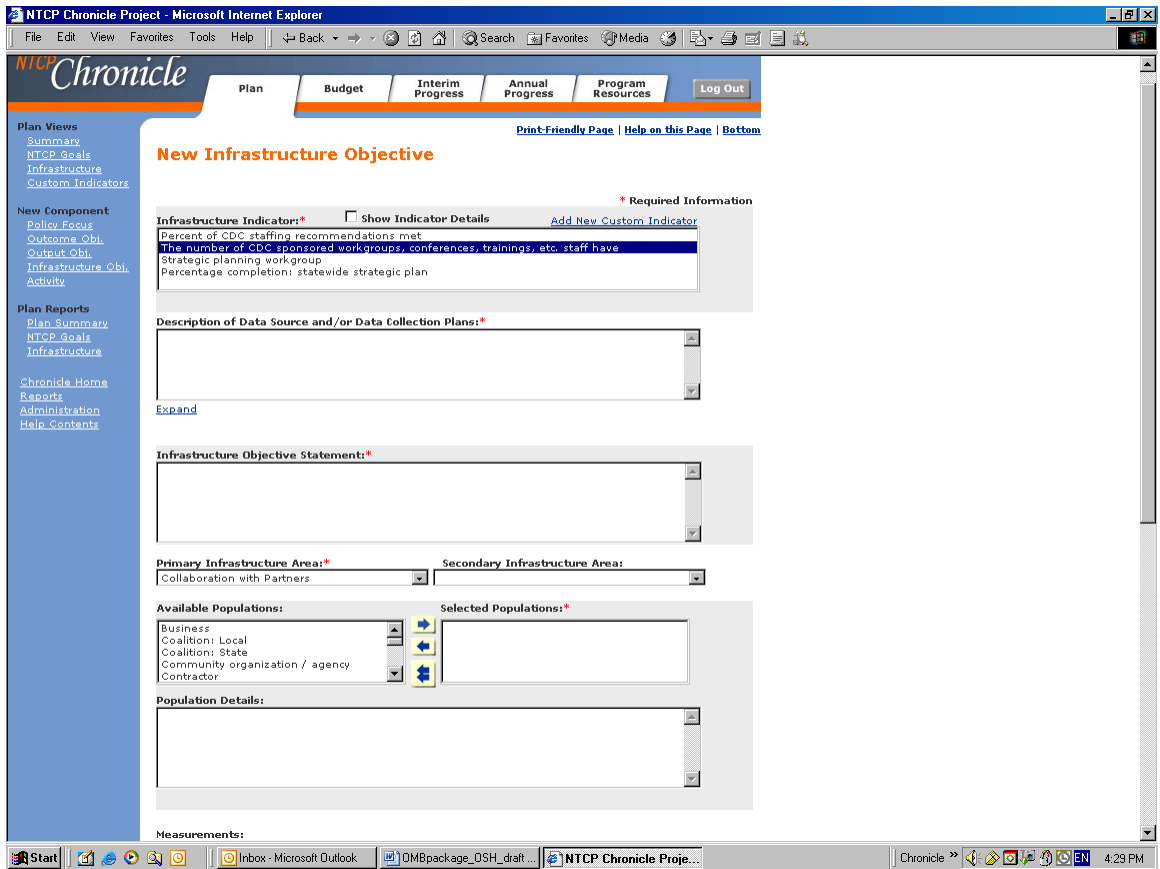
Screen shot #3: Creating an Output Objective



Screen shot #4: Creating a Custom Output Indicator



Screen shot #5: Creating an Infrastructure Objective



Screen shot #6: Creating a Custom Infrastructure Indicator

The screenshot displays the NTCP Chronicle Project web application in Microsoft Internet Explorer. The browser's address bar shows the URL for the NTCP Chronicle Project. The application's navigation menu includes tabs for Plan, Budget, Interim Progress, Annual Progress, and Program Resources, along with a Log Out button. The main content area is titled "New Custom Infrastructure Indicator" and features a form with two required fields: "Indicator Label:" and "Indicator Details:". The "Indicator Label:" field is a text input, and the "Indicator Details:" field is a larger text area. Below the form are "Reset" and "Save" buttons. The left sidebar contains navigation links for Plan Views, New Component, and Plan Reports. The CDC logo is visible at the bottom left of the page. The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the time 4:29 PM.

Screen shot #7: Process (Output) Objective Status Observation

NTCP Chronicle Project - Microsoft Internet Explorer

File Edit View Favorites Tools Help Back Forward Stop Search Favorites Media Print

NTCP Chronicle Plan Budget Interim Progress Annual Progress Program Resources Log Out

Print-Friendly Page | Help on this Page | Bottom

Objective Status Update: OO-0001

Type: Output Objective

Current Status: Ongoing

Status Date: 1/3/2006

Target Date: 6/2006

Statement: By June 2006, 25 state funded grantees promoting the implementation and use of PHS guidelines within health care settings will adopt action plans that include cessation linked to the state strategic plan.

Status:*

Ongoing -- Supporting activity continues.
 Met -- Target met.
 Unmet -- Target unmet.
 Suspended -- Objective temporarily or permanently suspended.

Barriers, if any (required if status is "unmet"):

Expand

Actions to Address Barriers:

Expand

Current Measurement:

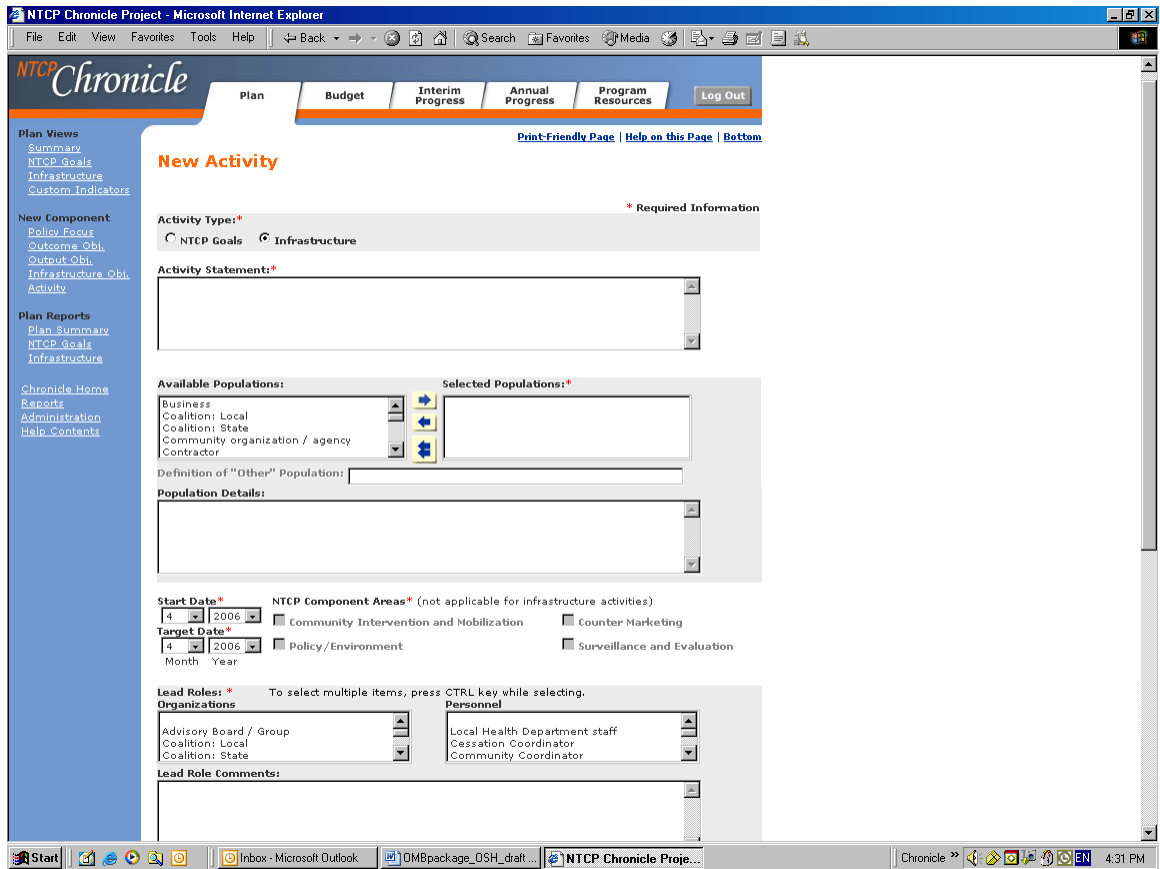
Indicator: Amount of paid media delivered

or Amount: **Date:** 1 1990
 Month Year

Status Comments: *

Start | Inboxes - Microsoft Outlook | OMBpackage_OSH_draft... | NTCP Chronicle Proje... | Chronicle >> | 4:30 PM

Screen shot #8: Creating an Activity



Screen shot #9: Activity Status Observation

NTCP Chronicle Project - Microsoft Internet Explorer

File Edit View Favorites Tools Help | Back Forward Stop Search Favorites Media Print

NTCP Chronicle | Plan | Budget | Interim Progress | Annual Progress | Program Resources | Log Out

Print-Friendly Page | Help on this Page | Bottom

Activity Status Update: GA-0002

Type: Activity (NTCP Goals)
Current Status: No status
Status Date:
Target Date: 6/2006
Statement: By June 2006, provide technical assistance to 15 grantees on how to work with healthcare provider groups to adopt cessation reimbursement and to actively promote the State Tobacco Quitline.

Status:*
Ongoing -- Activity continues.
Completed -- Activity completed.
Suspended -- Activity temporarily or permanently suspended.

Status Comments:*

Expand

Print-Friendly Page | Help on this Page | Top

Requirements
Summary
NTCP Goals
Status
Assessment
Infrastructure
Status
Assessment
Other
Narrative
Accomplishments
Interim Reports
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Assessment
Infrastructure
Status
Assessment
Other
Narrative
Accomplishments
Chronicle Home
Reports
Administration
Help Contents

SAFER • HEALTHIER • PEOPLE™

Start | Inbox - Microsoft Outlook | OMBpackage_DSH_draft... | NTCP Chronicle Proje... | Chronicle » | 4:32 PM

Screen shot #10: Creating a Policy Focus statement

The screenshot shows a web browser window titled "NTCP Chronicle Project - Microsoft Internet Explorer". The page header includes the "NTCP Chronicle" logo and navigation tabs for "Plan", "Budget", "Interim Progress", "Annual Progress", and "Program Resources", along with a "Log Out" button. A left sidebar contains various navigation links under categories like "Plan Views", "New Component", "Plan Reports", and "Chronicle Home".

The main content area is titled "Policy Focus" and includes a note: "* Required Information For each NTCP goal, please provide a brief statement of the policy outcomes (including social and environmental changes) you expect from work on the goal. (Character limit: 1,000 per goal)".

There are four text input fields, each with an "Expand" link below it:

- Cessation**
- Disparities**
- Initiation**
- Secondhand Smoke**

At the bottom of the form area, there are "Reset" and "Save" buttons. The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the time "4:33 PM".

Screen shot #11: Creating Executive Summary & Program Narrative statements

NTCP Chronicle Project - Microsoft Internet Explorer

File Edit View Favorites Tools Help | Back Search Favorites Media

NTCP Chronicle Plan Budget Interim Progress Annual Progress Program Resources Log Out

Requirements Summary [Help on this Page | Bottom](#)

NTCP Goals Status Assessment

Infrastructure Status Assessment

Other Narrative Accomplishments

Interim Reports NTCP Goals Status Assessment Infrastructure Status Assessment Other Narrative Accomplishments

Chronicle Home Reports Administration Help Contents

Executive Summary and Program Narrative for 2005-2006

Executive Summary

Provide a brief narrative that summarizes plans to address the Program Goals for the next year, indicating major areas of future program focus. (Character limit: 2,500)

[Expand](#)

Program Narrative

Describe changes, within the past year, in the social, political, and/or fiscal environment in which your state's program is planned, implemented, and evaluated. Include any relevant factors you expect to influence, promote, or inhibit program planning, implementation and/or evaluation. (Character limit: 7,500)

[Expand](#)

[Help on this Page | Top](#)

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Start | Inbox - Microsoft Outlook | OMBpackage_OSH_draft... | NTCP Chronicle Proje... | Chronicle » | 4:33 PM

Screen shot #12: Creating Major Accomplishments & Barriers statements

NTCP Chronicle Project - Microsoft Internet Explorer

File Edit View Favorites Tools Help Back Forward Stop Search Favorites Media Print

NTCP Chronicle Plan Budget Interim Progress Annual Progress Program Resources Log Out

Requirements Summary Help on this Page | Bottom

NTCP Goals Status Assessment

Infrastructure Status Assessment

Other Narrative Accomplishments

Interim Reports NTCP Goals Status Assessment Infrastructure Status Assessment Other Narrative Accomplishments

Chronicle Home Reports Administration Help Contents

Interim Assessment for 2005-2006: Major Accomplishments and Barriers

Describe 5 to 10 of your program's most significant accomplishments during the last 6 months.

Expand

Describe barriers, unmet needs, and plans to address them for infrastructure areas and NTCP goals.

Expand

(Optional) Please indicate any specific request you may have of the Office on Smoking and Health for guidance and technical assistance during the next six to twelve months.

Expand

Reset Save

Start | [Icons] | Inbox - Microsoft Outlook | OMBpackage_OSH_draft... | NTCP Chronicle Proje... | Chronicle » | [Icons] | EN | 4:33 PM

Screen shot #13: Performance Measure Assessment Question example

The screenshot shows a web browser window titled "NTCP Chronicle Project - Microsoft Internet Explorer". The browser's address bar and menu bar are visible at the top. The main content area of the page is titled "Interim Assessment for 2005-2006: Cessation". Below the title, there is a text input field for describing progress. The page also features a left-hand navigation menu with various links such as "Requirements Summary", "NTCP Goals Status Assessment", and "Infrastructure Status Assessment". At the bottom of the page, there is a navigation bar with links for "Cessation", "Disparities", "Initiation", and "Secondhand Smoke". The CDC logo is located in the bottom left corner of the page.

Screen shot #14: Performance Measure Assessment Question example

The screenshot shows a web browser window titled "NTCP Chronicle Project - Microsoft Internet Explorer". The browser's address bar and menu bar are visible. The website header includes the "NTCP Chronicle" logo and navigation tabs for "Plan", "Budget", "Interim Progress", "Annual Progress", and "Program Resources", along with a "Log Out" button. A left sidebar contains a menu with categories like "Requirements Summary", "NTCP Goals Status Assessment", "Infrastructure Status Assessment", "Other Narrative Accomplishments", "Interim Reports", and "Chronicle Home Reports Administration Help Contents". The main content area features the heading "Interim Assessment for 2005-2006: Collaboration with Partners" and a text input field with the prompt: "Describe progress toward maintaining and strengthening statewide and local partnerships and coalitions including diverse partners and coalitions." Below the field is an "Expand" link. At the bottom of the form area are "Reset" and "Save" buttons. A footer navigation bar lists various program areas such as "Collaboration with Partners", "Communication and Information Exchange", "Local Grants Program", "Program Management - Staff", "Program Management - General", "Strategic Planning", "Surveillance and Evaluation", "Training", and "Technical Assistance". The Windows taskbar at the bottom shows the Start button, several open applications (Inbox - Microsoft Outlook, OMBpackage_OSH_draft..., NTCP Chronicle Proje...), and the system clock showing 4:35 PM.

END OF SCREEN SHOTS

END OF ATTACHMENTS