OMB Supporting Statement
Part A and Part B

Extension of Federally Sponsored Data Collection

Prevention Research Centers Program Information System

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Submitted by:

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Supporting Statement for Extension of Federally Sponsored Data Collection Through the Prevention Research Centers Program Information System

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

This statement supports the extension of clearance of electronic collection of information (OMB 0920-0650, expiration date November 30, 2007) by the Prevention Research Centers Program of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

In 1984, Congress passed Public Law 95-551 directing DHHS to establish Centers for Research and Development of Health Promotion and Disease Prevention. In 1986, CDC received lead responsibility for this program, referred to as the Prevention Research Centers (PRCs) Program. Currently, CDC provides funding to 33 PRCs selected and renewed through a competitive external peer review process. The PRCs are managed as a CDC cooperative agreement with awards made for five years. Attachment 1 provides a copy of authorizing legislation.

Each PRC is housed within a school of public health or a school of medicine or osteopathy with a preventive medicine residency. PRCs conduct outcomes-oriented health promotion and disease prevention research on a broad range of topics using a multi-disciplinary and community-based approach. Research projects involve faculty from the school and different departments within the university, and partners from the community and external organizations. Partners include state and local health departments, departments of education, schools and other education agencies, community organizations, health providers, and other health organizations. Partners collaborate with the PRC to assess community health priorities, identify research priorities, set a research agenda, conduct research projects and related activities such as training and technical assistance, and disseminate research results to public health practitioners, researchers, and the general public.

Each PRC receives an approximately equal amount of core resources from CDC to establish its core capacity and support a core research project as well as training and evaluation activities. Research foci reflect each PRC's area of expertise and the needs of the community. Health disparities and *Health People 2010* are a particular emphasis for most PRC core research. Since 1993, PRCs can apply for Special Interest Projects (SIPs), funded by CIOs throughout CDC as well as other DHHS agencies. The SIPs are cooperative agreements, sometimes, but not always, related to the PRC core project. In addition, many PRCs conduct research on other disease prevention and health promotion topics funded by sources such as health departments, foundations, and other federal agencies.

In spring 2003, CDC published program announcement 04003 for the PRC program. The announcement was competed in two separate rounds with a total of 33 PRCs funded through September 2009. Attachment 2 provides a copy of CDC program announcement 04003.

The 04003 program announcement introduced an initial set of performance indicators for the PRC Program. The initial set of performance indicators were developed collaboratively with program stakeholders and correspond to the PRC conceptual framework (or logic model) and identify program inputs, activities, outputs, and outcomes. Subsequently, the indicators were refined to be more measurable and specific, resulting in a final set of performance indicators. These indicators were also developed collaboratively with the PRCs and other program stakeholders. Attachment 3 provides the final set of PRC performance indicators.

The PRC Information System (IS) is a web-based application developed to collect programmatic information through workplans and progress reports and evaluation information to track progress toward and achievement of the PRC performance indicators. Modification 1, approved September 2005, clarified data entry fields and added components to allow PRCs to upload their organizational chart, enter their annual work plan, and add number of participants for each research project. In addition, Modification 1 increased the total burden hours due to the addition of 5 PRCs. The average respondent burden hours did not change. Attachment 4 provides a list the Modification 1 changes.

Modification 2, approved November 2006 (changes considered non-substantive), reflects deletions, modifications, and additions to the IS questions based on development of the final set of performance indicators. Many of the changes convert text-based data collection to check-box data collection to facilitate data analysis and reporting. Attachment 5 lists the deletions, modification, and additions to the IS.

2. Purpose and Use of the Information Collection

The PRC IS provides programmatic and evaluation information in a systematic and timely manner from the PRCs to CDC's national PRC Program office. The IS streamlined data collection and reporting and greatly reduced paper reports that the PRCs are required to submit. Built-in validation assures the quality of the reported data. Information collected through the IS, in addition to the work plan, includes data related to the prevention research projects, products resulting from those projects, trainings related to those projects, and partnerships.

The experience to date among PRCs is favorable. The IS is clear and easy to use and the PRCs understand the usefulness and importance of the data. The data have been used by CDC on an ongoing basis for the following purposes:

- To monitor compliance with cooperative agreement requirements

- To identify needs for training and technical assistance in areas such as training, evaluation, or community-based participatory research
- To evaluate progress made in achieving center-specific goals and activities
- To obtain information needed to respond to Congressional and other inquiries regarding program activities and effectiveness
- To summarize PRC activities across all 33 PRCs, which provides a national description of the Program
- To identify PRCs with similar activities and link them with each other and with CDC CIOs to facilitate collaboration

The data have been used by the PRCs for the following purposes:

- To provide summaries of their own activities and impact on their partners, communities, and local decision-makers
- To share information with other PRCs for collaboration on projects and for learning from the experience of other PRCs doing similar research

Continued bi-annual data collection is critical as the IS provides required information in a systematic, standardized, and timely manner. Without the IS, PRCs would report data using paper-dependent methods requiring labor intensive methods for data reporting, identifying PRC activities, and summarizing PRC activities. Paper-dependent methods are inefficient and time consuming to obtain information to respond to Congressional and other inquiries.

The results of the data collected through the PRC IS are generalizable to the universe of funded PRCs.

The PRC Program is recommended for continued funding for FY 07 in the President's proposed budget as well as the House and Senate proposed budgets.

3. Use of Improved Information Technology and Burden Reduction

The PRC IS is a centralized, web-based system that uses a relational data model to support 100% of data collection. Special attention was given to ensure the system is easy to use and collects information that can be queried and summarized through its reporting capabilities. The IS replaced most paper-dependent methods of data collection from PRCs. The IS can provide both standardized and customized reports that allow users to set their own parameters. In addition, reports can be generated at two levels:

- **National-level reports** provide aggregate data across all PRCs (e.g., the number of PRCs working with minority populations) or a specific subset of PRCs (e.g., among PRCs working with adolescents, the percentage focusing on physical activity).

- **Local-level reports** provide information specific to a single PRC such as the number of publications during the past year.

The IS uses information technology to ensure minimum number of data entry errors through use of range checks, quality of information, and no information redundancy. All sections of the IS are integrated and dynamically share information.

The IS allows varying degrees of access for PRCs and CDC staff. System access ranges from read-only to full data entry privileges depending on the user's role and needs.

4. Efforts to Identify Duplication and Use of Similar Information

Prior to implementation of the PRC IS, PRCs funded through the Prevention Research Centers Program Cooperative Agreement submitted PHS Form 2590 to PGO to report plans for and progress on their projects. The PHS Form 2590 is a form that includes a budget justification section and a narrative summary section to report on either a workplan for the upcoming budget period, or on the progress of activities performed and results achieved during the prior budget period. The PHS Form 2590 was submitted in hard copy format.

The PRC IS provides web-based data entry for the narrative summary portion of the PHS Form 2590 (both the workplan and progress report) that is efficient and less burdensome than the paper version. In addition, the IS provides an efficient method for PRCs to submit information on their center's research projects, products, and trainings needed to measure progress toward, or achievement of, the PRC performance indicators. Based on a Web search we determined that there is no duplication of information collection from PGO and the PRC Program office.

No other agency, either within the federal government or in the private sector, collects data to evaluate PRC program activities.

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

The PRC IS collects data on a bi-annual basis – once for workplans and once for annual updates on PRC activities in the form of progress reports and indicator data. The annual update on PRC activities meet the PGO annual progress report requirement, authorized by 45 CFR Part 74, Subpart J, and 45 CFR Part 92.40. These data provide timely information for program monitoring and evaluation, identifying grantees with training and technical assistance needs, and responding to inquiries from Congress and other stakeholders. There are no legal obstacles to

reduce the burden. However, less than bi-annual reporting would delay the receipt of information on PRC activities and outcomes, which would:

- Negatively impact the national evaluation of the PRC Program
- Undermine accountability efforts at both the national and local levels
- Weaken programmatic efforts to monitor grantees
- Weaken efforts to respond in a timely manner to inquiries from Congress and other stakeholders with current information

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

The data collection request fully complies with the Guidelines of 5 CFR 1320.5.

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

a. Federal Register Notification

A 60-day Federal Register Notice was published in the *Federal Register* on January 22, 2007 (Volume 72, Number 13, pages, 2695-2696). There were no public comments in response to the notice. A copy of the Federal Register notice is included in Attachment 6.

b. Other Consultations

Following deployment of the IS in 2004, consultations occurred from 2004 through 2006 to help refine the information system for the national PRC Program.

Narrative Summary (Work Plan and Progress Reports)

Development of the work plan section of the Information System (Modification 1, Attachment 4) included pilot testing of the new section, which was completed in May 2006. Nine PRCs participated, including Johns Hopkins University, University of Washington, San Diego State University, Harvard University, University of Texas-Houston, University of North Carolina Chapel Hill, University of Pittsburgh, University of Arizona, and Morehouse School of Medicine. Attachment 7 lists the 9 PRC staff that participated in the pilot tests.

The pilot testing assessed the workplan portion of the PRC Information System on the following: effectiveness and efficiency of reporting; level of difficulty in entering data; clarity and format of the work plan report; level of difficulty in generating the report; effectiveness of online help; methods for modifying work plans; suggested enhancements; and process for transferring work plan data to the upcoming year in the PRC IS. Feedback improved the clarity and user-friendliness of work plan data entry and reporting. Changes

included: defining additional terms in the system's glossary, simplifying report layout, increasing consistency in terminology and labeling, and simplifying the process for adding, editing, and deleting information.

Usability testing, conducted in October 2006, assessed the progress report function of the PRC Information System. The progress report function provides a report on the information entered into the workplan, including progress on the goals, objectives, and activities. The progress report does not have new data entry screens. Six PRCs participated in the usability testing, including St. Louis University, West Virginia University, University of Washington, University of South Florida, Boston University, and University of Michigan. Attachment 7 lists the 6 PRC staff that participated in the usability testing.

The usability testing for the progress report function assessed: clarity of instructions for creating progress report; report format, generation, printing, and submission; level of difficulty in navigation to create the progress report; additional needs for uploading files for the progress report; and notification to project officers when reports are finalized in PRC IS.

Both the pilot tests and usability tests were conducted as part of the information system development and support (Northrop Grumman Contract Number DACH224-CISSS through the Center for Chronic Disease Prevention and Health Promotion at CDC).

PRC Performance Indicators

The refinement of the PRC performance indicators, which resulted in a need to refine the PRC IS, occurred as part of the PRC Program national evaluation planning process (Task Number 04C99985, through the Department of Health & Human Services Program Support Center, with ORC Macro). Consultants for refining the PRC performance indicators were members of the PRC Program's Collaborative Evaluation Design Team (CEDT). The CEDT included two PRC directors, three PRC investigators or evaluators, one PRC community liaison staff member, one representative of a state health agency, and two community advisory board members. Attachment 7 provides a list of CEDT members. The CEDT met through periodic conference calls which began in December 2004 and continue through the present. Via conference calls, the consultants provided feedback on type of information to be collected for the indicators, the availability of this information, and the reporting format. A July 28-29, 2005 in-person meeting in Atlanta, followed by several conference calls in August 2005, focused on selecting constructs on which to develop a refined set of program performance indicators.

Following development of a draft set of performance indicators, the PRC Program office drafted new questions or revised existing questions to collect

indicator data through the PRC Information System. The CEDT provided feedback on those questions September – October 2005.

In November 2005, the draft indicators with accompanying new and revised questions were shared with PRCs. Several PRCs provided comments on the clarity of wording, feasibility of data collection, and relevance of indicators to PRC work. The PRC Program staff and CEDT used the feedback to refine the indicators and questions. The refined version was shared with all PRCs, and several PRCS provided comments on minor edits and clarifications in May 2006. The feedback resulted in Modification 2 which was submitted and approved (changes considered non-substantive) by OMB in November 2006 (Attachment 5). Attachment 8 provides the final Information System data entry frames including changes approved from Modifications 1 and 2.

9. Explanation of Any Payment or Gift to Respondents

The PRCs do not receive any payment or gift for providing information collected through the IS.

10. Assurances of Confidentiality Provided to Respondents

Personal identifiers maintained by CDC in the PRC IS are limited to work contact information for PRC staff (e.g., name, address, telephone and fax numbers, and email address) and similar contact information for PRC members of the CDC PRC National Community Committee (NCC). Contact information is used to facilitate communication between the PRC Program office, the PRCs, and representatives of the PRC NCC. Contact information for grantees is maintained in the IS only while the PRC receives CDC funding. No personally identifiable information is collected by CDC on individuals participating as subjects in PRC research or training activities. All contact information is treated in a secure manner.

Data collected from the PRCs relate to their prevention research projects, products resulting from those projects, trainings related to those projects, and partnerships. Information reported to CDC are used to identify training and technical assistance requirements, evaluate progress made in achieving center-specific goals, and obtain information needed to respond to Congressional and other inquiries regarding program effectiveness.

Access to the PRC IS is controlled by a password-protected login. PRC access levels vary from read-only to read-write, based on the user's role and needs. Each PRC has access to its own information and decides on the level of access for each user and to what extent partners may access that PRC's information. Read-only access to the entire database is available to the national PRC Program office staff at CDC.

11. Justification for Sensitive Questions

No information is collected on individuals participating as subjects in PRC research activities. The IS does not collect sensitive information on any PRC project staff or partners.

12. Estimates of Annualized Burden Hour and Costs

a. Estimated Burden

It is estimated that 33 PRCs will use the PRC Information System. The Annual Burden is estimated to be 279 hours based on current amount of time to enter and review data (see exhibit 12.a).

Exhibit 12.a
Estimated Annualized Burden Hours

Type of respondent	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden hours
Clerical	33	2	2.73	180
Directors	33	2	1.5	99
Total				**279**

b. Estimated Costs

The cost of entering data electronically through the PRC IS is estimated to be $10,890 per annum (see exhibit 12.b). This cost is based on the estimated annualized respondent burden and the average hourly salary rates for the two types of respondents; clerical workers and PRC directors. Clerical respondents enter data two times per year and directors review and verify the clerical data entry. The hourly salary rates are calculated based on Bureau of Labor Statistics (BLS) estimates. For PRC clerical workers, the mean average of BLS category 43.6011 was used (Executive Secretaries and Administrative Assistants). For PRC Directors, the ninetieth percentile of BLS category 25-1071 was used (Health Specialties Teachers, Postsecondary). The ninetieth percentile was used because the PRC Directors are the leaders in the field of health promotion research.

Exhibit 12.b
Estimated Annualized Burden Costs

Type of respondent	No. of respondents	Total burden hours	Hourly wage rate	Total respondent costs
Clerical	33	5.5	$18	$3,267
Directors	33	3	$77	$7,623
Total				**$10,890**

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

a. Total Capital and Start-up Costs

The PRCs will not incur any capital or start-up costs as a result of the information system. Program announcement 04003 specifies that the PRCs must "acquire and maintain the technological capacity, facilities, and university support for the center (e.g., software, space, equipment)" and that "funds should be allocated to support communication activities, including the input and maintenance of information for the PRC information system." The PRC IS was designed to use existing hardware and software at all PRCs through the Internet, and all PRC have access to the Internet. Thus, no new hardware or software are needed to access the IS.

b. Total Operation and Maintenance

The PRC will not incur any costs for operation, maintenance, or purchase of services as a result of the PRC IS.

14. Annualized Cost to the Government

The planning and design of the PRC IS began in FY 2001. From FY 2001 – FY 2004, the major cost was contractor costs for application design, prototype development, site visits, training, and user support. From FY 2005 – FY 2006, costs include a full-time contractor's salary and benefits as well as technical expertise for development and implementation of modification 2 and reporting modules, system enhancements as needed, training, and user support from an external contracting firm plus federal employee oversight of the development. Federal employee costs from FY 2005 – FY 2006 include Team Leader and staff oversight of modification 2 and reporting modules at 5% and 10% time, respectively. From FY 2007 – FY 2009, costs include one full-time contractor's (Health Care Analyst 3) salary and benefits for system enhancements as needed, training, and user support from an external contracting firm plus federal employee data analysis and reporting from the PRC Research and Evaluation Team Leader

(Health Scientist, GS 14) and one staff member (Health Education Specialist, GS 13) at 5% and 10% time, respectively. The average annual cost over the 9 years (FY 2001 – FY 2009), including contractor costs plus federal employee costs, is $327,131/year (see exhibit 14.a).

Exhibit 14.a
Annualized Costs of PRC IS

Fiscal Year	Description of Contractor Costs	Contractor Costs	Description of Federal Employee Costs	Federal Employee Costs	TOTAL
FY 2001	Needs assessment and application design	$120,000		$0	
FY 2002	Continued application design, prototype development and demonstration, and feedback site visits	$180,000		$0	
FY 2003	Enhanced application design, prototype development, and usability and pilot testing	$390,000		$0	
FY 2004	Development of information system, training and user support	$1,201,998		$0	
FY 2005	Implementation of information system, continued training and user support	$300,000	Oversight of implementation of modification 2 Team Leader – 5% Health Scientist – 10%	Team Leader: $5,000 Health Scientist (GS13): $7,500	
FY 2006	Development and implementation of modification 2 to the information system, training and user support, and development	$329,683	Continued oversight of implementation of modification 2 and oversight of the development of	Team Leader: $5,000 Health Scientist (GS13): $7,500	

Fiscal Year	Description of Contractor Costs	Contractor Costs	Description of Federal Employee Costs	Federal Employee Costs	TOTAL
	of search and reporting modules		search and reporting modules Team Leader – 5% Health Scientist – 10%		
FY 2007	Technical expertise for enhancements to the information system and continued training, quality control, and user support	$120,000	Analysis and reporting of IS data Team Leader – 5% Health Scientist – 10%	Team Leader: $5,000 Health Scientist (GS13): $7,500	
FY 2008	Technical expertise for enhancements to the information system and continued training, quality control, and user support	$120,000	Analysis and reporting of IS data Team Leader – 5% Health Scientist – 10%	Team Leader: $5,000 Health Scientist (GS13): $7,500	
FY 2009	Technical expertise for enhancements to the information system and continued training, quality control, and user support	$120,000	Analysis and reporting of IS data Team Leader – 5% Health Scientist – 10%	Team Leader: $5,000 Health Scientist (GS13): $7,500	
Total		**$2,881,681**		**$62,500**	**$2,944,181**
Average Annual Costs		**$320,187/year**		**$6,944/year**	**$327,131/year**

15. Explanation for Program Changes or Adjustments

This request for OMB approval is a renewal without changes and the burden has not changed from the burden shown in the current inventory.

16. Plans for Tabulation and Publication and Project Time Schedule

A 3-year OMB clearance is requested for this recurring bi-annual data collection requirement. Clearance will allow continued bi-annual data collection from November 2007 – November 2010. Information collected through the PRC IS will be tabulated through descriptive statistics such as percentages, ranges, means, and medians. CDC will not use complex statistical methods to analyze data from the IS. Example statements include:

- Across all PRCs, a total of 75 papers were published during the past fiscal year and ranged from 0 – 10 papers.
- Across all PRCs, the average number of community committee members is 10.
- Among PRCs funded for ≥ 10 years, the average amount of additional extramural funding during the past fiscal year is $5,000,000 as compare to $2,000,000 among PRCs funded for < 10 years.
- Across all PRCs, the PRCs with research projects related to African-American adolescents include a, b, c, d, and e PRCs.

Information collected through the PRC IS will be reported annually through both internal CDC documents as well as in fact sheets and special reports for both internal and external stakeholders.

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

The PRC IS will display the expiration date for the OMB approval on the first page of each PRCs data entry screen, which is the location for the current display.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Respondent Universe and Sampling Methods

The respondent universe is all 33 currently funded PRCs. CDC does not use any sampling methodology as all 33 PRCs need to enter their own data into the IS. Since the inception of the IS, 100% of funded PRCs enter data on a bi-annual basis.

2. Procedures for the Collection of Information

The PRCs received training on data entry at the establishment of the IS and will receive additional training upon implementation of Modification 2 in Spring 2007. In addition, contractor staff are available to provide technical assistance on an ongoing basis as needed. PRC staff enter data for each fiscal year. Respondents are not routinely recontacted to validate data entry, although a very unusual or unclear response or a significant outlier could prompt recontact for validation.

Quality control procedures are implemented through the data entry system and include range checks and skip patterns. Quality control procedures implemented through data analysis include identification of outliers.

3. Methods to Maximize Response Rates and Deal With Nonresponse

All 33 PRCs are required to submit work plans and annual progress reports through PHS Form 2590. The IS allows PRCs to submit these reports by entering information into the IS, thus eliminating the need to complete the narrative section of PHS 2590. As part of the annual progress reports, PRCs are required to provide evaluation information related to the national performance indicators through the IS. Project Officers contact PRCs, if needed, to remind them of the required data entry. To date, 100% of PRCs enter data for progress reports and national performance indicators.

4. Tests of Procedures or Methods to be Undertaken

No tests of procedures or methods are needed. The PRCs currently enter data into the IS under OMB 0920-0650, expiration date November 30, 2007. The current procedures and methods are satisfactory.

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

The PRC does not use any statistical methods to select respondents, thus no individuals were consulted on statistical aspects of sampling.

a. Data collection design

The design of the PRC IS was developed and implemented through a contract with Northrup Grumman. The Project Manager is:

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Northrop Grumman
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The CDC person responsible for receiving and approving contract deliverables is:

Robert Hancock
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b. Data collection

Each PRC enters their own data into the IS through the Internet.

c. Data analysis

The PRC Program office will conduct all data analysis. The persons responsible for data analyses are:

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