HHS/CDC/NCIPC
SUPPORTING STATEMENT FOR OMB INFORMATION COLLECTION REQUEST

ACADEMIC CENTERS OF EXCELLENCE ON YOUTH VIOLENCE PREVENTION PROGRAM INFORMATION SYSTEM

Supported by:
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

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1. A. Congressional Record – Senate. U.S. Congress. Senate. 10 Sept. 1999: S10738

1. B. Senate Appropriations Committee Report and Senate Report 109-103.

ATTACHMENT 2
CDC Program Announcement 05018
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A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

This statement supports the request for clearance of electronic collection of information by Academic Centers of Excellence on Youth Violence Prevention funded by the Division of Violence Prevention of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

Following Columbine, Senators Specter and Harkin spearheaded a legislative committee on violence prevention that encouraged collaboration among federal agencies. Out of this legislative initiative, the ACE project was created.[1] (Attachment 1.A. and 1.B.) Eight Academic Centers of Excellence on Youth Violence Prevention (ACEs), two Urban Partnership Academic Centers of Excellence (U-PACE) on Youth Violence Prevention, and a Coordinating Center are currently funded through the CDC to foster and promote a stable, visible, long term strategy to address the complex problem of youth violence. In addition, the ACE program is designed to foster multidisciplinary and multi-sectoral interactions than can stimulate scientific creativity, catalyze new developments in youth interpersonal violence research and practice, and hasten the translation of knowledge into the health sector and community practice. The funded centers are expected to foster an environment conducive to reciprocally beneficial collaborations among health scientists, social scientists, and the affected communities with the common goal of reducing youth interpersonal violence. The ten ACEs plus the Coordinating Center are managed as CDC cooperative agreements.

In November, 2004 CDC published Request for Applications (RFA) CE05-018 for the ACE program. Eligible applicants included academic institutions/centers with a focus on health, such as: public and private nonprofit universities; colleges; and university-associated teaching hospitals. Applications were due in February 2005. The awards began in September 2005 and were made for a 12-month budget period within a project period of up to five years. See Attachment 2 for a copy of CDC RFA CE05-018.

In January, 2006, CDC published Request for Applications CE06-008 for the U-PACE program. Eligible applicants included academic institutions/centers with a focus on health, such as: public and private nonprofit universities; colleges; and university-associated teaching hospitals. Applications were due in March of 2006. The awards began in September, 2006 and were made for a 12-month budget period within a project period of up to five years. See Attachment 3 for a copy of CDC RFA CE06-008.

[1] FY2000 House/Senate/Conference Appropriations Language 11/23/99.

In addition to the ACEs and U-PACEs, CDC published a Request for Applications CE06-602 for the Coordinating Center for the ACE program in 2006. Eligible applicants included the 8 existing ACE grantees. Applications were due in February of 2006. The awards began in September 1, 2006 and were made for a 12-month budget period within a project period of up to four years. See Attachment 4 for a copy of CDC RFA CE06-602. The Coordinating Center was established based on the recommendations of the 2002-2004 formative evaluation entitled *Report on Management Approaches of the National ACE program.* This evaluation examined the various management approaches of other federal agencies to determine the level of coordination and collaboration needed for multi-site projects such as centers of excellence programs similar to the ACE program. This evaluation demonstrated the need and utility of having a Coordinating Center to: (1) support program specific activities across the funded centers; (2) assist with cross-center networking activities and product development; and (3) facilitate the transfer of ACE Center program products and knowledge into youth violence prevention community practice. See Attachment 5 for the Executive Summary of this report.

The RFAs for ACEs and U-PACEs introduced a set of performance indicators for the Centers based on the ACE program logic model. See Attachment 6 for a full description of logic model and performance indicators. The performance indicators were developed collaboratively with program stakeholders and correspond to the ACE conceptual framework (or logic model) identifying program inputs, activities, outputs, and outcomes. The performance indicators are consistent with federal requirements that all agencies, in response to the Government Performance and Results Act (GPRA) of 1993, prepare performance plans and collect program-specific performance measures.

The ACE Information System (ACE IS) is a web-based application that has been developed to collect information that will track progress toward, or achievement of, these performance indicators. The ACE IS will also collect information on the activities and research projects of the ACEs currently being submitted bi-annually to the Procurement and Grants Office (PGO) using PHS Form 398 and PHS Form 2590 (OMB Number 0925-0001, Attachment 7.A and 7.B). In addition to collecting information on performance indicators, the ACE IS will enhance the efficiency of reporting practices, facilitate information sharing between the ACEs and the CDC, standardize collection of information, facilitate organizational memory, and improve technical assistance offered to the ACEs.

Authority for CDC's National Center for Injury Prevention and Control to collect data is granted by Section 301 and 391 (Part J) of the Public Health Service Act (42 U.S.C. 241) (Attachment 8). This act gives federal health agencies, such as CDC, broad authority to collect data and do other public health activities, including this type of activity.

2. Purpose and Use of the Information Collection

The Academic Centers of Excellence on Youth Violence Prevention (ACE) information system is designed to report programmatic and evaluation information from the ACEs to CDC's Division of Violence Prevention and to share information about ACEs research and products among the ACEs. Using modern information technology for data collection and transfer will streamline data collection and reporting from the ACEs, and reduce the amount of paper reports that ACEs are required to submit. Built-in validation steps will ensure the quality of the reported data. Clearance is requested for 3 years.

Information collected in the information system includes data related to all youth violence research projects, products resulting from these projects, partnerships impacting the projects, and community mobilization efforts, including the translation of the research into the targeted communities and related outcomes.

The initial information inputted in the ACE IS will be reviewed by each ACE principal investigator for accuracy, and then by the DVP ACE project officers for program monitoring. Additionally, the full-time contractor that developed the system at CDC will review the information for quality control purposes and to determine any need for user support or technical assistance.

Information reported to CDC through the ACE IS will be continually used for the following purposes by CDC:

- To monitor compliance with cooperative agreement requirements
- To assist CDC in determining training and technical assistance needs
- To evaluate the progress made in achieving center and project-specific goals and objectives
- To obtain information needed to respond to Congressional and other inquiries regarding program activities and effectiveness.
- To summarize activities and impact across all 11 grantees (10 ACEs and the Coordinating Center), which will provide an overall description of the program.

The ACEs and the Coordinating Center will use the information for the following purposes:

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

Without this standardized data collection, CDC would be required to continue to use paper-dependent methods of progress reporting and program monitoring, labor intensive manual procedures for summarizing ACE activities and assessing technical

assistance needs, and inefficient methods of obtaining information to respond to Congressional and other inquiries.

3. Use of Information Technology and Burden Reduction

The ACE information system is a centralized, web-based system that uses a relational data model to support the collection and reporting of information. Special attention has been given to ensuring the system is easy to use and collects information that can later be queried and summarized through its reporting capabilities.

The long-term goals of the information system include improving customer services and empowering the ACEs. More specifically, the system was developed with the following objectives:

- Shortening the time period for collecting information
- Standardizing the information collection and dissemination processes
- Identifying and disseminating 'promising practices'
- Measuring performance using national indicators
- Sharing knowledge and experience among ACEs, CDC, and other partners
- Reducing dependence on paper
- Reducing labor required to collect requested information.

A variety of meaningful reports can be generated through the system using the information collected. These reports will be designed to assist CDC and the ACEs in program planning, measuring performance, and sharing principles for practice. The system will generate both standardized and customizable reports that allow users to set their own parameters. Additionally, reports will be able to be generated at two levels:

- *National level reports* – These reports represent aggregate level information across ACEs. Reports can be generated across two or more ACEs, or across all ACEs—e.g., a pie chart displaying the populations with whom the ACEs are conducting research.

- *Local level reports* – These reports represent information that is specific to a single ACE—e.g., publications developed by an ACE to work with a particular community.

The system fosters continuity and consistency of information throughout the ACE community through its uniform collection process and well-defined information components. The collection process takes advantage of information technology that ensures minimum numbers of errors, quality information, and no information redundancy. All sections of the system are integrated and dynamically share information.

The system allows varying degrees of access for project officers at CDC and ACEs. System access will range from read-only access to full recording privileges depending on the user's role and needs. This ensures that stored information is accessible only through the password protection mechanism. Individual users' access will be restricted to protect any information considered private or confidential.

4. Efforts to Identify Duplication and Use of Similar Information

Historically, ACEs specifically funded through the Academic Centers of Excellence on Youth Violence Prevention Program Cooperative Agreement have submitted PHS Form 2590 or PHS Form 398 to the Procurement and Grants Office (PGO) to report progress on their projects. The PHS Forms 2590 and 398 are interim progress report forms that includes a budget justification and a narrative summary report on the progress of activities performed and results achieved during the prior budget period. The PHS Form 2590 falls under OMB Number 0925-0001, rev 5/2001. The PHS Form 398 falls under OMB Number 0925-0001, rev 4/2001. These forms are currently submitted in hard-copy format or through http://www.grants.gov.

To identify duplication of information collection, the ACE information system will replace the progress report portion of the PHS Form 2590 or 398. An electronic information system will provide a more efficient and less burdensome vehicle for ACEs to submit information on program activities, research, and results and will allow for the collection of new information needed to measure progress toward, or achievement of, the new performance indicators. The information needs assessed above were integrated into the information system prototype in order to create a system that fulfills all users' needs.

The information system will not ask for a budget justification; this information will continue to be collected in hard copy through the PHS Form 2590 or PHS Form 398. Therefore, there will not be any duplication of information collection from PGO and the Division of Violence Prevention at 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

Annual reporting is required by the Procurement and Grants Office (PGO). A PHS Form 2590 or PHS Form 398(OMB Number 0925-0001) is required for submission of annual progress reports authorized by 45 CFR Part 74, Subpart J, and 45 CFR Part 92.40. Semi-annual reporting is allowed by CDC and PGO, per Guidance Letter 302 for non-competing applications distributed on August 27, 2002 (see Attachment 9). The guidance allows for a program to request

an interim progress report in addition to the annual report, however it is not mandatory.

CDC will request semi-annual reporting in the information system in order to, in a timely manner, receive current information on ACE activities. However, the effort associated with semi-annual reporting will be eased because information will be submitted through the streamlined electronic information system. Limiting reporting to just annual reporting would delay the receipt of information on ACE activities and outcomes, which would:

- Negatively impact the evaluation of the national ACE Centers
- Delay provision of necessary training and technical assistance to grantees
- Undermine accountability efforts at both the national and local levels
- Weaken efforts to respond to inquiries from Congress and other stakeholders with current information

There are no legal obstacles to reduce the burden.

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

This 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 on 4/11/07. There were no public comments in response to the notice. A copy of the Federal Register notice is included in Attachment 10.

b. Other Consultations

The ACE logic model, specifying the activities designed to lead to the development and broader implementation of effective strategies to address youth violence, was developed using a participatory approach with input and approval from the ACE Centers and Community Partners during a meeting in December 2002. The logic model was based on CDC's Prevention Research Center (PRCs) program's logic model, which was developed through an intensive and participatory evaluation planning process and is based on a similar prevention approach. Based on the work of the PRCs' and the ACE logic model, 14 feasible performance indicators were developed to measure the goal attainment and impact of the ACEs. These performance indicators were reviewed and endorsed by the ACEs during a meeting in December 2003.

Consultations occurred March 2006 through February 2007 with CDC and ACE staff to determine the information needs of the national ACE program and to develop the information system.
CDC's Division of Violence Prevention's ACE staff members were presented with a prototype of an information system in March 2006 and during an assessment period of 6 months were able to assess the capacity and needs of the ACEs with respect to the system. The assessment period also included periodic web-conferences with selected representatives from each of the original 8 ACEs (see Attachment 11). The purpose of these web conferences was to adapt and refine the system to meet the needs of the ACEs and resulted in several suggestions for changes and additions to the system.

In February and March 2007, eight of the centers began testing the system. The centers provided feedback on information availability, clarity of questions and instructions, ease of navigation, utility of the system's content within the context of the ACEs activities, record keeping and reporting format, and estimated respondent burden.

9. Explanation of Any Payment or Gift to Respondents

The ACEs do not receive payments or gifts for providing the information collected through the information system.

10. Assurances of Confidentiality Provided to Respondents

This submission has been reviewed by staff in the CDC Information Collection Review Office and it has been determined that the Privacy Act does not apply. Personal identifiers maintained by CDC in the Academic Centers of Excellence on Youth Violence Prevention (ACE) Information System is limited to contact information for CDC and ACE staff (e.g., name, address, phone and fax numbers, e-mail address) to facilitate communication between the CDC and the ACEs. Contact information for grantees will be maintained in the system only while the center receives CDC funding. No personally identifying information will be collected by CDC on individuals participating as clients in ACE research or program activities.

Data collected at the ACEs is related to youth violence prevention research and programmatic projects, products resulting from these projects, partnerships impacting the projects, and the translation of the research into the designated community, and related outcomes. Information reported to CDC by the cooperative agreement holders will be used to identify training and technical assistance needs, monitor compliance with cooperative agreement requirements, evaluate the progress made in achieving center-specific goals, and obtain information needed to respond to Congressional and other inquiries regarding program effectiveness and activities.

Access to the ACE information system will be controlled by a password-protected login. Access levels vary from read-only to read-write, based on the user's role and needs. Each ACE has access to its own information and will decide the level of access for each user and the extent to which staff and local partners may access that ACE's information. Read-only access to the entire database will be provided to project officers, science officers, and selected communication and management staff at CDC. Limited read-only access will be available to the Coordinating Center to foster cross-site collaboration.

11. Justification for Sensitive Questions

No information is being collected on individuals participating as clients in ACE research activities. The instrument does not ask questions of a sensitive nature.

12. Estimates of Annualized Burden Hour and Costs

a. Estimated Burden

It is anticipated that 10 ACEs and 1 Coordinating Center will be using the information system. The Clerical staff or Program Managers will complete the majority of the system. The principal investigators will review the information in the system and add details related to study design and outcomes of projects, as necessary.

The Annual Burden is estimated to be 161 hours based on trial data entry runs. See Table 12A

Table 12A. Estimated Annualized Burden Hours

Respondents	No. of respondents	No. of responses per respondent	Hrs/response	Total burden (in hours)
Clerical/Program Managers	11	2	320/60	117
Principal Investigators	11	2	120/60	44
Total				161

b. Estimated Costs

The cost of submitting the reports electronically through the ACE information system is estimated to be $6127 per annum. See Table 12B. 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/or program managers and ACE principal investigators. The hourly salary rates are calculated based on Bureau of Labor Statistics (BLS) estimates. For ACE clerical workers and

program managers, the ninetieth percentile of BLS category 43-6011 was used (Executive Secretaries and Administrative Assistants) because of the level of expertise required to serve in this capacity at a university level. For ACE directors, the ninetieth percentile of BLS category 25-1071 was used (Health Specialties Teachers, Postsecondary). The ninetieth percentile was used because the ACE principal investigators are the leaders in the field of youth violence prevention research.

Table 12B. Estimated Annualized Burden Costs

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (hrs)	Total burden hours	Hourly wage rate	Respondent cost
Clerical/Program Managers	11	2	320/60	117	$27	$3,167
Principal Investigators	11	2	120/60	44	$65	$2,860
Total						$6027

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

The information system was designed to use existing hardware at the ACEs, and all centers currently have access to the internet to use the information system. There are therefore no expected capital and maintenance costs associated with the information system.

The ACEs are not expected to incur any capital and start-up costs as a result of the information system. No new hardware or software will be needed to use the information system.

The ACEs are not expected to incur any costs for operation, maintenance, and purchase of services as a result of the information system.

14. Annualized Cost to the Federal Government

The planning and design of the ACE information system began in FY 2005. The major cost factors associated with the system starting from FY 2005 to FY 2007 have been needs assessment, application design, prototype development, demonstration and feedback conference calls, and usability and pilot testing. Training, user support, and continued system development has been ongoing with the original 8 ACEs since FY 2006. In FY 2008 the ACE information system will be rolled out to the 2 U-

PACEs and the Coordinating Center. Training, quality control, and ongoing user support will be ongoing costs.

During FY 2005 and FY 2006 the needs assessment, the prototype development and demonstration and feedback web conferences, as well as the implementation of the system generated a total of $200,000. The results of the web conferences and the feedback from grantees indicated that several changes and additions were needed to the design of the information system. As a result, further enhanced application design, prototype development, and usability and pilot testing were needed during FY 2007. The final ACE information system prototype was generated and implemented with the 8 ACEs in FY 2007. The total costs resulting from FY 2007 funds were $65,000. FY 2008 funds, a total of $40,000, are planned to support continued development of the live ACE information system, training, and user support. Implementation (roll out) of the live information system is planned for FY 2008.

The annual cost to the federal government for the implementation of this system, including the operation and maintenance cost, is estimated at $40,000 per year beginning in FY 2008. These costs include supporting contracted staff time as well as technical expertise for any needed enhancements to the system from an external contractor. The contractor is responsible for the ACE information system training, maintenance, quality control, and ongoing user support. **The total annualized cost to the government for three years of data collection is estimated to be $128,000 (Table 14A).**

Table 14A. Estimated annualized cost to the government

Fiscal Year	Phase	Cost
FY 2005 – 2006	**System development**	**$200,000**
FY 2007	**Enhanced design and piloting**	**$65,000**
FY 2008 – 2010	**Implementation and support**	**$120,000**
Total cost to the government		**$385,000**
Annualized cost to the government		**$128,000**

15. Explanation for Program Changes or Adjustments

For purposes of seeking OMB approval, this is a new data collection effort.

16. Plans for Tabulation and Publication and Project Time Schedule

A 3-year clearance is requested for this recurring semi-annual data collection requirement.

Time Schedule	
Task	Time period
Data Collection	Immediately after OMB approval and every subsequent 6 months
Reports	Semi-annually, after completion of data collection.

Information collected through the ACE information system will be reported in internal CDC documents as well as in special reports to both internal and external stakeholder groups.

CDC will not use complex statistical methods for analyzing information. All information will be aggregated and reported in internal documents.

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

The national ACE program will display the expiration date for OMB approval of the information system data collection on the introductory screen of the Internet-based electronic data collection instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions to the certification statement are identified.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

CDC will not use any statistical methods to select respondents because all funded centers will use the information system. 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 because of the nature of the program.

All 11 ACEs (ACEs, UPACEs and Coordinating Center) are currently required to submit annual progress reports through PHS Form 2590 or 398. The information system will allow the ACEs to submit their progress reports semi-annually by entering information into the information system, and incorporating it into the PHS Form 2590 or 398, thus streamlining additional written reports. CDC does not plan to apply statistical methods to data entry, and no sampling methods will be used to select respondents, as stated above. The information system will enable CDC to identify training and technical assistance needs, monitor compliance with cooperative agreement requirements, evaluate the progress made in achieving center-specific goals, and obtain information needed to respond to Congressional and other inquiries regarding program activities and effectiveness.