SUPPORTING STATEMENT FOR CHANGE IN OMB DOCUMENT

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ORAL HEALTH MANAGEMENT INFORMATION SYSTEM

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Justification

A. Justification

1. Circumstances Making the Change in Collection of Information Necessary

The CDC Oral Health Management Information System was developed to assist states in organizing their oral health program information and to assist states in generating interim progress and annual progress reports required for cooperative agreement 3022 (and its successor, 08-802) efficiently and effectively. As the CDC continues to fund states and territories to build oral health infrastructure and capacity, modifications are made to program requirements based on state grantee input and concerns. Cooperative agreement 3022 is in its final year of funding and in reviewing the information based on the last five years; the CDC has made minor adjustments to the requirements for the new cooperative agreement 08-802 and would like to modify the MOLAR system to match the new cooperative agreement. The modifications include:

a) The addition of a 'Success Story' reporting page and the inclusion of an Environmental Assessment, both describe in Attachment A.
b) An anticipated increase in funding to add two additional state grantees.

2. Purpose and Use of Information Collection

The planned modifications to the system will allow the states to input the information needed to satisfy reporting requirements for interim and annual progress reports based on the new cooperative agreement. The new Success Stories component will assist states with infrastructure development and will highlight program progress. States will develop 'stories' to showcase their successes targeting different populations.

The Environmental Assessment will assist states in assessing the political climate and identifying opportunities for the advancement of public health issues. The Environmental Assessment will also be used to track the impact of infrastructure development over time.

The proposed enhancements complement the existing MIS, which collects information used for program operations, management, and reporting purposes, including:

- Identifying needs for ongoing guidance, training, consultation, and technical assistance in all aspects of oral disease prevention and control;
- Evaluating the progress made by programs in achieving national and program-specific goals and objectives;
- Identifying successful and innovative strategies and public health interventions to reduce the burden of oral diseases;
- Disseminating and sharing information among all grantees;
- Monitoring the use of federal funds; and
- Evaluating and reporting on the overall effectiveness of the grantees.

The MIS reporting methodology has improved CDC's ability to perform these functions and responsibilities and more importantly, it has enabled CDC to utilize automated technology to perform these functions in a more efficient and effective manner. The frequency with which the information will be collected will remain the same as the current requirements within the cooperative agreement, semi-annually.

3. Use of Improved Information Technology and Burden Reduction

There will be no change in the use of the information and the additional reporting burden will be minimal.

The proposed methodology uses the Internet's standard communication protocols to control both access and communications by State and Territorial program personnel. CDC provides State and Territorial program personnel with access to program information via the web.

A major objective of this project provides special data collection procedures for efficient and secure submission of state reports that are designed to reduce the burden to the respondent.

4. Efforts to Identify Duplication and Use of Similar Information

The MIS does not cause duplication and in most cases, it eliminates duplicative efforts due to its central nature. There are no other sources for the information collected through the MIS.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study.

6. Consequences of Collecting Information Less Frequently

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 circumstances related to the MIS, all guidelines of 5 CRF 1320.5 are met, and this project fully complies.

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

A sixty day Federal Register notice was not published however, the initial application included the sixty and thirty day notices.

9. Explanation of Any Payment or Gift to Respondents

Applicants or funding recipients do not receive payments or gifts for providing information.

10. Assurance of Confidentiality Provided to Respondents

The CDC Privacy Act Officer reviewed the original submission and 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.

11. Questions for Sensitive Questions

There are no additional questions of a sensitive nature required with this modification.

Some of the respondent's personnel data could be viewed as sensitive; however, this information is limited to curriculum vitae or resume uploads, along with program dollars used to support salaries and is integral to the purposes of the MIS. The appropriate security measures were described in the original submission and have been put in place to guard against inadvertent or inappropriate disclosure of sensitive information.

12. Estimates of Annualized Burden Hours and Costs

A. This change request includes two types of modifications that will alter the burden estimate. The modifications are:

- Incorporating two new reporting pages into the MIS:
  - Success stories
  - Environmental assessment
- Increasing the number of respondents (state grantees) from 13 to 15.

Attachment A represents the Success Stories reporting page and the Environmental Assessment reporting page. Because these enhancements will be incorporated into the existing MIS, the screen shots do not have individualized burden advisory statements. Upon approval of the proposed changes, the burden advisory statement on the introductory screen of the MIS will be updated from 9 hours to 11 hours.

To determine the burden hours necessary to report the Success Stories and the Environmental Assessment, CDC used information from other programs currently using the ‘success stories’ feature within their MIS and volunteer participation from six current state grantees in completing the environmental assessment form. The average additional burden per response is estimated at two hours (one hour for Success Stories and one hour for the Environmental Assessment). Information will be collected twice per year. For the 13 current respondents, the total annualized increase in burden for both enhancements is 52 hours (see Table 12A-1).

Table 12A-1: Change in Annualized Burden Hours Attributable to MIS Enhancements

Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Current Grantees	Success Stories	13	2	1	26
	Environmental Assessment	13	2	1	26
				Total	52

The second proposed change involves the addition of two new respondents to the currently approved 13 respondents (bringing the total to 15 respondents). The burden estimate for the additional respondents is based on the modified MIS, which will include the data collection for Success Stories and Environmental Assessment as well as the previously approved MIS instrument. The previously approved average burden per response was 9 hours. With incorporation of the new enhancements into the revised MIS, the average burden will increase to 11 hours per respondent, per response. The change in annualized burden hours attributable to the two new respondents is summarized in Table 12A-2.

Table 12A-2: Change in Annualized Burden Hours Attributable to New Respondents

Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
New Grantees	Revised MIS	2	2	11	44

The total increase in the estimated annualized burden due to both modifications is 96 hours (52 + 44 = 96).

B. Estimated Annualized Cost to Respondents

To determine the average hourly wage for respondents, salaries of state oral health program staff were averaged for 6 of the original 13 recipients to determine an average hourly wage of approximately $25. The hourly wage is a straight calculation that does not include an estimate of benefits.

For the 13 current respondents, the estimated annualized cost of data collection for the new MIS enhancements is $1,300. For the two new respondents, the estimated annualized cost is $1,100 (new respondents will use the modified MIS). The total estimated annualized cost of both modifications is $2,400.

Table A12B. Estimated Annualized Cost to Respondents

Type of Respondents	Form Name	No. of Respondents	Number of Responses per Respondent	Average Burden per Response	Total Burden Hours	Average Hourly Wage Rate	Total Cost of Change
Current Grantees	Success Stories and Environmental Assessment	13	2	2	52	$25.00	$1,300
New Grantees	Modified MIS	2	2	11	44	$25.00	$1,100
						Total	$2,400

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

No additional estimated other costs.

14. Annualized Cost to the Federal Government

The development of each addition will take approximately two months with an additional month of support. Although the estimates are separate, they will be implemented at the same time to save money.

Table 14A: **Success Stories Estimate by Phase**

	Estimated Hours		
Project Phase	**Low**	**High**	**Estimated Completion Date**
Definition and Scope	6	8	TBD
Analysis and Design	17	21	TBD
Construction	146	178	TBD
Quality Assurance Testing	54	66	TBD
Deployment	37	45	TBD
Training	22	26	TBD
Project Management	67	83	TBD
Post Deployment Support	59	73	TBD
Total Estimated Hours	**408**	**500**	
Total Estimated Costs	**$35,000**	**$44,500**	

Table 14B: **Environmental Assessment Estimate by Phase**

Project Phase	Estimated Hours Low	Estimated Hours High	Estimated Completion Date
Definition and Scope	6	8	TBD
Analysis and Design	19	23	TBD
Construction	114	138	TBD
Quality Assurance Testing	52	63	TBD
Deployment	37	45	TBD
Training	14	18	TBD
Project Management	68	83	TBD
Post Deployment Support	50	62	TBD
Total Estimated Hours	**360**	**440**	
Total Estimated Costs	**$30,800**	**$39,300**	

15. Explanation for Program Changes or Adjustments

Cooperative agreement 3022 is in its final year of funding and in reviewing the information based on the last five years, CDC has made minor adjustments to the requirements for the new cooperative agreement 08-802 and would like to modify the MOLAR system to match the new cooperative agreement. These changes are outlined in Attachment A and add 52 burden hours to the annualized burden estimate.

The new cooperative agreement will include funding for two additional awardees, increasing the number of awardees from 13 to 15. The annualized burden estimate for the two new respondents is 44 hours.

16. Plans for Tabulation and Publication and Project Time Schedule

A. Time schedule for the entire project

A 'change' is requested for this required semi-annual data collection. Actual data collection scheduled to begin in Feb. 2009. The below Project Time Schedule table includes the start and end dates for collection of information and other actions as required.

A. 16-1 Project Time Schedule	
Activity	Time Schedule
Email sent to respondents	1 – 2 months after OMB approval

A. 16-1 Project Time Schedule	
Completed training	2-4 months after OMB approval
Analyses and Validation	5 - 7 months after OMB approval
On-going Support (as required)	8 months after OMB approval

B. Publication plan

Information collected through the MIS will be reported in internal CDC documents and shared with state and territorial grantees.

C. Analysis plan

CDC will not use complex statistical methods for analyzing information. All information will be aggregated and reported in internal documents. Statistical analyses will be limited to simple tabulations.

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

The expiration date of OMB approval of the data collection will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

No exemptions are being sought to the certification statement for this data collection.

B. Collections of Information Employing Statistical Methods

CDC will not use any statistical methods to select respondents because all funded states and territories will use the MIS 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 grantees are currently required to submit annual progress reports. The MIS will allow funded programs to submit their progress reports semi-annually by entering information into the system, thus eliminating the need for additional written reports. The MIS will enable CDC to identify training and technical assistance needs, monitor compliance with cooperative agreement requirements, evaluate progress made in achieving program-specific goals, and obtain information needed to respond to Congressional and other inquiries regarding program activities.

1. Respondent Universe and Sampling Methods

CDC does not plan to use any statistical methods to select any respondents because all funded states and territories will be required to use the progress reporting system.

2. Procedures for the Collection of Information

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

The respondents will receive training on use of the application and on the required report content prior to their first reporting deadline of February 2009. Respondents will be informed of their reporting deadlines via semi-annual notification letters received from the Procurement and Grants Office (PGO) and via emails sent by the CDC Division of Oral Health to all known users of the system. Respondents will not be re-interviewed or contacted for data validation.

3. Methods to Maximize Response Rates and Deal with Nonresponse

Respondents are required to file twice yearly progress reports in order to continue to receive level federal funding in support of cooperative agreement DP08-802. Respondents are required to use the web-based system to file these reports. Once data has been entered there will be a reduction in the burden hours to the state grantees; therefore, no efforts will be made to maximize respondent use rates. However, rates are expected to be 100%.

4. Tests of Procedures or Methods to be Undertaken

Every component of the MIS has undergone rigorous application testing, including usability testing of system design, accuracy and comprehension testing of proposed data elements, and pilot testing of the online system. These tests will be performed on the proposed addition of the Success Stories and Environmental Assessment using fewer than 10 respondents per test. Respondents will be selected from the external workgroup.

STATE AND TERRITORIAL MIS WORK GROUP

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5. Individuals 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 include:

- Karen Sicard, Division of Oral Health, Centers for Disease Control and Prevention, (770) 488-5839, ksicard@cdc.gov
- Jeanne Casner, Northrop Grumman Mission Systems (contractor), (678) 530-3522, JCasner@cdc.gov