

# **Communities Putting Prevention to Work**

## **Supporting Statement For an Emergency Clearance Request**

### **A. Justification**

#### **1. Circumstances Making the Collection of Information Necessary**

The American Recovery and Reinvestment Act of 2009 (Recovery Act), signed into law February 17, 2009, is designed to stimulate economic recovery in various ways, including preserving and creating jobs and promoting economic recovery, assisting those most impacted by the recession, stabilizing State and local government budgets in order to minimize and avoid reductions in essential services and counterproductive state and local tax increases, and strengthening the Nation's healthcare infrastructure and reducing healthcare costs through prevention activities. The Recovery Act includes \$650 million for evidence-based clinical and community-based prevention and wellness strategies that support specific, measurable health outcomes to reduce chronic disease rates. The legislation provides an important opportunity for states, cities, rural areas, and tribes to advance public health across the lifespan and to reduce health disparities. The Centers for Disease Control and Prevention (CDC) will support intensive community approaches to chronic disease prevention and control in selected communities (urban and rural), to achieve the following prevention outcomes:

- Increased levels of physical activity;
- Improved nutrition (e.g. increased fruit/vegetable consumption, reduced salt and trans fats);
- Decreased overweight/obesity prevalence
- Decreased smoking prevalence and decreased teen smoking initiation; and
- Decreased exposure to secondhand smoke.

States, territories, Tribal communities, health departments, large cities, and both urban and rural areas may apply to the CDC for Recovery Act funds to reduce risk factors, prevent and/or delay chronic disease, and promote wellness. The initiative will be managed by the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Adult and Community Health (DACH).

CDC requests OMB approval to collect information that will assist CDC in determining which applicant entities meet the requirements for award. Emergency clearance is requested due to the time-sensitive nature of activities to be funded through the ARRA.

#### **2. Purpose and Use of Information Collection**

The information submitted by applicants to CDC will be used to assure eligibility and to determine which applicants receive funding

**3. Use of Improved Information Technology and Burden Reduction**

Applications will be submitted electronically using grants.gov. The Letter of Intent will be submitted in paper form.

**4. Efforts to Identify Duplication and Use of Similar Information**

This is a new program. Information has not been previously collected for this purpose.

**5. Impact on Small Businesses or Other Small Entities**

There will be no impact on small business.

**6. Consequences of Collecting the Information Less Frequent Collection**

This is a one-time data collection.

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

There are no special circumstances.

**8. Comments in Response to the Federal Register Notice/Outside Consultation**

Due to the emergency nature of the program announce, OMB has waived the FRN requirements for this collection.

**9. Explanation of any Payment/Gift to Respondents**

Not applicable.

**10. Assurance of Confidentiality Provided to Respondents**

No personal information will be collected other than general contact information. All grant information will be maintained in a secure manner.

**11. Justification for Sensitive Questions**

No sensitive information will be collected.

**12. Estimates of Annualized Burden Hours (Total Hours & Wages)**

Respondents which apply for Community Approaches to Chronic Disease Prevention and Control will be required to submit a Letter of Intent (LOI) (Attachment 1) and an application (Attachment 2). Approximately 235 communities are expected to apply for funding under this program.

Respondents may also apply for Supplemental Funding for Healthy Communities, Tobacco Control, Diabetes Prevention and Control and Behavioral Risk Factor Surveillance (Attachment 3). Approximately 61 state and local health departments are expected to submit applications for this program.

The total estimated burden hours are 12,780.

12A. Estimated Annualized Burden Hours

<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
State and Local Health Departments	LOI for Community Approaches to Chronic Disease Prevention and Control	235	1	4	940
	Application for Community Approaches to Chronic Disease Prevention and Control	235	1	40	9,400
	Supplemental Funding for Healthy Communities, Tobacco Control, Diabetes Prevention and Control and Behavioral Risk Factor Surveillance	61	1	40	2,440
				Total	12,780

12B. Cost estimates for a single respondent that has to complete the preliminary application

<b>Form Name</b>	<b>Total Burden Hours</b>	<b>Hourly Wage Rate</b>	<b>Total Respondent Costs</b>
LOI for Community Approaches to Chronic Disease Prevention and Control	940	\$45.00	\$42,300
Application for Community Approaches to Chronic Disease Prevention and Control	9,400	\$45.00	\$423,000
Supplemental Funding for Healthy Communities, Tobacco Control, Diabetes	2,440	\$45.00	\$109,800

Prevention and Control and Behavioral Risk Factor Surveillance			
		Total	\$575,100

**13. Estimates of other Total Annual Cost Burden to Respondents or Record Keepers/Capital Costs**

There are no additional recordkeeping/capital costs.

**14. Annualized Cost to Federal Government**

Federal reviewers will be responsible for conducting an objective review of applications submitted under the programs described in this information collection request.

Type of Federal employee support	Total Burden Hours	Hourly Wage Rate	Total Federal Costs
Federal Reviewers	5,640	\$39.48	\$222,667

The average hourly wage rate for a federal reviewer is estimated at the GS-13, step 6 level.

**15. Explanation for Program Changes or Adjustments**

This is a new data collection.

**16. Plans for Tabulation and Publication and Project Time Schedule**

Data collection will begin as soon as clearance is received.

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

Not applicable.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.

**B. Collection of Information Employing Statistical Methods If statistical methods will not be used to select respondents and item 17 on Form 83-I is checked “No” use this section to describe data collection procedures.**

The applications will be reviewed but the data will not be analyzed using statistical methods.

