MANAGEMENT INFORMATION SYSTEM FOR COMPREHENSIVE CANCER CONTROL PROGRAMS

SECTION A: JUSTIFICATION

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A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

Background

This statement supports the request for clearance of electronic collection of information by the National Comprehensive Cancer Control Program (NCCCP), funded by the Comprehensive Cancer Control Branch (CCCB) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

The CCCB manages the NCCCP, which provides funding to state, tribal, territorial, and U.S. Pacific Island health departments to design, implement, and evaluate comprehensive cancer control (CCC) plans to reduce the burden of cancer locally. Support for these programs is a cornerstone of CDC efforts to reduce the burden of cancer throughout the nation.

In 1994, the CDC, the American Cancer Society, the National Cancer Institute, the American College of Surgeons, the North American Association of Central Cancer Registries, and other public health leaders at the state and national levels began promoting a comprehensive approach to cancer control that would coordinate and integrate cancer prevention and control programs across specific cancer funding boundaries. In 1998, the CDC provided funding to Colorado, Massachusetts, Michigan, North Carolina, Texas, and the Northwest Portland Area Indian Health Board as a pilot to assist with implementation of their existing CCC plans. This pilot provided a foundation for the NCCCP, which currently supports CCC programs in all 50 states, the District of Columbia, 7 tribes/tribal organizations, and 7 territories/U.S. Pacific Island jurisdictions. Awards to individual applicants are made for a 5-year 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 availability of funds.

Since the inception of the NCCCP in 1998, the CDC has requested submission of twice yearly progress reports from each CCC program. The information collected is used to identify training and technical assistance needs, monitor compliance with cooperative agreement requirements, and evaluate progress made in achieving program-specific goals. CDC uses a variety of sources to collect program information including the initial cooperative agreement application, continuing applications for each yearly budget period, twice yearly progress reports, and financial status reports. The current system used to document program progress, however, has a number of limitations. CDC has developed a template for programs to report their progress. Since the template only serves as a guide, the information collected is not standardized. This non-standardized approach to documenting program progress results in reports that vary in content and detail. The progress reports are currently stored on the CCCB's shared computer drive, which limits the CDC's ability to compile, summarize, and report aggregate NCCCP information in an efficient and useful manner.

The proposed change in the progress reporting mechanism is a result of CDC's development of an automated Management Information System (MIS) to maintain individual CCC program information and to standardize the information reported by all funded programs. The proposed Web-based MIS will employ a more formal, systematic method of collecting progress reports and continuation applications than the previous paper-based progress reporting method. Benefits to CDC include more efficient reporting by programs of information related to their staffing; partnerships; resources used to plan, implement and evaluate their program; work plan objectives, activities and products; and evaluation measures. Web-based reporting by the programs also will enhance the CDC's capacity to provide easy access to CCC program information needed to fulfill federal cooperative agreement requirements; to collect information needed to assist staff in determining if a program is meeting performance measures; to reduce the administrative burden on the yearly continuation application and progress review process; to promote standard data elements that will assist with identification of indicators of success; to provide technical assistance to CCC programs; and to respond to Congressional and stakeholder inquiries about the impact of NCCCP. The benefits of the MIS to CCC programs include enhanced capacity to track changes in work plans; to monitor progress; to report information required through the funding opportunity announcement in a consistent format; to minimize duplicative reporting by entering background information only once; and to maintain organizational knowledge. The programs also can use a single instrument to collect necessary information for both progress reports and continuation applications including work plan, budget, and budget justification.

The MIS will support CDC's goal of reducing the burden of cancer by enabling staff to more effectively identify the strengths and weaknesses of individual CCC programs, and to disseminate information related to successful implementation of CCC plans by funded programs. CDC also will be able to assess and report aggregate information regarding the overall effectiveness of the NCCCP. The information collection is authorized by the Public Health Service Act, Section 301, 241(a) (see Appendix 1).

Privacy Impact Assessment

A) Overview of the Data Collection System

The MIS for comprehensive cancer control programs is a new mechanism for collecting information from CDC-funded CCC programs. Electronic reporting through the MIS will replace the submission of paper progress reports. Information will be collected semi-annually.

B) Items of Information to be Collected

The MIS will collect information about the financial and staffing resources dedicated to cancer control by each awardee, the types of cancer addressed by each awardee, and their work plan objectives, activities, and partnerships. The MIS will collect a limited amount of information in identifiable form (IIF) for key program staff (e.g., Program Director, Coalition Chairperson). Each awardee will provide the names of these individuals as well as their

professional contact information. The contact person will only provide information about the CCC program, not personal information.

C) Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

The MIS is a Web-based application. Access to the MIS will be controlled by a password-protected login for authorized users. There is no Website content directed at children less than 13 years of age.

2. Purpose and Use of the Information Collection

The MIS is designed to improve the capacity of the CDC, as well as each CCC program, to efficiently report information needed to monitor program progress, track changes in work plans, document and report information required through the funding opportunity announcement (FOA), and conduct evaluation activities. Standardizing and automating the information collection will enable CDC to sort the collected information to compare the effectiveness of different programs and intervention strategies in preventing and controlling cancer. In addition, the MIS design will allow both NCCCP and CCC program staff to access the data entry pages for data entry, data review, and collaboration on technical assistance. CCC program staff will be able to review the completeness of data necessary to submit required reports, enter basic summary data for reports, and finalize and save required reports for upload into Grants.gov.

The MIS will generate a variety of both standardized and customizable reports that allow users to set their own parameters. Reports can be generated at two levels:

- *Local level reports* – To assist CCC programs in describing their program activities and expected use of CDC funds for comprehensive cancer control, reports can be produced that summarize a single CCC program's activities.
- *National level reports* – These reports represent aggregate level information across CCC programs. Reports can be generated across two or more programs.

These reports will be designed to assist CDC and CCC programs in program planning, measuring progress, identifying promising practices, and sharing principles for practice. CDC also will use the information to better identify training and technical assistance needs, to provide technical assistance to the programs, and to respond to inquiries from the government and other stakeholders.

A. Privacy Impact Assessment Information

The MIS is a centralized, Web-based system that supports the collection and reporting of information that will be used by CDC to help assess the impact of each CCC program, as well as the overall effectiveness of the NCCCP, in reducing the burden of cancer. CDC uses the information to make performance-based funding decisions.

3. Use of Improved Information Technology and Burden Reduction

The MIS is based on well-defined information components and processes that foster consistency in data collection and reporting. The MIS takes advantage of technology to improve information quality by minimizing errors and redundancy.

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 MIS is intended to accomplish the following functions:

- Reduce both CCC program and CDC burden of program planning, reporting, and overall cooperative agreement administration.
- Standardize the CCC program reporting process to facilitate development of evaluation methods.
- Enable reporting information to be sorted and aggregated to assess the overall effectiveness of NCCCP and respond to stakeholder inquiries.

Without the automated MIS, CDC would need to continue to use time consuming, labor intensive manual analysis procedures.

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 NCCCP awardees. The MIS will consolidate information necessary for both continuation applications and progress reports so that information entered once can be used to generate two types of reports without having to duplicate efforts. The MIS does not cause duplication and, in fact, eliminates duplicative efforts under our current reporting system. The information collected from NCCCP awardees is not available from other sources.

5. Impact on Small Businesses or Other Small Entities

No small businesses will participate in the MIS data collection.

6. Consequences of Collecting the Information Less Frequently

Reports are collected semi-annually in fulfillment of requirements outlined in Program Announcement DP07-703 – National Cancer Prevention and Control Program. The interim progress report is due by January 30, and the annual progress report is due 90 days after the end of the project period. Less frequent reporting would negatively impact monitoring progress of national, state, tribal, and territorial efforts to prevent and control cancer, and undermine accountability efforts at all levels. The twice-yearly reporting allows the CCCB to respond to inquiries from Congress and other stakeholders in a timely manner and with up-to-date information.

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

There are no special circumstances related to the MIS, and the request fully complies with the regulation.

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

A. Federal Register Notice

A 60-day Notice was published in the Federal Register on February 12, 2009 (volume 74, Number 28, pages 7067-7068) (Appendix 2). No public comments were received in response to the Notice.

B. Other Consultations

The MIS was designed collaboratively by CDC staff and the data collection contractor. Consultation will continue throughout the system development and implementation process.

9. Explanation of Any Payment or Gift to Respondents

Respondents do not receive payments or gifts for providing information.

10. Assurance of Confidentiality Provided to Respondents

A. **Privacy Act Assessment**. Staff in the CDC Information Collection Review Office have reviewed this Information Collection Request and have determined that the Privacy Act is not applicable. The data collection does not involve collection of sensitive and/or personally identifiable information. Respondents are state-based comprehensive cancer control programs. Although contact information is obtained for each program, the contact person provides information about the state program, not personal information.

B. **Security**. Access to the MIS 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 CCC grantee will have access to its own information and decide the level of access for each user. The extent to which local partners may access a CCC grantee's information will be decided by that grantee. Aggregated information will be stored on an internal CDC SQL server subject to CDC's information security guidelines. The MIS will be hosted on NCCDPHP's Intranet and Internet Application platforms, which undergo security certification and accreditation through CDC's Office of the Chief Information Security Officer.

C. **Consent**. The MIS data collection is not research. The information collection does not require consent from individuals, or IRB approval.

D. **Requirement to Respond**. Awardees are required to respond as a condition of cooperative agreement funding.

11. Justification for Sensitive Questions

The MIS instrument does not collect sensitive information. No personal information is requested. The MIS will collect a limited amount of information in identifiable form (IIF) for key program staff (e.g., Program Director, Coalition Chairperson). Each awardee will provide the names of these individuals as well as their professional contact information. The contact person will only provide information about the CCC program, not personal information.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours

Respondents are the 65 NCCCP awardees (see Appendix 3), including each of the 50 states, the District of Columbia, 7 tribes/tribal organizations, and 7 territories/U.S. Pacific Island jurisdictions. Information will be submitted to CDC electronically twice per year through the web-based Comprehensive Cancer Control MIS (see Appendix 4). The burden per response is estimated at 6 hours, and the total estimated annualized burden is 780 hours. Table A.12-1 displays the annualized report burden computations.

Table A.12-1. Estimated Annualized Burden to Respondents

Type of respondents	Number of respondents	Number of responses per respondent	Burden per response (in hours)	Total burden (in hours)
NCCCP Grantees	65	2	6	780

Grantees are currently required to submit their interim progress reports electronically through www.Grants.gov. They also are required to submit annual progress reports and financial status reports, but these documents may be sent as electronic files or hard copies. The MIS replaces these submissions. Should the MIS be launched before January 2010, respondents will be strongly encouraged to use it to submit their next interim progress reports. Should the launch be delayed until the spring of 2010, respondents will be encouraged to use the new reporting system to submit their 2010 annual progress reports.

B. Estimated Annualized Cost to Respondents

Table B.12-1 displays the estimated annualized cost to respondents for reporting program progress information. The hourly wage rates for program managers are based on wages for similar mid-to-high level positions in the public sector.

Table B.12-1. Estimated Annualized Cost to Respondents

Type of respondents	Number of respondents	Number of responses per respondent	Burden per response (in hours)	Average hourly wage*	Total cost
NCCCP Program Managers	65	2	6	$30.65	$23,907

*Hourly wage information is from the U.S. Department of Labor, Bureau of Labor Statistics Web site (www.bls.gov/home.htm).

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

The MIS is designed to use existing hardware within funded sites, and all respondents currently have access to the Internet to use the information system. No capital or maintenance costs are expected. Additionally, there are no start-up, hardware or software costs.

14. Estimates of Annualized Cost to the Federal Government

A. Development, Implementation, and Maintenance

Major cost factors for the MIS include application design and development costs and system maintenance costs. The MIS developer and data collection contractor is Northrup-Grumman. For the purposes of calculating the estimated annualized cost to the government, the MIS project has been divided into two development and implementation phases (Release 1.0 and Release 1.1). Release 1.0 involves development of data entry pages for grantees, user management, and system security. Release 1.1 involves development of data transfer and report-generating functions. Table 3 provides a detailed breakdown of the estimated costs for both releases, i.e., the total costs associated with system development and implementation ($575,000). When distributed over the three-year term of the current OMB approval request, the annualized cost of system deployment is $191,667. Deployment costs are one-time expenditures that will not be applicable to future OMB approval periods.

CDC has an overall system maintenance contract with Northrup-Grumman for costs associated with ongoing training and system modification. This agreement would cover any future modifications to the MIS data elements (e.g., changes in the performance indicators for the cooperative agreement). The annual cost of the system maintenance agreement is $35,000. This will be a recurring expenditure.

Annual recurring costs to the government also include CDC personnel costs for oversight of the NCCCP evaluation.

The total estimated annualized cost to the government is $237,226.

Table A.14.1

Release 1.0	**Estimated Cost**
Definition & scope	$7,500
Analysis	$35,500
Design	$35,000
Construction	$171,000
Testing	$61,000
Deployment	$13,500
Training	$2,000
Post-production support	$8,000
Project management & support	$71,500
Subtotal 1.0	$405,000
Release 1.1	**Estimated Cost**
Definition and Scope	$1,500
Analysis	$11,000
Design	$11,500
Construction	$71,500
Testing	$27,500
Deployment	$8,000
Training	$6,000
Post-production support	$7,500
Project management & support	$25,500
Subtotal 1.1	$170,000
TOTAL cost of system development and implementation	$575,000
ANNUALIZED cost of system development and implementation	$191,667
Annual system maintenance contract	$35,000
CDC personnel – 15% FTE for one GS-12	$10,559
Total annualized cost to the government	$237,226

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

A. Time schedule for the entire project

The cooperative agreement cycle for the NCCCP is 5 years. OMB approval is being requested for the initial 3 years and will be extended for the duration of the cooperative agreement. Actual data collection will begin 5 to 7 months after OMB approval. A table including beginning and ending dates for the collection of information and other actions is provided below.

Table 16-1 Project Time Schedule

Activity	Time Schedule
Notify respondents	1 – 2 months after OMB approval
Training	3 - 6 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 CCC programs.

C. Analysis plan

CDC will not use complex statistical methods for analyzing information. All information will be aggregated and reported with no program identifiers present in external documents. Most statistical analyses will be descriptive. Statistical modeling may be included to examine predictors of specified outcomes.

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

The CCC MIS program will display the expiration date for OMB approval of the information system data collection on its Internet home page.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification statement.