

**Air Pollution and Respiratory Health Branch  
Asthma Information and Reporting System (AIRS)**

**Project Officer:  
Sheri Disler, Public Health Advisor  
Phone: 770-488-3713  
E-mail: [SDisler@cdc.gov](mailto:SDisler@cdc.gov)  
Fax: 770-488-1540**

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**AIR POLLUTION AND RESPIRATORY HEALTH BRANCH  
ASTHMA INFORMATION REPORTING SYSTEM (AIRS)  
A MANAGEMENT INFORMATION SYSTEM**

**A. JUSTIFICATION**

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

Background

This statement supports the request for clearance of electronic collection of information by State Asthma Programs funded by the Air Pollution and Respiratory Health Branch (APRHB) in the Division of Environmental Hazards and Health Effects (EHHE) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS). We are requesting a three-year approval for a new information request entitled the Asthma Information Reporting System (AIRS).

In 1999, the U.S. Congress provided funding for the Centers for Disease Control and Prevention (CDC) to develop state-based public health asthma programs. As funding allows, the CDC strategic plan calls for establishing a comprehensive national asthma program that supports state-based programs in all states and territories. In September 2009, under Program Announcement CDC-RFA-EH09-901, the CDC's APRHB funded 34 states, the District of Columbia, and Puerto Rico to address asthma. These awardees (hereinafter referenced as states) were selected through a competitive peer review process, and are managed as CDC cooperative agreements. Awards are made for five [5] years and may be renewed through a continuation application. This program is authorized under sections 301(a) and 317b(k)(2) of the Public Health Service (PHS) Act, [42 U.S.C. sections 241(a) and 247b(k)(2)], as amended (see Attachment 1).

Asthma Programs are population-based, state public health programs that are funded to develop asthma surveillance systems, asthma partnerships and to develop and implement a state asthma plan with state partners. Support for these programs is a cornerstone of APRHB efforts to reduce the burden of asthma throughout the nation.

All funded states are required to submit continuation applications and semi-annual progress reports consistent with federal requirements in response to the Government Performance and Results Act of 1993. All funded states provide work plans, evaluation plans, and report minimum data elements that are used to evaluate the program at the national level.

Since the inception of the asthma program, pursuant to federal regulations, the CDC has requested submission of twice yearly progress reports from each funded asthma state. The progress information collected is used to identify training and technical assistance needs; monitor compliance with cooperative agreement requirements; evaluate progress made in achieving national and state specific goals; and respond to inquiries regarding program activities and effectiveness. CDC uses a variety of sources to collect state-level information

including the initial cooperative agreement application, continuing applications for each yearly budget period, twice yearly progress reports, and financial status reports.

This non-standardized approach to progress reporting results in state reports that vary in content and detail. Historically, information has been collected and transmitted electronically via [www.Grants.gov](http://www.Grants.gov). This current application and reporting process limits the CDC's ability to compile, summarize, and report aggregate asthma information in an efficient and useful manner, as documents submitted are generally in a pdf format.

The proposed change in the progress reporting mechanism is a result of the CDC's development of an automated Management Information System (MIS), named the Asthma Information Reporting System (AIRS), to maintain individual state information and to standardize the information reported by these programs. The proposed web-based AIRS will employ a more formal, systematic method of collecting progress reports and continuation applications. This will facilitate the CDC's ability to fulfill its obligations under the cooperative agreements to: monitor, evaluate and compare individual programs; and to assess and report aggregate information regarding the overall effectiveness of the State Asthma Programs. The AIRS will also support CDC's goal of reducing the burden of disease related to asthma by enabling staff to more effectively identify the strengths and weaknesses of individual programs, and to disseminate information related to successful public health interventions implemented by funded programs.

### Privacy Impact Assessment

#### Overview of the Data Collection System

The AIRS is a web-based system which will collect individual state information in a standardized manner. The AIRS will employ a more formal, systematic method of collecting semi-annual and annual progress reports, which are already required of these CDC funded state health departments.

#### Information Items to be Collected

The data collection system will be web-based and interactive and each state will report their own data and have access only to their own data. Relevant CDC programmatic staff will have access to all states data. The Data Requirements lists the elements of data which are to be reported in this system and this document is attached to this package.

No individually identifiable information is being collected in this system. The system does not collect individual names, addresses, medical information, or other personally identifiable data. The only data collected on individuals includes CDC funded staff positions. Names, positions, and business contact information is collected by this system. Therefore it is not personal identifying information about these individuals that is being collected, but instead information about their positions/roles. These data are also collected in the paper submission system currently in use.

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

The Information Collection does involve web-based data collection, however the website does NOT contain content directed at children under 13 years of age. The website will be accessible only to those possessing a password for the system and is closed to others. All required CDC policies will be adhered to regarding the website.

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

The AIRS is designed to report State Asthma Program information including: continuing application/interim progress report which includes program goals and objectives; and end of year reports that describe progress toward achieving stated goals and objectives. State programs will submit AIRS reports twice each year.

CDC uses this information for program operations management and reporting purposes including:

- serve as a resource to the branch, division, and center when addressing congressional, departmental and institutional inquiries,
- help the branch align its current interventions with CDC goals and allow the monitoring of progress toward these goals,
- allow the program and evaluation teams to focus on states' achievements based upon a set of core indicators,
- allow CDC and the states to make more informed decisions about activities to achieve objectives,
- facilitate communication about interventions across states, and
- enable inquiries regarding interventions by disparate populations, age groups, geographic areas and other variables of interest.

This proposed automated AIRS will improve CDC's ability to perform these functions and responsibilities. More importantly, it will enable CDC to utilize web-based technology to perform these functions in a more efficient manner. The frequency with which the information will be collected will remain the same as previously described.

The utility of the AIRS is ensured due to the capability of such a system to collect standardized information from every funded State-based program. Standardizing and automating this information will enable CDC to sort the collected information to compare the effectiveness of different programs and intervention strategies in recognizing signs and symptoms of asthma, controlling asthma and improving quality of care for those diagnosed with asthma. Without the automated AIRS, CDC would need to continue to use the time consuming, labor intensive manual analysis procedures.

### Privacy Impact Assessment Information

This information is being collected to fulfill reporting requirements of the State based asthma cooperative agreement program and the data collected. The intended use of the information is delineated in the above bulleted list.

The proposed data collection will have little or no effect on the respondent's privacy as it is not individual data, rather, data about a CDC funded state program.

No IIF as it is generally defined is being collected by this system. The names and basic locating information of CDC-funded staff being collected are not considered personal information, but information about the positions these individuals hold.

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

The AIRS 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. AIRS will allow for electronic respondent reporting resulting in improved reporting and less burden for the respondent. 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 promising practices
- Measuring progress on program objectives
- Sharing knowledge and experience
- Reducing dependence on paper

Additionally, within AIRS, CDC is integrating questions related to progress on Healthy People Asthma Objectives and the 10 essential public health services. A variety of meaningful reports can be generated through AIRS using the information collected. These reports will be designed to assist CDC and APRHB in program planning, measuring progress, and sharing principles for practice. The system will generate both standardized and customizable reports that allow users to set their own parameters. Reports can be generated at two levels:

- *National level reports* – These reports represent aggregate level information across SHD Asthma Programs.
- *Local level reports* – These reports represent information that is specific to a single SHD Asthma Program's activities.

AIRS fosters consistency of information through its uniform collection process and well-defined information components. This collection process takes advantage of technology that ensures a minimum number of errors, quality information, and no redundancy.

The system allows varying degrees of access for project officers at CDC. 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.

### **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 States from the CDC through the Air Pollution and Respiratory Health Branch. AIRS 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. AIRS does not cause duplication and in fact, eliminates duplicative efforts under our current reporting system.

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

No small businesses will participate in the AIRS data collection.

## **6. Consequences of Collecting the Information Less Frequently**

Reports are collected semi-annually in fulfillment of requirements outlined in Program Announcements CDC-RFA-EH09-901. The reports are due at the mid-term and end of the budget period. Less frequent reporting will negatively impact monitoring progress of national and state efforts to reduce the burden of asthma, and undermine accountability efforts at both levels. The twice-yearly reporting will allow the APRHB to respond in a timely manner with up-to-date information to inquiries from Congress and other stakeholders.

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, and the request fully complies with the regulation 5 CFR 1320.5.

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

### **A. Federal Register Notification**

A 60-day Federal Register Notice was published in the Federal Register on September 11, 2009, volume 74, No. 175, page 46777. (Attachment 2.)

There were no public comments received in response to the 60-day Federal Register Notice.

### **B. Other Consultations**

Consultation efforts have occurred throughout the system development process. A list of the selected data elements, necessary for program management and oversight, was developed by the internal APRHB AIRS Workgroup. Usability testing has begun for the data elements. The list of state health department participants for the usability testing is attached to this application (Attachment 3). The data collection instrument can be found in Attachment 4.

## **9. Explanation of Any Payment or Gift to Respondents**

No payments or gifts have been or will be given to respondents.

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

It has been determined by the NCEH/ATSDR Privacy Officer that the Privacy Act is not applicable. The data collection does not involve collection of sensitive and/or personally identifiable information. Information collected through progress reports is used to identify training and technical assistance needs; monitor compliance with cooperative agreement requirements; evaluate progress made in achieving national and program-specific goals; and to respond to inquiries regarding program activities and effectiveness.

Access to AIRS 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 state Asthma Program has access to its own information and will decide the level of access for each user, and to what extent local partners may access that information.

The Human Subjects Contact for the National Center of Environmental Health has determined that the data collection is not research involving human subjects and IRB approval is not required. (see attachment 5)

### Privacy Impact Assessment Information

- A. This submission has been reviewed by the NCEH/ATASDR Office of Science, who determined that the Privacy Act does not apply.”
- B. The information will be secured in a password-protected system requiring login by authorized users. Written reports generated from this system will be used for official purposes of CDC program staff and are secured in limited access CDC premises. The contractor is subject to a non-disclosure agreement, which is provided as an attachment to this document.
- C. As this system will not collect personally identifiable information, we have not identified any need for respondent consent. State cooperative agreement recipients are required to report periodically as a condition of their award from CDC.
- D. Respondents will be strongly encouraged to utilize the web-based reporting system, but this is not a condition of their award and therefore is not mandatory, but voluntary. Should they wish to do so, respondents are permitted to report in a paper format.

No IIF is being collected.

## **11. Justification for Sensitive Questions**

The AIRS instrument does not collect sensitive information. No personal information is requested and no personal identifiers will be reported. A security plan establishing controlled access to the information and following CDC guidelines will be developed.

## **12. Estimates of Annualized Burden Hours and Costs**

### **A. Estimated Annualized Burden Hours**

36 respondents will provide input into the proposed system. Respondents reside in each of 34 States, the District of Columbia and Puerto Rico. The annual hour burden is estimated at 288 total hours based on 4 hours to complete a report twice per year. Table 1 displays the annualized report burden computations.

Table 1

Type of Respondents	Forms	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
State Health Departments	Interim and end of year reports on activities and objectives	36	2	4	288

### **B. Estimated Annualized Cost to Respondents**

Table 2 displays estimates of annualized cost to respondents for the hour burdens used to report program progress information. The hourly wage rates are based on averages of selected Program Managers and Program Staff taken from ten states.



Table 2

Type of Respondents	Number of Respondents	No. Responses per Respondent	Hours per Response	Hourly Wage	Respondent Cost
State Program Managers	36	1	8	\$25.00	7,200

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

The information system was 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

#### Development, Implementation, and Maintenance

Major cost factors for the progress reporting system include application design and development costs, and system modification costs based on pilot testing and feedback from system users. Ongoing costs will include system maintenance and training costs. For the purposes of calculating the estimated annualized cost to the government, the AIRS project has been divided into phases, detailed below. Table 3 provides a detailed breakdown of the estimated cost for each of the phases, including an estimate of the cost for release 1.0 and 1.1. Release 1.1 will add ability to generate semi-annual reports. The total cost in Table 3 is not an annualized cost. It represents the total cost for development and implementation of the system and is a one-time expenditure. The ongoing maintenance costs and associated project support costs are assumed to be constant for the useful life of the system. However, because this system gathers progress reporting information associated with specific performance measures required as part of 5 year Cooperative Agreements cycles with states, any change to these performance measures in the future may precipitate system modifications. The associated costs for such modifications are undetermined and are not reflected here. However, it is assumed these changes would be minimal and thus easily incorporated into the contractors overall system maintenance contract, a currently established government contract expenditure.

Table 3

<b>Phase</b>	<b>Estimated Cost</b>
Definition/Scope	\$ 8,350
Analysis	\$ 27,500
Design	\$ 27,500
Construction	\$130,000
Testing	\$ 55,750
Deployment	\$ 7,500
Training	\$ 7,500
Support	\$ 41,500
Release 1.1 AdHoc Reports	\$135,000
<b>Total</b>	<b>\$440,600</b>

**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**

A 3-year clearance is requested for this required semi-annual data collection. Actual data collection will begin in September 2010. A table including beginning and ending dates for the collection of information and other actions is provided below.

1Table 16-1 Project Time Schedule	
<b>Activity</b>	<b>Time Schedule</b>
Letters sent to respondents	1 – 2 months after OMB approval
Completed 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 AIRS will be reported in internal CDC documents and shared with state programs.

### **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 APRHB AIRS 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**

No exceptions to the certification statement are identified in Item 19 of OMB form 83-I.