MONITORING AND REPORTING SYSTEM FOR CHRONIC DISEASE PREVENTION AND CONTROL PROGRAMS

PART B: STATISTICAL METHODS

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1. Respondent Universe and Sampling Methods

Respondents are chronic disease prevention and control programs in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands (see **Attachment 3**), that are funded for tobacco control, diabetes prevention and control, behavioral risk factor surveillance, and Healthy Communities. Each of the four program areas will submit an independent report on its objectives and activities.

Statistical sampling methods are not applicable to this data collection and cannot be used to accomplish the functions of the proposed system.

2. Procedures for the Collection of Information

Information will be collected electronically twice per year. Each program will have access to its own information and decide the level of access for other users (e.g., local partners). Users will log into the system at their worksite computer and provide progress reporting information through prompted data entry points.

Instructions to MIS users for completing information collection are built into each Web page. Grantees will be informed of their reporting deadlines via semi-annual notification letters.

The MIS will produce reports that can be downloaded and meet the progress reporting requirements at www.Grants.gov, however, respondents will continue to submit financial status reports through www.Grants.gov. The MIS will enable grantees to complete a number of tasks electronically, including reviewing the completeness of data necessary to submit required reports, entering basic summary information for required reports, and finalizing and saving required reports for upload to Grants.gov. The MIS will support the automatic generation of interim and annual reports, as well as work plans. Grantees will be able to transfer data from one year to another to minimize data re-entry. CDC staff will have the capacity to query the database to extract individual or aggregate grantee-related data. A copy of the data collection instrument may be found in **Attachment 4**.

3. Methods to Maximize Response Rates and Deal with Nonresponse

Each program is required to file twice yearly progress reports in order to continue to receive cooperative agreement funding.

4. Test of Procedures or Methods to be Undertaken

The design of the MIS was informed by experience with two web-based management information systems developed for tobacco control programs (OMB No. 0920-0601, exp. 5/31/2010) and diabetes prevention and control programs (OMB No. 0920-0479, exp.

4/31/2013). The previous systems are being phased out and will be replaced by the new MIS. Every component of the MIS has undergone rigorous application testing, including usability testing of system design, and accuracy and comprehension testing of proposed data elements.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

A workgroup has been established to assist contractors in development of the MIS. The CDC members, including NCCCP program consultants and epidemiologists, have provided input on content, functionality, and usability of the database.

The individuals responsible for design of the data collection system include:

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