Study of the Costs Associated with the Community Activities Under the Communities Putting Prevention to Work (CPPW) Initiative

Application for OMB Clearance

Supporting Statement

October 22, 2010

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A. JUSTIFICATION

A.1 Circumstances Making the Collection of Information Necessary

This is a new Information Collection Request (ICR).

Title VIII of the American Recovery and Reinvestment Act of 2009 (ARRA), Public Law 111–5 (see Attachment 1b) provides $650 million to carry out evidence-based prevention and wellness strategies. The Department of Health and Human Services (HHS) has developed an initiative in response to ARRA—Communities Putting Prevention to Work (CPPW)—and the majority of these funds are being awarded to community-based organizations to carry out obesity and/or tobacco prevention initiatives, also referred to as tracks. In March 2010, HHS made 51 awards under the CPPW community component -- 30 awards for obesity prevention efforts and 21 awards for tobacco prevention efforts. Additional awards may be announced in the future using non-ARRA funds. Awardees are implementing interventions that they have selected from a preselected group of evidence-based strategies in media, access, price, point of purchase decision, and support services (MAPPS). Strategies in each of the five MAPPS categories have been defined for physical activity, nutrition, and tobacco use. Awardees must select either the physical activity/nutrition initiative or the tobacco initiative. For each initiative, awardees have selected at least one strategy from each of the five MAPPS categories. Awardees are responsible for assembling an effective communitywide consortium with a history of working with partners such as local and state health departments and other governmental agencies, health centers, schools, businesses, community- and faith-based organizations, academic institutions, health care organizations, mental health/substance abuse organizations, health plans, and other community partners to promote health and prevent chronic diseases.

Awardees have also developed Community Action Plans (CAPs) for the initiative (obesity or tobacco prevention) on which they are working. These plans specify the awardees' initiative-specific CPPW objectives and the MAPPS strategies they are using to achieve each objective.

Public Law 111–5 also requires annual evaluations of programs carried out with the prevention and wellness funds. These evaluations will include collection and analysis of cost information because little is known about the actual implementation costs for policy-, systems-,

and environmental change-focused strategies. The most practical and useful cost information relates to the actual implementation costs of the specific MAPPS strategies and CPPW objectives and variation in those costs across awardees pursuing similar objectives/strategies. It is anticipated that awardees will collect and report these cost data on a quarterly basis, beginning at the end of the third quarter of the CPPW funding period (approximately December 2010) through the end (approximately March 2012) of the CPPW funding period.

A.2 Purpose and Use of the Information Collection

These data currently do not exist for large-scale, nationwide, community-based programs that employ multiple combinations of strategies. Data on the costs of implementation of the CPPW initiative are of great value to both governments and communities planning similar interventions in the future and will be essential for any subsequent cost-effectiveness analyses of community-based programs. Variations in implementation costs would also demonstrate the extent of cost heterogeneity among programs and communities in general, as well as the potential cost implications of targeting different priority populations. All of the implementation cost information will be reported by awardees, using a uniform, Web-based, data collection instrument where costs are allocated to each CPPW objective and corresponding MAPPS strategies that an awardee implements.

As indicated in the Federal Register Notice (Attachment 2), economic analysis will provide critical information to inform decision making by assessing the actual costs of carrying out policy- and environmental change-focused strategies at the community level.

Cost data will enable HHS to assess how multicomponent community programs allocate funds and determine realistic future funding levels needed to carry out specific types of policy- and environmental change-focused prevention strategies. Data collected in this study will be used to answer the following questions:

1. What are the CPPW direct costs (budgetary and volunteer/in-kind), both in aggregate and per unit incurred, by CPPW objective and MAPPS strategy at the community level?
2. How do different combinations of CPPW objectives and MAPPS strategies affect community costs?
3. How do the direct costs incurred by awardees pursuing the same combination of objectives/strategies differ, and what factors might drive these differences?

4. How do efforts to target hard-to-reach populations affect costs?
5. What additional factors related to community implementation of objectives/strategies are related to direct costs incurred?

In addition, the cost data collected can be used by the awardees themselves to achieve efficiencies within their programs in the future. Detailed objective-based cost data collected using the CPPW Cost Study Instrument (CSI) can be used by the awardees to evaluate their costs to achieve each objective and each objective/strategy and identify areas for improvement.

A.3 Use of Improved Information Technology and Burden Reduction

All data will be collected via a Web-based CSI (see Appendix 3a) to reduce respondent burden, data collection errors, and delays in receiving data. The CSI was based on standard well-established methods for cost data collection[1-5] to ensure that only the key required data elements are collected. A draft version of this tool has been pilot tested by seven individuals (representing seven awardees) to assess their ability to provide requested data and identify approaches to minimize burden.

The tool includes several features to specifically reduce data collection burden and collect high quality data. The originally proposed approach for cost data collection for the CPPW initiative was an activity-based costing approach where costs would be allocated to each type of activity within each MAPPS strategy. However, after reviewing CAPs developed by awardees, the project team concluded that collecting costs at the activity level would likely be burdensome for the respondents given the large number of activities and strategies implemented by the awardees. To reduce the burden, the project team recommended using a cost collection approach where costs are allocated to CPPW objectives and MAPPS strategies (rather than activities within strategies).

To further reduce the burden and eliminate the time respondents spend entering text on the objectives/strategies they implement, information will be pre-populated in the CSI from the awardee's CAP statement. Each awardee has completed a CAP statement and submitted it to the Centers for Disease Control and Prevention (CDC), and this document will be used to pull out the information on each awardee's objectives and strategies. When a respondent logs in to the online cost data collection system, their awardee-specific objectives information will be listed on the screen. For each objective, the initiative, MAPPS categories, and strategies will also be

listed. Respondents will simply be asked to review this information for accuracy and update anything that is not correct, which will significantly reduce the burden of having to enter all the information into the tool.

The bulk of the dollars funded to awardees will be dispersed to their partners responsible for implementing the various CPPW objectives. A description of the different types of partners is included in the CSI User's Manual (Attachment 3b). Awardees will be required to report costs incurred by their partners; and to further reduce the burden, the online tool will also be pre-populated with data on each awardee-specific partner. This pre-populated information on the partner screen will include partner name, total amount funded, and funding type. This information will be obtained from awardee budgets that they have submitted to CDC. Similar to the objective details, respondents will be asked to simply review this information for accuracy and update anything that is not correct.

Another effort to minimize respondent burden is the design of the CSI to use the same quarterly expenditures categories as required for ARRA Section 1512 quarterly reporting and the same level of reporting, where applicable and feasible. For example, the CSI collects data on total quarterly expenditures for grant subrecipients with awards of $25,000 or higher, but collects aggregated quarterly spending for grant subrecipients with awards of less than $25,000.

In addition, the instrument will include automated data checks so that it can be used by the awardees to perform self-directed quality control on the data as they input the information. For example, when time or dollars are allocated across the objectives, the sum must equal 100% and the respondent will be alerted if the total is less or greater than 100%. The tool will also contain an interactive user's manual that will provide variable definitions and instructions for providing the required data. The instrument will be easily accessible through the Web, and all awardees will be provided with detailed instructions and training to input the required data. Data submissions will be due within 60 days after the quarter end (allowing 2 additional weeks after the CDC CPPW quarterly reports deadline).

Technical assistance on data collection and reporting will be provided by the project contractor (RTI International). RTI staff will collect and tabulate the data provided by the awardees. We expect to collect minimum information necessary to address the research project's research questions. Efforts have been made to design the instrument to be brief, easy to use, and

understandable. The study investigators have carefully considered the content, appropriateness, and phrasing of the questions**.**

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

The CPPW program is a new initiative with new requirements for carrying out a specified set of evidence-based community strategies to develop or enhance policies, systems, and environments that foster health and wellness (MAPPS). Community awards were made in March 2010. Because this is a new program, no instruments exist that collect cost data at the level of these specific sets of objectives/strategies. However, some parts of the instruments are based on standard well-established methods for cost data collection.[1-5] Components of previously developed and tested instruments were modified for use in this project. The CPPW-CSI requests expenditure details in the following areas:

1. Labor/Personnel Expenditures
2. Partner Expenditures
3. Consultant Expenditures
4. Costs Associated with Materials, Travel, Services
5. Other Administrative Costs (e.g., telephone, rent)
6. Labor and non-labor in-kind resources

Furthermore, in developing the instrument, HHS reviewed the other financial reporting forms required by ARRA provisions, including the Standard Data Elements for Reports under Section 1512 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5 (Grants, Cooperative Agreements, and Loans) and the proposed CDC Recovery Act Performance Progress Report, which was published in 2010 for public comment as part of the Paperwork Reduction Act clearance process.

Using the information collected via CSI, costs related to specific CPPW objectives and MAPPS strategies implemented by the CPPW awardees will be estimated. For instance, under personnel expenditures, all program staff will be asked to provide the proportion of time spent on each of the objectives and strategies being implemented.

This objective-based data collection will allow HHS and other government agencies such as CDC to perform in-depth evaluation of the CPPW that may not have been possible using budget information alone. The main advantage of this cost estimation approach is that the cost of

specific objectives/strategies of the CPPW initiative can be quantified. Unlike budget or total federal spending, the objective-based data will provide details on all resources expended on the CPPW and provide HHS with an estimation of the economic cost incurred by the awardees. There are numerous examples in the literature on using similar costing methods to obtain detailed costing data to perform economic evaluation of health programs both in the United States and internationally. In the United States, for instance, there is a long history of using an activity-based costing approach to perform cost-effectiveness evaluation of substance abuse programs,[4-6] which recently has been extended to cancer interventions.[1,7-9]

In identifying data collection requirements for the cost study, we have also worked with teams conducting other evaluation components of the CPPW initiative to avoid duplication of data that are being collected by the other evaluation teams.

A.5 Impact on Small Businesses or Other Small Entities

No small businesses are involved as respondents to this data collection effort. The CPPW CSI is completed by community awardees and subawardees (local governments and nonprofit agencies) receiving ARRA funding.

A.6 Consequences of Collecting the Information Less Frequently

Without these cost data, HHS will not be able to assess the implementation costs of the programs' operations, identify factors that impact the cost, understand the variables that impact costs, assess cost efficiencies for specific mixes of strategies, and identify cost implications of targeting hard-to-reach populations. This information is critical to the overall evaluation of the CPPW initiative and essential for future program planning. It is anticipated that awardees will collect and report these cost data quarterly, beginning at the end of the third quarter (approximately December 2010) through the end of the ninth quarter (approximately March 31, 2012) of the CPPW funding period. It is methodologically desirable to collect data at least quarterly to reduce the likelihood of errors in recall on items such as volunteer and in-kind contributions as well as staff time allocated to specific objectives/strategies (which may vary during the course of the program). CPPW awardees will be required to report quarterly on other aspects of program implementation so this protocol will align with those reporting cycles. Reducing the respondent burden below the estimated levels (that is, reducing the frequency of

the data collection) would diminish the utility of the study and inhibit the ability of HHS to respond to anticipated requests for cost data associated with this program.

There are no legal obstacles to reduce the burden.

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

This project fully complies with all guidelines of 5 CFR 1320.5. There are no special circumstances required.

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

A. A 60-day notice for public comments on the proposed data collection activities required by 5 CFR 1320.8(d) was published in the Federal Register on March 19, 2010 (Volume 75, Number 53). No public comments have been received.

B. In developing the CSI, HHS and RTI consulted with staff from seven awardees. In August - October 2010, RTI staff conducted two phases of pretesting of the online data collection instrument. During Phase I of pretesting, two staff members representing two awardees were asked to log in to the Web-based CSI using provided user name and passwords; review and update (if necessary) the CAP and Partner information; and complete and submit the Grantee Labor/Personnel worksheet. Respondents were provided with instructions on how to complete the available cost worksheets. Respondents provided written feedback related to their experience with the Web-based tool. A conference call was also conducted with each awardee to discuss feedback from Phase I pretesting. During Phase II of pretesting, the same staff from the same two awardees were asked to review the additional screens of the Web-based cost data collection tool that collect information on paid and in-kind contributions of awardee's partners. Specifically, respondents were asked to review the cost allocation worksheets for each partner and to print out worksheets for partner cost data collection and attempt to record the requested information for the awardee's largest partner/contractor. Also as part of Phase II pretesting, an additional five staff members representing five other awardees were asked to review the Grantee CAP and Manager Partners screens of the CSI, complete the Labor/Personnel screen of the Grantee Costing Tool, and review the Partner Costing Tool screens. Similar to Phase I,

respondents provided written feedback, and a follow-up teleconference was held to collect additional suggestions.

The feedback received during pretesting was used to help us improve the final CSI. The respondents were able to understand and fill out the information requested during pretesting with the instructions provided. The interviews and feedback received from awardees participating in pretesting led to the conclusion that collecting awardee costs by objective/ strategy via the Web-based CSI is feasible. Information collected during pretesting was also used to obtain an estimate of respondent burden.

A.9 Explanation of Any Payment or Gift to Respondents

HHS does not provide remuneration to CPPW awardees for completion and submission of the evaluation data. Awardees agreed to participate in evaluation activities as a condition of award.

A.10 Assurance of Confidentiality Provided to Respondents

Respondents are local governments and nonprofit organizations that are providing information on their organizational structure, infrastructure, strategy-based funding allocations, expenditures, and other activities; therefore, the Privacy Act does not apply. Although a primary contact person will be identified for each awardee, the contact person will be speaking from their role as a representative of the responding awardee. The information collection does not involve sensitive or personal information.

Data collection will be conducted via a Web-based system managed by a contractor (RTI International). Data will be submitted to HHS according to approved Internet-based communication protocols and a written security plan. Access to the Web-based system will be controlled by a password-protected login that allows varying degrees of access for HHS personnel, contract personnel, and project personnel associated with each awardee. Awardee personnel will have access only to the data for their own awardee. The systems to be put in place will assure that stored information is accessible to authorized users yet secure. The system contractor will oversee compliance with the written security plan developed by the HHS Office of the Assistant Secretary for Planning and Evaluation.

A.11 Justification for Sensitive Questions

We are collecting program-level cost data and not individual-level data. The CPPW CSI does not request sensitive or personally identifiable information.

A.12 Estimated Annualized Burden Hours and Cost to Respondents

A.12.1 Estimated Annualized Burden Hours

Currently, the total number of respondents for the CPPW cost collection is 51 respondents (although the number may go up if additional CPPW funds are awarded). Each of the 51 respondents will be asked to complete one set of data for their awardee's initiative (obesity or tobacco) via our Web-based CSI. The data collection process will be conducted quarterly. We anticipate that the person completing the Web-based cost data collection tool will be a program director or manager or another staff person, such as the financial manager, who is familiar with everyday operations, management, and administration of all activities conducted under the CPPW grant. However, we expect that this person responsible for the cost data collection and reporting will require assistance by another program staff member (e.g., someone whose daily responsibilities include financial management of the program). Based on results obtained during pretesting, we estimate that the awardees will require approximately 44 hours per year to attend training sessions, gather the required data, and enter the information into the Web-based tool. Specifically, we estimate that each quarter the program director and the support staff will be required to spend 1 hour each in training and 4.5 hours each obtaining required cost information and completing the CSI for a total of 11 hours per quarter or 44 hours per year ((1+4.5)*2*4). ***Exhibit 1*** summarizes the annualized burden hours.

Exhibit 1. Estimated Annualized Burden Hours

Types of Respondents	Number of Respondents	No. Responses per Respondent (quarters)	Average Burden per Response (hours)	Total Burden (hours)
CPPW awardee	51	4	11	2,244

A.12.3 Estimated Annualized Cost to Respondents

The estimated cost to respondents is $105,468, which is included in their grant awards (***Exhibit 2***). This annualized cost to respondents is based on the average wage of program directors and finance staff persons from a sample of 11 awardees. This wage information was obtained from awardees' budgets. The 11 awardees represent a mix of small and large communities funded in obesity and tobacco initiatives from various parts of the country.

Exhibit 2. Estimated Annualized Cost to Respondents

Type of Respondents	Number of Respondents	Total Burden (hours)	Average Hourly Wage	Total Respondent Cost ($)
CPPW awardee	51	2,244	$47	$105,468

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

No costs other than those described in A.12 will be incurred by the respondents to complete this data collection.

A.14 Annualized Cost to the Federal Government

Exhibit 3 presents the costs to the government. Two types of government costs will be incurred: (1) contracted data collection and analyses and (2) government personnel.

1. The project is being conducted under a contract that was awarded June 17, 2010. The contract is for a total of 2½ years. The annualized cost for the Data Contractor is estimated at $484,000.
2. The Technical Monitor is assigned for 10% of her time. Assuming an annual salary of $120,000 for the Technical Monitor, the total expenditure for government personnel is $12,000.

Therefore, total annualized cost to the federal government for the duration of this data collection is $496,000.

Exhibit 3. Estimated Annualized Federal Government Cost Distribution

Type of Government Cost	Annualized Cost
Data Contractor	$484,000
Technical Monitor at 10% FTE	$12,000
Total	**$496,000**

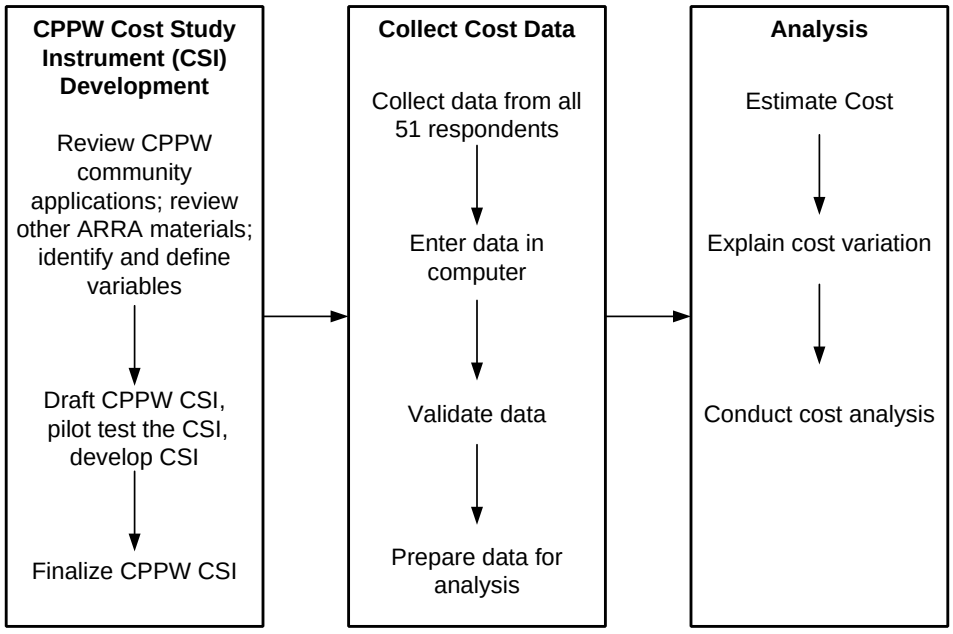
A.15 Explanation for Program Changes or Adjustments

This request is a revision to collect cost data using a revised Web-based cost data collection instrument. The CSI was revised to accommodate online data collection of the cost required to implement the CPPW objectives.

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

A flowchart demonstrating the cost study instrument development and data collection process is displayed in ***Exhibit 4***.

Exhibit 4. Flowchart for Data Collection Process



Thorough data validation will be performed to assess the quality of the data available to perform the planned analysis. All data collected in the CPPW CSI (Attachment 3a) will be

assessed for missing information (% of fields with missing data), and incorrect data (% data elements with formats that are not recognized; % with inappropriate range of values). In-kind contributions will also be reviewed to ensure that only those contributions that represent true opportunity cost are included. Opportunity cost is defined as the "advantage forgone as the result of the acceptance of an alternative." For example, a person who volunteers his or her time will not be able to devote the time spent on the CPPW program to other activities. The time spent should therefore be valued at the market rate and included as a cost to the program. Quarterly and at the end of the funding period, we will also review whether the subcategories sum to at least the total spending during that period. Discrepancies between the total amount of funds expended and total itemized costs will be identified and clarified with the awardees through telephone calls and/or e-mail exchanges with the primary awardee respondent. The findings from data validation will be reviewed to identify if any statistical or other corrections are required to generate accurate cost estimates.

Costs will be estimated for each of the 51 respondents each quarter. For these analyses, costs will be estimated for each respondent at multiple levels. For example, aggregate costs will be estimated, as well as costs for each resource category captured in the CSI (labor/personnel; partners; consultants; materials, travel, services; grant administration; and in-kind resources). Costs will also be estimated at the awardee level for each objective listed in the awardee's CAP, and for each objective/strategy combination. Cumulative costs will also be assessed for each awardee at aggregate, resource, objective, and objective/strategy levels.

In quarterly reporting, we will summarize the quarterly and cumulative costs across all awardees by providing the mean, median, minimum, and maximum cost values for several different cost outcomes. The cost outcomes that will be summarized in quarterly reports are, at a minimum, aggregate quarterly and cumulative spending, and quarterly and cumulative spending by resource category. Because objectives were defined by each awardee and may not be consistently defined across CPPW initiative awardees, it may not be possible to summarize quarterly spending at the objective level. However, for any objectives that are used by 10 or more awardees working on a specific initiative (obesity or tobacco prevention), quarterly and cumulative spending will be summarized in quarterly reports.

In addition to quarterly reports, final analyses will compare how total awardee costs differed, depending on the combinations of objectives and strategies used. For objectives used by at least 10 awardees, costs will be compared across awardees at the objective and objective-strategy levels. Final analyses will also identify a unit of analysis for each objective to allow for comparisons of unit costs across awardees. These analyses will provide a more meaningful comparison of costs across awardees of different sizes (e.g., will allow for comparisons of costs for small, tribal communities to costs for large, urban areas). For example, costs to implement smoke-free housing policies in public housing may be divided by the number of people using public housing in an area to enable comparisons across awardees of the policy's cost per public housing resident. Another question that will be addressed in final cost analyses is the extent to which efforts to target hard-to-reach populations affect costs. For these analyses, it is anticipated that objective-level costs for awardees with similar objectives, but different target populations (e.g., minority youth versus the entire community), will be compared to estimate the excess costs associated with reaching hard-to-reach populations.

A.16.1 Publication Plan

Results of the study will be disseminated to various awardees and other stakeholders through reports, Web conferences, presentations at professional meetings, and publication of manuscripts in peer-reviewed journals. It is anticipated that the results of this project will be developed into several scientific and nonscientific reports.

A.16.2 Project Timeline

The expected time schedule for project activities is presented in ***Exhibit 5***.

Exhibit 5. Estimated Time Schedule for Project Activities

Activity	Expected Timeline
Development of final version of the Web-based CSI based on OMB comments	December, 2010
Technical assistance	Ongoing, concentrated during the first and subsequent quarterly data collections
Quarterly data collections	1st data collection: December 2010–January 2011 2nd–6th data collections: within 60 days of quarter end (15 days after ARRA CPPW quarterly reports due date) 7th data collection: March 2012
Interim quarterly cost analyses	Within 1 month of quarterly data collection
Final cost data analysis, report, and publications	Within 6 months of last data collection

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

No request for an exemption from displaying the expiration date for OMB approval is being sought.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

These data will be collected in a manner consistent with the certification statement identified in Item 19 “Certification for Paperwork Reduction Act Submissions” of OMB Form 83-I. No exceptions are requested.