

**Supporting Statement for the Evaluation of the American Recovery
and Reinvestment Act (ARRA) Prevention and Wellness-
Leveraging National Organizations Program**

OMB 0990-XXXX

Expires:

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Supporting Statement for the Evaluation of the American Recovery and Reinvestment Act (ARRA) Prevention and Wellness- Leveraging National Organizations Program

A. Justification

1. Circumstances Making the Collection of Information Necessary

This is a request for Office of Management and Budget (OMB) approval to conduct the American Recovery and Reinvestment Act (ARRA) Prevention and Wellness- Leveraging National Organizations is a cooperative agreement program evaluation (OMB No. OS-0990-New). This program is authorized by the American Recovery and Reinvestment Act of 2009 (Public Health Service Act, 42 U.S. Code 241(a) and 247b (k) 2) and 42 U.S.C. 300k-1, 300 sec.1701 of the Public Health Service Act, as amended., Section 1701, 42 U.S.C 300k-1, 300.

The Recovery Act, signed into law February 17, 2009, is designed to stimulate economic recovery in various ways, including strengthening the Nation's healthcare infrastructure and reducing healthcare costs through prevention activities. The Recovery Act includes a Prevention & Wellness Fund (Fund) of \$1 billion, of which \$650 million was provided 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, territories, 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) has previously announced the availability of the first portion of the Fund (Funding Opportunity Number: CDC-RFA-DP09-912ARRA09; Catalog of Federal Domestic Assistance Number: 93.724) for an initiative entitled Communities Putting Prevention to Work (CPPW) to support intensive community approaches to chronic disease prevention and control in selected communities (territories, 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.

In addition, CDC has announced that a second portion of the CPPW (funding opportunity number: CDC-RFA-DP09-90101ARRA09) will support states in two critical areas: (1) policy

and environmental change: under direction of CDC, states will receive funding to promote state-wide policy and environmental changes in support of community efforts; and (2) tobacco cessation: under direction of CDC, all currently funded states and territories will be eligible to apply for and expected to receive funding to expand tobacco quit lines, in concert with expanded media campaigns. The HHS Administration on Aging will also have responsibility for implementing a component of the CPPW that enables all states to be eligible and apply for funds to develop or expand chronic disease self management programs. In addition, a National Prevention Media campaign will be developed and launched by CDC in the near future to support the overall CPPW initiative. To assess overall progress of the initiative, the CDC will have responsibility for evaluating community and national-level progress using national data surveillance systems.

The fourth component of the CPPW is the Leveraging National Organizations cooperative agreement program. Ten cooperative agreements have been awarded to eligible entities for National Organizations to work in partnership with the CDC Communities to achieve the following goals: (1) increase levels of physical activity; (2) improve nutrition (e.g. increase fruit/vegetable consumption, reduce salt and trans fats); (3) decrease overweight/obesity prevalence; (4) decrease smoking prevalence and teen smoking initiation; and (5) decrease exposure to second-hand smoke.

The funding opportunity focuses on two categories of activities:

- Category A: Obesity prevention through improved nutrition and increased physical activity
- Category B: Tobacco prevention and control

Eligible applicants proposed activities in one or both categories (Category A: Obesity prevention through improved nutrition and increased physical activity Category B: Tobacco prevention and control) and specified the category(s) in their application. Applicants applying to both categories, submitted separate applications for each category. Eligible applicants had to be public or private nonprofit organizations and have an established (two years or longer) national outreach infrastructure with an existing focus on population based approaches such as policy, systems, and environmental change in the areas of obesity, nutrition, physical activity, and/or tobacco.

National organizations had to demonstrate evidence that the organization operates nationally within the United States and/or its territories and has affiliate offices, or chapters, in a minimum of five of the regions of HHS. National Organizations that are wholly tribal-focused did not need to meet the five regions requirement and were encouraged to apply. OPHS as part of its management responsibility is working with grantees to align with CPPW-funded communities within their network.

In the United States today, seven of ten deaths, the vast majority of serious illness and disability, and more than 75% of health care costs are caused by chronic diseases, such as obesity, diabetes and cardiovascular disease (www.cdc.gov/nccdphp/overview.htm). Key behavioral risk factors, such as – lack of physical activity, poor nutrition and tobacco use – are major contributors to

these statistics. Many Americans die prematurely and suffer from diseases that could be prevented or more effectively managed. Additionally, many populations, including racial and ethnic minority populations, are disproportionately impacted by chronic disease. Research has shown that implementing policy, systems, and environmental changes, such as improving physical education in schools, 100% smoke-free policies, or providing access to nutritious foods can result in positive behavior changes related to physical activity, nutrition, and tobacco use, which positively impact multiple chronic disease outcomes.

The CPPW Leveraging national Organizations should demonstrate how public private partnerships can potentially result in positive behavior changes related to physical activity, nutrition, and tobacco use. National Organizations role is to provide expert guidance to specific CPPW-funded communities; promote sustainability and leverage other support for all CPPW-funded communities; augment the National Prevention Media Campaign; and foster prevention efforts across Affiliates nationwide.

The evaluation will measure the success of the success of the National Organizations in implementing the four roles they are responsible for by measuring outcome and outputs of their work.

2. Purpose and Use of Information Collection

The purpose of the CPPW National Organizations Initiative is to augment, implement, and disseminate community-wide policies, systems, and environmental changes - first and foremost in the selected CPPW-funded communities and second across affiliates and networks nationwide. Selected national organizations will collaborate with partners in government, health, education and academia, business, community and faith-based organizations, development, transportation and land use, parks and recreation, foundations, and other community sectors to promote health and prevent chronic diseases.

The CPPW Leveraging National Organizations program is an initiative focused on:

- Providing resources [including but not limited to policy briefs, guidance, tools, training (e.g., outreach and cultural competency), technical assistance, linkages with other federally funded activities and program delivery] and promoting prevention efforts to CPPW-funded communities through the national organizations' systems and networks. This required activity is the priority component of the National Organizations Initiative;
- Sustaining community prevention efforts beyond Recovery Act CPPW funding;
- Supporting a National Prevention Media Initiative through co-branding and augmenting HHS-developed media campaigns in communities.

Since a critical component of the National Organizations is to support and assist CPPW-funded communities with their expert resources, the National Organizations and the CPPW-funded communities will share ownership of the same outcome measures— approval/enactment of MAPPS-related policy, systems, and environmental change in physical activity, nutrition, and

tobacco in funded communities (Attachment). Because the National Organizations and their local affiliates have a distinct supporting role in these community-wide efforts, the output measures track the kinds of added-value to be derived from involvement of the National Organizations and its local affiliates in the community-wide efforts which should help drive the outcome measure.

3. Use of Improved Information Technology and Burden Reduction

Improved information technology is utilized where appropriate. Collections of all data measures will occur electronically, using excel, on a quarterly basis.

4. Efforts to Identify Duplication and Use of Similar Information

Due to the small scale of this cooperative agreement, the information collected is not duplicative of other information collection. Efforts to identify if duplication existed included consultation with CDC to determine that similar data collection was not taking place. There is no similar information that can be used or modified for this initiative since the work of this initiative as well as the program is new.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study.

6. Consequences of Collecting the Information Less Frequent Collection

Data collection will occur quarterly as mandated by ARRA reporting rules.

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

There are no special circumstances for collecting this information. The request for information fully complies with regulations.

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

The notice required in 5 CFR 1320.8(d) was published in Vol. 75, No. 132 o , pages 39692-39693 of the *Federal Register* on Monday, July 12, 2010 (Attachment) . There were no comments from the public.

The following CPPW Leveraging National Organization Project grantee project directors were consulted on the clarity and overall burden of the data collection tool. The respondents thought the data collection measures were clear and the requested information was reasonable and available within their respective organizations.

National Association	Stephanie Ramirez	Deputy Director of Constituency	213-747-7606 x4425	sramirez@naleo.org
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of Latino Elected Officials		Services		
Sesame Workshop	Patrick Key	AVP, Philanthropic Development	212-875-6760	patrick.key@sesameworkshop.org
American Academy of Pediatrics	Jonathan Klein, MD, MPH	Associate Executive Director	847-434-4322 or 847-505-3738	jklein@aap.org

9. Explanation of any Payment/Gift to Respondents

No gifts or payment beyond the grant award will be given to the respondents. Participants in the project evaluation will not be remunerated.

10. Assurance of Confidentiality Provided to Respondents

Participating individuals and institutions will be informed that the information collected by the CPPW Leveraging National Organizations program will be kept secure and will be protected. The information will be collected from the grantees only. HHS will not collect personally identifiable information.

11. Justification for Sensitive Questions

Information regarding the kinds of added-value derived from involvement of the National Organizations and its local affiliates in the community-wide efforts will be collected. No data will be collected regarding sexual behavior, attitudes, religious beliefs, or other matters that are commonly considered private.

12. Estimates of Annualized Hour and Cost Burden

The estimated annualized hour and cost burden is based on the total number of organizations expected to respond over the project period based on the awards made.

Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in	Total Burden Hours

				hours)	
National Organizations	National Organizations Measures Instrument	10	4	2	80

Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Director	80	\$53.38	427.04

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

There should be no cost to the respondents for this data collection activity.

14. Annualized Cost to Federal Government

An estimated 2 FTEs at the GS13 level (\$89,033) are needed to review and process applications, provide technical assistance to grantees, and serve as project officers for this cooperative agreement program.

15. Explanation for Program Changes or Adjustments

As this is a new cooperative agreement program, and therefore a new data collection, there are no changes in burden.

16. Plans for Tabulation and Publication and Project Time Schedule

If there is a possibility that the information collected from the grantees may be summarized, analyzed, and reported to provide information to HHS about the program. The analyses may include simple statistics and summaries of the activities National Organizations worked on.

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

No exception is requested and the expiration date will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

ATTACHEMENTS

ARRA Legislation

MAPPS Strategies

Quarterly Report – National Organizations Measures Instrument

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