Revision Request

DIVISION OF HEART DISEASE AND STROKE PREVENTION

MANAGEMENT INFORMATION SYSTEM

OMB No. 0920-0679

Exp. 5/31/2011

PART A: JUSTIFICATION

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Abstract

CDC's Division of Heart Disease and Stroke Prevention (DHDSP) is currently approved to collect progress and activity information from awardees funded through two programs: the National Heart Disease and Stroke Prevention Program (NHDSPP), and the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program. Information is collected semi-annually through an electronic Management Information System (MIS). The current approval is scheduled to expire 5/31/2011 (OMB No. 0920-0679).

In this Revision, CDC requests OMB approval to continue information collection, with changes, for three years. 1) There will be an increase in the number of awardees funded through the NHDSPP. These awardees are health departments in 41 states and the District of Columbia (DC). Awardees will continue to submit their progress and activity information to CDC semi-annually. 2) Reporting through the MIS will be discontinued for awardees funded through the WISEWOMAN program.

CDC anticipates a net reduction in burden hours due to a net reduction in the number of awardees reporting progress and activity information through the MIS. There are no changes to the information collection instrument, the estimated burden per response, or the frequency of information collection. CDC will continue to use the information collected through the MIS to identify NHDSPP priorities and objectives and to describe the impact and reach of program interventions.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

Background

Chronic diseases – including heart disease, cancer, stroke, diabetes, arthritis, and related risk factors, such as tobacco use, physical inactivity, poor diet, and obesity – are the leading causes of death and disability in the United States, accounting for 7 of every 10 deaths and affecting the quality of life of 90 million Americans. Chronic diseases represent 83% of all U.S. health care spending; medical care costs of people with chronic diseases account for more than 75% of the nation's $2 trillion medical care costs. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Effective partnerships and collaboration with other federal agencies, nongovernmental organization, local communities, public and private sector organizations, and major voluntary associations have been critical to the success of prevention and control efforts.

In 1998, the U.S. Congress provided funding for the Centers for Disease Control and Prevention (CDC) to initiate a national, state-based heart disease and stroke prevention program. Utilizing a competitive peer review process, awards are made for five years and may be renewed through an annual continuation application. The most recent award cycle began in 2007 under Program Announcement CDC-RFA-DP07-704. The program is authorized under sections 301(a) and 317(b)(2) of the Public Health Service (PHS) Act, (42 U.S.C. section 241(a) and 247(k)(2)), as amended (see **Attachment 1**).

The funded Heart Disease and Stroke Prevention (HDSP) programs are population-based public health programs in selected states and the District of Columbia that utilize evidence-based practices to implement and evaluate public health (secondary) prevention and control strategies that address risk factors and reduce disparities, disease, disability, and death from heart disease and stroke. The state-based programs are encouraged to utilize the socio-economic model in program design and to work at the highest levels within priority environments to change policies and systems to support improved cardiovascular outcomes. The terms of cooperative agreement funding require awardees to collaborate with partners (both internal and external to the state health department) to develop and implement a multi-year, statewide strategic plan for achieving objectives. The increased emphasis on partnership and collaboration is intended to identify priorities, gaps in chronic disease prevention and health promotion, and opportunities to leverage CDC and state (federal and non-federal) resources. The NHDSPP cooperative agreement is part of an overall initiative within the CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) to promote more efficient ways of using resources and achieving greater health impact. Streamlined performance monitoring processes, such as those supported by electronic progress reporting through the MIS, are integral to these objectives.

In response to the Government Performance and Results Act of 1993, all funded HDSP programs are required to submit continuation applications and semi-annual progress reports consistent with federal requirements. Information submitted to CDC through the current DHDSP MIS can be used to produce pre-formatted reports for uploading into Grants.Gov and satisfying grant reporting requirements. The DHDSP MIS has served as a prototype for other CDC programs' development of electronic MIS systems that collect progress and performance information from funded state health department programs. The state-specific reports generated by

the MIS are used to identify training and technical assistance needs and enable CDC to fulfill its obligations under the cooperative agreements. These obligations include monitoring, evaluating and comparing individual programs and assessing the overall effectiveness of the state health departments' HDSP programs. The MIS also supports CDC's goal of reducing the burden of disease related to heart disease and stroke by enabling staff to more effectively identify the strengths and weaknesses of individual programs and to disseminate information related to successful public health interventions.

CDC requests OMB approval to continue the information collection for three years, with changes. There are no changes to the information collection instrument, however, the number of HDSP programs reporting through the DHDSP MIS will increase from 33 to 42 (41 states and the District of Columbia). As funding allows, the CDC strategic plan calls for establishing a comprehensive national heart disease and stroke prevention program to support state-based programs in all states and territories.

Although the DHDSP MIS has proven to be an effective management tool for state-based HDSP programs, the planned information collection for state-based WISEWOMAN programs was not implemented during the current OMB approval period as previously approved, since plans for monitoring WISEWOMAN progress changed. The current WISEWOMAN data collection is described in OMB No. 0920-0612 (WISEWOMAN Reporting System, exp. 3/31/2013). In this Revision request for OMB No. 0920-0679 (DHDSP MIS), reporting requirements involving the MIS are being formally discontinued for WISEWOMAN programs.

Privacy Impact Assessment

Overview of the Data Collection System

Awardees are required to submit progress and activity information to CDC twice per year (see **Attachment 3** for a list of awardees). Information is collected electronically through a Management Information System (see **Attachment 4** for screen shots of the DHDSP MIS). Awardees are encouraged to update the MIS on an on-going basis. This option provides awardees with current summary information that can be used for real-time program management, in addition to satisfying their semi-annual reporting requirements.

Items of Information to be Collected

The MIS collects information about the staffing resources dedicated by each state (or DC) for their HDSP program. The MIS also collects information about each program's work plan objectives, activities, and partnerships. The MIS collects a limited amount of information in identifiable form (IIF) for key program staff (e.g., Program Manager and Epidemiologist). Each state HDSPP provides the names of these individuals as well as their professional contact information. The contact person will only provide information about the state program, not personal information).

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 is 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 Collected

The utility of continuing to use the DHDSP MIS is supported by the need to collect standardized information from each funded state based (and DC) HDSP program. The web-based platform enables CDC to query and sort the collected information to compare the effectiveness of different programs and intervention strategies in support of preventing heart disease and stroke, recognizing the signs and symptoms of heart attack and stroke, controlling high blood pressure and cholesterol, and improving quality of care for those diagnosed with heart disease and stroke. Information collection utilizing the MIS enables the accurate, reliable, uniform and timely submission to CDC of each program's strategic plans and progress reports. The information collection and reporting requirements have been carefully designed to align with and support the goals outlined in the cooperative agreement and the objectives defined within the NHDSPP strategic plan. The MIS will generate a variety of routine and customizable reports. Local level reports will allow each state program to summarize its activities and progress towards meeting work plan objectives and can be used by the state program as a performance management tool.

CDC also has the capacity to use the information submitted through the MIS to generate reports that describe activities across multiple states, and for program operations, management and reporting purposes including:

- Identifying the need for ongoing guidance, training, consultation, and technical assistance in all aspects of heart disease and stroke prevention and control
- Evaluating the progress made by programs in achieving national and program-specific goals and objectives
- Identifying successful and innovative strategies and public health interventions that are part of a comprehensive heart disease and stroke prevention program
- Disseminating and sharing "best practices" information among all funded state and DC health departments
- Monitoring the use of federal funds
- Evaluating and reporting on the overall effectiveness of funded program.

The existing DHDSP MIS system has supported these efforts since it was launched and it has undergone quality improvement processes to further expand its utility to CDC and funded state programs. The DHDSP MIS system has served as the template for the development of the NCCDPHP MIS for a combined program cooperative agreement.

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 state health department HDSP programs. Information collected through the MIS is used to describe, evaluate and enhance opportunities for collaborative efforts and partnerships. Having a centralized, consistent reporting information repository and secure database allows CDC project officers to search across multiple state HDSP programs, helps insure consistency in documentation, supports the provision of appropriate technical assistance, and enhances accountability in the use of federal funds.

3. Use of Improved Information Technology and Burden Reduction

The MIS information system is a centralized, web-based system that uses a relational data model to support the collection and reporting of information, and helps to minimize errors and redundancy. Special attention in the design of the MIS ensures the system is easy to use and collects information that can later be queried and summarized through its reporting capabilities. The MIS system allows for increased efficiency through electronic reporting by funded state programs. More specifically, the system was developed with the following objectives:

- Shorten the time period for collection of information
- Standardization of information collection and dissemination processes
- Identification of "promising practices"
- Measurement of progress of program objectives
- Sharing knowledge and experience
- Reducing dependence of paper.

The DHDSP MIS has the capacity to link identified NHDSP program indicators with funded state programs' goals and objectives, 2020 National Objectives and the ten (10) essential public health core competencies/services. A variety of reports can be generated through the DHDSP MIS using the collected information. The MIS can generate both standardized and customizable reports that allow users to identify and set reporting parameters. Reports can be generated at the national and at the state program level. The system allows for varying degrees of access for DHDSP staff ranging from read-only access to full recording privileges depending on the user's role and needs. This ensures that the stored information is accessible only through the password protection mechanism.

4. Efforts to Identify Duplication and Use of Similar Information

Information about state HDSPP activities is only available from the state programs. There are no other reported sources for this information. The collection of this information is part of a federal reporting requirement for funds received by state health department awardees. The MIS will consolidate information necessary for both continuation applications and mid-year progress reports so that information entered once can be used to generate multiple types of reports without having to duplicate efforts.

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 the cooperative agreement announcement. The interim progress report is due by March 12, and the annual year-end report is due 90 days after the end of the project period, September 29. Less frequent reporting would negatively impact monitoring progress of national and state efforts to prevent and control heart disease and stroke and would undermine accountability efforts at both levels. The semi-annual reporting schedule allows the DHDSP to respond in a timely manner with up-to-date information to inquiries from management at CDC, the Congress and other stakeholders.

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

There are no special circumstances related to the MIS. 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 December 8, 2010 (Volume 75, Number 235, pages 76469-76470) (**Attachment 2a**). One comment was received and acknowledged (**Attachment 2b**).

B. Other Consultations. The MIS was designed collaboratively by CDC staff, awardees, and the data collection contractor. Ongoing collaboration to continue to refine and expand the MIS to meet programmatic reporting needs at the state and national level has continued since inception of this MIS to present. The DHDSP maintains regular collaboration with the data collection contractor and serves as a representative on the NCCDPHP MIS work group to continue collaboration and integration of reporting systems in a strategic and appropriate manner.

9. Explanation of Any Payment or Gift to Respondents

HDSP programs do not receive payments or gifts for providing information through the DHDSP MIS.

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 or identifiable personal information. Respondents are state-based HDSP programs. Although contact information is obtained for each program, the contract 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 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 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 the 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 involving human subjects. State health departments (and DC) are cooperative agreement recipients. 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 Manager and Epidemiologist). Each awardee will provide the names of these individuals as well as their professional contact information. The contact person will only provide information about activities conducted under the collaborative award, not personal information.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours.

Current respondents are the 42 state-based heart disease and stroke prevention (HDSP) programs funded through CDC-RFA-DP07-704 (for a list of the 41 states and the District of Columbia, see **Attachment 3**). Each program will report information about its objectives and activities. Information is collected semi-annually through an electronic MIS (see **Attachment 4**). The estimated burden per response is 6 hours and the total estimated annualized burden is estimated at 504 hours, as summarized in Table A.12-A.

Table A.12-A. Estimated Annualized Burden Hours

Respondents	Number of Respondents	Number of Responses per Respondent	Average burden per response (in hours)	Total Burden (in hours)
State-Based Heart Disease and Stroke Prevention Programs	42	2	6	504

B. Estimated Annualized Cost to Respondents.

Table A.12-B displays estimates of annualized cost to respondents for participation in the data collection. Estimates were derived using an average hourly wage of $30.65 for HDSP program managers, which is similar to mid-to-high level positions in the public sector. The total estimated annualized cost to respondents is $15,448.

Table A.12-B. 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
Managers for State-Based Heart Disease and Stroke Prevention Programs	42	2	6	$30.65	$15,448

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. There are no additional start-up, hardware or software costs.

14. Estimates of Annualized Cost to the Federal Government

Costs to the Federal government include the cost of CDC personnel time for system oversight, and contractor costs for system maintenance and user training. The total estimated annualized cost to the Federal government is $56,000.00.

The major cost factors for the MIS included application design and development costs, system maintenance, and training costs. Since these costs were incurred within a previous OMB approval period, costs for the next OMB approval period represent only the anticipated costs for ongoing system maintenance; system enhancement/modification to improve system performance or to update program performance measures, if indicated; and ongoing training costs. The MIS developer and data collection contractor is Northrup-Grumman. The costs of potential modifications are undetermined and are not reflected here. It is assumed that these changes would be minimal and thus easily incorporated into the contractor's overall system maintenance contract. A summary of costs is presented in Table A.14-1. The total estimated annualized cost to the Government is $56,000.00

Table A.14-1. Estimated Annualized Cost to the Federal Government.

Cost Type	Cost
CDC project officer. 20% of GS-13 for system oversight	$20,000
Contractor costs for system maintenance and user training	$36,000
Total	$56,000

15. Explanation for Program Changes or Adjustments

CDC received OMB approval to use the DHDSP MIS to collect progress and activity information from awardees funded through two programs: the National Heart Disease and Stroke Prevention Program (NHDSPP), and the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program. In the next approval period, reporting requirements involving the MIS will be discontinued for WISEWOMAN programs, however, there will be an increase in the number of awardees funded through the NHDSPP (from 33 to 42). The net result is a reduction in the number of respondents and a reduction in the estimated burden to respondents. There are no changes to the MIS or the estimated burden per response.

16. Plans for Tabulation and Publication and Project Time Schedule

A. Time schedule. OMB approval is requested for three years. The current set of cooperative agreements with states and the District of Columbia will end in approximately one year. CDC plans to issue a new series of cooperative agreements thereafter, and to continue using the MIS to collect progress and activity information from awardees.

B. Publication Plan. Information collected through the MIS will be reported in the internal CDC documents and shared with state-based 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 OMB expiration date will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification statement.