Study of Comprehensive Cancer Control and Tobacco Control Program Partnerships

New

SUPPORTING STATEMENT
PART A: JUSTIFICATION

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Abstract

The Centers for Disease Control and Prevention (CDC) requests OMB approval to collect information for the Study of Comprehensive Cancer Control and Tobacco Control Program Partnerships. This is a new Information Collection Request. This qualitative project will allow CDC to obtain and disseminate information about the current level of communication and collaboration between Comprehensive Cancer Control programs and Tobacco Control Programs in selected states. Approval is requested for one year.

The partnership study is one component of a larger Comparative Effectiveness Research (CER) study that also includes a promotion/cessation component. The promotion/cessation study will be described in a separate Information Collection Request.

A. JUSTIFICATION

A.1 Circumstances Making the Collection of Information Necessary

Background

This is a new Information Collection Request. The Centers for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC), requests approval from the Office of Management and Budget (OMB) to collect information associated with a study to qualitatively document an exemplar of strategies conducted by seven state Comprehensive Cancer Control (CCC) Programs and Tobacco Control Programs (TCP) that promote cross-collaboration/networking and cross-promotion of services and programs. The outcomes of the partnerships study will be used internally by CDC to inform policies and externally to disseminate information about collaboration practices of state agencies. Information will be collected over a one-year period. CDC's authority to conduct the study is established by Section 301 of the Public Health Service Act (see **Appendix 1a**). The partnership study is one component of a larger Comparative Effectiveness Research (CER) study that also includes a promotion/cessation component. These activities are funded by the American Recovery and Reinvestment Act of 2009 (see **Appendix 1b**). An overview of both studies is provided in **Appendix 3**.

The CDC Division of Cancer Prevention and Control defines comprehensive cancer control as "an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention (primary prevention), early detection (secondary prevention), treatment, rehabilitation, and palliation" (http://www.cdc.gov/chronicdisease/resources/publications/aag/dcpc.htm). In 1998 CDC established the National Comprehensive Cancer Control Program (NCCCP) which provides funding and technical support for the development and implementation of CCC plans in states, tribes, and territories. Currently 50 states, the District of Columbia, seven tribes/tribal organizations, and seven U.S. territories/Pacific Island Jurisdictions receive funding to develop and implement plans addressing cancer interventions across the cancer continuum. This comprehensive view is further characterized by the need for coordination of efforts among

diverse groups of stakeholders that involve information sharing, research collaborations, and partnerships with community agencies (Richard et al., 2004).

Among its primary prevention areas, all federally funded CCCs identify tobacco control as one of their top priorities. In 1999, CDC's Office on Smoking and Health developed the National Tobacco Control Program (NTCP) to encourage coordinated, national efforts to reduce tobacco-related diseases and deaths through comprehensive programs. The program provides funding and technical support to all 50 states, the District of Columbia, seven tribal support centers, eight U.S. territories/jurisdictions, and six national networks to offer evidence-based cessation interventions that increase successful quit attempts, such as telephone quitlines (QLs). After soliciting applications from all CCCs and TCPs, CDC has selected the following CCC/TCP states for participation in the partnerships study: Alabama, Arkansas, Colorado, Delaware, Florida, Nebraska, and Vermont.

Although tobacco control is a key primary prevention intervention for cancer CCCs do not consistently integrate tobacco control into their planning. Beyond the fundamental notion that "tobacco control is cancer control," there is broad agreement that both the cancer control community and the tobacco control community can benefit from closer collaboration (C-Change, 2003).

NCCDPHP is strongly invested in enhancing the relationship between two key programs: CCC and TCP. Examining these efforts within the context of the larger quitline comparative effectiveness research (CER) study provides a unique opportunity for CDC to better understand how CCCs and TCPs currently work together to address cancer control and, more specifically, how each program uses its network of resources to cross-promote the other's activities. Findings from this study will add to the evidence base for activities conducted by communities and/or states selected for Recovery Act State Quitline Supplemental Funding under the American Recovery and Reinvestment Act announcement "Communities Putting Prevention to Work."

Through a case study approach using semi-structured key stakeholder interviews, the partnership study will collect narrative information on the organizational context, infrastructure, and partnership efforts between CCC and TCP in seven states. Specifically, the focus will be on how each state has implemented its strategies for collaboration, challenges encountered and addressed, key factors that facilitate collaboration, cross-utilization of networks, and lessons learned along the way. Findings will be used to identify collaborative efforts being conducted or planned in participating states and help states to identify collaboration gaps or missed opportunities for enhanced collaboration. The findings will also enumerate recommendations in which this knowledge can be appropriately applied to the broader cancer control and tobacco control communities. Through in-person stakeholder interviews CDC proposes to collect information from key CCC, TCP, and quitline program staff/stakeholders from each of the seven states. The purpose of the interviews will be to obtain in-depth information about each program's infrastructure and level of integration within a state-level structure, past/current partnership efforts, as well as factors and barriers influencing CCC/TCP collaborations. The information will be used to develop examples of strategies used by selected CCCs and TCPs to cross-collaborate and cross-promote programs/ services and identify new areas of potential collaboration that may be shared with other CCC and TCP states.

The insights to be gained from this data collection will be critical to improving partnership efforts in achieving the goals of disseminating and replicating community-based strategies for promoting health and preventing chronic disease through reductions in tobacco use.

Privacy Impact Assessment

The proposed study involves a minimum amount of information in identifiable form (IIF). Respondents will be recruited from the seven states for participation. The data collection contractor, RTI International (RTI), will have access to respondents' names, telephone numbers, and e-mail addresses, in order to schedule their participation in the in-person interview.

Case study site visit interviews will be conducted with key CCC/TCP staff in each of the seven participating states to better understand aspects of each program's organizational structure, activities, and collaborative efforts around cancer and tobacco control. Upon OMB approval, each site will be notified by e-mail to discuss the process and timeline for the site visits.

Overview of the Data Collection System

At least one month before a site visit, RTI will schedule a preparatory call with the CCC and TCP Directors at each site (**Appendix 4: Introductory E-mail to Schedule Site Visit Preparatory Call**). The purpose of these calls will be to explain the purpose of the visit, introduce the RTI staff, and discuss the roles of the individuals to be interviewed so that the site can begin to identify and address any key logistical issues prior to the visit. The information collection process will be discussed during the introductory phone call with each site and then completed by the RTI project staff. Approximately two weeks before the call, the site will receive **Site Visit Preparation: Guidance and Worksheets** (**Appendix 5**) to assist in identifying appropriate individuals for the interviews.

After the planning call, a site visit coordinator on the RTI staff will ensure that the schedules are set up adequately and provide for the team to meet with the maximum number of appropriate people as time allows. These instructions will be reviewed with the program leadership to help guide the site visit planning process. The coordinator will also work with the site to obtain other relevant documents (e.g., organizational charts) that may be useful in planning for the site visit. The dates of the site visit will be finalized at least four weeks before the site visit. Two weeks before the site visit the sites will provide a schedule of interviewees and their roles and any travel logistics will be finalized.

Semi-structured individual interviews will be conducted with approximately 15 key informants at each site selected for the study. Respondents at each site will typically include state health department leadership and CCC and TCP/QL leadership and project staff. With input from the participating states CDC and RTI will determine the most appropriate individuals/groups of individuals to ask the related interview questions.

To reduce burden and ensure that questions are tailored to each respondent type separate interview guides have been created for **Health Department Leadership** (**Appendix 6**), **CCC Leadership/Program Staff** (**Appendix 7**), and **TCP Leadership/Program Staff (Appendix 8**). Site visits will be conducted by teams of two RTI staff (a lead interviewer and notetaker) and a

CDC observer, and will average two to three days in length, enabling the case study team to meet with a range of key informants.

Items of Information to be Collected

The following topics will be addressed during the site visit interviews:

- Infrastructure
  - Organizational structure
  - Integration of CCC and TCP
  - State and federal funding
- Leadership
  - Perceived support
- Priority of cancer control/tobacco control activities
  - Overlap in priorities and programs
- CCC/TCP Collaborative Efforts
  - Joint activities
  - Pooling of resources
- Cross-Promotion of Programs/Services
  - Utilization of networks
- Perceived Barriers to Collaboration
- Perceived Facilitators to Collaboration

The unit of analysis is the site and/or organizations that are participating in the effort at each CCC/TCP state. The information collected will be analyzed and the results will be used to develop a cross-site report.

Identification of Web Site(s) and Web Site Content Directed at Children Under 13 Years of Age

This information collection does not involve Web-based data collection methods or refer respondents to Web sites. There are no Web sites with content directed at children younger than 13 years of age, and there are no issues of privacy related to Web-based data collection for this information collection.

A.2 Purpose and Use of the Information Collection

The key stakeholder interviews will provide critical information about the extent of collaboration between CCC and TCP state programs.

Information collected in this study will be used to

1) Describe the current organizational structure of each CCC and TCP; probe for level of integration within the state health department and other organizational factors that may influence collaboration;

2) Identify and characterize the factors associated with each CCC/TCP level of collaboration;

3) Describe the current partnership efforts between each CCC and TCP; and

4) Identify the key factors that facilitate (or hinder) collaboration between CCCs and TCPs.

With input from CDC, RTI will develop a cross-site report, "Program Profiles," for each participating CCC/TCP state, and one to two publications to ensure dissemination of the case study findings to the sites and other key stakeholders.

The cross-site report will be a synthesis of information about each state's CCC/TCP and provide an overarching perspective on the breadth of collaborative efforts being conducted or planned by each state. Additionally, the cross-site report will enumerate recommendations for various stakeholders in a way that will be suitable for multiple audiences.

The "Program Profiles" will provide a concise overview of key elements of each program and highlight unique strategies used by CCC and TCP states that promote collaboration that can be shared with other states. They will be designed to be graphically appealing and ready to be used for dissemination for other CDC purposes. The text of the Profiles will be prepared in such a way that it can be easily transferred to Web sites or used in other dissemination venues.

The proposed study will collect data needed to inform the level of communication and collaboration between the CCCs and the TCPs. Specifically, this pilot study will enroll health department, CCC, and TCP staff. Goals of the study are to:

1) Develop an exemplar of strategies used by the selected CCCs and TCPs to cross-collaborate and cross-promote programs/services,

2) Disseminate these strategies as models of collaboration to other CCC and TCP states by the Comprehensive Cancer Control (CCC) Program and the Office of Smoking and Health (OSH) at CDC; and

3) Inform administrative, policy, and funding decisions made by CDC and HHS regarding the most efficient and effective use of funds to address tobacco cessation.

To meet these study objectives qualitative data will be collected from staff members of the health department, CCC, and TCP by in-person interviews. For those staff who are not available for in-person interviews, telephone calls will be conducted with them. Responses will be collected for RTI's data entry process. Other CCC or TCP staff will not have access to the interviews or to the database containing data.

Privacy Impact Assessment Information

As noted earlier, the proposed study involves a minimum amount of information in identifiable form (IIF) solely for the purposes of contacting people in their role as staff of an organization. The data collection contractor, RTI International, will have access to respondents' names, agency role, and contact information in order to schedule their participation in the interviews. The information to be obtained through interviews concerns organizational activities and priorities and is not considered highly sensitive.

This information will be stored separately from response data. A linking file will be created and available only to senior project management at the data collection contractor, RTI. This information will only be used to ensure completeness of the data files. The linking file will include the role of the respondent and the respondent's organization (it will not include the individual's name or contact information), the community or state name, the date of interview, and the code assigned to the data file. This will ensure that no personally identifiable information, outside of the individual's role and organization, is re-linkable. The linking file will be an administrative file used by the RTI project management team and will not be available to CDC staff. The IIF used for recruitment and scheduling purposes will not be linkable to the response data collected subsequently.

All of the questions will be largely descriptive; there will be no questions regarding controversial, sensitive, or personal information. Some interviewees may be asked about the state quitline, including questions about the types of resources provided to callers and the level of support from the CCC. In the final report descriptive information for each program will be presented such that specific data, including quotes, will not be linked to or attributed to a particular individual.

A.3 Use of Improved Information Technology and Burden Reduction

The proposed information collection is based on qualitative methods, primarily semi-structured individual interviews. While several efforts are being made to reduce burden on respondents, electronic information collection methods have limited utility for these case studies.

Because the intent is to understand the collaborations between CCC and TCP states all data will be collected during on-site, personal interviews involving key informants at each site. Interviews will be facilitated by an interview guide that will be customized based on the organization type (i.e., health department, CCC, and TCP).

To facilitate and streamline the on-site interviews, CDC will prepare interviewers by providing the contractor with existing documentation of the strategies and intended outcomes relevant to this study. These documents may include organizational charts, progress reports, and site-specific work plans. Only the minimum information necessary for the purposes of this project will be collected.

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

This research is part of a larger comparative effectiveness initiative as described above. No current instruments exist to collect data at the levels described herein. CDC program consultants and project officers from separate units within CDC communicate with individual CCC and TCP states on an ongoing basis, including monthly conference calls. However, these routine calls and progress reports do not provide a systematic overview of larger context and key issues that seem to hinder or facilitate cross-collaboration.

A.5 Impact on Small Businesses or Other Small Entities

Our data collection efforts will not impact any small businesses or other small entities.

A.6 Consequences of Collecting the Information Less Frequently

This is a one-time data collection effort to describe the level of collaboration between the state-based CCC and TCP in reducing tobacco-related cancer incidence.

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

There are no other special circumstances that require the data collection to be conducted in a manner inconsistent with 5 CRF 1320.5(d)(2). This data collection request fully complies with the regulation.

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

Federal Register Announcement

A Notice was published in the *Federal Register* on June 8, 2011 (Volume 76, Number 110, pages 33302-33303). A copy of the Notice is provided in **Appendix 2a**. One public comment was received and acknowledged (**Appendix 2b**).

Consultants

A list of key study consultants for this project is provided in ***Exhibit 1***. RTI staff consulted with CDC staff on the study design and key research questions. In addition, RTI has worked closely with CDC throughout the development of the interview protocols and the identification/ recruitment of appropriate CCC/TCP stakeholders. In addition, we will consult with representatives from CCCs and TCPs as needed throughout the site visit planning process.

Exhibit 1. Study Consultants

CDC Staff	
CDC Division of Cancer Prevention and Control	
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Carol L. Schmitt, PhD	Research Public Health Analyst 701 13th St., NW, Suite 750 Washington, DC 20005-3967 202-728-2046 cschmitt@rti.org
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A.9 Explanation of Any Payment or Gift to Respondents

No remuneration will be provided to CCC/TCP states for participating in the case study.

A.10 Assurance of Confidentiality Provided to Respondents

Privacy Impact Assessment Information

Privacy Act Determination

This ICR has been reviewed by CDC staff who have determined that the Privacy Act does not apply. Respondents will be speaking from their roles as representatives of state CCC and TCP organizations and will not provide personal information during the interviews. RTI will maintain a minimum amount of identifiable contact information (IIF, including name, role, work telephone number, and work e-mail address) in order to schedule interviews with respondents. Respondents will provide information on organizational structure, infrastructure, strategy-based

activities, and other activities. The IIF will be maintained in a document that is separate from the interview response data and separate from the linking file, which will contain only respondent role and organization, so that response data remain de-identified.

Safeguards

Privacy safeguards that will be instituted to protect respondents include de-identification of response data obtained through interviews, physical security controls, and administrative controls (described in detail below). Data collection contractors will be subject to a nondisclosure agreement (**Appendix 9**). Although the data collection contractor will have temporary access to identifiable information for recruitment and scheduling purposes, response data will not be recorded in a manner that is linkable to respondent identifiers. The contractor will assign a unique identifier code to each interview respondent. Information collected during the in-depth interview will be stored and analyzed by identifier code. The personal contact information for respondents will not be shared with anyone outside of the project staff or used for reporting purposes. Because interviews will be conducted at each site with multiple respondents in the same role/category, response data will not be indirectly identifiable on the basis of the respondent's role.

Audio recordings of the interviews will be destroyed after the notes and/or transcripts are complete. All electronic project files (e.g., digital audio recordings, notes, transcripts) will be stored at RTI on a limited-access project share drive on RTI's secure network servers; only project staff who have been authorized by the project director can access the share drive. All electronic files (e.g., notes, documents, data) will be archived on RTI's project share drive for 5 years and then deleted permanently. Any paper files will also be destroyed. All paper files will be stored and locked in a project file cabinet at RTI, which will be accessible only to select project staff.

Consent

The data collection contractor's case study teams will explain the nature of the data collection to each interview respondent. The interview will include an oral consent process that indicates the voluntary nature of participation and describes the purposes and uses of the information collection. The script for the oral consent is provided in **Appendix 10**. This study does not involve research with human subjects, and has been determined to be exempt from requirements for IRB review and approval.

Nature of Response

Individual respondents will participate in the interviews on a voluntary basis. No individuals are required to respond to the interviews or particular interview questions. Respondents will be informed of the voluntary nature of their participation as part of the oral consent process that precedes the interview.

A.11 Justification for Sensitive Questions

The CCC/TCP Partnership Study protocols will collect information about the ways in which CCCs and TCPs work together to further their organizational objectives and the factors that impede or facilitate their collaboration. Personal information about individual respondents will

not be requested; however, respondents may provide professional judgments and opinions, as well as facts, during their interviews. Some of the information relates to organizational effectiveness and could therefore be considered sensitive by a portion of respondents. However, the information will only be presented in summary form and is not considered highly sensitive because it is not personal in nature.

A.12 Estimates of Annualized Burden Hours and Cost to Respondents

Estimated Annualized Burden Hours

Information will be collected through in-depth, personal interviews conducted in the seven states selected for the case study. An average of 15 respondents will be interviewed at each site. The length of the interview and the questions asked will vary according to the type of respondents being interviewed. In general, interviewees at each site will consist of the Health Department Director or a high level Health Department staff member; the TCP Program Director and additional TCP staff members (e.g., Project Manager, Outreach Coordinator, Media Coordinator, and Evaluation Specialist); the CCC Program Director and additional staff members (e.g., Project Manager, Outreach Coordinator, Media Coordinator, and Evaluation Specialist); the Quitline Coordinator; and other key stakeholders as deemed appropriate (e.g. CCC Coalition Leader/Member; TCP Coalition Leader/Member).

The Program Director (or other designee) for each site will be asked to assist in identifying potential interviewees of each type. RTI staff members will schedule in-depth interviews using a pre-established format. Each site will receive **Site Visit Preparation: Guidance and Worksheets** to facilitate selection and scheduling of appropriate interviewees **(Appendix 5**). The burden of completing the worksheets is estimated at 45 minutes per site.

Three interview guides have been developed to facilitate interviews with three major groups of respondents (Health Department leadership, CCC staff, and TCP staff). The instruments are based on a unified evaluation scheme, but they have been tailored to target different respondent groups for information about specific issues and experiences. This strategy supports the collection of all information needed for the case study, but minimizes burden to respondents and avoids overlap in questions for respondent groups where a variety of perspectives is not necessary to fully address an evaluation question.

The **interview guide for Health Department leadership** (**Appendix 6)** will be used to facilitate interviews with Health Department Directors or high level staff members in each of the seven states. The estimated burden for these interviewees is 45 minutes.

Similarly, the **interview guide for CCCs** (**Appendix 7**) will be used to facilitate interviews with the CCC Program Director, CCC staff members, and up to two additional key stakeholders/partners as deemed appropriate (e.g. CCC Coalition Leaders/Members), in each of the seven states. The estimated burden is one hour per response.

The **interview guide for TCPs** (**Appendix 8**) will be used to facilitate interviews with the TCP Program Director, TCP staff members, quitline coordinators and up to two additional key stakeholders/partners as deemed appropriate (e.g. TCP Coalition leaders/members), in each of the seven states. The estimated burden is one hour per response.

To schedule and conduct 15 interviews per state in seven states the total estimated burden to respondents is 113 hours, as summarized in ***Exhibit 2***.

Exhibit 2. Estimated Annualized Burden Hours

Types of Respondent	Form Name	Total Number of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
State Health Department Leadership	Interview Guide for Health Department Leadership	7	1	45/60	5
CCC Programs	Site Visit Preparation	7	1	45/60	5
	Interview Guide for CCCs	49	1	1	49
Tobacco Control Programs	Site Visit Preparation	7	1	45/60	5
	Interview Guide for TCPs	49	1	1	49
				Total	114

A.12 Estimated Annualized Cost to Respondents

Average hourly wage estimates were obtained from the U.S. Department of Labor, Bureau of Labor Statistics. The estimated annualized cost to respondents is $4,560, as summarized in ***Exhibit 3***.

Exhibit 3. Estimated Annualized Cost to Respondents

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Hourly Wage*	Total Burden (in hours)	Total Costs
State Health Department Leadership	Interview Guide for Health Department Leadership	7	1	$48	5	$240
CCC Programs	Site Visit Preparation	7	1	$40	5	$200
	Interview Guide for CCCs	49	1	$40	49	$1,960
Tobacco Control Programs	Site Visit Preparation	7	1	$40	5	$200
	Interview Guide for TCPs	49	1	$40	49	$1,960
	Total					$4,560

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

There are no costs to respondents other than their time, as described in Section A.12.

A.14 Annualized Cost to the Federal Government

The contractual costs to RTI include costs for scientific staff who have responsibilities for project management, study design and data analysis, and the personnel costs associated with recruiting TCPs, collaborating with TCPs on integrating informed consent and data collection procedures, managing data, and reporting results. Other contractual costs include costs for interview guide production and distribution, the cost of computing equipment, and other administrative costs. The contractor's costs are based on estimates provided by the contractor who will carry out the data collection activities. The CDC oversight costs include personnel costs of Federal employees involved in oversight and is estimated at $21,501 annually. This estimate includes two GS-13 staff: one project director (20% FTE) and one technical monitor (10% FTE). The 2011 Department of Labor GS-13 base pay of $71,674 was used in calculating these

amounts. The total estimated cost of the contract is $233,082 and the total cost to the government is estimated at $254,583 (***Exhibit 4***).

Exhibit 4. Estimated Annualized Cost to the Federal Government

Personnel/ Activity	Total Cost
RTI Contract Costs	
Labor	$111,078
Materials and services	$27,040
Indirect fees	$94,964
Subtotal, Contract Costs	*$233,082*
CDC Personnel Costs	
Project director at 20% FTE (project management and oversight)	$14,334
Technical monitor at 10% FTE (project management and oversight)	$7,167
Subtotal, CDC Oversight Costs	*$21,501*
Total Cost to Federal Government	**$254,583**

CDC = Centers for Disease Control and Prevention; FTE = full-time equivalent

A.15 Explanation for Program Changes or Adjustments

This is a new information collection.

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

CDC will develop a variety of reports and publications to ensure dissemination of the study findings to the sites and other key stakeholders. The reports will include a cross-site report summarizing study findings and Program Profiles highlighting strategies of cross-collaboration in each of the seven states.

Publication/ Dissemination plan

The cross-site findings will also be presented at meetings with key stakeholder groups (e.g., North American Quitline Consortium; annual Program Director's meeting for NCCCP) and conference presentations (e.g., the American Public Health Association's Cancer Forum, Society for Research on Nicotine and Tobacco). CDC will also oversee the development of manuscripts following the study. The topics to be addressed and publications to be targeted will be developed

once study findings are available to ensure that they focus on the issues most salient to the sites and program stakeholders at that time. ***Exhibit 5*** presents the project schedule.

Project Activity	**Time Schedule (Estimated)**
Notification to sites of initiation of case study involvement	As soon as OMB clearance is obtained
Schedule and coordinate site visits Introductory e-mail Conduct preparatory call Finalize site visit dates Obtain schedule and finalize logistics	November 2011– January 2012 - 6 weeks in advance of site visit - 5 weeks in advance of site visit - 4 weeks in advance of site visit - 2 weeks in advance of site visit
Complete 7 site visits to CCCs and TCPs (including follow-up calls with interviewees not available during site visits)	November 2011- January 2012
Cross-site analysis	March 2012- May 2012
Reporting/ Dissemination	May 2012- July 2012
Complete manuscripts	August 2012- September 2012

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

The expiration date for OMB approval will be displayed. No exceptions are requested.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are requested.