Assessment of Awareness and Use of Epidemiology and Analysis Program Office (EAPO) Products

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

Submitted: February 12, 2013

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Section A – Justification

1. **Circumstances Making the Collection of Information Necessary**

Background

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. The respondent universe for this data collection aligns with that of the OSC. Data will be collected from state and territorial public health government officials and employees, across occupational and functional groups, employed by health agencies and acting in their official capacities.

This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241).

The purpose of this data collection is to systematically assess the level of awareness and use of Epidemiology and Analysis Program Office (EAPO) products by state and territorial public health officials. EAPO is the present-day successor of two previous cross-cutting organizations within CDC, the Bureau of Epidemiology (1966-1981) and the Epidemiology Program Office (EPO, 1981-2004). The purpose of these organizations was to provide epidemiology-focused products and services that enhanced the Agency's ability to collect, analyze and publish scientific content. Subsequently, the cross-cutting programs from EPO were distributed throughout the Coordinating Center for Health Information and Services (CoCHIS; 2004-2010). In the 2010 CDC organizational improvement, a case was made to re-establish a single office (EAPO) that combined scientific publication, systematic review methodology, epidemiology software development, analytic methods development, and science-based plain language communication. This development was recognized as a critical next step in advancing CDC's priorities, especially the promotion of excellence in epidemiologic science and service to create services and products that are cross-cutting and difficult for any one program at CDC to develop on its own.

Today, EAPO collaborates with state, territorial, and local public health partners to create and promote quality, timely, and useful cross-cutting scientific products and services. Products to be included in this information collection include: The Guide to Community Preventive Services, *MMWR*, *CDC Vital Signs*, CDC Science Clips and Epi Info™. Prior to the creation of EAPO, these products were distributed across various offices at CDC and the programs functioned individually. Currently, the colocation of the programs presents opportunities to achieve economies of scale in program development, information dissemination, and support to various stakeholder groups across all of the programs. A comprehensive assessment of awareness and use of these products would be useful to that end, and the results of this assessment will inform ongoing development of EAPO products to better meet stakeholder needs, efforts to collaborate across programs, and selection of channels through which EAPO can communicate with stakeholders about all of its programs

most effectively. Repeated administration of the assessment tool will allow EAPO to monitor, over time, the impact of strategies developed and implemented to better meet stakeholder needs.

Products to be included in this information collection include: The Guide to Community Preventive Services, *MMWR*, *CDC Vital Signs*, CDC Science Clips and Epi Info™. To date there has not been a comprehensive assessment of EAPO products, and colocation of the programs supporting these products presents opportunities for enhanced collaboration across programs and products. The results of this assessment, in years one and two, will be used to facilitate collaboration across programs. Results will also meet specific information needs associated with each product. Those needs, along with a description of the products, are detailed below.

The Guide to Community Preventive Services

The Guide to Community Preventive Services (The Community Guide) is a product of the Community Preventive Services Task Force (Task Force), an independent, nonfederal, unpaid body, appointed by the Director of the Centers for Disease Control and Prevention (CDC). Task Force members represent a broad range of research, practice, and policy expertise in community preventive services, public health, health promotion, and disease prevention. The Task Force was established in 1996 by the U.S. Department of Health and Human Services to provide evidence-based recommendations about community preventive services, programs, and policies that are effective in saving lives, increasing longevity, and improving Americans' quality of life. EAPO staffs provide administrative, research, and technical support for the Task Force. CDC builds the scientific evidence base for Community Guide findings and recommendations by conducting and updating systematic reviews to address significant high-priority public health problems such as obesity, poor nutrition, lack of physical activity, emergency preparedness, tobacco use, and worksite health promotion. In concert with the Task Force, EAPO staffs also publish the results of systematic reviews and related Task Force findings and recommendations (**Attachment A**).

Decision makers in communities, companies, health departments, health plans and healthcare systems, non-governmental organizations, and at all levels of government can better protect and improve the public's health by knowing what works. For this, they can rely on recommendations by the Task Force compiled in The Guide to Community Preventive Services. The Task Force has published over 225 evidence-based findings and recommendations. These recommendations identify programs, services, and policies proven effective in a variety of real-world settings—such as communities, worksites, schools, and health plans. In 2012, the Community Guide website received over 1.2 million page views on its website (www.thecommuntyguide.org), which is its primary mode of dissemination. In addition, the Community Guide currently has over 4,800 email subscribers who received Community Guide recommendations, new, announcements, and updates on an ongoing basis.

Recently, CDC received approval from OMB to collect information from state, territorial, local and tribal Community Guide email subscribers—a subset of the total subscriber list—to gather information regarding utility and satisfaction with the Community Guide website and other communication products (OMB No. 0920-0879). A detailed comparison of the target respondent list for the Community Guide information collection and the assessment described in this Supporting Statement was conducted to ensure that no individuals within state or territorial health departments would receive both instruments. The review of over 3000 contacts representing both target lists resulted in the identification of three individuals who would have received both instruments. Those three individuals were removed from the Community Guide target respondent list, which effectively eliminated any duplication across the two disparate groups.

The results of this assessment will be used to monitor progress toward Community Guide program outcomes, specifically the level and type of use of Task Force recommendations and finding among state and territorial health departments. In addition, several Task Force findings to date have been related to causes of and contributors to chronic and transmission of infectious disease, as well as injuries. As a result, feedback from chronic disease directors, environmental health directors, and injury prevention directors about their use of Task Force findings will be especially useful for the Community Guide.

MMWR

Since 1961, the *MMWR* Series has been CDC's primary vehicle for scientific publication of timely, reliable, authoritative, accurate, and objective public health information and recommendations. Its purpose is to report events of public health interest to state and local health departments, the medical community, and the public as quickly as possible to inform public health decision-making.

MMWR consists of two main product lines:

1. *MMWR Weekly* – short reports about acute public health events, such as outbreaks of infectious diseases, environmental events, clusters of noninfectious diseases, and analyses on the incidence and prevalence of chronic diseases, conditions, or related behaviors. The Weekly also includes statistical tables on the week's morbidity and mortality in the United States. A sample MMWR Weekly report is attached. (See **Attachment B**)

2. *MMWR* Serials – longer reports and supplements on public health surveillance, policy recommendations, and special topics. Serials include Recommendations and Reports, Surveillance Summaries, and Supplements. A sample MMWR supplement is attached. (See **Attachment C**)

In FY 2012, *MMWR* published and distributed over 300 *Weekly* Reports and 20 Serial Publications to over 160,000 electronic and print subscribers, including physicians, nurses, epidemiologists, laboratorians, and other public health professionals. *CDC* also reached others through the *MMWR* website (www.cdc.gov/mmwr), which receives approximately one million page views each month.

The results of this assessment will yield information about the level of use by state and territorial public health officials, a critical CDC stakeholder group, and how they use *MMWR*. In addition, because *MMWR* functions as "The Voice of CDC" and a subset of the information published is related to novel or emerging health threats, feedback from state and territorial health officers and epidemiologists, who manage many urgent and emerging public health issues, will be especially important for *MMWR*.

CDC Vital Signs

The *CDC Vital Signs* program links science, policy, and communications in a call to action each month concerning an important public health topic. *CDC Vital Signs* uses the best and most recent scientific data from CDC surveillance programs as the foundation of its messages. Each issue bases the "call to action" on systematic reviews of the scientific literature and other credible scientific sources. *CDC Vital Signs* materials relate the public health problem, its context, and critical interventions in a simple, straightforward way using plain language that all can readily understand, and each issue is provided in many formats and outlets so people can see, hear, and understand the messages and recognize the relevance of the problem and its solutions in their lives.

Each issue of *CDC Vital Signs* consists of several parts, including an *MMWR* Early Release the first Tuesday of every month; a professionally designed Fact Sheet for consumer audiences (**Attachment D**) and a dedicated website (www.cdc.gov/vitalsigns) that mirrors the Fact Sheet on the topic; a media release; and a series of announcements via social media tools (e.g., Twitter, Facebook). The CDC Director holds a monthly press tele-briefing at each release. Media metrics are used to track consequent audience engagement. One week a after each issue is released, a Town Hall style teleconference is held with state and local public health officials, professional organizations, physicians, and others to discuss the topic broadly, including aspects of state and local programs that do and don't work.

In FY 2011, *CDC Vital Signs* was selected as a "Secretary's Pick" for the HHS Innovates Award for making vital health information accessible, understandable and actionable. In FY 2012, *CDC Vital Signs* disseminated information through over 1.8 million communications channels, including its website, Facebook and Twitter, and subscriptions to CDC email information services. Multiple communications channels are used in an attempt to reach all segments of the domestic and global population, with a particular focus on the public health community. While we know that information is directed through various communication channels, CDC has not had a mechanism to determine receipt and uptake of the information. This assessment will be critical in documenting the level of awareness and use of *CDC Vital*

Signs among state and territorial public health officials, an important CDC stakeholder group. Feedback from state health officers and program directors—who greatly influence the establishment and implementation of public health programs—and information officers —who are likely to receive and further disseminate products like *CDC Vital Signs* for broad public health consumption—will be especially important.

The Public Health Library and Information Center: CDC Science Clips

The Public Health Library and Information Center (PHLIC), which is under the purview of EAPO, has served as a hub of research, information exchange, and learning for the CDC community since 1946 by providing access to scientific journals and books, reference services, and training and education to enhance library and information literacy. In 2009, the PHLIC expanded its focus to state and local stakeholders through the creation and dissemination of *CDC Science Clips*, which promotes recently published public health research and prevention science that has the capacity to improve health now. *CDC Science Clips* is a weekly bibliographic digest of publications of public health significance provided to over 2800 subscribers through an ongoing collaboration between the PHLIC and CDC's Office of the Associate Director for Science. A sample CDC Science Clips is attached. (See **Attachment E**)

To date, CDC has not conducted an assessment of CDC Science Clips with an external audience. There are subscribers within the subscriber list with health department email addresses, but the full extent of receipt by state and territorial health departments is unknown. Further, for those state and territorial health departments that are among current subscribers, actual uptake and use of information provided in CDC Science Clips is unclear. It is likely that state epidemiologist, who conduct much of the public health research at the state or territorial levels, are recipients and users of CDC Science Clips. As a result, feedback from that particular target group will be important. Assessment of awareness and use of CDC Science Clips over two years will allow CDC to determine if changes to dissemination methods, which will be guided by results of the 2013 assessment, have been successful and if additional changes are needed.

EpiInfo™

Epi Info epidemiology software has served as a CDC trailblazer for innovation and application of information technology to public health since 1986. Epi Info is a free suite of software applications that allows public health and medical professionals to rapidly develop a questionnaire; customize data entry; analyze data; and create data, graphs, tables, and charts for customized reports. Epi Info is used around the globe for the rapid assessment of disease outbreaks; the development of continuous surveillance systems; community health assessments; surveys; special studies; and in the continuous education of public health professionals learning the science of epidemiology, tools, and techniques.

Late in FY 2011, CDC launched Epi Info version 7, which was designed to make it easier for users to rapidly create complex forms, collect large amounts of data, and quickly analyze data to gain situational awareness. (See **Attachment F**) The launch generated over 450 downloads of the new public software on its website (www.cdc.gov/epiinfo) per day and 7,000 viewings of its YouTube training video in the first two weeks. In FY 2012, the Epi Info team provided additional support to new Epi Info version 7 users by conducting 15 instructor- led training courses to 370 participants and conducting and additional 15 Epi Info demonstrations for various public health partners.

Recent training course participants include state and territorial epidemiologist and their staff. Based on anecdotal evidence and request for technical assistance, CDC also knows that health department staff use Epi Info for various purposes. There has not, however, been a systematic assessment of use of Epi Info by state and territorial health departments, which are important CDC stakeholder groups. This information collection, administered over two years, will allow CDC to determine the extent of Epi Info use among state and territorial health departments, identify unmet needs, and assess whether strategies quickly implemented after the first assessment to address unmet needs have been successful.

To this end for each of the products named, EAPO would like to assess the level of awareness and use of its products among state and territorial health departments. Products include: the Community Guide, *MMWR, CDC Vital Signs*, CDC Science Clips and Epi Info. To date there has not been a comprehensive assessment of EAPO products, and colocation of the programs supporting these products presents opportunities for enhanced collaboration across programs and products. The results of year one will inform ongoing development of EAPO products to better meet stakeholder needs, efforts to collaborate across programs, and selection of channels through which EAPO can communicate with stakeholders about all of its programs most effectively. Results of year two will allow EAPO to assess the impact of strategies developed and implemented in response to results of the first assessment.

Overview of the Data Collection System –Data will be collected through an annual online assessment administered to the respondent population. **(See Attachment G— Data Collection Instrument: MS Word version; Attachment H— Data Collection Instrument: Web-version.)** The online assessment is programmed using Qualtrics, a commercial off-the-shelf software application that is highly customizable, and includes advanced branching and validation features which allow for robust skip patterns. Such skip patterns will ensure that questions are relevant to respondents based on previous responses, and will reduce the response burden.

The assessment tool was pilot tested by CDC employees who had experience working in state or local health departments or were familiar with at least one of the five products to be included in the assessment. The assessment tool was also pilot tested by one individual external to CDC but familiar with one of the five products to be included in the assessment. Feedback from this group was used to refine questions, ensure accurate programming and

skip patterns, and establish the estimated time required to complete the assessment. The contractor also conducted extensive testing to ensure accurate programming and skip patterns.

Items of Information to be Collected –
The assessment consists of 48 questions of various types including single response, multiple response, interval, filter, and open-ended. An effort was made to limit questions requiring narrative responses from respondents. There are four open-ended questions and 16 questions with an "other, please specify" option on multiple response questions. During the pilot test, available response options were found to be exhaustive and "other, please specify" options were not used; however, it is important to have them available for respondents with unique experiences or needs.

The assessment will collect information on the following:

a. Overall awareness and use of the five EAPO products
b. Detailed use of the Community Guide, product value, and how materials are acquired
c. Detailed use of Epi Info and analytic tools used for different technical functions
d. Detailed use of *MMWR*, product value, and how materials are acquired
e. Detailed use of *CDC Vital Signs*, product value and how materials are acquired
f. Detailed use of CDC Science Clips, product value, and how materials are acquired
g. Respondent characteristics
h. Current unmet needs that may be filled by new products or services

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age – The data collection system involves using a web-based assessment. Respondents will be sent a link directing them to the online instrument only (i.e., not a website). No website content will be directed at children.

2. Purpose and Use of the Information Collection

The purpose of the assessment is to 1) assess the level of awareness and use of EAPO products among state and territorial health departments and 2)assess whether strategies developed and implemented based on year one results were successful. Products include: the Community Guide, *MMWR*, *CDC Vital Signs*, CDC Science Clips and Epi Info. A multi-product assessment is desired because no comprehensive assessment of EAPO products and services has been previously executed, and current colocation of the programs supporting these products presents opportunities for enhanced collaboration across programs and products. The results of this assessment, in years one and two, will be used to facilitate collaboration across programs and meet specific information needs associated with each product and, including:

- Documenting anticipated **Community Guide** outcomes, specifically how state and territorial program directors use of Task Force findings about public health programs
- Identifying barriers to state and territorial health departments publishing the results of their epidemiological work in the ***MMWR***, which would extend learning about emerging health issues across the United States and globally
- Documenting uptake of ***CDC Vital Signs*** and extending its reach by enhancing product materials in response to stakeholder requests
- Identifying primary channels through which **CDC Science Clips** is accessed, which creates opportunities to target dissemination in ways proven to work
- Identifying barriers to using **Epi Info 7**, which will allow CDC to expand or enhance functionality to meet specific needs

Privacy Impact Assessment

No sensitive information is being collected. The proposed data collection will have little or no effect on respondent privacy because respondents are participating in their official capacity as staff in state or territorial health agencies.

3. Considerations Given to Information Technology

Data will be collected via a web-based questionnaire allowing respondents to complete and submit their responses electronically. The assessment will be delivered using Qualtrex. It is fully compliant with Section 508 of the Rehabilitation Act, therefore meeting Federal Web Accessibility Standards set to ensure that electronic and information technology utilized by Federal agencies are accessible to people with disabilities. Respondents will be directed to the assessment via a web-based link; all responses are stored in a secure database accessible only by the contractor's project team members. An online data collection method was chosen to reduce the overall burden on respondents. The assessment instrument was designed to collect the minimum information necessary for the purposes of this project -- limited to 48 questions.

4. Duplication of Information

CDC recognizes and understands that many information collection requests are made to governmental health agencies and intends to use this generic clearance judiciously to ensure only the most relevant collections are undertaken and that they are not duplicative of other efforts. The information being collected is specific to EAPO products and there is currently no information available that can substitute for direct responses from the target response group, state and territorial public health officials. Because these are unique products and target respondents are a critical stakeholder group for CDC and EAPO, there is no existing data which could replace the need to gather data through this assessment instrument. EAPO currently does not systematically collect information on all of its products and has no other way to assess awareness, current use, and value of its products among state and territorial public health departments.

Recently the Community Guide submitted an application and obtained approval from OMB to collect information from state, local, tribal, and territorial public health officials and employees who have subscribed to receive Community Guide recommendations, new, announcements, and updates on an ongoing basis. The list of all subscribers exceeds 4,800 individuals, but the information collection will be limited to public health officials and employees. EAPO has taken steps to coordinate the Community Guide information collection with the information collection described in this application, including comparing the target respondent populations for both information collections. Of the approximately 3000 public health officials and employees included in both lists, there were three duplicate entries. To ensure that none of the individuals receive both information collection instruments, Community Guide removed the duplicate entries from their target respondent list.

5. **Reducing the Burden on Small Entities**
   No small businesses will be involved in this data collection.

6. **Consequences of Not Conducting Collection**
   This request is for an annual data collection (expiring 3/31/2014). There are no legal obstacles to reduce the burden. If no data are collected, EAPO will be unable to:
   - Identify the level of awareness of each of its products within state and territorial public health agencies, which are a critical stakeholder group for CDC
   - Identify the current accessibility and usability of its products within state and territorial public health agencies
   - Inform ongoing development of EAPO products to better meet stakeholder needs, efforts to collaborate across programs, and selection of channels through which EAPO can communicate with stakeholders about all of its programs most effectively.
7. **Special Circumstances**
   There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. **Consultation with Persons Outside the Agency**
   This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on October 22, 2010, Vol. 75, No. 204; pp. 65353-54.

   CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.
9. **Payment or Gift**

CDC will not provide payments or gifts to respondents.

10. Confidentiality

The Privacy Act does not apply to this data collection. Employees of state, tribal, local and territorial public health agencies will be speaking from their official roles and will not be asked, nor will they provide directly identifiable information. . CDC will not receive any identifying information that could be linked back to individual respondents.

This data collection is not research involving human subjects.

11. Sensitive Nature

No information will be collected that are of personal or sensitive nature.

12. Burden of Information Collection

The estimate for burden hours is based on a pilot test of the assessment instrument. In the pilot test, the average time to complete the assessment, including time for reviewing instructions, gathering needed information and answering the questions, was approximately 22 minutes. Based on these results, the estimated time range for actual respondents to complete the assessment is 20 to 25 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 25 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Survey estimate for management occupations – medical and health services managers in state government (http://www.bls.gov/ncs/ocs/sp/nctb1349.pdf). Based on DOL data, an average hourly wage of $57.11 is estimated for all 342 respondents. Table A-12 shows estimated burden and cost information.

Data will be collected once annually in 2013 and again in 2014. Information will be collected by March 31 in each of the two years, with exactly 52 weeks between initiation of the first assessment and initiation of the second. Similarly, the window of opportunity for responding to the assessment will remain consistent at three weeks for each of the two assessments. The timeline for administration of the first assessment is dependent upon receipt of OMB approval for the information collection. Consistency will be maintained for each of the two assessments to balance the burden per respondent during any one year.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents – EAPO Product Assessment[1]

Type of Respondent	No. of Respondents	No. of Responses per Respondent[1]	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
State/Territorial Health Officer	56	1	25/60	23	57.11	1313.53
State/Territorial Epidemiologist	56	1	25/60	23	57.11	1313.53
State/Territorial Public Information Officers	55	1	25/60	23	57.11	1313.53
State/Territorial Directors of Chronic Disease Programs	54	1	25/60	23	57.11	1313.53
State/Territorial Directors of Injury Prevention Programs	49	1	25/60	20	57.11	1142.20
State/Territorial Directors of Environmental Health Programs	42	1	25/60	18	57.11	1027.98
State/Territorial Directors of Infectious Disease Programs	30	1	25/60	13	57.11	742.43
TOTALS	**342**	**1**		**143**		**8166.73**

13. Costs to Respondents

There will be no direct costs to the respondents other than their time to participate in each assessment.

14. Cost to Federal Government

There are no equipment or overhead costs. Contractors, however, are being used to support development of the assessment tool, data collection, and data analysis. The

[1] Assessment will be administered once annually, in 2013 and 2014 (before 03/31/2014)

only cost to the federal government would be the salary of CDC staff and contractors.

The EAPO lead FTE for this project is a Senior Public Health Analyst. A second EAPO team member, the Associate Director for Science, will serve as the co-lead. The CDC co-leads will provide oversight for development of the assessment instrument and analysis plan, data collection, and documentation of results. The CDC lead staff member also developed the OMB application package. The hourly rate for the FTE lead is $54.87 for a GS-14 (step 5). The hourly rate for the FTE co-lead is $64.54 for a GS-15 (step 5).

A majority of work on this project will be carried out by external contractors, Deloitte Consulting LLP, including primary development of the assessment tool, data collection, data review and analysis, and documenting findings. In accordance with FAR subpart 16.202, Deloitte provided a firm fixed price quote in response to a firm fixed price solicitation. The business volume received does not illustrate labor categories and their associated labor rates – typical of a time and material/ labor hour proposal. Deloitte is providing these services at a cost of $179,929.

The total estimated cost to the federal government is $192,580.60. Table A-14 describes how this cost estimate was calculated.

Table A-14: Estimated Annualized Cost to the Federal Government

Staff or Contractor	Average Hours per Collection	Average Hourly Rate	Average Cost
CDC Senior Public Health Analyst (GS-14) Development of OMB package; Consultation with and oversight of contractors for instrument development, data collection, data analysis, quality control and report preparation.	160	54.87	8779.20
CDC Associate Director for Science (GS-15) Consultation with and oversight of contractors for instrument development, data collection, data analysis, quality control and report preparation.	60	64.54	3872.40
Deloitte Contractors Instrument development, pilot testing, web-based instrument programming, data collection, data coding and entry, quality control, data analysis, report preparation	1440	47.05	179,929[2]
Estimated Total Cost of Information Collection			**192,580.60**

15. Reason for Changes

This is a new data collection.

[2] This is the firm fixed price cost for Deloitte services.

16. Tabulation of Results, Schedule, and Analysis Plan

Data will be analyzed using SPSS predictive analytic software to generate descriptive statistics about all state and territorial health departments. Once analyzed, EAPO will share findings with stakeholders across CDC and external partner organizations representing target respondents, including the Association of State and Local Health Officials (ASTHO) and the Council of State and Territorial Epidemiologists (CSTE).

Project Time Schedule: 2012 - 2013

- ☐ Design assessment instrument…….. (COMPLETE)
- ☐ Develop assessment protocol, instructions, and analysis plan…….. (COMPLETE)
- ☐ Pilot test assessment instrument……(COMPLETE)
- ☐ Prepare OMB package……(COMPLETE)
- ☐ Submit OMB package……(COMPLETE)
- ☐ OMB approval……(Pending)
- ☐ Collect data……(3 weeks)
- ☐ Code, enter, quality control, and analyze data……..(2 weeks)
- ☐ Prepare reports and presentations……..(7 weeks)
- ☐ Disseminate results/reports…… (8 weeks)

Project Time Schedule: 2013 - 2014

- ☐ Revise assessment instrument, if necessary…….. (4 weeks)
- ☐ Revise assessment protocol, instructions, and analysis plan, if necessary..... (2 weeks)
- ☐ Pilot test revised assessment instrument, if necessary……(1 week)
- ☐ Prepare OMB package, if necessary due to changes from year one……(1 week)
- ☐ Submit OMB package, if necessary……(1 week)
- ☐ OMB approval, if necessary……(2 weeks)
- ☐ Collect data……(3 weeks)
- ☐ Code, enter, quality control, and analyze data[3]……(4 weeks)
- ☐ Prepare reports and presentations……(8 weeks)
- ☐ Disseminate results/reports……(8 weeks)

17. Display of OMB Approval Date

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

[3] Year two analysis, reports/presentations, and dissemination of results will include data for year one and year two.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

A. **Community Guide sample**
B. ***MMWR Weekly* sample**
C. ***MMWR* Supplement sample**
D. ***CDC Vital Signs* sample**
E. **CDC Science Clips Fact Sheet**
F. **Epi Info™ Version 7 Fact Sheet**
G. **Assessment Instrument: MS Word version**
H. **Assessment Instrument: Web version screen shots**