

Assessing Analytic Tools and Practices of State, Tribal, Local, and Territorial Health Department Data Analysts

OSTLTS Generic Information Collection Request

OMB No. 0920-0879

Supporting Statement – Section A

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Program Official/Project Officer

Name: Judy Delany

Title: Senior Liaison

Organization: CDC/OSELS

Address: Century Center 1825 Room 1015, MS E-85, Atlanta, GA 30329

Phone: 404.498.6488

Fax: 404.498.0570

Email: JDelany@cdc.gov

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 two stage data collection aligns with the OSC. In the first stage, 290 people identified as the Principal Grantee Contact who distribute more than one SAS® license within their health department will be asked to provide the names and email addresses of those to whom they distribute SAS licenses. Those email addresses will be used to contact an estimated 1831 people who are health department data analysts using CDC-provided SAS® licenses and who are acting in their official capacities.

Assessing the health of communities is a core public health function. Performing this function involves analyzing data that will be used to describe health outcomes and risk factors for poor health, monitor trends, and assess the impact of preventive interventions. STLT health departments play a key role in collecting and analyzing health-related data. This work is critically important to prevent and control diseases across the country. CDC awards grants to STLT health departments to develop capacity at the state and local levels to perform disease monitoring. Many health data analysts in STLT health departments use SAS®, a statistical software package. SAS® is a powerful analytic tool but it is also expensive. Some CDC programs pay for SAS® licenses for grantees.

CDC obtains SAS® licenses through the Department of Health and Human Services (DHHS) contract with the SAS® Institute for Business Analytics Software via an Enterprise License Agreement (ELA). The National Institutes for Health (NIH) is responsible for managing and negotiating DHHS enterprise license agreements with SAS® Institute. The HHS ELA for SAS®, in which CDC participates, was approximately \$15 million for the fiscal year 2011. (see **Attachment A**) In Fiscal Year 2011, CDC paid more than any other HHS operating division (OPDIV) (see **Attachment A**), including NIH, the nation’s premier medical research agency. The CDC portion slightly exceeds one-third of the \$15 million Department total. During the FY12 to FY 14 ELA period, CDC will pay approximately \$17.7 Million for licenses for CDC staff and grantees.

The SAS® enterprise licensing agreement for CDC is very complex because of how it is set up and the need for it to accommodate future users. CDC must balance the SAS® licensing needs of its staff and grantees against an ever-declining budget so that its resulting decisions have the best outcomes possible. CDC does not expect SAS® licensing costs to decrease nor does it expect the need for SAS® licenses to diminish; therefore, CDC’s decisions on this topic require consideration of current and expected SAS license usage and cost information. CDC is unique in that it is the only HHS OPDIV that provides SAS® licenses to its grantees. In the past, CDC has

not charged the grantees for the cost of the SAS® licenses it provides. In Fiscal Year 2011, CDC distributed approximately 40% of the CDC purchased SAS® licenses to grantees. CDC currently provides grantees SAS® licenses free of charge or as Direct Assistance. In FY 13, an estimated 1,831 health department grantees use CDC-provided SAS® licenses which cost CDC approximately \$1,200 per license for a total of \$2.2 Million.

CDC's Statistical Software License Management Team (SSLMT) in the Enterprise IT Portfolio Office (EITPO), Office of the Chief Information Officer, is responsible for oversight of CDC statistical software management and coordinating funding documents. This responsibility includes ensuring CDC grantees and internal SAS® users have access to SAS® software via the HHS ELA.

As a result of factors mentioned above, CDC leadership created the SAS® Strategy Workgroup with board members whose CIOs were the largest users of SAS® licenses. CDC tasked the SAS® Strategy Workgroup with developing a strategy for the SAS® license contract renewal, focusing on reducing users and costs, if appropriate. The SAS® Strategy Workgroup conducted an internal assessment, and based on the findings recommended that the full business process for requesting, approving, and fulfilling grantee SAS® license requests be redesigned. The new processes would include project officers ensuring that SAS® license requests are appropriate and bona fide and budget and/or management officials who approve requests considering the financial implication to their programmatic intramural funds. Consequently, SSLMT coordinated efforts to streamline the business process which includes the following requirements:

1. Grantees will submit their SAS® license request to their project officers each year.
2. Project officers will verify appropriate and bona fide usage and will enter the request into CDC's Software Request Tool (SRT). Note: SRT is currently used for CDC employees.
3. SRT workflow will route the request to the appropriate budget/management official for review and approval.
4. SRT will route the request, if approved, to the SAS® License Support Team for distribution.
5. SRT will provide all required data for reporting to SAS® and yearly collection of CANs for funding.

The new process (**see Attachment B**) ensures that a single point of contact approves SAS® licenses for each grantee and that all required data are collected at the entry point. Using the SRT will eliminate multiple spreadsheets and data calls. The results of the redesign increased data accuracy of grantee elements (grant number, grant POC, and SAS® products used) in the enterprise baseline, which can be leveraged in future ELA negotiations.

However, one continuing challenge is the absence of established criteria for determining whether a SAS® license is needed or whether a different software package could be used appropriately for

the data analysts' needs. The project officer is responsible for reviewing, changing, and approving the grantee's request to ensure that the request is appropriate and meets a bona fide need. To ensure that project officers are approving appropriately, there should be guidance that has been vetted by a group. An appropriate group to involve is the Statistical Advisory Group (SAG) whose role is to ensure coordination and scientific rigor in regard to the use and application of statistical methods and analysis across CDC. The SAG has agreed to assist with the development of guidance regarding types of software that are appropriate for specific types of analyses. This guidance will be used to develop a decision tree and training materials for project officers.

The SAG was invited, in late 2011, to provide a rationale for making decisions about statistical software access, specifically whether Epi Info™ was a suitable low-cost alternative to SAS®, and the larger issue of top tier statistical software access. The SAG responded (**see Attachment C**) with the following recommendations: it supports SAS® as the standard software suite; it supports the allocation of specialized software for specific applications, such as SUDAAN for survey analysis and StatXact/LogXact for exact/small sample analysis as needed, it does not support the use of Epi Info™ as a replacement for SAS®, and that a change in standard statistical software suite for CDC/ATSDR should be discussed at the agency level, not division by division. A separate comparison of [SAS®](#) and [Epi Info™](#) (**see Attachment D**) across seven broad categories: users, purpose, strategic plan alignment, capabilities, computing platforms, (social) networking, and educational support concluded that Epi Info™ is a subset of SAS® within each of these categories, and Epi Info™ would not adequately support the overall public health program and science mission of the agency.

In addition to SAS® and Epi Info™ there are several other statistical software packages that are available to data analysts. There has not been a comprehensive assessment of which statistical software packages are most appropriate for specific types of analytic procedures. Having this information, and assessing the types of analyses and software grantees use could be used to inform decisions regarding more effective and cost savings options for software selection and support by CDC. CDC plays a key role in supporting the analytic capacity in STLT health departments. CDC needs a strategic plan to ensure that STLT grantees have the capacity to monitor the health of the community, and to respond rapidly to health threats. Preparing a skilled workforce is necessary but there is also a need to provide the tools the skilled workers need to perform effectively.

CDC currently provides SAS® licenses free of charge to STLT grantees. In the past, HHS provided the SAS® licenses to CDC free of charge. However, now CDC pays for all the SAS® licenses it receives. As budgets are tightening across the agency, CDC programs are looking for cost savings. Because SAS® is very expensive software, approximately \$1,200 for each user, it is an attractive option to cut from the budget. However, because it is expensive it is unlikely that STLT health departments could afford to purchase licenses directly from SAS®. There is concern

that if CDC does not provide SAS® to health department epidemiologists there may be limited ability to monitor disease and risk factors.

Many data analysts prefer SAS® for statistical analyses because the user can write code to perform specific analyses and it can be used to manage and analyze large databases. In the past many university-trained epidemiologists learned to use SAS® during their graduate work. However, some universities are now training with R which is free software for statistical computing and graphics. With more statistical software packages available, this is an excellent time to be more strategic in providing software support to STLT grantees. Other potential for using SAS® more efficiently could include increasing use of server licenses rather than individual licenses, and providing SAS® using cloud technology at health departments.

When CDC did not pay for the SAS® licenses it distributed to grantees, monitoring use of SAS® by STLT grantees was not necessary. However, with SAS® costs increasing, STLT grantees must be accountable for the distribution of the SAS® licenses for appropriate uses. There is a need for the STLT grantees who receive SAS® licenses to understand the process for obtaining a license and the points of contact for SAS® distribution within the STLT health department. In the past, there had been some calls from health department grantees who did not receive their SAS® license renewal keys when the old licenses were about to expire. While the licenses are renewed in October and keys reissued between October – December, several states have not had new keys issued to them until very late in February with keys expiring in March. It was difficult to identify why the license key had not been provided, but it became clear that there were no coordinators at the STLT health department level to distribute licenses, oversee or determine need for licenses. Consequently, health department grantees did not know who to contact for help.

CDC Leadership determined that an assessment of analytic data work performed and software used is a critical first step to inform planning for effective data analytic capacity in STLT health departments. CDC will conduct a two stage assessment of health department grantees with CDC-provided SAS® licenses. The first stage will be to contact people responsible for distributing the SAS® licenses to grantees within the STLT health department – a primary purpose is to obtain emails for all health department users of CDC-provided SAS® licenses. The second stage will be to send the assessment instruments to all users identified to gather information about analytic practices and software usage. The assessment findings will be used to develop a comprehensive strategy to facilitate analytic capacity-building in state, tribal, local, and territorial health departments.

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

Privacy Impact Assessment

Overview of the Data Collection System – The data collection system consists of two stages of web-based questionnaires: for stage one (**see Attachment E – Principal Grant Contact Assessment Instrument: MS Word version and Attachment F – Principal Grant Contact Assessment Instrument: Web version**); and stage two (one (**see Attachment G – SAS® User Assessment Instrument: MS Word version and Attachment H – SAS® User Assessment Instrument: Web version**)). The first stage will be for the Principal Grant Contacts who distribute the CDC-provided SAS® licenses within the STLT health department. The primary purpose of the first stage is to obtain email addresses for the data analysts who receive CDC-provided licenses. The email list will be used to target license recipients for the second stage questionnaire. The second stage questionnaire is designed to elicit information from data analysts regarding their analytic practices and types of software they are using for different types of analyses. The web-based instrument will be distributed using Survey Monkey software by emailing respondents a link to the instrument. This email will contain instructions for completing the assessment instrument online. The assessment instrument was pilot tested by 7 public health professionals: 3 for the principal grantee contact questionnaire and 4 for the SAS® user questionnaire. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns and establish the estimated time required to complete the assessment.

Items of Information to be Collected

The two stage assessment will be described separately: the Principal Grant Contact Assessment Instrument (**see Appendix E and F**) and the SAS® User Assessment Instrument (**see Appendix G and H**).

The Principal STLT Grant Contact Assessment Instrument consists of 8 questions of various types including multiple response and open-ended questions. There are two sections: screening and basic respondent information.

Screening Questions

One question asks for the respondent's affiliation with the health department grant

Basic Respondent Information

Seven questions inquire about respondent's role as Principal Grant Contact, the number of licenses respondent manages or distributes; whether and how respondent monitors use of SAS® software, whether respondent is an authorized SAS® user, if respondent receives technical assistance received from CDC with SAS®, and asks respondent to provide a list names and email addresses of all users to whom CDC provided SAS® licenses are distributed.

The STLT SAS® User Assessment Instrument

The SAS[®] User Assessment Instrument consists of 28 questions of various types including dichotomous, multiple response, and open-ended questions. There are seven sections: Screening, basic respondent information, SAS[®] access and procurement, SAS[®] software usage and technical assistance, use of SAS[®] and other statistical software packages, statistical software experience, and interest in networking

Screening Questions

Two questions inquire about respondent's affiliation with health department grant, and whether respondent is an authorized SAS[®] user

Basic respondent information

Three questions cover the respondent's role in the organization, the cooperative agreement respondent works on, and respondent's role in SAS[®] licensure at their organization

SAS[®] access and procurement

Six questions cover whether respondent receives SAS[®] via direct assistance, whether SAS[®] is installed on their desktop, whether they access SAS[®] on a server and if a server why the server is used, whether there are restrictions on sharing a SAS[®] license with other users in the health department, and whether their IT security policies would prevent them from using CDC-provided analytic software through cloud technology.

SAS[®] software usage and technical assistance

Nine questions ask about respondent's program's multiple reasons and main reason for using SAS[®], which BASE SAS[®] products the respondent uses, for which analytic functions the respondent uses SAS[®], the SAS[®] version respondent uses, the type and frequency of and satisfaction with SAS[®] technical assistance the respondent receives from CDC, and whether the respondent receives SAS[®] technical assistance from other users.

Use of SAS[®] and other statistical software packages

Two questions inquire about the average weekly frequency the respondent uses several software packages for CDC program activities, and the purposes for using the named software packages.

Statistical software experience

Four questions inquire about respondent's years of experience using and proficiency with, and employer requirements to use several common statistical software packages, and the importance of several analytic capabilities to the work they perform

Interest in networking

Two questions cover respondent's program's interest in using/learning other software and respondent's interest in participating in a statistical software users' workgroup.

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 instrument. Respondents will be sent a link directing them to the online assessment tool only (i.e., not a website). No website content will be directed at children.

2. Purpose and Use of the Information Collection

The overall purpose of the assessment is to determine the different types of analyses that are being conducted by health department users of CDC-provided SAS® licenses. Information will be collected about the types of software that are being used for different types of analyses. Questions will be asked about possible cost savings practices.

The findings from the assessment will be used for the following purposes:

1. Improve understanding of analytic capability in STLT health departments.
2. Identify other software packages which would meet the STLT health department analytic needs
3. Develop a strategy for improving data analytic capacity in STLT health departments.
4. Determine means of analytic capacity building in STLT health departments.
5. Improve decision making about who needs/is using the licenses in health departments
6. Develop a decision tree and training through Technical Assistance Improvement Initiative (TASII) for Project Officers.
7. Determine the number and type of licenses to be used by CDC during the next 3- year contract period with SAS® Institute.
8. Inform decision-making by CDC programs facing reduced operating budgets in the next 3 year contract cycle
9. Allow decision-making about equitable distribution of licenses
10. Make decisions about site/seat licenses.
11. Inform CDC about potential for States accessing SAS® via cloud technology

Privacy Impact Assessment

No sensitive information is being collected. The survey is not anonymous and email addresses will be tracked to ensure a high response rate. The proposed data collection will have little or no effect on respondent privacy. Respondents are participating in their official capacity as health department data analysts using SAS® licenses provided by CDC.

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 web-based instrument will be developed using Survey Monkey®, a platform for the creation of online questionnaires that allows for complex branching and skip logic and provides respondents with the flexibility to complete the instrument in more than one session. Web questionnaires reduce respondent burden by enabling easy access and completion at a convenient time and location. The online assessment instrument will consist of either easy-to-read response selections or embedded text boxes, and skip patterns will be programmed into the assessment instrument to direct respondents to appropriate questions. The assessment instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 8 questions in the Principal STLT Contact Assessment Instrument, and 28 questions in the STLT SAS® Users Assessment Instrument).

Survey Monkey® has a data center which is located in a SOC2 Type II audited facility, which is staffed and monitored 24/7.9 (<http://www.surveymonkey.com/mp/policy/security/>)

Their servers are kept in a locked cage, with digital surveillance equipment monitoring at the data center. Secure Sockets Layer (SSL) technology protects user information using both server authentication and data encryption, ensuring that data is safe, secure and available only to authorized persons in a password protected system. The data collected by Survey Monkey® will be exported to a SAS® dataset. The analytic SAS® database will reside at CDC in an isolated area of its network that is set up to store moderately sensitive data.

4. Duplication of Information

CDC conducted an internal assessment of SAS® license business processes. Based on the findings, CDC coordinated efforts to streamline the business process for requesting, approving, and fulfilling grantee SAS® software use for proper verification and programmatic approval of use. The results of which increased data accuracy of grantee elements (grant number, grant POC, and SAS® products used) in the enterprise baseline, which can be leveraged in future ELA negotiations.

However, there has not been a systematic assessment of how users of CDC-provided SAS® licenses in health departments are using SAS® software provided by CDC and if other less expensive software could be used instead of SAS® to meet their data needs. CDC has limited information about the individuals at health departments who are using CDC's SAS® licenses, how it is being used and how frequently it is being used.

5. Reducing the Burden on Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Not Conducting Collection

If this assessment is not conducted

- CDC may be providing expensive SAS[®] licenses (approximately \$1,200 for each user) to people who could use other less expensive software for their analyses.
- CDC will not have an accurate estimate of the number of health department grantees who are using SAS[®] and CDC will not be able to renegotiate a lower price for the next 3 year contract. Assessment results are needed to inform the renegotiations in the spring/summer of 2014 for another 3 year time period (2015 – 2018).
- CDC will not be able to facilitate health department analytic capacity building because CDC does not currently understand analytic practices among grantees using SAS[®] licenses provided by CDC.
- Failure to provide guidance on possible replacements for SAS[®] that are effective and less expensive statistical software could result in limited statistical analyses within health departments. This could result in limited ability to identify disease burden and outbreaks and monitor trends.

This request is for a one time data collection. There are no legal obstacles to reduce the burden.

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. Two comments were received from the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO).

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 and local public health agencies will be speaking from their official roles and will not be asked, nor will they provide individually identifiable information.

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 by 3 public health professionals for the Principal Grant Contact questionnaire and 4 public health professionals for the SAS[®] user questionnaire. In the pilot test, the average time to complete the Principal STLT Grant Contact instrument including time for reviewing instructions, gathering needed information and completing the assessment instrument, was approximately 6 minutes. Based on these results, the estimated time range for actual respondents to complete the Principal Grant Contact assessment instrument is 4-8 (range) minutes. For the purposes of estimating burden hours, the upper limit of this range, 8 minutes is used.

In the pilot test, the average time to complete the STLT SAS[®] User instrument including time for reviewing instructions, gathering needed information and completing the assessment instrument, was approximately 16 minutes. Based on these results, the estimated time range for actual respondents to complete the SAS[®] User assessment instrument is 15-30 (range) minutes. For the purposes of estimating burden hours, the upper limit of this range, 30 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 \$22.89 is estimated for all 290 Principal Grant Contacts, and \$22.55 for 1831 SAS[®] users. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents – SAS[®] Assessment

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Principal Grant Contact	290	1	8/60	39	\$22.89	\$892.71
SAS® Users	1831	1	30/60	916	\$22.55	\$20,655.90
TOTALS	2,121	2		955		\$21,548.51

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. The cost of contractors to develop the online data collection instrument is included in the estimated cost shown in Table A-14. The table includes the cost of the salaries of CDC staff supporting the data collection activities and associated tasks.

The activities shown in the table A-14 reflect a range of activities performed by many public health professionals. Information is organized by Grade and summarizing the titles of the individuals and the activities they performed. The Deloitte Contractors were primarily responsible for developing the online instrument. All others listed were members of the Ad Hoc SAS® Assessment Working Group which was formed primarily to develop the assessment instruments for the grantees who receive SAS® licenses purchased by CDC. The workgroup was composed of representatives from the Enterprise Information Technology Program Office (EITPO) and the Information Technology Service Office (ITSO), the two offices which distribute and service the licenses; and representatives from each Center, Institute, and Office (CIO) at CDC that provide the SAS® licenses to grantees. The CIO representatives included project officers who could address programmatic issues and deputies who are responsible for the funding decisions related to the provision of SAS® licenses to grantees. Some members served additional roles in analyzing data and preparing the OMB packet.

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

Staff (FTE)	Average Hours	Average	Average
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	per Collection	Hourly Rate	Cost
Deloitte Contractors Develop, test, and implement the online assessment instrument and aggregate the data for analysis	40	\$126.00	\$5,040.00
Director/Deputy Director/ Health Scientist IT Specialist (GS 15) (5) Plan and develop assessment questions, organize and convene workgroup members, oversee assessment implementation, contribute to content of OMB packet	62	\$66.40	\$4,116.80
Deputy Branch Chief/Epidemiologist, Public Health Analyst/ Supervisory IT Specialist (GS 14) (5) Serve on workgroup and review assessment questions and provide recommendations for improving quality of the questions	26	\$57.00	\$1,482.00
IT Specialist/ Public Health Advisor/Statistician (GS 13) (4) Serve on workgroup and review assessment questions and provide recommendations for improving quality of the questions, analyze data	69	\$49.00	\$3,381.00
IT Specialist/Public Health Advisor/Statistician (GS 12) (3) Serve on workgroup and review assessment questions and provide recommendations for improving quality of the questions, assist with planning of assessment instrument development and contribute content for OMB packet	25	\$39.00	\$975.00
Public Health Associate (GS 9) (1) Assist with preparing the OMB packet	7	\$24.00	\$168.00
Estimated Total Cost of Information Collection			\$15,162.80

15. Reason for Changes

This is a new data collection.

16. Tabulation of Results, Schedule, and Analysis Plan

The results of this assessment will be shared internally with CDC leadership and staff across the agency as well as externally with health department grantees. The results will be used to inform CDC of the number of health department grantees using their CDC-provided SAS® licenses that really need the licenses. This information will be used in the next NIH-led negotiation with SAS® (2014) regarding cost of SAS® licenses for HHS OPDIVs. The results will also be used internally to assess current analytic practices in STLT health departments associated with CDC-provided SAS® license users. The assessment findings will be used to set priorities and inform activities for analytic capacity-building in STLT health departments. CDC will use the findings to work with STLT health departments to develop sustainable strategies to support analytic capacity.

Both quantitative and qualitative analyses will be performed. Quantitative analyses will involve using descriptive statistics to determine frequency distributions and corresponding variances for responses to each assessment question. Responses will be cross-tabulated to compare responses between cooperative agreements and health departments. Qualitative thematic analyses will be performed on open-ended questions

Project Time Schedule

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	(TBD)
Conduct Principal Grant Contact assessment.....	(Open 2 weeks)
Collect, code, enter, quality control, and analyze data.....	(2 weeks)
Conduct SAS® User assessment.....	(Open 2 weeks)
Collect, code, enter, quality control, and analyze data.....	(2 weeks)
Prepare report.....	(2 weeks)
Disseminate results/reports.....	(Sept 2013)

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.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

Attachment A: HHS SAS cost distribution, 2008-2011

Attachment B: CDC SAS license process

Attachment C: SAG recommendations for statistical software support and priorities

Attachment D: SAS vs EpiInfo Comparison_draft

Attachment E: CDC Assessment Instrument for Principal Grant Contacts for SAS[®] Licenses (Word)

Attachment F: CDC Assessment Instrument for Principal Grant Contacts for SAS[®] Licenses (Web)

Attachment G: SAS[®] User Assessment Instrument SAS[®] Users (Word)

Attachment H: SAS[®] User Assessment Instrument (Web)