

**MONITORING AND REPORTING SYSTEM FOR
COMMUNITY TRANSFORMATION GRANT AWARDEES**

PART A: JUSTIFICATION

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Overview

CDC seeks OMB approval to collect information electronically from awardees funded under the Community Transformation Grant (CTG) cooperative agreement program. The CTG program is a new initiative authorized by the Prevention and Public Health Fund (PPHF) of the Patient Protection and Affordable Care Act of 2010, and administered by the Centers for Disease Control and Prevention (CDC).

Interest in the CTG program is high and has intensified since awardees were announced on September 27, 2011. Awardees will report progress and activity information to CDC on a semi-annual schedule using an electronic Management Information System (MIS). Information to be collected will provide crucial data for CTG program performance monitoring and provide CDC with the capacity to respond in a timely manner to requests for information about the CTG program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources. Over the five-year award period, additional advantages of the electronic MIS include: reducing respondent reporting burden; improving real-time CDC-awardee communications; and strengthening CDC's ability to monitor awardee progress and provide data-driven technical assistance. CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has successfully implemented similar electronic information collection methods with other chronic disease prevention and control programs. OMB approval is requested for three years.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

Chronic diseases—including heart disease, cancer, stroke, diabetes, arthritis, and related risk factors, such as tobacco use, physical inactivity, poor diet, and obesity—are the leading causes of death and disability in the United States, accounting for seven of every ten deaths and affecting the quality of life of 90 million Americans. Reducing death and disability through the prevention and control of these conditions, and their risk factors, has critical importance for public health.

The Prevention and Public Health Fund (PPHF) of the Patient Protection and Affordable Care Act of 2010 (ACA) provides an important opportunity for states, counties, territories and tribes to advance public health across the lifespan and to reduce health disparities. Section 4201 of the PPHF (**Attachment 1a**) authorizes Community Transformation Grants (CTG) for the implementation, evaluation, and dissemination of evidence-based community preventive health activities. The CTG program will create healthier communities by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in five strategic areas (“Strategic Directions”): tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services, social and emotional wellness, and a healthy and safe physical environment. The CTG program is administered by the

Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Relevant CDC activities are also authorized by sections 311 and 317(k)(2) of the Public Health Service Act, 42 U.S. Code 243 and 247b(k)2 (**Attachment 1b**).

On September 27, 2011, CDC awarded 68 cooperative agreements totaling \$107.2 million to state and local governmental agencies, tribes and territories, state or local non-profit organizations, and national networks of community-based organizations. A list of awardees is provided in **Attachment 3**. There are four types of awardees with different areas of emphasis: CTG Capacity Building (N=26), CTG Implementation (N=35), CTG National Network Dissemination (N=3), and CTG National Network Acceleration (N=4). Fifty-four awardees are drawn from the state, territorial and tribal government sector, and 14 awardees are drawn from the private sector. If additional funding is made available to the CTG program, CDC will submit a Change Request to authorize participation of additional CTG awardees in the MIS data collection. The burden estimates presented in this Information Collection Request are structured to accommodate CTG program expansion.

Each CTG awardee is charged with implementing a community- or awardee-specific work plan that will lead to specific, measurable health outcomes in its jurisdiction (or service area) among an entire population or a specific population subgroup. Although the CTG program emphasizes policy and environmental changes, CTG funding may also be used to implement clinical and preventive services programs that are a necessary part of a long-term strategy. Activities that may be supported with CTG funding include establishing or strengthening community coalitions; participating in appropriate training; conducting community-specific needs assessments; promoting community engagement with populations experiencing health disparities; analyzing gaps in existing policies, systems, and environments; implementing evidence-based strategies and evaluating promising interventions; and supporting, disseminating, and amplifying the evidence base of the CTG strategies within national networks.

Each CTG awardee is required to provide semi-annual reports to CDC describing its work plan, activities, and progress toward achieving objectives. The first interim report is due March 31, 2012, and CDC plans to begin using the CTG MIS immediately upon receipt of OMB approval. There are significant advantages to collecting information with a web-based MIS:

- The MIS data structures and business rules will help awardees formulate objectives that are specific, measurable, achievable, relevant and time-framed (SMART). This formulation is intended to facilitate successful achievement of objectives and is integral to CDC's evaluation strategy for the CTG program.
- The information being collected provides crucial information about each awardee's work plan, activities, partnerships and progress over the award period.
- Awardees will have the capacity to enter updates on an ongoing basis. This feature of the MIS is expected to facilitate real time communications with and interim review by CDC, resulting in more timely technical assistance. The ability to enter updates as activities occur may also result in more complete enumeration of CTG-funded efforts.

- Capturing the required information electronically will allow CDC to formulate ad hoc analyses and reports that would be impracticable using paper-based information sources.

NCCDPHP has successfully implemented similar information collections with other chronic disease prevention and control programs (Monitoring and Reporting System for Chronic Disease Prevention and Control Programs, OMB No. 0920-0870, exp. 11/30/2013).

Privacy Impact Assessment

A) Overview of the Data Collection System

Information will be collected from CTG awardees through an electronic MIS. Data placed into the system produces interim and annual reports as PDFs that awardees can use to upload into grants.gov. This procedure satisfies the routine, semi-annual cooperative agreement reporting requirements. Progress reports are required twice per year, but data entry can occur on a real-time basis. As a result, the MIS can also be used for ongoing program management, and supports more effective, data-driven technical assistance between NCCDPHP and awardees.

B) Items of Information to be Collected

Awardees will store information about their personnel, work plan objectives, milestones and activities, resources, and facilitators and barriers to success. The MIS will also collect information about the staffing resources dedicated by each awardee as well as partnerships with external organizations (see **Attachment 4**). The MIS requires CTG awardees to define their objectives in action-oriented SMART format (Specific, Measurable, Achievable, Relevant, and Time-Framed).

The MIS will collect a limited amount of information in identifiable form (IIF) for key program staff (e.g., Program Director). Each awardee will provide the names of these individuals as well as their professional contact information. No personal contact information will be collected.

C) Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

The MIS is a Web-based application. Access to the MIS will be controlled by a password-protected login for authorized users. There is no Website content directed at children less than 13 years of age.

2. Purpose and Use of the Information Collection

The purpose of the CTG program is to create healthier communities through implementation of broad, evidence and practice-based policy and environmental changes in states, large counties, tribes and territories. This program advances the [National Prevention Strategy](#) and aligns with strategic directions from it and “Healthy People 2020” focus areas.

The information collection will enable the accurate, reliable, uniform and timely submission to CDC of each awardee’s work plans and progress reports, including objectives and milestones.

The information collection and reporting requirements have been carefully designed to align with and support the goals outlined in the CTG cooperative agreements. The electronic MIS enables collection and reporting of the information in an efficient, standardized, and user-friendly manner. The MIS will generate a variety of routine and customizable reports. Local level reports will allow each awardee to summarize its activities and progress towards meeting work plan objectives. CDC will also have the capacity to generate reports that describe activities across multiple awardees. CDC will also use the information collection to respond to inquiries from the HHS, the White House, Congress and other stakeholder inquiries about CTG activities and their impact.

CDC will use the information collected in the MIS to monitor each awardee's progress and to identify its strengths and weaknesses. Monitoring allows CDC to determine whether an awardee is meeting performance goals and to make adjustments in the type and level of technical assistance provided to them, as needed, to support attainment of their objectives. CDC's monitoring and evaluation activities also allow CDC to provide oversight of the use of federal funds, and to identify and disseminate information about successful prevention and control strategies implemented by awardees. These functions are central to the NCCDPHP's broad mission of reducing the burden of chronic diseases. Finally, the information collection will allow CDC to monitor the increased emphasis on partnerships and programmatic collaboration, and is expected to reduce duplication of effort, enhance program impact and maximize the use of federal funds.

CTG awardees will use the information collection to manage and coordinate their activities and to improve their efforts to prevent and control chronic diseases. The MIS will allow awardees to fulfill their semi-annual reporting obligations under the cooperative agreements in an efficient manner by employing a single instrument to collect necessary information for both progress reports and continuation applications including work plans. This approach, which enables awardees to save pertinent information from one reporting period to the next, will reduce the administrative burden on the yearly continuation application and the progress review process. Awardee program staff will be able to review the completeness of data necessary to submit required reports, enter basic summary data for reports at least semi-annually, and finalize and save required reports for upload into Grants.gov.

The information collection is designed to address specific objectives outlined in FOA CDC-RFA-DP11-1103PPHF11 relating to the Affordable Care Act Community Transformation Grants Program and FOA CDC-RFA-DP11-1115PPHF11 relating to the National Dissemination and Support for Community Transformation Grants. CDC will use the results of this information collection to evaluate the model for future program reporting efforts.

Privacy Impact Assessment Information

The MIS is a centralized, Web-based system that supports the collection and reporting of information that will be used by CDC to help assess the impact of Community Transformation Grant funding. The MIS will be used to describe, evaluate and enhance opportunities for collaborative efforts and partnerships. Having all this information in a single and secure database will allow CDC Project Officers to search across multiple programs, help ensure

consistency in documenting progress and technical assistance, enhance accountability of the use of federal funds, and provide timely reports as frequently requested by HHS, the White House, and Congress.

3. Use of Improved Information Technology and Burden Reduction

The MIS takes advantage of electronic database technology to improve information quality by minimizing errors and redundancy. The structure of the MIS will minimize or eliminate many elements that would otherwise be repeated within stand-alone systems. Having all of the information collected in the same place in the same manner will reduce the level of burden attributable to redundancy and reduce the workload to enter and maintain the data. Programs will be able to transfer data from one year to another to minimize data re-entry.

Other elements such as awardee plan requirements for the area of emphasis in each award type, data reporting and the terms that are used to define similar data requirements often vary greatly from one awardee to another. With the MIS, the use of a standard set of data elements, definitions, and specifications at all levels will help to improve the quality and comparability of performance information that is received by CDC for multiple awardees and multiple award types. Further, standardization will enhance the consistency of work plans and reports, enable cross-program analysis, and will facilitate a higher degree of reliability by ensuring that the same information is collected on all objectives and activities with slightly different areas of emphasis, depending on the awardee type (CTG Capacity Building, CTG Implementation, CTG National Network Dissemination, and CTG National Network Acceleration). Finally, the report generation capabilities of the electronic MIS will reduce the respondent burden associated with paper-based reports. Without the automated MIS and the integrated approach to information collection and reporting, awardees and CDC would need to continue to use time consuming, labor intensive procedures for information collection and reporting.

4. Efforts to Identify Duplication and Use of Similar Information

The collection of this information is part of a federal reporting requirement for funds received by awardees. The MIS will consolidate information necessary for both continuation applications and progress reports so that information entered once can be used to generate multiple types of reports without having to duplicate efforts. The information collected from awardees is not available from other sources.

5. Impact on Small Businesses or Other Small Entities

No small businesses will participate in the MIS data collection.

6. Consequences of Collecting the Information Less Frequently

Reports will be collected semi-annually. The interim progress report is due no less than 90 days before the end of the budget period and also serves as a non-competing continuation application. The annual progress report is due no more than 90 days after the end of the budget period. Less frequent reporting would undermine accountability efforts at all levels and negatively impact

monitoring awardee progress. The semi-annual reporting schedule ensures that CDC responses to inquiries from HHS, the White House, Congress and other stakeholders are based on timely and up-to-date information.

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

There are no special circumstances related to the MIS, and the request fully complies with the regulation.

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

A. Federal Register Notice

A Notice was published in the Federal Register on December 6, 2011 (Vol. 76, No. 234, pp. 76165-76166; see **Attachment 2a**). One public comment was received and acknowledged (see **Attachment 2b**).

B. Other Consultations

The MIS was designed collaboratively by CDC staff and the data collection contractor. Consultation will continue throughout the implementation process.

9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive payments or gifts for providing information.

10. Assurance of Confidentiality Provided to Respondents

A. Privacy Act Assessment

Staff in the CDC Information Collection Review Office have reviewed this Information Collection Request and have determined that the Privacy Act is not applicable. The data collection does not involve collection of sensitive or identifiable personal information. Respondents are state and local governmental agencies, tribes and territories, state or local non-profit organizations, and national networks of community-based organizations. Although contact information is obtained for each awardee, the contact person provides information about the organization, not personal information.

B. Security

Access to the MIS will be controlled by a password-protected login. Access levels vary from read-only to read-write, based on the user's role and needs. Each awardee will have access to its own information and decide the level of access for each of its authorized users. The extent to which local partners may access an awardee's information will be decided by that awardee. CDC staff, and evaluation, and technical assistance and training contractors will have varying levels of

access to the system with role-appropriate security training, based on the requirements of their position(s). Aggregated information will be stored on an internal CDC SQL server subject to CDC's information security guidelines. The MIS will be hosted on NCCDPHP's Intranet and Internet Application platforms, which undergo security certification and accreditation through CDC's Office of the Chief Information Security Officer.

C. Consent

The MIS data collection does not involve research with human subjects. Awardees are cooperative agreement awardees. The information collection does not require consent from individuals, or IRB approval.

D. Requirement to Respond

Awardees are required to respond as a condition of cooperative agreement funding.

11. Justification for Sensitive Questions

The MIS instrument does not collect sensitive information. No personal information is requested. The MIS will collect a limited amount of information in identifiable form (IIF) for key program staff (e.g., Program Director). Each awardee will provide the names of these individuals as well as their professional contact information. The contact person will only provide information about activities conducted under the collaborative award, not personal information.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours

Awardees will report information to CDC about their objectives and activities (see **Attachment 4**). Current respondents are the 61 awardees for the Community Transformation Grant Program, CDC-RFA-DP11-1103PPHF11 and seven National Network awardees funded under CDC-RFA-DP11-1115PPHF11. Fifty-four awardees are from the state, local and tribal government sector, and 14 awardees are from the private, non-profit sector.

CDC anticipates that burden to respondents will vary substantially over the CTG award period. The time commitments for data entry and training are greatest during the initial population of the MIS, typically in the first six months of funding. Estimated burden for the one-time population of the MIS is fifteen hours.

The efficiencies of the electronic MIS are realized in subsequent reporting periods. After the initial population of the MIS has been completed, ongoing maintenance of the system is limited to entering changes, progress information, and new activities. The estimated burden for routine semi-annual reporting is three hours per response.

For the current 68 CTG awardees, initial population of the CTG MIS is being managed by CDC. Burden for these awardees is estimated solely on the basis of the required semi-annual reports.

If CDC receives funding to support additional awards through the CTG program, new awardees will incur the burden associated with initial population of the CTG MIS as well as the burden associated with semi-annual reporting (one-time allocation of 15 hours per awardee, plus ongoing semi-annual burden of three hours per response). The burden table presented below is structured to allow for the possibility of CTG program expansion. If additional awards are made, CDC will process a Change Request to update the list of CTG awardees (**Attachment 3**) and the total estimated burden for the CTG MIS information collection.

Over the three-year period of this information collection request, the total estimated annualized burden for the current 68 current awardees is 408 hours, as summarized in Table A.12-A.

Table A.12-A. Estimated Annualized Burden to Respondents

Type of respondents	Form Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Community Transformation Grant Program Awardees (state, local and tribal government sector)	CTG MIS: Initial population	0	1	15	0
	CTG MIS: Semi-annual reporting	54	2	3	324
CTG Program Awardees (private sector)	CTG MIS: Initial population	0	1	15	0
	CTG MIS: Semi-annual reporting	14	2	3	84
Total					408

B. Estimated Annualized Cost to Respondents

A program manager will prepare the progress report for each area. The average hourly wage for a program manager is \$30.65. The hourly wage rates for program managers are based on wages for similar mid-to-high level positions in the public sector. The total estimated annualized cost to respondents is \$12,506, as summarized in Table A.12-B.

Table A.12-B. Estimated Annualized Cost to Respondents

Type of respondents	Form Name	Number of respondents	Number of responses per respondent	Average burden per response	Average hourly wage	Total cost
Community Transformation Grant Program Awardees (state, local and tribal government sector)	CTG MIS: Initial population	0	1	15	\$30.65	\$0
	CTG MIS: Semi-annual reporting	54	2	3	\$30.65	\$9,931
CTG Program Awardees (private sector)	CTG MIS: Initial population	0	1	15	\$30.65	\$0
	CTG MIS: Semi-annual reporting	14	2	3	\$30.65	\$2,575
Total						\$12,506

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

The MIS is designed to use existing hardware within funded sites, and all respondents currently have access to the Internet to use the information system. No capital or maintenance costs are expected. Additionally, there are no start-up, hardware or software costs.

14. Estimates of Annualized Cost to the Federal Government

A. Development, Implementation, and Maintenance

The average annualized cost to the federal government is \$178,613, as summarized in Table A.14-A. Major cost factors for the MIS include application design and development costs and system maintenance costs. The MIS developer and data collection contractor is Northrup-Grumman.

Table A.14-A. Annualized Cost to the Federal Government	
Cost Category	Total

CDC Personnel	
<ul style="list-style-type: none"> • 100% GS-12@\$71,901/year = \$71,901 • 50% GS-13 @ \$85,500/year = \$42,500 • 25% GS-14 @ \$101,035/year = 25,258 	
Subtotal, CDC Personnel	\$ 139,659
Data Collection Contractor	\$ 38,954
Total	\$ 178,613

15. Explanation for Program Changes or Adjustments

This is a new collection.

16. Plans for Tabulation and Publication and Project Time Schedule

A. Time schedule for the entire project

The cooperative agreement cycle is five years. OMB approval is being requested for three years. Reports will be generated by the awardees per the FOA requirements twice a year, in April and November. Data collection began with the awarding of the grants and will continue throughout the funding cycle.

B. Publication plan

Information collected through the MIS will be reported in internal CDC documents and shared with state-based programs.

C. Analysis plan

CDC will not use complex statistical methods for analyzing information. All information will be aggregated and reported with no program identifiers present in external documents. Most statistical analyses will be descriptive. Statistical modeling may be included to examine predictors of specified outcomes.

A.16 - 1 Project Time Schedule

Activity	Time Schedule
Notification of Electronic Tool Availability	Immediately upon OMB approval
User Training	Immediately upon OMB approval and ongoing through expiration date
Data Collection	1-36 months after OMB approval
Data Publication	Twice annually
Data Analysis	1-36 months after OMB approval

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

The CTG MIS program will display the expiration date for OMB approval of the information system data collection on its Internet home page.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification statement.