CDC ORAL HEALTH MANAGEMENT INFORMATION SYSTEM

OMB No. 0920-0739

Request for Extension

Supporting Statement: Part A

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Abstract

CDC provides funding to states and territories to support oral health programs, and collects information from grantees through an electronic Management Information System (MIS), first approved in 2007 and enhanced in 2008 (OMB No. 0920-0739, current exp. date 5/31/2013). New information collection modules were added in 2008 to the MIS to capture information about grantees' success stories and environmental scanning activities. These modules have improved CDC's ability to disseminate information about successful public health approaches that can be replicated or adapted for use in other states. In this Extension, the success stories and environmental scanning activities have been fully incorporated into the MIS and are no longer a separate information collection entity.

The information is being used by CDC to monitor the performance of funded programs and to provide technical assistance to them. The current OMB approval for information collection is scheduled to expire 5/31/2013, and approval to continue collecting information until 12/31/2013 is being requested. During the extension period, funded states will input their final performance report (annual report) and evaluation report for the cooperative agreement program DP08-802 and DP10-1012. The total estimated burden will decrease due to a decrease in the number of required reports submitted by state oral health programs funded by CDC. There are no changes to the estimated burden per respondent or the MIS. CDC plans to submit a separate Revision request for future transition to an improved Management Information System, which will replace the current Oral Health MIS.

A. Justification

1. Circumstances Making the Collection of Information Necessary

The CDC seeks to improve the oral health of the nation by building state and territorial oral health infrastructure; strengthening and enhancing oral health program capacity to monitor the population's oral health status and behaviors; supporting the development of effective programs to improve the oral health of children and adults; evaluating oral health program accomplishments; and informing key stakeholders, including policy makers, of program successes. Through cooperative agreement program DP08-802 and DP10-1012, CDC will provide approximately $5 million per year over 5 years in funding to 20 grantees, strengthening state oral health infrastructure and capacity and reducing health disparities among high-risk groups. The CDC is authorized to do this under sections 301 (a) and 317 (k) (2) of the Public Health Service Act [42 U.S.C. section 241 (a) and 247b(k) (2)]. Copies of these Public Law sections are displayed in Attachment 1. The Catalog of Federal Domestic Assistance (CFDA) number is 93.283.

The CDC Oral Health Management Information System (MIS) assists grantees in organizing their oral health program information and generating interim progress and annual progress reports for cooperative agreements DP08-802 and DP10-1012 in an efficient and effective

manner. The CDC requires the submission of semi-annual status reports from each funded program. The information provided by States and Territories is used to monitor compliance with cooperative agreement requirements; identify training and technical assistance needs; evaluate the progress made in achieving national and program-specific goals; and respond to inquiries regarding program activities and effectiveness. Previously, CDC used a variety of sources to collect state-level information including the initial cooperative agreement application, continuing applications for each budget period, periodic progress reports, and financial status reports.

CDC has developed an automated MIS to maintain individual grantee information and to normalize the information reported by these programs. The electronic MIS employs a formal, systematic method of collecting information and standardizes the content of this information.

Privacy Impact Assessment

Overview of the Data Collection System

CDC's Division of Oral Health (DOH) focuses on providing support to state and community based programs to prevent oral disease; promoting oral health nationwide; and fostering evidence based initiatives to enhance oral disease prevention in community settings. The management information system (MIS) allows state oral health programs to share and report relevant and purposeful information for planning, implementing, managing and monitoring their programs. This web-based MIS is known as the Management Overview for Logistics, Analysis, and Reporting (MOLAR) system (see Attachment 3).

Methods used. The DOH MIS is an authenticated web based system. State users (respondents) must log into the system and enter the information.

Data collection partners and the length of time the information will be maintained. CDC partners providing data are grantee states funded through the CDC DOH infrastructure and capacity building cooperative agreement. It is anticipated that the information will be maintained for as long as the Division of Oral Health continues to fund infrastructure and capacity building.

Items of Information to be Collected

The only IIF information collected in the MIS is the name, work telephone number, and work email address for a point of contact (POC) for each grantee. The information is not disseminated or shared with the public. The MIS application is available only to authorized CDC personnel and partners. All data contained in the application is subject to the Freedom of Information Act (FOIA) and unauthorized disclosure of information would have a limited adverse effect on organizational operations, organizational assets, or individuals.

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

No information is directed at or accessible by children under 13.

2. Purpose and Use of Information Collection

The mission of CDC's Division of Oral Health is to reduce the national burden of oral diseases. The MIS was designed to facilitate fulfillment of CDC's and grantees' obligations under the cooperative agreements; CDC's capacity to monitor, evaluate, and compare individual programs; and CDC's ability to assess and report aggregate information regarding the overall effectiveness of the program. The information collected through the MIS is used for program operations, management, and reporting purposes, including:

Monitoring the use of federal funds

Identifying the need for ongoing guidance, training, consultation, and technical assistance in all aspects of oral disease prevention and control

Identifying successful and innovative strategies and public health interventions to reduce the burden of oral diseases

Disseminating and sharing information among all grantees

Evaluating the progress made by programs in achieving national and program-specific goals and objectives

Evaluating and reporting on the overall effectiveness of the grantees

States have been reporting through the MIS since OMB approval six years ago. As a result of experience with interpreting the information collected, and interaction with grantees, CDC is able to provide more targeted technical assistance to grantees based on improved understanding of their individual strengths and weaknesses. We also learned that grantees share CDC's interest in learning about successful public health interventions. In 2008, new information collection modules were added to the MIS to capture information about grantees' success stories and environmental scanning activities. These modules have improved CDC's ability to disseminate information about successful public health approaches that can be replicated or adapted for use in other states. In this revision, the success stories and environmental scanning activities have been fully incorporated into the MIS and are no longer a separate information collection entity.

Privacy Impact Assessment

Purpose of the Information Collection. The information will be collected to assist states in organizing their oral health program information and generating interim progress and annual progress reports for cooperative agreements DP08-802 and DP10-1012 efficiently and effectively. In addition, the information fulfills reporting requirements and enhances the provision of technical assistance to the grantees.

Use of the Information. The information will be used to fulfill reporting requirements for the FOA and to enhance the provision of technical assistance to the grantees.

Information Sharing. The DOH MOLAR application is an authenticated, internet application available to authorized CDC personnel and partners. The only IIF items collected are Name, Work email and Work Phone. Elements are only shared with authorized CDC Personnel as contact information for providing technical assistance to that specific grantee.

Impact on Respondents Privacy. The proposed data collection will have little or no effect on the respondent's privacy.

3. Use of Improved Information Technology and Burden Reduction

The following information collection objectives involve the use of modern, state-of-the-art information technology to support the acquisition and reporting requirements as described in the funding announcement.

Exploit the capabilities of the Internet to provide State access to the database

Provide a methodology for efficient and secure submission of semi-annual State and Territorial reports

The MIS uses the Internet's standard communication protocols to control both access and communications by State and Territorial program personnel. CDC provides State and Territorial program personnel with access to program information via the web. For example, the user browses through a series of preformatted screens that display each group of State and Territorial program data such as program activity, staffing, administrative, financial, and advisory body information. Further selected portions of State and Territorial program data (such as financial data) are restricted to specific States and Territories and/or selected State and Territorial personnel only.

According to State grantees, through the automatic transfer of programmatic information, the MIS decreases the reporting burden on grantees significantly once the initial data is entered.

4. Efforts to Identify Duplication and Use of Similar Information

Respondents are recipients of CDC funding. There is no other source of up-to-date information about their objectives and activities.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study.

6. Consequences of Collecting Information Less Frequently

There are no legal obstacles to reduce the burden.

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

There are no special circumstances related to the MIS, all guidelines of 5 CRF 1320.5 are met, and this project fully complies.

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 January 3, 2013, Vol. 78, No. 2, pages 305-306 (Attachment 2a). Two public comments were received from one individual, and CDC provided a courtesy reply (Attachment 2b).

B. Consultation Outside the Agency

In conjunction with initial implementation of the MIS, consultation with state grantees occurred to determine information needs of the state programs. Volunteers were solicited during a grantee workshop held February 2006 in Atlanta, GA. An eight member workgroup was established that represented six of the 13 grantee states.

9. Explanation of Any Payment or Gift to Respondents

Applicants or funding recipients do not receive payments or gifts for providing information.

10. Assurance of Confidentiality Provided to Respondents

The information collected in the MIS is secured by technical, physical, and administrative safeguards. A data contractor has been retained to assist with MIS development and security. Additional information is provided below.

Privacy Impact Assessment

A. Privacy Act Determination

Staff in the CDC Information Collection Review Office, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) have reviewed this submission and determined that the Privacy Act is not applicable to the data collection. Respondents are state-based health departments providing information on their organizational goals, activities, performance metrics, and resources. Although one or more contact persons are identified for each responding health department, the contact person does not provide personal information.

B. Information Security

Data security is ensured in the event of unauthorized access to the application server and/or code.

Technical safeguards. The system uses the Logon.DLL to authenticate the user against either the CDC NT Domain, or, in the case of non-CDC users, against the system's own list of users and passwords. The user must log in before accessing their information. There is no personal, private information in the user's profile. Passwords are never displayed and are stored in an encrypted form. User IDs are also encrypted. Respondent data is submitted to CDC via standard Internet-based communications protocols. Access to potentially sensitive data elements such as financial data is restricted using additional password protection.

Physical safeguards. Information is stored on MIS servers that comply with CDC standards and policies. The servers are housed in a secure, guarded, controlled-access facility. The MIS is backed up nightly so the database can be restored to a previous state in the event of suspected data corruption.

Administrative safeguards. To ensure authorized access, user accounts are available only to authenticated administrators. All accounts are approved by a system administrator inside the CDC network and reviewed on an ongoing basis. If any account becomes suspect, that account is removed or altered by the system administrator. Inactive users are logged off after 90 minutes and are required to re-login. The Data Steward is also responsible for periodic reviews of the data to ensure its quality, accuracy, and timeliness of submission.

An identification badge is issued to all contractor staff. All employees of the contractor and its subcontractors are required to sign a non-disclosure agreement.

C. Consent

The respondents for the MIS are state and territorial oral health programs and not individuals. IRB approval is not required for this information collection.

D. Voluntary vs. Mandatory Response

Grantees are required to report through the MIS twice a year as a condition of cooperative agreement funding.

11. Justification for Sensitive Questions

The MIS does not contain highly sensitive personal information, however, some of the respondent grantee's financial, performance or personnel data could be viewed as somewhat sensitive. The collection of this information is integral to the purposes of the MIS. The security measures described above have been put in place to guard against inadvertent or inappropriate disclosure of information.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours

All information is collected electronically through the MIS twice per year (see Attachment 3). To determine the annualized burden hours, state oral health program staff members were

queried to determine actual hours spent in preparing the 2008 annual report. State respondents reported that once data had been initially entered into the system, the additional burden to update their respective state reports took approximately the same amount of time as preparing a manual report. Some states reported that due to the transfer features and focus of information collected, the MIS reporting took less time overall. Taking into consideration comments from the states, the CDC estimates that the current burden estimate of 11 hours per respondent per submission is still a valid general estimate for all 20 respondents. For the extension period in this clearance request (June-December 2013), the states will input only one response. Therefore, the total estimated annualized burden hours are 220, as the frequency of reporting in this clearance period will decrease from two responses per respondent to one response per respondent. The total burden hours are summarized in Table A.12-A, below.

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

Type of Respondent	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
State Oral Health Programs	20	1	11	220

B. Estimated Annualized Cost to Respondents

To determine the estimated average wage rate of $25.00/hour, the salaries of state oral health program managers were averaged for 6 grantees. The hourly wage is a straight calculation that does not include an estimate of benefits. This hourly wage was multiplied by the total estimated burden to respondents to obtain the estimated total annualized cost to respondents of $5,500 (see Table A.12-B below).

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

Type of Respondents	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Average Hourly Wage	Total Cost to Respondents
State Oral Health Program Managers	20	1	11	$25.00	$ 5,500

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

The information system 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 beyond normal office requirements.

14. Annualized Cost to the Federal Government

Phase I development costs for the MIS (now complete) were described in the original Information Collection Request. The current Phase II costs include the cost of a contract with the data collection contractor (Northrop Grumman, Atlanta, Georgia), responsible for ongoing system maintenance and user training, and the cost associated with oversight of the system by a CDC employee. The CDC employee serves as the data steward and participates in regular planning and coordination meetings with the contractor staff.

The ongoing maintenance costs and associated project support costs are assumed constant for the useful life of the system. If the specific performance measures required for awardees change over time, the MIS may require modifications. The costs associated with such modifications are undetermined and are not reflected here. However, it is assumed these changes would be minimal and thus easily incorporated into the overall system maintenance contract. The average annualized cost of the maintenance contract is estimated at $8400 over 7 months for 105 hours of labor (@$80/hour).

The total estimated annualized cost to the Federal government is $ 13,200.

Table A.14-A. Annualized Cost to the Government

Cost Category	Avg. Annual Cost
Data Collection Contractor	$ 8,400
CDC GS-13 10% GS-13 @ $96,000/year; pro-rated to 5% over the period of this Extension	$ 4,800
Total	$ 13,200

15. Explanation for Program Changes or Adjustments

The total estimated burden hours will decrease due to a decrease in the number of responses from two per year to one per year during the period of this Extension request (June-December 2013). The Extension will permit CDC to collect the final progress report from awardees, due 10/30/2013, including any reports that may be submitted past the due date. There is no change in the estimated burden per response.

The Revision ICR approved in 2010 was based on an estimate of 21 respondents (awardees). The current Extension ICR is based on 20 respondents, the actual number of awardees.

16. Plans for Tabulation and Publication and Project Time Schedule

A. Time schedule for the entire project

Current activities include maintenance and updating of the MIS reporting system based on state grantee requests and enhancing search functions within the system. The state grantees' final report under the current FOA is due to CDC on 10/30/2013. Because OMB approval for the electronic reporting system expires 5/31/2013, CDC is requesting a seven-month extension of OMB approval (until 12/31/2013). This extension will allow CDC to receive the final reports for grantees under the current FOA, and to provide any technical assistance or follow-up that may be needed to ensure that final reports are complete and accurate.

B. Publication plan

Information collected through the MIS will be reported in internal CDC documents and shared with state and territorial grantees.

C. Analysis plan

CDC will not use complex statistical methods for analyzing information. All information will be aggregated and reported in internal documents. Statistical analyses will be limited to simple tabulations.

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

The expiration date of OMB approval of the data collection will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are being sought to the certification statement for this data collection.