Revision Request
(0920-0650)

Prevention Research Centers Program
National Evaluation Reporting System

Supporting Statement
Part A: Justification

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Submitted by:

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TABLE OF CONTENTS

Exhibit A.16.a. Project Time Schedule

Attachments

1: Authorizing Legislation: Public Law 98-551

2A: Federal Register Notices

2B: Summary of Public Comments and CDC Response

3: PRC Program Performance Indicators

4A: Web-Based Survey

4B: Web-Based Survey Live Screen Shots

5: Telephone Interview

Abstract

The Centers for Disease Control and Prevention (CDC) currently collects information from awardees funded through the Prevention Research Centers (PRC) Program (OMB 0920-0650, expiration date June 30, 2013). CDC requests OMB approval to continue the data collection process for three years, with changes. This revision request describes plans to 1) continue using a web-based survey and telephone interview for data collection; 2) change the platform of the web-based survey; 3) decrease the data collection burden for each PRC by decreasing the number of questions collected on an annual basis; and 4) revise some questions for clarity or to reflect the current needs and priorities of the program. OMB approval is requested by June 1, 2013. This will allow CDC to implement the revised data collection methods and to collect data for the program's 2013 project period (September 30, 2012 – September 29, 2013) from August 1, 2013 to September 30, 2013.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

a. Background

In 1984, Congress passed Public Law 98-551 directing DHHS to establish Centers for Research and Development of Health Promotion and Disease Prevention. In 1986, CDC received lead responsibility for this program, referred to as the Prevention Research Centers (PRCs) Program. The PRCs are managed as a CDC cooperative agreement with awards made for five years. Attachment 1 provides a copy of the authorizing legislation for the PRC Program, the Health Promotion and Disease Prevention Amendments of 1984.

In August 2008, CDC published program announcement DP09-001 for the 2009 – 2014 PRC Program funding cycle. The announcement was competed with a total of 37 PRCs selected through a competitive external peer review process; the program is currently in its fourth year of the five year award cycle.

Each PRC is housed within a school of public health or a school of medicine or osteopathy with a preventive medicine residency. PRCs conduct outcomes-oriented health promotion and disease prevention research on a broad range of topics using a multi-disciplinary and community-based approach. Research projects involve faculty from the school and different departments within the university, and partners from the community and external organizations. Partners include state and local health departments, departments of education, schools and school districts, community organizations, health providers, and other health organizations. Partners collaborate with the PRC to assess community health priorities; identify research priorities; set a research agenda; conduct research projects and related activities such as training and technical assistance; and disseminate research results to public health practitioners, researchers, and the general public.

Each PRC receives funding from CDC to establish its core infrastructure and support a core research project as well as training and evaluation activities. Research foci reflect each PRC's area of expertise and the needs of the community. Health disparities and goals outlined in *Healthy People 2020* are a particular emphasis for most PRC core research. Since 1993, PRCs can apply for Special Interest Projects (SIPs), funded by units throughout CDC as well as other DHHS agencies. The SIPs are cooperative agreements, sometimes, but not always, related to the PRC core project. In addition, many PRCs conduct research on other disease prevention and health promotion topics funded by sources such as health departments, foundations, and other federal agencies.

The 2008 DP09-001 program announcement included a set of 23 program performance indicators for the PRC Program. The indicators were developed in 2002 collaboratively with program stakeholders and correspond to the PRC conceptual framework (or logic model) that identifies program inputs, activities, outputs, and outcomes. Based on review of fiscal year 2007 data and input from the PRCs during 2008 – 2009, the list of indicators were revised and the number decreased to better reflect the needs of the program and the resources available to collect those data. Attachment 3 provides the final set of 17 PRC Program performance indicators used to guide current data collection.

CDC is currently approved to collect performance information from PRCs through a web-based survey and telephone interview (OMB #0920-0650, exp. 6/30/2013). The web-based survey is designed to collect information on the PRCs' collaborations with health departments; formal training programs and other training activities; and other funded prevention research projects conducted separate from their core research. A structured telephone interview with a key PRC informant collects data that do not lend themselves to survey-based methodology and require some qualitative discussion.

In this revision, CDC requests OMB approval to 1) continue using a web-based survey and telephone interview for data collection; 2) change the platform of the web-based survey; 3) decrease the data collection burden for each PRC by decreasing the number of questions collected on an annual basis; and 4) revise some questions for clarity or to reflect the current needs and priorities of the program. Approval for three years is requested; however the PRC Program will begin a new funding cycle starting in September 2014 and an OMB revision or change request may be needed.

b. Privacy Impact Statement

i. Overview of the Data Collection System

The proposed information collection includes an annual survey conducted through SurveyGizmo, a web-based data entry system (Attachment 4) and telephone interview (Attachment 5). All data will be stored on-site at CDC using Microsoft Excel or Access and analyzed using SAS. Data will be maintained for ten years to allow for continued analysis and publication of reports and scientific journal articles.

ii. Items of Information to be Collected

The web-based survey is divided into three parts. Logistically, this allows each PRC to gather and organize information by topic and to enter and save data and return to the system to complete data entry within the designated timeframe, as their schedule permits. The name, email address, and telephone number is requested of the person entering the data for each PRC in case data quality issues need to be resolved. Otherwise, no individually identifiable personal information is collected and the data reflect activities and outputs of each PRC.

The data to be collected through each part of the web survey include the following:

- Part I: Collaboration and Number of Students Trained or Mentored
  - PRC involvement with state and local health departments and Tribal organizations
  - Number of students trained or mentored (high school, undergraduate, masters, doctoral, and post-doctoral)
- Part II: Other Funded Research Projects
  - Number of new other research projects. For each research project, we collect the following information:
    - Amount of annual funding
    - Funding source(s)
    - Health topic(s)
- Part III: Formal Training Programs
  - Number of training programs delivered
  - Number of people trained by type of audience for each training program delivered
  - A brief (300 word or less) description of the formal training program

The data to be collected by telephone interview is designed to obtain information on systems and environmental changes in which PRCs are involved. Though we seek quantitative information, these data do not lend themselves to survey-based methodology and some discussion may be necessary to better understand these data. The name, email address, and telephone number is requested for the key PRC informant; otherwise, no individually identifiable personal information is collected and the data reflect activities and outputs of each PRC.

The information to be collected includes the following:

- Number of systems and environmental changes the PRC was involved with
- Discuss how PRC was involved in each change
- For each change, indicate if change was associated with a core project, special interest project (SIP), or other research project and from which funding cycle the project was conducted.

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

SurveyGizmo is hosted through a website and there are no pages or other information directed at children under thirteen years of age. The web address will be shared with the PRC Directors and other PRC staff involved in data entry.

2. Purpose and Use of the Information Collection

The purpose of the data collection is to monitor progress on the final set of 17 PRC Program performance indicators that were revised and approved by the program and its partners in 2009. In the current economic and fiscal environment, assuring program accountability is critical. Collecting data on performance indicator measures help to:

- Demonstrate national program accountability to decision-makers and national program partners.
- Facilitate program improvement at the PRC Program office within CDC and at the PRCs.
- Demonstrate success of each PRC.
- Document innovative work.

Reports will be generated at two levels:

- **National-level reports** provide aggregate data across all PRCs (e.g., the number of formal training programs implemented by the PRCs) or a specific subset of PRCs (e.g., among PRCs working with adolescents, the percentage focusing on physical activity).
- **Local-level reports** provide information specific to a single PRC such as the amount of funding received through special interest projects or other funded research projects.

The data collected to date have proved very useful in describing PRC activities and outputs when responding to requests for information about the PRC Program from Congress, the CDC Director, and others. Based on experience with the data, we plan to reduce the number of or modify questions associated with the program

indicators. These revisions reflect the most important information needed by the PRC Program and our stakeholders.

The data evaluate the PRC Program grantees' activities, outputs, and outcomes and are generalizable within the PRC Program. The data are not generalizable to other large research programs.

a. Privacy Impact Assessment Information

The information is being collected for and will be used for the following reasons:

- To monitor compliance with cooperative agreement requirements.
- To identify needs for training and technical assistance in areas such as training, evaluation, or community-based participatory research.
- To evaluate progress made in achieving PRC-specific goals and activities.
- To obtain information needed to respond to inquiries from HHS, Congress, and other sources.
- To summarize PRC Program activities across all 37 PRCs, which provides a national description of the program.
- To identify PRCs with similar activities and link them with each other and with CDC units to facilitate collaboration.
- To describe the PRC Program overall related to amount of funding, number of projects, number of training programs, number of persons trained, and public health impact through contributions to systems and environmental changes.

The data can be used by the PRCs for the following purposes:

- To provide summaries of their own activities and impact on their partners, communities, and local decision-makers.
- To share information with other PRCs for collaboration on projects and for learning from the experience of other PRCs doing similar research.

No individually identifiable information is being collected other than the name and phone number of the person(s) responding on behalf of each PRC and the proposed data collection will have no effect on the respondent's privacy.

3. Use of Improved Information Technology and Burden Reduction

CDC is currently approved to collect performance information from PRC's through a web-based survey and telephone interview. (OMB #920-0650, exp. 6/30/2013) The program will use SurveyGizmo instead of Survey Monkey as currently approved; SurveyGizmo is more robust and has survey design features that improves the ease of data entry for respondents. A small subset of data that require discussion and explanation will be collected through telephone interview.

Both SurveyGizmo and the telephone interview will collect data from all 37 PRCs; we expect a 100% response rate.

Special attention was given to ensure the revised system collects only the highest priority data needed by the PRC Program, is easy to use, and that the data are available and readily analyzed. The data collection methods will use information technology to ensure minimum number of data entry errors through use of range checks, quality of information, and no information redundancy. All methods will be integrated through linking identifiers, unique to each PRC and its associated data element (e.g., project, formal training program, etc.). The data collection methods allow varying degrees of access for PRCs and CDC staff. System access ranges from read-only to full data entry privileges depending on the user's role and needs.

4. Efforts to Identify Duplication and Use of Similar Information

The proposed revision will provide an efficient method for PRCs to submit evaluation information on their center's other research projects, involvement with health departments, training programs, and contributions to systems and environmental changes needed to measure progress toward, or achievement of, the PRC program indicators.

No other agency, either within the federal government or in the private sector, collects similar data to enable evaluation of PRC Program activities.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

The PRC Program proposes to continue indicator data collection annually. Less than annual data collection for most variables would delay receipt of critical information on PRC activities, outputs, and outcomes which would:

- Negatively impact the national evaluation of the PRC Program
- Undermine accountability efforts at both the national and local levels
- Weaken programmatic efforts to monitor grantees
- Weaken efforts to respond in a timely manner to inquiries from Congress and other stakeholders with current information

There are no legal obstacles to reduce the burden.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

a. Federal Register Notification

A 60-day Federal Register Notice was published in the *Federal Register* on December 19, 2012, Vol. 77, No. 244, pp. 75166 - 75167. A copy of the Notice is included as Attachment 2A. One public comment was received and CDC provided a courtesy reply in response (Attachment 2B).

b. Other Consultations

The PRC Program Indicators were initially developed as part of the PRC Program national evaluation planning process (Task Number 04C99985, through the Department of Health & Human Services Program Support Center, with ORC Macro). Consultants for refining the PRC program indicators were members of the PRC Program's Collaborative Evaluation Design Team (CEDT). The CEDT included two PRC directors, three PRC investigators or evaluators, one PRC community liaison staff member, one representative of a state health agency, and two community advisory board members. Attachment 6 provides a list of CEDT members. The CEDT met through periodic conference calls which began in December 2004 and continued until 2007. Via conference calls, the consultants provided feedback on type of information to be collected for the indicators, the availability of this information, and the reporting format. A July 28-29, 2005 in-person meeting in Atlanta, followed by several conference calls in August 2005, focused on selecting constructs on which to develop a refined set of program indicators.

Following development of a draft set of program indicators, the PRC Program office drafted new questions or revised existing questions to collect indicator data through the PRC Information System. The CEDT provided feedback on those questions September – October 2005.

In November 2005, the draft indicators with accompanying new and revised questions were shared with PRCs. Several PRCs provided comments on the clarity of wording, feasibility of data collection, and relevance of indicators to PRC work. The PRC Program staff and CEDT used the feedback to refine the indicators and questions. The refined version was shared with all PRCs, and several PRCs provided comments on minor edits and clarifications in May 2006. The feedback resulted in Modification 2 which was submitted and approved (changes considered non-substantive) by OMB in November 2006.

In summer 2008, the PRC Program began the process of extracting fiscal year 2007 data from the IS. At that time, the program identified a subset of data considered as high priority for program accountability. Informal consultation

with staff at numerous PRCs resulted in the suggestion to decrease the amount of data collected and to consider alternative methods for data collection. Changes were made based on those suggestions.
Attachment 4 provides the questions and response options for data collection via web-based survey and Attachment 5 provides the telephone interview.

9. Explanation of Any Payment or Gift to Respondents

The PRCs do not receive any payment or gift for providing information collected by web-based survey or telephone interview.

10. Assurances of Confidentiality Provided to Respondents

The information reported to CDC is used to identify training and technical assistance requirements, evaluate progress made in achieving PRC-specific goals, and obtain information needed to respond to Congressional and other inquiries regarding program effectiveness. CDC does not collect any personally identifiable information from PRCs about individuals participating as subjects in PRC research or training activities. IRB approval is not required for the collection of PRC performance indicators.

Privacy Impact Assessment Information

a. Privacy Act Determination

This submission has been reviewed by NCCDPHP, which determined that the Privacy Act does not apply. Respondents are PRC grantees. Although each PRC identifies one or more contact persons, the contact person(s) report(s) information about organizational activities. No personal information is collected through the web-based survey or telephone interview.

b. Safeguards

The data will be secured on CDC servers, which require password protected access. An assurance of confidentiality is not needed as no individual level data are collected. For the web-based survey, each PRC has access to its own information and decides on the level of access to the survey for each user.

c. Consent

Respondent consent is not needed. Data collected reflect each PRCs activities, outputs, and outcomes, not data about a specific individual. Numerous methods are used to inform the PRCs about the data collection – 1) discussion on committee conference calls, 2) presentations at the PRC Directors meetings, and 3) distribution of guidance or instructions through email.

d. Nature of Response

Each PRC is required to report its progress and performance indicators to CDC.

11. Justification for Sensitive Questions

No information is collected on individuals participating as subjects in PRC research activities. Neither the web-based survey nor telephone interview will collect sensitive information on any PRC project staff or partners. Data collected will reflect each PRC; public disclosure of the data will be in aggregate across all 37 funded PRCs. No data on individual PRCs will be published.

12. Estimates of Annualized Burden Hour and Costs

a. Estimated Burden to Respondents

Each PRC will complete the annual web-based survey (see Attachment 4A for complete content; Attachment 4B provides screen shots). The estimated burden per response is five hours. Some overall and specific changes are proposed for the web-based survey to improve data entry and decrease burden for respondents and still meet program needs. SurveyGizmo will be used instead of the currently approved Survey Monkey web-based system. The survey is divided into three parts and instructions and definitions to each part have been added for clarity. Questions have been deleted or modified in each part, particularly in Part II (Newly Other Funded Research Projects) where 11 questions were eliminated. Three new questions were added to Part III (Formal Training Programs). The total estimated annualized burden for the Web-based survey is 185 hours (see Exhibit A.12.a). There are 37 respondents (PRCs).

In addition, a representative from each PRC will participate in an annual telephone interview (see Attachment 5). The estimated burden per response is 30 minutes. None of the questions in the interview guide currently approved will be asked. In the currently approved version there were three sections; information from section 1 (new staff) is now obtained from document review and information from section 3 (externally evaluated interventions) did not produce useful information so will no longer be asked. The questions in section 2 (policy and environmental changes) have been modified to clarify the information being requested. One new question with 5 subparts will be asked to obtain information on the PRC's contribution to systems and environmental changes. The total annualized burden for the telephone interview is estimated at 19 hours (see Exhibit A.12.a).

The total estimated annualized burden for both information collection methods is 204 hours (see Exhibit A.12.a).

Exhibit A.12.a
Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
PRC Program	Survey	37	1	5	185
	Telephone Interview	37	1	0.5	19
Total					204

b. Estimated Cost to Respondents

PRC clerical staff will collect, verify and report survey information to CDC. PRC directors will participate in the telephone interview. The estimated cost to respondents is based on hourly salary rates published by the Bureau of Labor Statistics (BLS). For PRC clerical workers, the mean average of $23.13 per hour was used (BLS category 43.6011, Executive Secretaries and Administrative Assistants). For PRC Directors, the mean average of $90.00 per hour was used (ninetieth percentile of BLS category 25-1071, Health Specialties Teachers, Postsecondary). The ninetieth percentile was used because the PRC Directors are the leaders in the field of health promotion research.

The total estimated annualized cost to respondents is $5,944, as summarized in Exhibit A.12.b.

Exhibit A.12.b
Estimated Annualized Burden Costs

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Average Hourly Wage Rate	Total Cost
PRC Program	Survey	37	1	5	$23.13	$4,279
	Telephone Interview	37	1	0.5	$90	$1,665
Total						$5,944

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

a. Total Capital and Start-up Costs

The PRCs will not incur any capital or start-up costs as a result of the survey or telephone interview. All PRCs have access to the Internet and telephone, as well as computers. Thus, no new hardware or software are needed to respond to the survey or telephone interview.

b. Total Operation and Maintenance

The PRC Program office will incur a minimal cost for a site license for SurveyGizmo.

14. Annualized Cost to the Government

The PRC national evaluation reporting system will include both contractor and Federal employee costs. The PRC Research and Evaluation Team leader will provide oversight of the development and implementation of the questionnaires and develop reports from the data. The PRC Research and Evaluation Team evaluator is responsible for developing and implementing the web-based survey and the telephone interview, and for providing oversight of the development of the data system. A PRC Research and Evaluation Team member will assist the team evaluator in developing data collection instruments, and collecting and analyzing the data.. Two contractors will share responsibilities in developing the data system, managing the data, conducting data analysis, and providing continued enhancements to the data system and data analysis.

From FY 2013 – FY 2016 annualized cost for federal employee time is $46,200 for a total of $138,600 over the three years. In addition, the annualized cost for two half-time contractors' salary and benefits is $108,000 for a total cost of $324,000 over the three years (see Exhibit A.14.a)

Exhibit A.14.a
Annualized Costs of PRC Data Collection

Cost Category	Description	Percent Effort and Average Annual Salary	Cost
Federal Personnel	Team Leader	5% FTE @ $128,000/year	$6,400
	Evaluator	20% FTE @ $102,000/year	$20,400
	Health Scientist	20% FTE @ $97,000/year	$19,400
		Subtotal, Federal Personnel	$46,200
Contractor	Public Health Analyst I	50% FTE @ $108,000	$54,000
	Public Health Analyst I	50% FTE @ $108,000	$54,000
		Subtotal, Contractors	$108,000
	Total, Federal Personnel and Contractors		$154,000

15. Explanation for Program Changes or Adjustments

The number of respondent PRCs will remain constant at 37. The overall burden per respondent will decrease due to reductions in the burden per response for each data collection instrument. These reductions are due primarily to elimination of a number of questions. The burden per response for the web-based survey will decrease from six hour to five hours, and the burden per response for the telephone interview will decrease from one hour to 30 minutes. The adjusted total estimated annualized burden hours are 204, a net reduction of 55 hours from the previously approved total burden estimate of 259 hours.

16. Plans for Tabulation and Publication and Project Time Schedule

Information collected through survey and telephone interview will be tabulated through descriptive statistics such as percentages, ranges, means, and medians. CDC will not use complex statistical methods to analyze data. Example statements include:

- Across all PRCs, a total of 4,000 people were trained during the past fiscal year and ranged from 0 – 300 people per PRC.
- Across all PRCs, 29 PRCs have funds to support other research projects for a total of 200 other research projects.
- Across all PRCs, 25% have other research projects related to tobacco control and prevention.

The PRCs are funded for 12 consecutive months from September 30 – September 29 of each year. Information collected through the web-based survey and telephone interview will be disseminated annually through both internal CDC documents as well as in fact sheets and special reports for both internal and external stakeholders.

Data collection from the PRCs will occur at the end of each funding year. In order to collect year 1 data in a timely manner, it is critical that OMB approval is received no later than June 1, 2013. Exhibit A.15.a shows the timeline for year 4 data collection, analysis, and reporting. The timeline will repeat for the remaining years of the current funding cycle. The PRC Program will begin a new funding cycle starting in September 2014 and an OMB revision or change request will likely be submitted.

Exhibit A.16.a
Project Time Schedule

Activity	**Time Schedule**
Send guidance document to PRCs including changes made to data collection	1 week after OMB approval
Collect web-based data	2 – 3 months after OMB approval
Conduct telephone interviews	3 months after OMB approval
Review and validate data	4 – 5 months after OMB approval
Aggregate data	6 – 8 months after OMB approval
Develop reports	9 – 12 months after OMB approval

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

The web-based survey will display the expiration date for the OMB approval on the first page of each part of the survey.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.