Centers for Disease Control and Prevention
National Center for Environmental Health
Air Pollution and Respiratory Health Branch
Asthma Information and Reporting System (AIRS)

Request for OMB Review and Approval for Extension

OMB Control Number 0920-0853

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AIR POLLUTION AND RESPIRATORY HEALTH BRANCH
ASTHMA INFORMATION REPORTING SYSTEM (AIRS)
A MANAGEMENT INFORMATION SYSTEM

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

Background
This statement supports the request for clearance of electronic collection of information by State Asthma Programs funded by the Air Pollution and Respiratory Health Branch (APRHB) in the Division of Environmental Hazards and Health Effects (EHHE) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS). We are requesting a three-year extension for an existing information collection request (ICR) titled the Asthma Information Reporting System (AIRS) (0920-0853; Expiration 06/30/2013). There are no changes to the existing data collection, the IC forms, or the estimated reporting burden.

AIRS is a web-based progress and reporting system which is voluntary for our 36 funded state health departments under the cooperative agreement program, *Addressing Asthma from a Public Health Perspective*. Our funded partners have been reporting under this system since June 2010. AIRS has enabled CDC staff to better provide technical assistance to our funded programs by enabling us to look across states and facilitate linkages of states with one another. This has saved state staff time in cases where they are about to embark on work that is similar to that being done elsewhere, as CDC staff are able to link programs so they may learn from one another and share program resources. The system has been similarly helpful in linking states together in instances where state staff is interested in publishing their work and program results either in peer reviewed journals or via presentations at national conferences. CDC staff at various levels have made requests from AIRS to get a picture across programs for such things as how states are collectively doing regarding meeting staffing requirements, completing strategic evaluation plans in a timely manner, what portions of their programs are being evaluated, what interventions they are conducting with what target groups, how surveillance data are used, and others. Most recently, we had three state programs that co-presented on a panel with CDC staff regarding evaluations of their asthma partnerships at the November 2012 American Evaluation Association sponsored *Evaluation 2012* conference. This is but one illustration of many showing that the system acts as a tool that enhances the states' ability to collaborate with and learn from one another. In addition, access to AIRS data by CDC staff enable us to be more responsive to Congressional and other inquiries regarding our program (e.g. how many states have asthma interventions targeting schools) as we are able to gather those data without delays that existed when all records were in paper format and filed in the offices of the various staff that are responsible for oversight of these programs.

In 1999, the U.S. Congress provided funding for the Centers for Disease Control and Prevention (CDC) to develop state-based public health asthma programs. The CDC strategic plan established a comprehensive national asthma program that supports state and territorial programs. In September 2009, under Program Announcement CDC-RFA-EH09-901, the CDC's APRHB funded 34 states, the District of Columbia, and Puerto Rico to address asthma. These awardees (hereinafter referenced as states) were selected through a competitive peer review process, and are managed as CDC cooperative agreements. Awards are made for five [5] years and renewed through a continuation application. This request for an OMB extension for this ICR will allow CDC to continue to collect this state-based information for the entire program period. This program is authorized under sections 301(a) and 317b(k)(2) of the Public Health Service (PHS) Act, [42 U.S.C. sections 241(a) and 247b(k)(2)], as amended (see Attachment 1).

State Asthma Programs are population-based, state public health programs that are funded to develop asthma surveillance systems and asthma partnerships, and to develop and implement a state asthma plan with state partners. Support for these programs is a cornerstone of APRHB efforts to reduce the burden of asthma throughout the nation.

All funded states are required to submit continuation applications and semi-annual progress reports consistent with federal requirements in response to the Government Performance and Results Act of 1993. All funded states provide work plans, evaluation plans, and report minimum data elements that are used to evaluate the program at the national level.

Since the inception of the asthma program, and pursuant to federal regulations, the CDC has requested submission of twice-yearly progress reports from each funded asthma state. The progress information is used to identify training and technical assistance needs; monitor compliance with cooperative agreement requirements; evaluate progress made in achieving national and state specific goals; and respond to inquiries regarding program activities and effectiveness. Historically, the CDC used a variety of unstandardized sources to collect state-level information including the initial cooperative agreement application, continuing applications for each yearly budget period, twice-yearly progress reports, and financial status reports.

In the approved package for AIRS in 2010, the AIRS initiated a change in the progress reporting mechanism used to maintain individual state information and to standardize the information reported by these programs. This package is a request to continue operating the web-based AIRS based on demonstrated efficiency of the system. Over the past three years, the CDC has used AIRS to fulfill its obligations under the cooperative agreements to: monitor, evaluate and compare individual programs; and to assess and report aggregate information regarding the overall effectiveness of the State Asthma Programs. This current web-based application and reporting process has improved the CDC's ability to compile, summarize, and report aggregate asthma information in an efficient and useful manner.

The AIRS has and will continue to support CDC's goal of reducing the burden of disease related to asthma by enabling staff to more effectively identify the strengths and weaknesses of individual programs, and to disseminate information related to successful public health interventions implemented by funded programs.

Privacy Impact Assessment

Overview of the Data Collection System
The AIRS is a well-demonstrated web-based system which collects individual state information in a standardized manner. The AIRS employs a uniform and systematic method of collecting semi-annual and annual progress reports required of these CDC funded state health departments.

Information Items to be Collected
The data collection system is web-based and interactive. Each state will continue to report and have access solely to its own data. Relevant CDC programmatic staff will have access to all states' data. The Data Requirements lists the elements of data which are to be reported in this system and this document is attached to this package (Attachment 4).

No individually identifiable information (IIF) is being collected in this system. The system does not collect individual names, addresses, medical information, or other personally identifiable data. The only data collected on individuals includes CDC funded staff positions. Names, positions, and business contact information are collected by this system. Therefore it is not personally identifying information about these individuals that is being collected, but instead information about their positions/roles.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age
The Information Collection does involve web-based data collection, however the website does NOT contain content directed at children under 13 years of age. The website will be accessible only to those possessing a password for the system and is closed to others. All required CDC policies will be adhered to regarding the website.

2. Purpose and Use of the Information Collection

The AIRS is designed to report State Asthma Program information including: continuing application/interim progress report which includes program goals and objectives; and end of year reports that describe progress toward achieving stated goals and objectives. State programs will submit AIRS reports twice each year.

CDC uses this information for program operations management and reporting purposes including:

- Serve as a resource to the branch, division, and center when addressing congressional, departmental and institutional inquiries,
- Help the branch align its current interventions with CDC goals and allow the monitoring of progress toward these goals,
- Allow the program and evaluation teams to focus on states' achievements based upon a set of core indicators,
- Allow CDC and the states to make more informed decisions about activities to achieve objectives,

- Facilitate communication about interventions across states, and
- Enable inquiries regarding interventions by disparate populations, age groups, geographic areas and other variables of interest.

This automated AIRS has improved CDC's ability to perform these functions and responsibilities. More importantly, it has enabled CDC to utilize web-based technology to perform these functions in a more efficient manner than previously possible. The frequency with which the information will be collected will remain the same as previously described.

The AIRS has demonstrated utility to collect standardized information from every funded state-based program. Standardizing and automating this information enabled CDC to sort the collected information. It has enabled CDC to compare the effectiveness of different programs and intervention strategies in recognizing signs and symptoms of asthma, in controlling asthma, and in improving quality of care for those diagnosed with asthma. Without the automated AIRS, CDC would need to continue to use the time consuming, labor intensive manual analysis procedures.

Privacy Impact Assessment Information

This information is being collected to fulfill reporting requirements of the state-based asthma cooperative agreement program and the data collected. The intended use of the information is delineated in the above bulleted list.

The proposed data collection will have little or no effect on the respondent's privacy as it is not individual data, rather, data about a CDC-funded state program.

No IIF, as generally defined, is being collected by this system. The names and basic locating information of CDC-funded staff being collected are not considered personal information, but information about the positions these individuals hold.

3. Use of Improved Information Technology and Burden Reduction

The AIRS is a centralized, web-based information system using a relational data model to support the collection and reporting of information. Special attention has been given to ensuring the system is easy to use and collects information that can later be queried and summarized through its reporting capabilities. AIRS will allow for electronic respondent reporting resulting in improved reporting and less burden for the respondent. More specifically, the system was developed with the following objectives:

- Shortening the time period for collecting information
- Standardizing the information collection and dissemination processes
- Identifying promising practices
- Measuring progress on program objectives
- Sharing knowledge and experience
- Reducing dependence on paper

AIRS fosters consistency of information through its uniform collection process and well-defined information components. This collection process takes advantage of technology that ensures a minimum number of errors, quality information, and no redundancy.

The system allows varying degrees of access for project officers at CDC. System access ranges from read-only access to full recording privileges depending on the user's role and needs. This ensures that stored information is accessible only through the password protection mechanism.

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 states from the CDC through the Air Pollution and Respiratory Health Branch. AIRS consolidates information necessary for both continuation applications and progress reports so that information entered once can be used to generate two types of reports without having to duplicate efforts. AIRS does not cause duplication and, in fact, eliminates duplicative efforts under our current reporting system.

5. Impact on Small Businesses or Other Small Entities

No small businesses will participate in the AIRS data collection.

6. Consequences of Collecting the Information Less Frequently

Reports are collected semi-annually in fulfillment of requirements outlined in Program Announcements CDC-RFA-EH09-901. The reports are due at the mid-term and end of the budget period. Less frequent reporting will negatively impact monitoring progress of national and state efforts to reduce the burden of asthma, and undermine accountability efforts at both levels. The twice-yearly reporting will allow the APRHB to respond in a timely manner with up-to-date information to inquiries from Congress and other stakeholders.

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 AIRS, and the request for an extension fully complies with the regulation 5 CFR 1320.5.

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

A. Federal Register Notification

A 60-day Federal Register Notice was published in the Federal Register on February 20, 2013, Volume 78, No. 34, page 11888. (Attachment 2)

One nonsubstantive comment was received and the customary agency response was sent. A letter of support was also received from the American Lung Association (Attachment 6) which states in part: "Safeguarding AIRS will enable states to continue collecting standardized and enhanced surveillance information on asthma, not available elsewhere. In addition, AIRS has been instrumental in informing the public of the positive aspects of National Asthma Control Program activities in addressing the burden of asthma." An agency response acknowledging this letter of support was sent.

B. Other Consultations

Consultation efforts occurred during the system development process. A list of the selected data elements, necessary for program management and oversight, was developed by the internal APRHB AIRS Workgroup. Usability testing was performed for the data elements. The list of state health department participants for the usability testing is attached to this application (Attachment 3). The data collection instrument can be found in Attachment 4. Additional usability testing has not been done over the years since the system was launched, however, more recently a user manual was developed based on input from the states and our project officers.

9. Explanation of Any Payment or Gift to Respondents

No payments or gifts have been or will be given to respondents.

10. Assurance of Confidentiality Provided to Respondents

It has been determined that the Privacy Act is not applicable. The data collection does not involve collection of sensitive and/or IIF. Information collected through progress reports is used to identify training and technical assistance needs; monitor compliance with cooperative agreement requirements; evaluate progress made in achieving national and program-specific goals; and to respond to inquiries regarding program activities and effectiveness.

Access to AIRS 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 State Asthma Program has access to its own information and will decide the level of access for each user, and to what extent local partners may access that information.

The Human Subjects Contact for the National Center of Environmental Health has determined that the data collection is not research involving human subjects and IRB approval is not required (see Attachment 5).

<u>Privacy Impact Assessment Information</u>

A. This submission has been reviewed by the NCEH/Agency for Toxic Substances and Disease Registry (ATSDR) Office of Science. It has been determined that the Privacy Act does not apply.
B. The information will be secured in a password-protected system requiring login by authorized users. Written reports generated from this system will be used for official

purposes of CDC program staff and are secured in limited access CDC premises. The contractor is subject to a non-disclosure agreement, which is provided as an Attachment 6.

C. As this system will not collect personally identifiable information, we have not identified any need for respondent consent. State cooperative agreement recipients are required to report periodically as a condition of their award from CDC.

D. Respondents will be strongly encouraged to utilize the web-based reporting system, but this is not a condition of their award and therefore is not mandatory, but voluntary. Should they wish to do so, respondents are permitted to report in a paper format.

No IIF is being collected.

11. Justification for Sensitive Questions

The AIRS instrument does not collect sensitive information. No personal information is requested and no IIF will be reported. A security plan establishing controlled access to the information and following CDC guidelines will be developed.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours

For this IC, respondents are defined as State Health Departments. A total 36 respondents will input information into AIRS. Respondents reside in each of 34 states, the District of Columbia and Puerto Rico. The annual hour burden is estimated at 288 total hours based on 8 hours to complete two reports per year per respondent. Table 1 displays the annualized report burden computations.

Table 1

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
State Health Departments	Interim report on activities and objectives	36	1	4	144
	End-of-year report on activities, objectives and aggregate surveillance	36	1	4	144
Total					288

B. Estimated Annualized Cost to Respondents

Table 2 displays estimates of annualized cost to respondents for the hour burdens used to report program progress information. The hourly wage rates are based on average rates of May 2012 National Industry-Specific Occupational Employment and Wage Estimates, NAICS 999200 - State Government, excluding schools and hospitals, for Management Analysts, 13-1111, with an average hourly rate of $26.62.

Table 2

Type of Respondents	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
State Health Departments	288	$26.62	$7,667

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

The information system was 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

Development, Implementation, and Maintenance

In the first three program years, major cost factors for the progress reporting system previously included the application design and development costs, and system modification costs based on pilot testing and feedback from system users. Ongoing costs will include system maintenance and training costs. For this current phase, Table 3 provides the estimated cost for support, which is the only anticipated cost. These costs are assumed to be constant for the useful life of the system. However, because this system gathers progress reporting information associated with specific performance measures required as part of five-year cooperative agreement cycles with states, any change to these performance measures in the future may precipitate system modifications. The associated costs for such modifications are undetermined and are not reflected here. However, it is assumed these changes would be minimal and thus easily incorporated into the contractors overall system maintenance contract, a currently established government contract expenditure.

Table 3

Phase	**Estimated Cost**
Support per Year	$21,500
Total	$21,500

15. Explanation for Program Changes or Adjustments
No program changes or adjustments are requested.

16. Plans for Tabulation and Publication and Project Time Schedule

A. Time schedule for the entire project

A three-year clearance extension is requested for this required semi-annual data collection. Actual data collection began in September 2010 and this request for extension would permit data collection to continue. A table including beginning and ending dates for the collection of information and other actions is provided below.

1Table 16-1 Project Time Schedule

Activity	Time Schedule
Data Input by States	3 months following OMB approval
Analyses and Validation	5-7 months following OMB approval
On-going Support (as required)	8-36 months following OMB approval

B. Publication plan

Information collected through AIRS will be reported in internal CDC documents and shared with state programs. Also, the AIRS system has been helpful in linking states together on occasions when a given state seeks to report their results at national meetings or publish their findings and program results in scholarly journals. For example, with CDC staff, three state programs co-presented on a panel regarding evaluations of their asthma partnerships at the November, 2012 American Evaluation Association's *Evaluation 2012* conference.

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 APRHB AIRS 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

No exceptions to the certification statement are identified..

B. Statistical Methods (title used for *Collections of Information Employing Statistical Methods*)

1. Respondent Universe and Sampling Methods

The respondent universe is the 36 funded state health department cooperative agreement recipients. Therefore, sampling methods will not be utilized for this information request.

2. Procedures for the Collection of Information

Cooperative agreement recipients are requested to provide data in the web-based reporting system twice a year – a semi-annual and an annual report.

3. **Methods to Maximize Response Rates and Deal with Nonresponse**

State health department cooperative agreement recipients are requested to utilize the web-based reporting system, but are not required to do so. Because statistical methods and sampling are not being utilized, there is no need to address these matters.

4. **Test of Procedures or Methods to be Undertaken**

Not applicable to this web-based reporting system.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Not applicable.

List of Attachments

Attachment 1. Authorizing Legislation
Attachment 2. 60-day Federal Register Notice
Attachment 3. Other Consultations
Attachment 4. AIRS Data Collection Instrument (web)
Attachment 4. AIRS Data Collection Instrument (Word)
Attachment 5. Human Subjects Determination
Attachment 6. Public Comment Letter of Support