Monitoring and Reporting System for

Chronic Disease Prevention and Control Programs

Part B: Statistical Methods

**August 28, 2013**

**Contact: Christopher J. Kissler**

**Telephone: (770) 488 5374**

**E-mail: CKissler****@cdc.gov**

**Office on Smoking and Health**

**National Center for Chronic Disease**

**Prevention and Health Promotion**

**Centers for Disease Prevention and Control**

**Atlanta, Georgia**

**TABLE OF CONTENTS**

**1. Respondent Universe and Sampling Methods**

**2. Procedures for the Collection of Information**

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

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

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

**List of Attachments**

1. Authorizing Legislation
	1. Public Health Service Act
	2. Comprehensive Smoking Education Act of 1984
	3. Comprehensive Smokeless Tobacco Health Education Act of 1986
2. Federal Register Notice

 a. 60-day Federal Register Notice

 b. Summary of Public Comments

1. List of Awardees
2. Management Information System Screenshots

**B. Statistical Methods**

1. **Respondent Universe and Sampling Methods**

Respondents are state-based tobacco control programs awarded funding through *CDC-RFA-DP09-901*, *Collaborative Chronic Disease, Health Promotion and Surveillance Program Announcement: Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System (BRFSS).* Awardees are health departments in all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands (see **Attachment 3**). Each awardee will submit a semi-annual report on its progress and activities. Reports are due in the Spring and Fall.

Statistical sampling methods are not applicable to this data collection and cannot be used to accomplish the functions of the proposed system.

1. **Procedures for the Collection of Information**

Information will be collected electronically through a Web-based electronic Management Information System (MIS). Each awardee has access to its own information and decides the level of access for other users (e.g., local partners). Users log into the system at their worksite computer and provide progress reporting information through prompted data entry points.

Instructions to users for completing information collection are built into each the MIS Web page.

The MIS produces progress reports that can be downloaded which meet the reporting requirements at [www.Grants.gov](http://www.Grants.gov). However, awardees will continue to submit financial status reports only through [www.Grants.gov](http://www.Grants.gov). The MIS enables awardees to complete a number of cooperative agreement tasks electronically, including reviewing the completeness of data necessary to submit required reports, entering basic summary information for required reports, and finalizing and saving required reports for upload to [www.Grants.gov](file:///%5C%5Ccdc%5Cproject%5CCCHP_NCCD_OD%5COpel%5COMB%5CCLEARANCES%5CNCCDPHP%20MIS%20for%20Collaborative%20FOA%20%280870%29%5C2013.07.09%20Working%5Cwww.Grants.gov). The MIS supports the automatic generation of progress reports. Awardees are able to transfer data from one year to another to minimize data re-entry. CDC staff have the capacity to query the database to extract awardee-related information. A copy of the data collection instrument may be found in **Attachment 4**.

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

Semi-annual reporting is required as a condition of cooperative agreement funding. Awardees were informed of reporting requirements via a notification letter (Notice of Award).

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

The design of the MIS was informed by experience with two Web-based management information systems developed for tobacco control programs (OMB No. 0920-0601, exp. 5/31/2010) and diabetes prevention and control programs (OMB No. 0920-0479, exp. 4/30/2013). These previous systems were phased out and replaced by the MIS. Every component of the MIS has undergone rigorous application testing, including usability testing of system design, and accuracy and comprehension testing of proposed data elements. During the past three cooperative agreement reporting cycles, grantees have utilized the MIS to report on progress, challenges, and accomplishment of programmatic activities.

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

CDC established and convened a workgroup to develop the MIS, including content, functionality, and usability of the database. The workgroup comprised of representatives from CDC’s National Comprehensive Cancer Control Program and epidemiologists.

Members of the the MIS workgroup and lead persons responsible for design of the data collection system include:

Jeanne Casner, Northrop Grumman Mission Systems (contractor), (404) 679-9466, JCasner@cdc.gov

Alison Lowery, formerly employed by Northrop Grumman Mission Systems (contractor)

Robert Lieb, CDC, Division of Diabetes Translation, (770) 488-5026, RLieb@CDC.GOV

Mary Lowrey, formerly employed by and now retired from CDC, Division of Diabetes Translation

Paul Hunting, CDC, Division of Population Health, (770) 488-1165, PHunting@CDC.GOV

Monica Eischen, CDC, Office on Smoking and Health, (770) 488-1072, MEischen@cdc.gov

Shannon Griffin-Blake, PhD, Division of Adult and Community Health, (770) 488-5266, SGriffinBlake@cdc.gov