

**MONITORING AND REPORTING SYSTEM FOR THE
STATE PUBLIC HEALTH ACTIONS COOPERATIVE AGREEMENT**

PART A: JUSTIFICATION

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**Contact: Jan Jernigan, Ph.D.
Telephone: 770.488.5224
E-mail: ddq8@cdc.gov
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Prevention and Control
Atlanta, Georgia**

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Overview

The Centers for Disease Control and Prevention (CDC) seeks OMB approval to collect information from awardees funded under the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health cooperative agreement program, hereafter known as State Public Health Actions. This program is a new initiative. OMB approval is requested for the first 3 years of the five year funding period.

Awardees will report progress and activity information to CDC on an annual schedule using an Excel-based **Performance Monitoring and Budget Reporting System** comprised of a **Work Plan Tool** and a **Budget Tool**. In addition, awardees will develop an evaluation plan and report on evaluation progress using a writable MS Word **Evaluation Plan Reporting Tool**. Information to be collected will provide crucial data for program performance monitoring and budget tracking, and provide CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources. Information to be collected also will improve real-time CDC-awardee communications; and strengthen CDC's ability to monitor awardee progress, provide data-driven technical assistance, and collect budget data to ensure proper disbursement of awarded funds.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

Chronic diseases—including heart disease, cancer, stroke, diabetes, obesity, and related risk factors, such as tobacco use, physical inactivity, and poor diet—are the leading causes of death and disability in the United States, accounting for 7 of every 10 deaths. In 2005, 133 million Americans – almost 1 of every 2 adults – had at least one chronic illness.¹ At the present time, medical care costs for people with chronic diseases account for more than 75% of the nation's \$2.6 trillion medical care costs. In 2010, the total costs of cardiovascular diseases in the United States were estimated to be \$444 billion and treatment costs for heart diseases account for about \$1 of every \$6 spent on health care in this country.² The direct and indirect costs of diabetes are \$174 billion a year. In 2006, the annual medical cost of obesity to the U.S. health care system was estimated at as much as \$147 billion (2008 dollars), almost half of which was financed by the Centers for Medicare & Medicaid Services (CMS) (23% by Medicare and 19% by Medicaid).³

The resources available to chronic disease prevention are modest relative to the burden of chronic disease in the U.S. population. In 2008, CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) began emphasizing better coordination and integration of chronic disease prevention and health promotion activities within states. The imperative for improving coordination was driven by budgetary constraints;

recognition that the diseases, conditions and risk factors for chronic diseases are interrelated and often co-occur; and recognition that the strategies used to address risk factors and improve health are complementary, and often similar, across programs that address the prevention and control of heart disease and stroke, diabetes, obesity, and other chronic conditions. Given these factors, the Public Health Service Act (PHS Act) provides an important opportunity for states to advance public health across the lifespan and to reduce health disparities. Section 317 (k)(2) of the PHS Act, 42 U.S.C. 247b (k)(2) (**Attachment 1a**) authorizes Grants for the implementation, evaluation, and dissemination of evidence-based preventive health activities. Based on this legislation, the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) issued a new Funding Opportunity Announcement (FOA) in 2013 that outlines an approach to preventing and reducing the risk factors associated with priority chronic diseases (“State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health,” FOA DP13-1305, also called “State Public Health Actions”).

The new State Public Health Actions program is a collaborative endeavor involving NCCDPHP’s Division for Heart Disease and Stroke Prevention (DHDSPP), the Division of Nutrition, Physical Activity and Obesity (DNPAO), the Division of Diabetes Translation (DDT), and the School Health Branch (SHB) in the Division of Population Health (DPH). Collectively, these units have a rich history of working with state departments of health and education to (i) increase their ability to implement evidence-based strategies aimed at reducing risk factors associated with a variety of chronic diseases, and (ii) implement activities and strategies that can help reduce complications associated with multiple chronic diseases. However, the State Public Health Actions program is the first time all 50 states and the District of Columbia are receiving 5-year funding allotments for cross-cutting strategies to improve multiple chronic diseases and the risk factors associated with the following public health priorities: uncontrolled hypertension; the prevention and control of diabetes; the incidence of obesity; increased physical activity and healthy eating in children and adults; increased breastfeeding; and improving the management of chronic conditions of students. A list of awardees is provided in (**Attachment 2**).

The activities and strategies outlined in the State Public Health Actions program are organized by the four chronic disease prevention and health promotion domains:

- 1) *Epidemiology and surveillance*;
- 2) *Environmental approaches* that promote health and support and reinforce healthful behaviors;
- 3) *Health system interventions* to improve the effective delivery and use of clinical and other preventive services; and
- 4) *Community-clinical linkages* to support cardiovascular disease (CVD) and diabetes prevention and control efforts and the management of chronic diseases.

The four domains framework promotes simultaneous work to address multiple chronic diseases and risk factors. Domain 1 encompasses both epidemiologic and surveillance methods to support gathering, analyzing, and disseminating population health data and evaluation methods to inform, prioritize, and monitor the delivery of the interventions in

Domains 2-4. Domain 2 includes interventions that address the underlying causes of chronic disease. Domains 3 and 4 include interventions that strengthen systems and resources for early detection and better management of chronic diseases. Collectively, the work conducted through this chronic disease and health promotion framework will promote a healthier society that delivers healthier students to our schools and early care and education centers, healthier workers to our businesses and employers, and a healthier population to the health care system.

All State Public Health Action awardees are funded for Basic activities including health promotion, epidemiology, and surveillance (Domain 1). In addition, some awardees are funded for more extensive and wider-reaching Enhanced activities that include implementation of evidence-based health promotion and disease prevention strategies in Domains 2, 3, and 4. In 2014, all awardees received supplemental funding to increase program activities. Basic-level awardees received supplemental funding to incorporate a number of additional interventions also being implemented by awardees funded at the Enhanced level. Enhanced-level awardees received additional funds to increase the number and intensity of activities occurring within already selected interventions. The supplemental funding was provided by the Patient Protection and Affordable Care Act, Prevention and Public Health Fund (**Attachment 1b**). CDC requests OMB approval to collect information from these awardees to monitor their progress and assist them in achieving their objectives. Information collection and reporting will be organized by domain, thus, reporting burden will be greater for awardees that participate in Enhanced activities.

Funded grantees will monitor and report progress on their work plan objectives, activities, and performance measures. Two related tools have been developed to collect this information: a Work Plan Tool (**Attachment 4a**) and a Budget Tool (**Attachment 4b**). In addition, each awardee will develop an evaluation plan and report relevant information using an Evaluation Plan Reporting Tool (**Attachments 4c and 4d**). Information will be transmitted to CDC electronically through an FTP site (**Attachment 4e**).

CDC plans to begin using the proposed performance monitoring tools immediately upon receipt of OMB approval. CDC is authorized to collect information for public health purposes by Section 301(a) of the Public Health Service Act (**Attachment 1c**).

2. Purpose and Use of the Information Collection

The information collection will enable the accurate, reliable, uniform and timely submission to CDC of each awardee's work plans and progress reports, including strategies and performance measures. The information collection and reporting requirements have been carefully designed to align with and support the goals outlined in the State Public Health Actions cooperative agreements. The information collection plan will enable collection and reporting of the information in an efficient, standardized, and user-friendly manner that will generate a variety of routine and customizable reports. Local level

reports will allow each awardee to summarize activities and progress towards meeting work plan strategies and performance measure targets. 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 program activities and their impact.

There are significant advantages to collecting information with these reporting tools:

- The data structures and business rules will help awardees formulate performance measures that are specific, measurable, achievable, relevant and time-framed (SMART). This formulation is intended to facilitate successful achievement of performance measures and is integral to CDC's evaluation strategy for the 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, facilitating 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 funded efforts.
- Capturing the required information uniformly will allow CDC to formulate ad hoc analyses and reports.
- The proposed budget tracking component of the Budget tool will assure proper disbursement of and accounting for funds awarded.

CDC will use the information collected to monitor each awardee's progress and to identify facilitators and challenges to program implementation and achievement of outcomes. Monitoring allows CDC to determine whether an awardee is meeting performance and budget goals and to make adjustments in the type and level of technical assistance provided to them, as needed, to support attainment of their performance measures. 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.

Working with the CDC contractor, program awardees will use the information collected to manage and coordinate their activities and to improve their efforts to prevent and control chronic diseases. The tools will allow awardees to fulfill their annual reporting obligations under the cooperative agreement in an efficient manner by employing user-friendly instruments 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 needed to generate required reports, enter basic summary data for reports at least annually, and finalize and save required reports for upload into other reporting systems as required.

The information collection is designed to address specific outcomes outlined in the State Public Health Actions cooperative agreement. CDC will use the results of this information collection to evaluate the model for future program reporting efforts.

3. Use of Improved Information Technology and Burden Reduction

The CDC contractor has developed the Work Plan Tool and the Budget Tool using the Excel platform. Additionally, an Evaluation Plan Reporting template has been developed using MS Word. Since the use of Excel, Word and similar Microsoft products is common, we think these user-friendly interfaces will be easier and more intuitive for awardees to use than special-purpose tools or software. Use of Excel and Word will require very little training and awardees will use the templates provided to record and update grant information. Awardees will upload completed Excel spreadsheets, tailored for their specific work plans, and Word documents to the CDC contractor using a secure, password protected FTP site on an annual basis. The contractor will input the data into the on-line database for analysis and reporting.

The tools improve information quality by minimizing errors and redundancy. 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 tools, 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 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 strategies and performance measures with slightly different areas of emphasis, depending on the awardee type (Basic, and Enhanced). Finally, the report generation capabilities of the system will reduce the respondent burden associated with paper-based reports. Without the reporting tools 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 tools 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 be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

Reports will be collected annually. The annual progress report is due 120 days before the end of the budget period and serves as a non-competing continuation application. Less frequent reporting would undermine accountability efforts at all levels and negatively impact monitoring awardee progress. The 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

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 Agency

A. Federal Register Notice

A Notice was published in the Federal Register on November 25, 2013 (see **Attachment 3a**). One public comment was received and CDC provided a courtesy reply in response (see **Attachment 3b**).

B. Other Consultations

The data collection instruments were designed collaboratively by CDC staff and the data collection contractor. Consultation will continue throughout the implementation process. There were no external consultations.

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

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

10.1 Privacy Impact Assessment Information

A. Overview of Data Collection System

Information will be collected from awardees using Excel and Word-based reporting tools. Awardees will transmit data files to CDC through an FTP site. CDC's data management contractor will enter the files into an electronic system to facilitate grantee-specific and aggregate analysis. Data placed into the system produces reports as PDFs that awardees can use to upload into other reporting systems as required. This procedure satisfies the routine cooperative agreement reporting requirements. Progress reports are required once per year, but data entry can occur on a real-time basis. As a result, the reporting tools can also be used for ongoing program management, and support more effective, data-driven technical assistance between NCCDPHP and awardees.

B. Information to be Collected

Each awardee is required to provide a work plan and budget plan that at a minimum includes:

- Activities and timelines to support achievement of FOA outcomes.
 - **Performance Measures (including outcomes)** – initial baseline and targets; progress reported annually
 - **Work Plan (Maximum of 25 pages)** – initial work plan and annual updates; annual progress reported through continuation applications
 - **Successes** –reported annually as part of work plan progress
 - **Challenges** - reported annually as part of work plan progress
- A summary of administration and assessment processes to ensure successful implementation and quality assurance that includes an initial budget and annual updates
- Staff and administrative roles and functions to support implementation of the award.
- An Evaluation Plan that includes an initial evaluation plan and annual progress reports to monitor program progress and document achievement of outcomes.

Awardees will use the information collection tools (templates) to enter information about their personnel, work plan strategies, performance measures, milestones and activities, resources, budget, and evaluation plans. The tools will also collect information about the staffing resources dedicated by each awardee as well as partnerships with external

organizations. The templates require awardees to define their performance measures in action-oriented SMART format (Specific, Measurable, Achievable, Relevant, and Time-Framed).

C. How Information will be Shared and Purpose

The tools support the collection and reporting of information that will be used by CDC to help assess the impact of funding. The information collected will be used to describe, evaluate and enhance opportunities for collaborative efforts and partnerships. Information reported to CDC will be accessible to CDC Project Officers and CDC's data management contractor. 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.

D. Impact on Respondent Privacy

The Performance Monitoring and Budget Reporting Tool will collect a limited amount of information in identifiable form (IIF) for key program staff (e.g., Program Director). However, no personal contact information will be collected. All data will be reported in aggregate form, with no identifying information included. Because data is maintained in a secure, password protected system, and information will be reported in aggregate form, there is no impact on respondent privacy.

E. Voluntary or Mandatory Provision of Data

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

F. Consent to Sharing and Submission of Data

While consent is not required to report aggregate data, awardee consent will be obtained if specific state data is used for publications, reports or other publicly disseminated information.

G. Information Security

Submission of the completed tools and access to state data will be controlled by a password-protected login to the secure FTP site. Access levels vary from read-only to read-write, based on the user's role and needs. Working through the CDC contractor, each awardee will have access to its own information. CDC staff, 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 reporting tools 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.

H. Privacy Act Determination

Staff in the NCCDPHP 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 governmental agencies. Although contact information is obtained for each awardee, the contact person provides information about the organization, not personal information. No system of records will be created under the Privacy Act.

11. Justification for Sensitive Questions

The proposed tools do not collect sensitive information.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours

Current respondents are the 51 awardees for the State Public Health Actions cooperative agreement. There are two categories of respondents: 19 respondents receive funding at the Basic level, and 32 respondents receive funding at the Enhanced level. Awardees will report information to CDC about their activities and performance measures, budget, and evaluation progress. Three information collection instruments will be used: an Excel-based Work Plan Tool (**Attachment 4a**), an Excel-based Budget Tool (**Attachment 4b**), and a Word-based Evaluation Plan/Report (**Attachment 4c**).

The same instruments will be used for all information collection and reporting. However, burden estimates for each information collection vary according to:

1. Whether the awardee is funded at the Basic or the Enhanced level. Overall, burden is expected to be greater for awardees funded at the Enhanced level than awardees funded at the Basic level, since awardees funded at the Enhanced level will report on more domains of activity.
2. Reporting year (Year 1, vs. Year 2 and Year 3 of the three-year OMB approval period). CDC anticipates that burden will vary substantially over the award period. The time commitments for data entry and training will be greatest during the first 6-12 months, and the efficiencies of the reporting tools will be realized in subsequent reporting years, when burden is limited to entering changes, progress information, and new activities.

Therefore, for each information collection, the burden table presents separate estimates for:

1. Awardees funded at the Basic versus Enhanced level.
2. Routine annual reporting versus initial start-up burden.
 - a. Routine annual reporting is applicable to Year 1, Year 2, and Year 3. The estimated number of respondents is 19 awardees funded at the Basic level, and 32 awardees funded at the Enhanced level.

- b. A supplemental allocation for initial start-up burden which will occur one time only in Year 1. When annualized (distributed) over the three-year clearance period, the approximate number of annualized respondents is 6 awardees funded at the Basic level (19/3), and 11 awardees funded at the Enhanced level (32/3).

Annually, all awardees will complete the Excel-based Work Plan Tool (**Attachment 4a**). For the 19 awardees funded at the Basic level, the burden per response is estimated to be 6 hours for initial population of the tool. The routine annual burden per response is estimated at one hour. For the 32 awardees funded at the Enhanced level, the burden per response for the Work Plan Tool is initially estimated at 12 hours. The routine annual burden per response is estimated at 2 hours.

Annually, all awardees will complete the Excel-based Budget Tool (**Attachment 4b**). For the 19 awardees funded at the Basic level, the burden per response is estimated to be 4 hours for initial population of the tool. The routine annual burden per response is estimated at one hour. For the 32 awardees funded at the Enhanced level, the burden per response for the Budget Tool is initially estimated at 9 hours. The routine annual burden per response is estimated at 1.5 hours.

Annually, all awardees will complete the Word-based Evaluation Plan/Report. For the 19 awardees funded at the Basic level, the burden per response is estimated to be 4 hours for initial population of the tool. The routine annual burden per response is estimated at 2 hours (see **Attachment 4c**). For the 32 awardees funded at the Enhanced level, the burden per response for the Evaluation Plan/Report is initially estimated at 6 hours. The routine annual burden per response is estimated at 3 hours (see **Attachment 4d**).

Over the three-year period of this information collection request, the total estimated annualized burden for the current 51 current awardees is 665 hours, as summarized in Table A.12-A.

If CDC receives additional funding to support new awardees or to enable Basic awardees to engage in Enhanced activities, a Change Request will be processed to update the burden table.

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)
FOA 1305 Program Awardees	Initial Work Plan	6	1	6	36
	Initial Budget	6	1	4	24

Basic Level Supplement	Initial Evaluation Plan	6	1	4	24
	Annual Work Plan Progress Report	19	1	1	19
	Annual Budget Progress Report	19	1	1	19
	Annual Evaluation Report	19	1	2	38
FOA 1305 Program Awardees Enhanced Level	Initial Work Plan	11	1	12	132
	Initial Budget	11	1	9	99
	Initial Evaluation Plan	11	1	6	66
	Annual Work Plan Progress Report	32	1	2	64
	Annual Budget Progress Report	32	1	1.5	48
	Annual Evaluation Report	32	1	3	96
Total					665

B. Estimated Annualized Cost to Respondents

A program manager will prepare the progress reports 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 is \$20,382, as summarized in Table A.12-B.

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

Type of respondents	Form Name	Number of respondents	Total burden (in hours)	Average Hourly Wage	Total Cost
FOA 1305 Program	Initial Work Plan	6	36	\$30.65	\$1,103

Awardees Basic Level Supplement	Initial Budget	6	24	\$30.65	\$736
	Initial Evaluation Plan	6	24	\$30.65	\$736
	Annual Work Plan Progress Report	19	19	\$30.65	\$582
	Annual Budget Progress Report	19	19	\$30.65	\$582
	Annual Evaluation Report	19	38	\$30.65	\$1165
FOA 1305 Program Awardees Enhanced Level	Initial Work Plan	11	132	\$30.65	\$4,046
	Initial Budget		99	\$30.65	\$3,034
	Initial Evaluation Plan	11	66	\$30.65	\$2,023
	Annual Work Plan Progress Report	32	64	\$30.65	\$1,962
	Annual Budget Progress Report	32	48	\$30.65	\$1,471
	Annual Evaluation Report	32	96	\$30.65	\$2,942
Total					\$20,382

Methodology Used:

- Work Plan: Used information gained from feedback sessions from awardees – took an average of 30 minutes to complete each strategy. This time amount was multiplied by the number of strategies for basic and enhanced to develop the burden estimates.
 - Basic work plan: 6 hours
 - Enhanced work plan: 12 hours

- Budget: Used information gained from feedback session from awardees.
 - For basic, assumed average of 20 personnel, 5 consultants, 10 contracts taking 12 minutes each (no need to allocate across)
 - For enhanced, assumed average of 25 personnel, 10 consultants, 15 contracts taking 15 minutes each (based on awardee feedback)
 - Assumed another 1 hour per domain for other object-sub class items
- Evaluation Plan: Used information gained from feedback session from CDC evaluators would beta-tested the plan template. Each evaluation question took between 45 minutes and 1 hour to collect and enter data. This was multiplied by each question:
 - Basic evaluation plan: 4 hours
 - Enhanced evaluation plan: 6 hours
- Progress Report: All data will be pre-populated and awardees will only need to fill in two data points for the work plan portion. It is assumed this would take half of the time from the initial work plan (17 minutes). In addition, the budget information is only collected at the object sub-class level, not at the line item. This should take 20 minutes per domain.
 - Basic work plan progress update: 1 hour
 - Enhanced work plan progress update: 2 hours
 - Budget update: .33 hours/domain
- Annual Evaluation Report: All data will be pre-populated and awardees will only need to provide updated information on the required evaluation questions. This will take approximately 1 hour per question for the basic awardees and 1 hour per question for the enhanced awardees:
 - Basic evaluation plan progress update: 2 hours
 - Enhanced evaluation plan progress update: 3 hours

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

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 \$229,659, as summarized in Table A.14-A. Major cost factors for tool development include application design and development costs and system maintenance costs. The developer and data collection contractor is Deloitte Consulting, LLP.

Table A.14-A. Annualized Cost to the Federal Government
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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	\$ 90,000
Total	\$ 229,659

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 once a year due 120 days before the end of the budget period. Data collection began with the awarding of the grants and will continue throughout the funding cycle.

B. Publication plan

Information collected by the awardees 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 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	Once annually
Data Analysis	1-36 months after OMB approval

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

The State Public Health Actions cooperative agreement 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.

References

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