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

PART B: STATISTICAL METHODS

October 29, 2014

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

#### 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. a. Public Health Service Act (PHSA) 42 U.S.C. 247b (k)(2), Section 317(k)(2)
  - b. Patient Protection and Affordable Care Act, Prevention and Public Health Fund
  - c. Public Health Service Act (PHSA) 42 U.S.C. 241(a), Section 301(a)
- 2. List of Awardees
- 3. a. Federal Register Notice
  - b. Summary of Public Comments and CDC Response
- 4. a. Work Plan Tool (Basic and Enhanced)
  - b. Budget Tool (Basic and Enhanced)
  - c. Evaluation Work Plan (Basic)
  - d. Evaluation Work Plan (Enhanced)
  - e. Screen Shots of FTP Site for Data Transmission

## **B.** Collections of Information Employing Statistical Methods

## 1. Respondent Universe and Sampling Methods

Respondents are 51 current awardees funded through FOA DP13-1305, State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health program (the "State Public Health Actions" program). A list of awardees is provided in **Attachment 2**. Fifty awardees are state governments and one awardee represents the District of Columbia. There are two funding levels: 19 respondents receive funding at the Basic level, and 32 respondents receive funding at the Enhanced level. Reporting burden for awardees funded at the Enhanced level is higher since they will be reporting on more extensive activities. If additional funding is made available to the program, CDC will submit a Change Request to increase the number of awardees participating in the program or to reassign Basic level awardees to the Enhanced level, and to adjust the burden table as needed.

No statistical sampling method will be used.

## 2. Procedures for the Collection of Information

Information will be collected from awardees on an annual basis. Awardees will report progress on their work plan objectives, activities, and performance measures. Two related tools have been developed to collect this information: an Excel-based Work Plan Tool (Attachment 4a) and an Excel-based Budget Tool (Attachment 4b). In addition, each awardee will develop an evaluation plan and report relevant information using a Word template called the Evaluation Plan Reporting Tool (Attachments 4c and 4d). Information will be transmitted to CDC electronically through a secure FTP site (Attachment 4e). Instructions and training will be provided to users for completing the templates.

Upon receipt of information from each awardee through the FTP site, CDC staff or CDC's contractor will enter the information into an Access database. The database will only be available to authorized CDC program staff and contractors. Responses will be stored on secure network servers, subject to the agency's computer security measures. CDC staff will have the capacity to query the database to extract individual or aggregate awardee-related data. CDC staff will generate reports for each of their assigned states on an annual basis.

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

Annual reports are a requirement for each program awarded funding under the FOA in order to continue to receive cooperative agreement funding. Hence, response rates are expected to be 100%.

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

Beta-testing of the reporting tool with no more than 9 awardees from select states and CDC program staff will occur prior to full scale implementation of the reporting tool for annual data collection with all awardees. Beta-testing will occur via a link to the tool provided by CDC's data management contractor as part of an explanatory email. Beta-testing will assess the content of the reporting tool, the design of the tool including skip patterns and drop-down menus, the time needed to complete the tool and the ease of completing the tool. Awardees and staff will provide feedback via completion of a questionnaire and limited participation in focus groups.

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

A workgroup has been established to assist in the development of the reporting tool. The CDC members provided input on content, functionality, and usability of the database, and work with the contractor in the design of the tool.

The individuals responsible for design and management of the data collection system include:

Kim Delguercio, Deloitte LLC, <u>kdelguercio@deloitte.com</u>

Scott Klisures, Deloitte LLC, sklisures@deloitte.com

Jeffrey Williams, Deloitte LLC, jewilliams@deloitte.com

Arthur Anglin, Deloitte LLC, aanglin@deloitte.com

Sara Ziegler, Branch Chief, DHDSP, CDC, (770) 488-6194, zas7@cdc.gov

Jennifer Kohr, Public Health Advisor, DPH, CDC (770) 488-5253, enj5@cdc.gov

Jennifer Brown, Deputy Branch Chief, DNPAO, CDC, (770) 488-6456, jxb9@cdc.gov

Marla Vaughan, Team Lead, DHDSP, CDC, (770) 488-4826, mhv1@cdc.gov

Pat Schumacher, Team Lead, DDT, CDC, (770) 488-5968, prs5@cdc.gov