**Performance Measurement and Program Monitoring**

**(Autism anmd Developmental Disabilities Monitoring (ADDM) Network**

**OMB # 0920-XXXX**

**New**

**Supporting Statement B**

NEW

**Project Officer:**

Ann Ussery-Hall, MPH

Centers for Disease Control and Prevention

Phone: (404) 498-3861

Fax: (404) 498-0792

Email: aau6@cdc.gov

**November 16, 2015**

**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. Children’s Health Act of 2000 (CHA) 42 U.S.C. 247b-4b, Section 102.

b. Public Health Service Act (PHSA) 42 U.S.C. 241(a), Section 301(a)

1. a. List of Awardees
2. a. Federal Register Notice

b. Summary of Public Comments and CDC Response

1. a. Data Collection Tool

b. Screen Shot of FTP site

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

**B.1. Respondent Universe and Sampling Methods**

Respondents are 10 current awardees funded through FOA DD15-1501, Enhancing Public Health Surveillance of Autism Spectrum Disorder (ASD) and Other Developmental Disabilities through the Autism and Developmental Disabilities Monitoring (ADDM) Network

(the “ADDM Network” program). One respondent is a site administered by CDC called the Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP). A list of awardees is provided in **Attachment 2**. Awardees are all either a state/local health department or their designated representative (e.g., university, academic institution). There are two funding levels: Four respondents receive funding to complete Component A only, and six respondents receive funding to complete Components A and B. Reporting burden for awardees funded to complete Components A and B is slightly higher since they will be reporting on more extensive activities.

No statistical sampling method will be used.

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

Information will be collected from awardees at six-month and two-year intervals. Awardees will report progress and activity information to CDC at six-month and two-year intervals using a Microsoft Excel-based data collection tool (**Attachment 4a**) comprised of a Checklist, Worksheets (Data Source Profiles, QA Reviews, E&O Activities, Demographic Profiles, and Dissemination Log), and Performance Measures (Strategy 1&2, Strategy 3, Strategy 4, and Strategy 5). Information will be transmitted to CDC electronically through an FTP site (**Attachment 4b**). Instructions and training will be provided to users for completing the tool and the FTP site.

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 sites.

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

Six-month and two-year 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%.

1. **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 regular data collection with all awardees. CDC will send an explanatory email to beta-testers with the tool attached to the email. Beta-testing will assess the content of the reporting tool, the design of the tool including 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 informal phone interviews.

1. **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 worked with the contractor in the design of the tool.

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

Meklit Berhan Hailemeskal, MPH  
Deloitte Consulting, LLC  
[mhailemeskal@deloitte.com](mailto:mhailemeskal@deloitte.com)

Nosipho Beaufort  
Deloitte Consulting, LLC  
[nbeaufort@deloitte.com](mailto:nbeaufort@deloitte.com)

David Rabinowitz, MBA  
Deloitte Consulting, LLC  
[drabinowitz@deloitte.com](mailto:drabinowitz@deloitte.com)

Ann Ussery-Hall, MPH

Public Health Analyst

DDB/NCBDDD/CDC

[AUsseryHall@cdc.gov](mailto:AUsseryHall@cdc.gov)

C. Leah Chan, MPH  
Health Communications Specialist  
DDB/DBDDD/NCBDDD/CDC  
[cleahchan@cdc.gov](mailto:cleahchan@cdc.gov)

Santrell Green  
Program Analyst  
Carter Consulting, Inc.  
[sgreen2@cdc.gov](mailto:sgreen2@cdc.gov)

Analysis of the data to be collected is the primary responsibility of Ann Ussery-Hall, with assistance from Principal Investigators and Project Coordinators at the ADDM Network sites, CDC staff, and contractors.