

Environmental Public Health Tracking Network (Tracking Network)

OMB Control No. 0920-NEW

Existing Collection in Use without an OMB Control Number

Supporting Statement Part B –

Collections of Information Employing Statistical Methods

Project Officer: Alex Charleston
Title: Lead Public Health Advisor
Phone: 770-488-3183
Email: aac4@cdc.gov
Fax: 770-488-1538

Date: 03/24/2016

Table of Contents

B.1. Respondent Universe and Sampling Methods.....	3
B.2. Procedures for the Collection of Information.....	4
B.3. Methods to Maximize Response Rates and Deal with No Response.....	5
B.4. Test of Procedures or Methods to be Undertaken.....	6
B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data.....	6
List of Attachments.....	8

Part B. Collections of Information Employing Statistical Methods

This information collection (IC) does not use any statistical methodology. The sections below describe how the data will be collected. The Tracking Program collects two types of data from funded state and local health departments (SLHD) awardees, under Program Announcement CDC-RFA-EH14-1403 and CDC-RFA-EH14-1405 (See Attachments 3a and 3b). The first type is referred to as “Tracking Network Data” and includes data from existing health outcome, exposure, and environmental hazard databases within the awardees’ jurisdiction. The second type is referred to as “Program Data” and includes information provided by the awardees about their program operations such as performance measures, communications plans, and evaluation reports.

Tracking Network Data from unfunded state and local health departments are accepted but not requested.

B.1. Respondent Universe and Sampling Methods

No respondent sampling methods are used. The respondent universe is comprised of funded SLHD that submit Tracking Network and Program Data to the Tracking Program

The emphasis of this IC is on data that the Tracking Program collects from our 26 funded SLHD. This includes the 6 datasets and metadata listed in this section. We recognize that these data are not nationally representative; rather, our objective with these data is to provide information that can be used by state and local public health practitioners to gain insight on issues that are present at the state and local levels; can inform regional or multi-state public health actions; and can contribute to the evidence available for national public health actions.

Additionally, as illustrated in attachment 10, the Tracking Network also includes national-level data that are relevant to environmental health. These data are collected in collaboration with other federal programs and, where appropriate, we indicate that the data are nationally representative.

For all data, we provide detailed information on the measures in several locations:

On our main webpage, we provide a link to information for each indicator, “Indicators and Data”, that brings the user to the indicator documentation:

<https://ephtracking.cdc.gov/showIndicatorPages>

Information is provided:

- Data sources
- Data and measure limitations
- How measures are calculated
- Geographic and temporal scale
- Geographic and temporal scope
- How data should be interpreted

On the data explorer tool, we provide information on the specific data queried via a box in the display window: “About these data”. <https://ephtracking.cdc.gov/DataExplorer/> The information in “About these data” include:

- Footnotes (key information about data source, nature of data, limitations, any data suppression, etc.)
- Treatment of blanks or missing data
- Stability information (e.g., how unstable data are displayed and should be treated)
- Links to the indicator documentation
- Data source descriptions
- How data should be cited
- Why data set was created
- How data set was created (e.g., derivation of measure)
- Limitations of data set
- How data should be used (any use constraints)
- Link to metadata records

Each dataset, including individual SLDH data, has a metadata record. This record contains the most detailed information about the how the data were collected and the original data source. Metadata records are connected to the “About these data” on the data explorer tool and also available to search on the main webpage through “Indicators and Data”.

Tracking Network Data

All data used in the Tracking Network are gathered and collected by other federal and state programs. The Tracking Program receives data from its awardees from these existing data:

1. Birth defects prevalence (Attachment 4a)
2. Childhood lead blood levels (Attachment 4b)
3. Community drinking water monitoring (Attachment 4c)

4. Emergency department visits (Attachment 4d)
5. Hospitalizations (Attachment 4e)
6. Radon testing (Attachment 4f)
7. Metadata records (Attachment 4g)

Guidelines for extracting, formatting, and submitting the data are provided to awardees for each dataset. More details can be found in the Data Dictionaries for data submitted to the Tracking Network”: https://ephtracking.cdc.gov/docs/NCDMdatadictionaries_V0_2.pdf, “Grantee Portal Requirements” also in the Document Library: <https://ephtracking.cdc.gov/docs/GranteePortalRequirements.pdf>, and the “Indicators and Data” link on our main webpage: <https://ephtracking.cdc.gov/showIndicatorPages>.

Program Data

The Tracking Program also collects information from its awardees in order to evaluate and monitor the effectiveness of each awardee and the Tracking Program overall. Information collected includes:

1. Performance Management Tool (new awardees) (Attachment 5a)
2. Public Health Action Report (existing awardees) (Attachment 5b)
3. Communications plan (Attachment 5c)
4. Earned value management report (Attachment 5d)
5. Evaluation and performance measurement strategy report (Attachment 5d)
6. Website analytics (Attachment 5e)

Each jurisdiction funded by the Tracking Program receives a template or guidance for each item reported.

B.2. Procedures for the Collection of Information

Tracking Network Data

In collaboration with SLHD and federal partners, the Tracking Program identifies priority environmental health issues and evaluates the utility and quality of existing data for informing or addressing that issue. When data are available nationally or publically (for example, through another federal program or a public website), the Tracking Program obtains data from those national or public sources, placing no burden on awardees or other SLHD. When data are not available nationally or publically, the Tracking Program relies on awardees or unsolicited, volunteer SLHD to obtain these data from the original data stewards and submit them to the National Tracking Network.

Data from awardees or other SLHD are submitted once a year in a standardized XML format to CDC using a secure web-based file transfer system during either a fall or spring data call. Awardees receive a notification letter 60 days prior to the data call which describes the data requested. Standardized extraction, formatting, and submission processes are developed in collaboration between CDC and awardees for each dataset. Guidance documentation with step by step instructions for extracting and formatting the data are provided. Each awardee works with the data owners in their respective jurisdictions to extract the necessary data elements from existing electronic data systems and format the data for submission. Tracking branch data management processes are detailed in Attachment 11.

Additions or modifications to these standardized datasets are also developed collaboratively as needed to improve the accuracy, completeness, efficiency, or utility of data submitted to CDC. Such changes occur at most once a year. Examples of these changes to data processes include (1) addition of new variables or outcomes, (2) updates to case definitions, (3) modifications to

temporal or spatial aggregation, and (4) changes in formatting for submission. Datasets have been established in such a way that most changes are not difficult to implement, involving only modifications to existing code or scripts for extracting, processing, and submitting the data. As required, the Tracking Network will submit future additions and modifications as nonsubstantive change requests.

Tracking Network data submitted annually by awardees and other SLHD to the Tracking Program include (1) birth defects prevalence, (2) childhood lead blood levels,¹ (3) community drinking water monitoring, (4) emergency department visits, (5) hospitalizations, and (6) radon testing. These six datasets are the only Tracking Network data currently provided by SLHD to Tracking. All other datasets are provided by national partners as described in attachment 11. Each dataset contains aggregated data at the county or sub-county level and either day, month, or year as the temporal resolution. The data collection forms are Attachments 4a-4f of this document. A metadata record, a file describing the original source and collection procedures for the data being submitted, is also submitted with each Tracking Network data using the Tracking Program's metadata creation tool. A blank metadata template can be found in Attachment 4g.

Once data are received, they are validated by the Tracking Program to ensure accuracy and completeness. Data are then aggregated and analyzed to generate measures such as rates and percents. Any small numbers are suppressed to protect confidentiality and unstable rates are flagged. Suppression rules are established in collaboration with SLHD and data stewards. standard error (RSE) greater than or equal to 30% is flagged as unstable .More information can be found in the Technical Notes: <https://ephtracking.cdc.gov/showTechnicalNotes> and in Tracking Program's data re-release plan: <http://ephtracking.cdc.gov/showLibrary>. Measures and corresponding metadata are then integrated into the Tracking Network and disseminated to the public via the Tracking Network's National Public Portal at <http://ephtracking.cdc.gov/showHome.action>. On average, the time from data submission to measure dissemination is 4 to 6 months. Tracking Program staff also analyze the data to advance the science of environmental public health tracking.

Program Data

Word or Excel templates or guidance documents are provided to each awardee who then submits the information via email (Attachments 5a-5e).

¹ Collected from awardees that do not already report to CDC's Lead Poisoning Program (under the Healthy Homes and Lead Poisoning Surveillance System [HHL PSS - OMB Control No. 0920-0931, expiration date 5/31/2018]).

B.3. Methods to Maximize Response Rates and Deal with No Response

Tracking Network Data

The data used by the Tracking Program are administrative, registry, or regulatory monitoring data collected by other programs. Response rate does not apply as data from this collection are not intended to be generalizable or nationally representative. Twenty six funded SLHD provide both Tracking Network data and program data to the Tracking Program as part of their cooperative agreement. In some cases, one or more of the funded 26 SLHD does not respond to one or more form because data are not available; for example their state does not have a birth defects registry. Additionally, a few unfunded SLHD have responded, unsolicited, because of their interest in having their data in the Tracking Network.

Program Data

We request the 6 program data items from each awardee. If an awardee hasn't provided necessary information, we send them email reminders until they do.

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

Tracking Network Data

A major function of the Tracking Network is to compile a core set of nationally consistent health and environmental data and measures (NCDMs). The NCDMs have been developed or adopted for the Tracking Network through collaboration with partners and data stewards at the national, state, and local levels (please refer to the NCDM_v3 document). The process of developing an NCDM involves defining the environmental public health question, reviewing the applicability and limitations of existing data, drafting guidelines for creating the NCDM, piloting the creation of the NCDM, and then finalizing the NCDM guidelines and documentation.

Once established, the creation of NCDM begins by extracting the correct data from an existing data source. SLHD extract the necessary data and format the data for submission to the Tracking Program. The Tracking Program then uses the data, as well as data provided by national partners, to calculate the NCDM measures for the public portal. These measures are the tabulation of data into summary statistics such as count, rate (both crude and age adjusted), percent, or concentration over geography and time.

In addition to creating measures for the National Public Portal, the Tracking Program frequently conducts descriptive and trend analyses using methods various statistical tests and regression modeling techniques. The method chosen for each analysis depends on the research question and the available data. Tracking Program staff use the data to conduct analyses that:

- Assess temporal and spatial trends in health, exposure, and environmental hazards
- Monitor known or suspected associations between health and environment
- Generate hypotheses about the association between health and environment
- Develop and test new methods and tools for surveillance
- Facilitate and conduct surveillance summaries and descriptive analyses

Program Data

The Performance Management Tool (PMT) (Attachment 5a) and the Public Health Action Report (PHAR) (Attachment 5b) were developed in-house with awardee review and feedback. The communications plan (Attachment 5c) is based on industry standards for communications and

was developed by the Tracking Program. EVM reports (Attachment 5d) is based on OMB approved EVM metrics. The CDC Evaluation and Performance Measurement Strategy (Attachment 5e) was developed by the program with support from evaluation specialists and feedback from awardees. Recommended website analytics (Attachment 5f) were developed in collaboration with awardees.

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

Tracking Network Data

Awardees or the data stewards will be extracting the data from their original database. Awardees will format and submit data to CDC. Awardees will be responsible for analyzing data within their jurisdiction.

Analysis and interpretation of the combined data will be conducted by the following CDC Tracking Program staff:

Table 1. Personnel Responsible for Analysis of Information - *Tracking Network Data*

Name	Title	Affiliation	Phone	Email
Judith Qualters	Division Director	CDC	770.488.3821	JQualters@cdc.gov
Fuyuen Yip	Acting Branch Chief	CDC	770.488.3719	FYip@cdc.gov
Michele Monti	Epidemiologist	CDC	770.488.3994	MMonti@cdc.gov
Gonza Namulanda	Associated Service Fellow	CDC	770.488.3831	GNamulanda@cdc.gov
Mikyong Shin	Senior Service Fellow	CDC	770.488.7715	MShin@cdc.gov
Heather Strosnider	Epidemiologist	CDC	770.488.3827	HStrosnider@cdc.gov
Ambarish Vaidyanathan	Senior Service Fellow	CDC	770.488.3997	AVaidyanathan@cdc.gov
Ying Zhou	Senior Service Fellow	CDC	770.488.3833	YZhou2@cdc.gov

Program Data

Awardees collect relevant data, complete the corresponding templates, and submit them to CDC. Awardees will be responsible for analyzing data within their jurisdiction.

Table 2. Personnel Responsible for Analysis of Information - *Program Data*

Name	Title	Affiliation	Phone	Email
Judith Qualters	Division Director	CDC	770.488.3821	JQualters@cdc.gov
Fuyuen Yip	Acting Branch Chief	CDC	770.488.3719	FYip@cdc.gov
Alex Charleston	Lead Public Health Advisor	CDC	770-488-3183	Aac4@cdc.gov
Shana Eatman	Public Health Advisor	CDC	770.488.3933	SEatman@cdc.gov
Brian Kennedy	Public Health Advisor	CDC	770-488-0048	xko3@cdc.gov
Robert Kennedy	Public Health Advisor	CDC	770-488-3840	rok0@cdc.gov
Alex Philipose	Public Health Advisor	CDC	770-488-3835	xkh6@cdc.gov
Heather Strosnider	Epidemiologist	CDC	770.488.3827	HStrosnider@cdc.gov
Richard Sullivan	Public Health Advisor	CDC	770.488.3946	zlk2@cdc.gov
Holly Wilson	Health Communication Specialist	CDC	770.488.3841	hdw8@cdc.gov
Preston Burt	Health Communication Specialist	CDC	770.488.3820	PBurt@cdc.gov
Jennifer Moore	Health Communication Specialist	CDC	770.488.3836	JMMoore@cdc.gov
Jenna Anna Losch	Health Communication Specialist	CDC	770.488.3834	JLosch@cdc.gov
Veronica Burkel	ASPPH PHIP Fellow	CDC	770.488.3741	VBurkel@cdc.gov

List of Attachments

Attachment 1. Public Health Service Act [42 U.S.C. Section 247b(k)(2)]

Attachment 2. 60-day Federal Register Notice

Attachment 3. Funding Opportunity Announcements

(3a) Funding Opportunity Announcement CDC-RFA-EH14-1403: Maintenance and Enhancement of the Environmental Health Tracking Network

(3b) Funding Opportunity Announcement CDC-RFA-EH14-1405: Implementation of the Environmental Health Tracking Network

Attachment 4. Data Collection Instruments for Tracking Data

(4a) Birth defects prevalence

(4b) Childhood lead blood levels

(4c) Community drinking water monitoring

(4d) Emergency department visits

(4e) Hospitalizations

(4f) Radon testing

(4g) Metadata records

Attachment 5. Data Collection Instruments for Program Data

(5a) Performance Management Tool (new awardees)

(5b) Public Health Action Report (existing awardees)

(5c) Communications Plan, Standards, and Recommendations

(5d) Earned Value Management (EVM) Report and Guide

(5e) Evaluation and Performance Measurement Strategy Report

(5f) Website analytics

Attachment 6. Johns Hopkins University Review

Attachment 7. NEPHTN PIA Form 2014

Attachment 8. NEPHTN PIA Form 2015

Attachment 9. NCEH/ATSDR Research Determination Form

Attachment 10: Tracking Data Sources

Attachment 11: Tracking Branch Data Management Processes

Attachment 12: NCDM Requirements Document