SUPPORTING STATEMENT: PART A

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Progress Report for Injury Control Research Centers (ICRC)

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Attachments

1. Public Health Services Act (PHSA) 42 U.S.C. 241 (a), Section 301 (a)
2. List of Grantees
3. Information Collection Templates
   a. Injury Control Research Centers (ICRC) Indicators Data Collection (IDC)
   b. IDC Supplement 1: Non-CDC Studies
   c. IDC Supplement 2: Personnel and Publication Table
4. Cross-Walk of ICRC Program Evaluation Questions and Indicators
5. ICRC indicator template guidance
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SUMMARY TABLE

- The goal of this project is to collect information from grantees funded under Grants for Injury Control Research Centers (ICRC) for the Annual Progress Report (APR). The APR is used to monitor the ICRCs currently funded under the Funding Opportunity Announcements RFA-CE12-0010501SUPP16 and RFA-CE14-001.

- Information to be collected from the 10 ICRCs will enable crucial program performance monitoring within the project period on approved studies, center core areas and projects, and grantee specific aims. It will also 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.

- Grantees will report progress and activity information to CDC program oversight personnel on a semi-annual schedule using Word Macro-enabled and Excel-based fillable electronic templates.

- Sampling methods will not be used. Data collection will include 100% of ICRC grantees. The data will be analyzed using descriptive and summary statistics, and qualitative summaries.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The proposed information collection is authorized by the Public Health Services Act (PHS Act) which provides the legislative means for states to advance public health across the lifespan and to reduce health disparities. Section 301 (a) of the PHS Act, 42 U.S.C. 241 (a), authorizes grants to aid "other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the cause, diagnosis, treatment, control and prevention of physical and mental diseases and impairments of man" (**Attachment 1**).

In 1987, the Centers for Disease Control and Prevention (CDC) and the National Center for Injury Prevention and Control (NCIPC) began funding Injury Control Research Centers (ICRCs) at academic research institutions throughout the United States. ICRCs focus on three core functions - research, training, and outreach - for issues of local and national importance, including the prevention of motor vehicle injuries; interpersonal violence and suicide; opioid overdoses; older adult falls; and traumatic brain injuries. ICRCs foster multidisciplinary strategies for addressing these complex problems and disseminating research findings. In addition to conducting cutting-edge, multidisciplinary research, ICRCs train and develop the

current and next generation of researchers and public health professionals to help ensure that there is an adequate supply of qualified practitioners and researchers for advancing prevention research, addressing new problems, and reaching new populations across the nation. Finally, ICRCs work with states and communities to translate research findings into action. ICRCs provide partner organizations with technical assistance on programs, public health infrastructure, and the integration of resources at the local, state and national levels. Areas of emphasis within each ICRC are determined by the expertise of the faculty and the public health needs and opportunities identified through the ICRC's outreach activities. This collaborative approach is a vital component in the success of efforts to make an impact on population-level reduction in injury-related harm.

ICRCs form a national network of expertise and innovation in injury prevention and control, and are typically funded in five-year funding cycles. CDC currently holds 2 Funding Opportunity Announcement (FOA) tittled "Grants for Injury Control Research Centers." RFA CE12-001/CE12-0010501SUPP16, project period 2012-2017 supports 7 ICRCs and RFA CE14-001, project period 2014-2019 suports 3 ICRCs (see **Attachment 2**, List of Grantees).

The Centers for Disease Control and Prevention (CDC) seeks OMB approval to collect progress report (APR) information from the 10 currently funded ICRCs. Through the proposed APR, grantees will report on a set of performance indicators, progress towards stated grant objectives, and activities including research funded by the CDC or other sources. Information will be submitted to CDC semi-annually using Word Macro-enabled and Excel-based fillable electronic templates (see **Attachments 3a, 3b, and 3c**). The information to be collected will provide crucial data for program monitoring and improvement and will strengthen real-time CDC-grantee communications and CDC's ability to monitor grantee progress.

OMB approval is requested for 3 years. Information collection will begin immediately upon receipt of OMB approval. As grantees transition to new funding cycles, CDC will use the change request mechanism to update the List of Grantees and to make any needed adjustments to the burden estimates.

A.2. Purpose and Use of Information Collection

The information collection and reporting plan has been carefully designed to align with and support the goals for Grants for Injury Control Research Centers. The plan is based on 10 resource and activity indicators (personnel, funding sources, studies, publications, training, partnerships, outreach, research tools, practice tools, and narrative stories) and the following 7 ICRC evaluation questions:

1. What is the current capacity of ICRCs with regard to funding, staffing, and expertise?
2. What research and evaluation activities are ICRCs conducting?
3. What outreach activities are ICRCs conducting?
4. What activities are ICRCs conducting to train injury control professionals and community partners?

5. What are the outputs of ICRC research, outreach, and training activities?
6. What collaboration is occurring between funded ICRCs and other partners?
7. What is the public health impact of ICRCs?

Each evaluation question utilizes a combination of indicators, and some indicators contribute to multiple evaluation questions. For example:

- Information about ICRC-funded research is used in combination with information about non-CDC-funded research to answer Evaluation Question #2 (What research and evaluation activities are ICRCs conducting?) and Evaluation Question #6 (What collaboration is occurring between funded ICRCs and other partners?).
- Evaluation question #5 (What are the outputs of ICRC research, outreach, and training?) involves a variety of indicators relating to publications, academic training and mentoring, partnerships, community outreach, research tools, practice tools, and narrative stories.

A complete cross-walk of ICRC program evaluation questions and indicators is provided in **Attachment 4**. Considered together, the indicators and evaluation questions holistically describe ICRC activities, products, and other outcomes relating to the core missions of research, training, and outreach for injury prevention and control.

CDC will collect 3 forms that comprise the ICRC Annual Progress Report (APR). The principal information collection instrument is the Injury Control Research Centers (ICRC) Indicators Data Collection (**Attachment 3a**), a Word-based template with 9 sections that correspond to 9/10 of the ICRC indicators (personnel, funding sources, studies, publications, training, outreach, research tools, practice tools, and narrative stories). CDC derives the 10th indicator, Partnerships, from a review of the other indicators.

The Indicators Data Collection (IDC) incorporates performance monitoring elements established by CDC's Office of Financial Resources ("OFR"; formerly the Procurement and Grants Office, "PGO"). These elements are specifically designed to identify deviations from the grantee's established budget and timeline, to support CDC's ability to provide an appropriate corrective action, if needed to support attainment of performance goals (e.g., an adjustment of the timeline or an increase in technical support), and to improve understanding of barriers and facilitors relevant to grantee success. The questions that address OFR requirements are:

1. A comparison of actual accomplishments to the goals established for the period;
2. Reasons for failure, if established goals were not met; and
3. Other pertinent information including, when appropriate, analysis and explanation of performance costs that are significantly higher than expected.

Space to address these questions is included for relevant IDC sections under "Other Significant Information" and "Additional PGO Requirements."

Two supplemental forms are associated with the Indicators Data Collection:

- Non-CDC-Funded Studies (**Attachment 3b**) are itemized separately from the CDC-funded studies reported in the main IDC instrument. Although the information collected for each type of study (CDC-funded or non-CDC-funded) is similar, the distinction in funding source can be important when CDC responds to requests for information from HHS or other entities. As a result, maintaining the information in 2 separate lists promotes clarity and is more convenient for reference.
- The Personnel and Publication Table (**Attachment 3c**) is provided as an Excel spreadsheet (rather than a Word template) based on feedback from grantees. Instructions in the main IDC instrument advise grantees to report this information in a separate Excel spreadsheet.

The information collection will enable the accurate, reliable, and timely submission to CDC of each grantee's Annual Progress Report (APR) information, including activities and performance indicator measures. 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 grantee to summarize activities and progress towards meeting the essential indicators for the ICRC program. CDC will also have the capacity to generate reports that describe activities across all funded ICRCs and will use the information collection to respond to inquiries from the HHS, the White House, Congress and other stakeholders about program activities and their impact on public health.

The APR also allow CDC to identify and disseminate information about successful prevention and control strategies implemented by grantees. These functions are central to the NCIPC's broad mission of protecting Americans from violence and injury threats. The information collection will allow CDC to monitor the increased emphasis on strategies that affect health outcomes and impact, and is expected to reduce duplication of effort, enhance program impact and maximize the use of federal funds.

Working with CDC staff, ICRC grantees will use the information collected to manage and coordinate their activities and to improve their efforts to build upon the essential elements required to comprise a successful ICRC and broaden the translation and implementation of research results and outcomes of programs and policies to deter violence and injury. CDC staff and grantees 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 or data analysis systems as required.

As noted in the Guidance Document (**Attachment 5**), which must officially be sent to grantees by OFR along with the APR templates, an Annual Federal Financial Report is also required to be submitted to OFR separately by grantees. This report is not required, developed, or reviewed by CDC program staff as part of any ICRC evaluation and performance monitoring. It is handled by OFR as part of its grants financial management responsibilities. As such, it is not included as part of this request.

A.3. Use of Improved Information Technology and Burden Reduction

The CDC contractor has developed the report templates using the Word Macro-enabled and Excel-based fillable platform. Since the use of Excel, Word, and similar Microsoft products is common, these user-friendly interfaces will be easier, more intuitive for grantees to use than special-purpose templates or software, and require minimal training. Grantees will complete the pre-populated Word-Macro enabled documents and Excel-based spreadsheets using the ICRC indicator template Guidance (**Attachment 5**). This template provides a structured process for reporting progress and impact that is not overly burdensome and also provides the ICRCs with the ability to report narratively on their own progress and impact. Grantees will send an electronic Word copy of the report to the CDC Project Officer.

The templates are pre-populated with the content specific to each ICRC submission from the previous progress report to improve information quality by minimizing errors and redundancy. Additionally, having all of the information collected in the same location and manner will reduce the level of burden attributable to redundancy and reduce the workload to enter and maintain the data. ICRC's will have self-populated data which minimizes data re-entry, burden, and potential errors.

With the templates, the use of a standard set of essential data indicators, definitions and specifications at all levels will help to improve the quality and comparability of performance information that is received by CDC from the grantees. Further, standardization will enhance the consistency of the annual progress report and will facilitate a higher degree of reliability by ensuring that the same information is collected on all indicators and performance measures.

A.4. Efforts to Identify Duplication and Use of Similar Information

The information collected from grantees is not available from other sources. The information is specific to the Grants for Injury Control Research Centers and collection of this information is part of a federal reporting requirement for funds received by grantees. The templates will consolidate information necessary so that information entered can be used to generate the reports without having to duplicate efforts.

A.5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

A.6. Consequences of Collecting the Information Less Frequently

Reports will be collected semi-annually per the FOA. The first progress report is due 90 days after the end of the budget period (Fall) and the second report is due in the Spring. Less frequent reporting would undermine accountability efforts at all levels and negatively impact monitoring grantee progress. The semi-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. Typical inquiries involve requests for specific details on project activities and what successes have been achieved by grantees.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The request fully complies with the regulation 5 CFR 1320.5.

A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A.8.a) Federal Register Notice

A 60-day Federal Register Notice was published in the Federal Register on February 10, 2017, vol. 82, No. 27, pp. 10359 (**Attachment 6**). There was one non-substantive and non-related public comment; and CDC provided an acknowledgement (**Attachment 6a**).

A.8.b) Efforts to Consult Outside the Agency

The data collection templates were designed collaboratively by CDC staff and contractor staff. The seven evaluation questions for assessing the overall ICRC program were identified by NCIPC and further refined by feedback from ICRC directors received through individual interviews conducted by The Cloudburst Group and a consultant. The contractor with extensive input from current and previously funded ICRCs continued throughout the implementation process.

A.9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive payments or gifts for providing information.

A.10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The NCIPC-CIO has determined that the Privacy Act does not apply for this information collection request (**Attachment 7**). Respondents are grantees. No personal contact information will be collected. Although contact information is obtained for each grantee, the contact person provides information about the organization, not personal information. No system of records will be created under the Privacy Act. All data will be reported in aggregate form. Information about level of staff effort on the grant is collected to understand the personnel contribution and effort of ICRCs, as well as the multidisciplinary nature of their staffing structure. The information collection does not require consent from individuals, however, grantee approval will be obtained if specific data is used for publications, reports, or other publicly disseminated information. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of key grantees' program staff (e.g. program director) will be protected and maintained.

CDC staff and evaluation contractors will have varying levels of access to ICRC data with role-appropriate security training, based on the requirements of their position(s). Aggregated

information will be stored on an internal CDC Access server subject to CDC's information security guidelines.

A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

The CDC National Center for Injury Prevention and Control's OMB and human subject's liaison has determined that IRB approval is not required. The information collection does not involve the collection of personal information or the participation of human subjects in research (**Attachment 8**).

Sensitive Questions

The proposed templates do not collect sensitive information.

A.12. Estimates of Annualized Burden Hours and Costs

Respondents will be the 10 grantees (ICRC) for the Grants for the Injury Control Research Centers. Progress reporting is conducted semi-annually, with the Anuual Progress Report utilizing information reported in the Interim Progress Report included for the entire budget period. The report is comprised of three information collection templates.

The Injury Control Research Center (ICRC) Indicators Data Collection (**Attachment 3a**) is a Macro-enabled Word template. The estimated burden per response is 10 hours.

The Non-CDC Study Supplement (**Attachment 3b**) is also formatted as a Macro-enabled Word Template. The estimated burden per response is 5 hours.

The ICRC Personnel and Publication Excel Data Collection template (**Attachment 3c**) is an Excel-based spreadsheet template. The estimated burden per response is 10 hours.

The total annual burden for each grantee is 50 hours and the total estimated annual burden for all grantees is 500 hours, as summarized in Table A.12-A. Estimates for burden were developed based on preliminary (1 year) usage of the templates and feedback from a sample of ICRCs. All data was pre-populated and grantees only update the data for the annual reporting templates. The estimate for the Annual Reporting Template includes time for reviewing instructions, searching sources, data collection, and completion of the templates. Per grantee feedback, this process presumes data quality checks and reviews from multiple center staff.

Table A.12-A. Estimated Annualized Burden Hours

Type of respondents	Form Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Injury Research Center (ICRC) Grantees	Injury Control Research (ICRC) Indicators Data Collection (Attachment 3a)	10	2	10	200
	Injury Control Research (ICRC) Indicators Data Collection-Non-CDC Study Supplement (Attachment 3b)	10	2	5	100
	ICRC Personnel and Publication Excel Data Collection (Attachment 3c)	10	2	10	200
				Total	500

A.12.b) Annual burden cost

Typically, several types of staff from ICRCs assist with preparing the report and exact figures of burden are difficult to ascertain. However, most reporting is primarily done by a Project Coordinator or Manager with contributions and review by the ICRC Director. Project Coordinator/Manager salaries vary widely based on actual title and institution. However, we are assuming a mid-range annual salary of $60,000. The average hourly wage for a Project Coordinator/Program manager is $30.00. The hourly wage rates for Project Coordinator/Program managers are based on wages for similar mid-to-high level positions in the public sector. The total estimated cost over three years annualized is $15,000 as summarized in Table A.12-B.

Table A.12-B. Estimated Annualized Burden Costs

Type of respondents	Form Name	Total Burden Hours	Average Hourly Wage Rate (in dollars)	Total Costs
Injury Research Center (ICRC) Grantees	Injury Control Research (ICRC) Indicators Data Collection 2016 (Attachment 3a)	200	$30.00	$6,000.00

	Injury Control Research (ICRC) Indicators Data Collection 2016-Non-CDC Study Supplement (Attachment 3b)	100	$30.00	$3,000.00
	ICRC Personnel and Publication Excel Data Collection (Attachment 3c)	200	$30.00	$6,000.00
	Total:			$15,000.00

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

No capital or maintenance costs are expected. Additionally, there are no start-up, hardware, or software costs.

A.14. Annualized Cost to the Government

Table A.14. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
CDC Personnel	• 20% GS-13@ $85,500/year = $17,100 • 50% GS-13 @ $85,500/year = $42,750 • 20% GS-13 @ $85,500/year = $17,100 Subtotal, CDC Personnel	$76,950
Contractor	Data Collection Contractor	$123,000
	Total Annual Estimated Costs	$199,950

A.15. Explanation for Program Changes or Adjustments

This is a new collection.

A.16. Plans for Tabulation and Publication, and Project Time Schedule

OMB approval is being requested for the first three years of the funding period. An extension will be sought to cover the end funding cycle. Progress reports will be collected 90 days after the end of the funding period (by October 31 annually) and in the Spring.

CDC will not use statistical methods for analyzing information. Most data will be qualitative and therefore will include case and success story descriptions. In certain limited cases, count data is collected (e.g., number of trainees, number of publications, etc.); however, most of these data are used to better understand ICRC productivity and activities. Furthermore, the information in the annual review templates will allow for CDC staff to monitor program activities and

implementation and provide technical assistance to grantees after an internal qualitative review has been completed.

Table Project Time Schedule

Activity Time Schedule	**Timeline**
Notification of Tool Availability	Immediately upon OMB approval
User Training	Immediately upon OMB approval and ongoing through expiration date
Data Collection	Semi-annually upon OMB approval (Fall and Spring)
Data Publication	Annually upon OMB approval
Data Analysis	Annually upon OMB Approval

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

The display of the OMB expiration date is not inappropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

REFERENCES

1. Centers for Disease Control and Prevention. Funded Injury Research Centers (ICRCs). (2016) Available from URL: https://www.cdc.gov/injury/erpo/icrc/