

Change Request for OMB No. 0920-0841, exp. 6/30/2019

November 6, 2017

Information Collection Request: Management Information System for Comprehensive Cancer Control Programs
(OMB No. 0920-0841, exp. 6/30/2019)

Goal: Collect, store, retrieve, share, and report accurate and timely information electronically from cooperative agreement award recipients that receive funding for participation in the National Comprehensive Cancer Control Program (NCCCP).

Intended Use: Monitor NCCCP award recipients' performance and provide timely and accurate responses to inquiries from Congress and other stakeholders.

Methods: Awardees will use the Management Information System (MIS) to monitor program outcomes and report progress to CDC semi-annually. CDC will retrieve information to respond to public inquiries.

Subpopulation: 69 NCCCP award recipients

Data Analysis: Quantitative and qualitative analyses

Summary

The Chronic Disease Information Management Information System (CDMIS) for Comprehensive Cancer Control Programs is a web-based database to collect information about activities conducted through the National Comprehensive Cancer Control Program (NCCCP). CDC's Division of Cancer Prevention and Control (DCPC) works with state health agencies, tribes and tribal organizations, territorial health agencies, and other stakeholders to implement a comprehensive and collaborative approach that addresses cancer prevention and control practices. The goal of the FOA is to decrease cancer incidence, morbidity, and mortality by focusing on underserved populations who have increased cancer risk due to health disparities. This FOA will assist awardees by providing resources and comprehensive evidenced-based programs to prevent, detect, and treat cancers and to improve the quality of life of cancer survivors across the United States.

The award recipients represent all U.S. States, the District of Columbia, and 7 territories/US Pacific Island jurisdictions. Information collected from award recipients is used to monitor program outcomes, report progress on objectives, and respond to public inquiries about the NCCCP. CDC seeks OMB approval to continue using CDMIS to collect, store, retrieve, share, and report accurate and timely information to monitor awardee performance and resource use for the new five-year project period for DP17-1701. In this iteration of release, updates and advances were made to the "Program Information", "Resources", "Financial", and "Planning" tabs within CDMIS.

Circumstances Making the Collection of Information Necessary

This statement supports the request for change to the previously approved electronic collection of information by the National Comprehensive Cancer Control Program (NCCCP), funded by the Comprehensive Cancer Control Branch of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS) through the Management Information System for Comprehensive Cancer Control Programs, OMB No. 0920-0841, exp. 06/30/2019. This information collection is authorized by the Public Health Service Act, Section 301, 241(a).

The Comprehensive Cancer Control Branch manages the NCCCP, which provides funding to 65 state, tribal, territorial, and U.S. Affiliated Pacific Island health departments to design, implement, and evaluate comprehensive cancer control plans to reduce the burden of cancer locally. Support for these programs is a cornerstone of CDC

efforts to reduce the burden of cancer throughout the nation. Awards to individual applicants are made for a five-year budget period. Continuation awards for subsequent budget periods are made on the basis of satisfactory progress in achieving both national and program-specific goals and objectives, as well as availability of funds.

In 2017, all 65 award recipients successfully re-competed, plus 4 new recipients, for funding under NOFO DP17-1701. In this change request, CDC seeks OMB approval to modify CDMIS to collect, store, retrieve, share, and report accurate and timely information to monitor awardee performance and resource use for the five-year project period.

CDMIS is an integrated solution that assists funded grantees and project officers track and enhance grant performance during the post award phase of the grants management lifecycle. CDMIS is used to collect, store, search, share, and report accurate and timely information about CDC funded partners, their programs, and their resources across multiple years.

As a key source of data collection to monitor and evaluate programs' effectiveness, the system has undergone revisions to promote efficiency, enhance reporting, and adequately respond to increased accountability requirements, while not transferring increased burden to respondents (i.e. CDC funded partners).

Revisions were made to the first four tabs – Program Information, Resources, Financial and Planning for the purpose of improved reporting, enhanced evaluation outcomes, responsive technical assistance, and improved program effectiveness across the project period. The changes will increase data collection quality and reporting to better articulate the award recipients' progress in meeting NCCCP requirements.

There are no changes to the number of respondents or the estimated burden per response. Information collection will begin immediately after receipt of OMB approval.

Purpose and Use of the Information Collection

CDMIS is used to collect information about the financial and staffing resources dedicated to cancer control by each award recipient; the types of cancer addressed by each awardee; their work plan objectives, activities, and partnerships; and their program evaluations, reports, and products. Award recipient provide the information for resources and activities related to each cooperative agreement. CDMIS collects a limited amount of information in identifiable form (IIF) for key program staff (e.g., Program Director, Coalition Chairperson). Awardees provide this information for key program staff hired or retained to help implement the award. The contact person only provides information about the new program, not personal information.

CDMIS is designed to improve the capacity of the CDC, as well as each NCCCP awardee, to efficiently report information needed to monitor program progress, report performance measures, track changes in work plans, and document and report information required as a condition of cooperative agreement funding.

Use of Improved Information Technology and Burden Reduction

CDMIS is based on well-defined information components and processes that foster consistency in data collection and reporting. CDMIS takes advantage of technology to improve information quality by minimizing errors and redundancy. CDMIS has been enhanced for usability and feasibility (including increased use of drop-down menus). These modifications reduce the burden of entering data in open-ended format and facilitate the annual transfer of program that has not changed.

Special attention has been given to ensuring the system is easy to use and collects information that can later be queried and summarized through its reporting capabilities. CDMIS is intended to accomplish the following functions:

- Reduce both NCCCP awardee and CDC burden of program planning, reporting, and overall cooperative agreement administration.
- Standardize the NCCCP awardee reporting process to facilitate development of evaluation methods.
- Enable reporting information to be sorted and aggregated to assess the overall effectiveness of NCCCP and respond to stakeholder inquiries.

- Support a common monitoring and evaluation framework for core cancer prevention and control program activities.

CDMIS design also allows CDC and award recipients' staff to access the data entry pages for data entry, data review, and collaboration on technical assistance. Award recipient staff has used CDMIS to review the completeness of data necessary to submit required reports, enter basic summary data for reports, and finalize and save required reports for upload into Grants Solutions.

Information Collection Changes

This information collection non-substantive change request, otherwise known as a non-substantive OMB change request, is related to original approval for OMB #0920-0841 (6/20/2016) with an expiration date of 06/30/2019.

We do not anticipate a change in the estimated burden per response. The number of questions remains the same. The answer choices changes have been made to allow award recipients to best articulate their program's action plan and for CDC data collections for reporting to leadership and responding to congressional inquiries.

Screenshots that illustrate said changes are attached as a pdf document.

Itemized Changes in CDMIS

- Personnel. We would like to remove the current requirement, "Required when Position = Program/Project Coordinator/Specialist". For DP17-1701, we have come to realize that the title is not as important as having the capacity to carry out the duties in these capacities versus the title. The ability to execute the requirements of program leadership can happen in many ways and in many capacities.
- Personnel – We would like to remove the current requirement that "Displays values available for other FOAs", and replace with only 1701 values.
- Member Composition - We would like to change under "CDC Chronic Disease Programs", "Other Public Health Programs", "Professional Associations/Organizations", "Political Leaders", "Community Based Organizations", "Workgroups in Partnership/Coalition", and "Partners -> Programs Involved" response choices that were applicable under DP12-1205 (which concluded early this year) and remove or replace with answer choices that are applicable to award recipients' work under DP17-1701.
- Financial – We would like to change under "Source of Funds" response choices that were applicable under DP12-1205 (which concluded early this year) and remove or replace with answer choices that are applicable to award recipients' work under DP17-1701.
- Planning – We would like to change under "Standard Data Sources", "Evaluation Documents Type", and "Plans and Logic Models" response choices that were applicable under DP12-1205 (which concluded early this year) and remove or replace with answer choices that are applicable to award recipients' work under DP17-1701.

No other changes are proposed to the content of the information collection, the number of respondents, the estimated burden per response, or the frequency of data collection.

Section	FOA differences	
	Already Approved	Requested Changes
Program Information		
Contact Information (p. 2)		
Program Summary (p. 3)		
Resources		
Personnel		
Program/Project Coordinator/Specialist Type (P. 4)	Required when Position = Program/Project Coordinator/Specialist	Field not displayed
Related Program Involvement and Program Time Allocation (P. 5)	Displays values available for other FOAs	Displays only 1701 values
Partnerships/Coalitions		
Member Composition		
CDC Chronic Disease Programs (p. 7)	Community Transformation Grant (CTG)	High Obesity Program
	Coordinated Chronic Disease Program	State/Local/Tribal Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health
	Demonstrating Capacity to Implement Policy and Environmental Cancer Control Interventions	
	Diabetes Prevention and Control Program	
	National Heart Disease and Stroke Prevention Program	
	Nutrition and Physical Activity Program to Prevent Obesity and other Chronic Disease	
	State Public Health Approaches to Improving Arthritis Outcomes	
Other Public Health Programs (P. 6)	Colorectal Cancer Program	Diabetes
Professional Associations/Organizations(P. 6)		American Academy of Dermatology
		Primary care associations
Political Leaders (P. 7)		Tribal Council
Community- Based Organizations (P. 7)		YMCA
Workgroups in Partnership/Coalition (p. 8)	Diagnosis/Treatment (Clinical Trials Survivorship)	Diagnosis/Treatment (Clinical Trials)
		Early Detection
		Screening
Partners		
Programs Involved (P. 9)	Displays values available for other FOAs	Displays only 1701 values
Contracts/Consultants		
Financial		
Leveraged Funds		
Source of Funds (p. 11)	American Cancer Society	Nonprofit Organizations (specify)
	C Change	
In Kind		
Planning		
Data Sources		
Standard Data Sources (p. 13)	BRFSS Cancer Survivors (core)	BRFSS Cancer Survivors
	BRFSS Cancer Survivors (optional)	Uniform Data System (UDS) (HRSA)
	CPPW BRFSS	
	CPPW YRBSS	
Evaluation		
Evaluation Documents		
Type (P. 17)	Field not displayed	Manuscript
		Success Story
		White Paper
		Evaluation Brief
		Other (specify)
Type = other than Manuscript (P. 17)		Was this document published in a peer review journal? does not display.
Type = Manuscript (P. 17)		Was this document published in a peer review journal? displays with options.
Plans and Logic Models		
Type (P. 17)	Stories from the Field	