**Information Collection Request**

**Revision**

 **Monitoring and Reporting System for the**

**Division of Community Health’s Cooperative Agreement Programs**

**OMB Control No. 0920-1053**

Supporting Statement: Part B

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**TABLE OF CONTENTS**

**B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS**

B1. Respondent Universe and Sampling Methods

B2. Procedures for the Collection of Information

B3. Methods to Maximize Response Rates and Deal with Non response

B4. Test of Procedures or Methods to be Undertaken

B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

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| **ATTACHMENTS** |  |

1a Public Health Service Act

1b Patient Protection and Affordable Care Act of 2010: Prevention and Public Health Fund

2 Awardees

3a Screen Shots of the DCH Performance Monitoring Database (DCH-PMD)

3b DCH-PMD User Guide

4 Special Data Request (example)

5 Federal Register Notice

6 Institutional Review Board Approval Notification or Exemption Determination

**B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS**

**B1. Respondent Universe and Sampling Methods**

Respondents are 49 current Racial and Ethnic Approaches to Community Health (REACH) awardees funded through Funding Opportunity Announcement (FOA). Eighteen awardees are state, local, and tribal governmental agencies, and 31 awardees are private sector organizational entities (see **Attachment 2**).

Statistical sampling methods are not applicable to this data collection and cannot be used to accomplish the functions of the proposed system.

**B2. Procedures for the Collection of Information**

Information will be collected primarily via a centralized, electronic Management Information System (MIS) called the DCH-Performance Monitoring Database (DCH-PMD; see **Attachment 3a**). The system supports the collection and reporting of information that will be used by CDC to help assess the impact of REACH funding. Reports will be collected twice per year although updates may be entered into the DCH-PMD at any time. Each awardee will have access to its own information and decide the level of access for other users (e.g., local partners). Users will log into the electronic system at their worksite computer and provide progress reporting information through prompted data entry points.

Instructions to DCH-PMD users for completing information collection are built into each page. In addition, awardees will receive the DCH-PMD User Guide (**Attachment 3b**). Awardees will be informed of their reporting deadlines via semi-annual notification letters.

The DCH-PMD will produce reports that can be downloaded to [www.Grants.gov](http://www.Grants.gov) and meet progress reporting requirements for awardees. The DCH-PMD will enable awardees to complete a number of tasks electronically, including reviewing the completeness of data necessary to submit required reports, entering basic summary information for required reports, and finalizing and saving required reports for upload to Grants.gov. The DCH-PMD will support the automatic generation of interim and annual reports, as well as work plans. Awardees will be able to transfer data from one year to another to minimize data re-entry. CDC staff will have the capacity to query the database to extract individual or aggregate awardee-related data.

Due to substantial interest in the REACH cooperative agreement program, CDC anticipates that additional information may be needed for program management or to respond to requests for information from the White House, Congress, the Department of Health and Human Services, or other stakeholders. This Information Collection Request includes a provision for special-purpose data collections that may occur approximately once per year. The special-purpose data collections may involve paper surveys, Web-based surveys, personal interviews, or other methods. The specific purpose for each special-purpose data collection, and the methods used to obtain the information, will be submitted to OMB for approval through the Change Request mechanism.

**B3. Methods to Maximize Response Rates and Deal with Non response**

As part of the FOA requirements, all awardees are responsible for completing timely and thorough data entry into the DCH-PMD system. Each program is required to file twice yearly progress reports in order to continue to receive cooperative agreement funding.

**B4. Test of Procedures or Methods to be Undertaken**

NCCDPHP has substantial experience with MIS-based collection of awardee progress information. The design of the DCH-PMD was informed by experience with recent implementation of the Monitoring and Reporting System for Community Transformation Grant Awardees, (OMB No. 201207-0920-0946, exp. 08/31/2015). Every component of the DCH-PMD has undergone rigorous application testing, including usability testing of system design, and accuracy and comprehension testing of proposed data elements.

**B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

A workgroup was established to assist contractors in development of the DCH-PMD. The CDC members provided input on content, functionality, and usability of the database.

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

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