

Environmental Public Health Tracking Network (Tracking Network)

OMB Control No. 0920-1175

Existing Collection in Use without an OMB Control Number

Supporting Statement Part A –
Justification

Project Officer: Joseph Ralph
Title: Public Health Advisor
Phone: 770-488-0539
Email: cmq8@cdc.gov
Fax: 770-488-1538

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Part A. Justification

Goal of the study: Tracking is the ongoing collection, integration, analysis, and dissemination of health, exposure, and hazard data to drive public health actions that protect the population from harm resulting from exposure to environmental contaminants. The Tracking Program integrates these data from various sources including state and local health departments (SLHD) into the Tracking Network. The Tracking Program also collects information (program data) from funded SLHD for program evaluation and monitoring.

Intended use of the resulting data: Data are integrated into the Tracking Network to provide data and information that informs environmental public health actions for state and local departments. Program data are used by Tracking Program staff to measure performance of each funded state and local health department and the Tracking Program overall.

Methods to be used to collect: The Tracking Program receives SLHD reports of existing data they collect for other purposes such as hospital administration data, vital statistics data, and air monitoring data. Funded SLHD also complete templates and submit program data via email to the Tracking Program.

Subpopulation to be studied: The Tracking Program compiles into a single location data it receives, such as administrative, vital statistics, and air monitoring data. At times, associations between these factors and potential populations most affected (e.g., children, people over the age of 65, people of minority race) are studied.

How data will be analyzed: Data from state and local health departments will be integrated into the tracking network to facilitate development of hypotheses surrounding our understanding of the potential associations between health and the environment and to inform state and local public health actions for mitigating the impact of environmental risk factors on health. Analyses include, but are not limited to, (1) describing temporal and spatial trends in disease and potential environmental exposures, (2) identifying populations most affected, (3) generating hypothesis about associations between health and environmental exposures. In some cases, data may be used to inform environmental public health policies and interventions for state and local health departments.

A.1. Circumstances Making the Collection of Information Necessary

The CDC conducts regular program reviews to continuously improve compliance, and the agency recently determined that the Paperwork Reduction Act (PRA) should apply to the Environmental Public Health Tracking Network (Tracking Network) collections. Therefore, this is an Information Collection Request (ICR) for an “Existing Collection in Use without an OMB Control Number.” This information collection is sponsored by the Environmental Health Tracking Section (EHTS), Division of Environmental Health Science and Practice (DEHSP), National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC). The CDC is seeking PRA clearance to continue to collect state and local information from grantees for three years.

This program is authorized under Section 317(k) (2) of the Public Health Service Act, [42 U.S.C. Section 247b(k)(2)], as amended (see Attachment 1). The 60-day Federal Register Notice is provided as Attachment 2 and is further discussed in Section A.8.

Background

In September, 2000, the Pew Environmental Health Commission issued a report entitled America’s Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network. The Commission documented a critical gap in “knowledge that hinders our national efforts to reduce or eliminate diseases that might be prevented by better managing environmental factors” due largely to the fact that existing environmental health systems were inadequate and fragmented. They described a lack of data for the leading causes of mortality and morbidity, a lack of data on exposure to hazards, a lack of environmental data with applicability to public health, and barriers to integrating and linking existing data. To address this critical gap, the Commission recommended a “Nationwide Health Tracking Network” for disease and exposures. In response to the report and this critical gap, Congress appropriated funds in the fiscal year 2002 budget for the CDC to establish the National Environmental Public Health Tracking Program (Tracking Program) and Network and has appropriated funds each year thereafter to continue this effort.

The Tracking Program includes CDC’s EHTS as well as state and local health departments (SLHD) which collaborate to (1) build and maintain the Tracking Network, (2) advance the practice and science of environmental public health tracking, (3) communicate information to guide environmental health policies and actions, (4) enhance tracking workforce and

infrastructure, and (5) foster collaborations between health and environmental programs. In spring of 2014, under Program Announcements CDC-RFA-EH14-1403 and CDC-RFA-EH14-1405 (Attachments 3a and 3b), the CDC's Tracking Program funded 26 state and local public health programs. These awardees are selected through a competitive peer review process, and are managed as CDC cooperative agreements. Awards are made for three [3] years and renewed through a continuation application. The Tracking Program collects data from awardees about their activities and progress for the purposes of program evaluation and monitoring (hereinafter referenced as program data).

Environmental public health tracking is the ongoing collection, integration, analysis, and dissemination of health, exposure, and hazard data (hereinafter referenced as Tracking Network data) to inform public health actions that protect the population from harm resulting from exposure to environmental contaminants. The Tracking Network provides data from existing health, exposure, and hazard surveillance systems and supports ongoing efforts within the public health and environmental sectors to improve data collection, accessibility, and dissemination as well as analytic and response capacity. Data that were previously collected for different purposes and stored in separate systems are now available in a nationally standardized format allowing programs to begin bridging the gap between health and the environment.

A.2. Purpose and Use of the Information Collection

Tracking Network Data Collection and Dissemination

Data on health, exposures, environmental hazards, and populations are obtained from existing data sources and integrated into the Tracking Network in order to address the critical gap in “knowledge that hinders our national efforts to reduce or eliminate diseases that might be prevented by better managing environmental factors” identified by the Pew Environmental Health Commission. Having integrated data in one network permits public health authorities at the national, state, and local level to (1) describe temporal and spatial trends in disease and potential environmental exposures, (2) identify populations most affected, (3) generate hypotheses about associations between health and environmental exposures, and (4) inform environmental public health policies and interventions aimed at reducing or eliminating diseases associated with environmental factors in state and local jurisdictions. Further, the availability of these types of data in a standardized network supports further research investigating the possible associations between the environment and adverse health effects, and enables a better understanding of known associations among healthcare practitioners and the public. Our data are unique in that they undergo a very careful QA/QC process at the state/local levels and at CDC, as shared on the previous

page. One key feature of the Tracking Program is the development of Nationally Consistent Data and Measures (NCDMs). The purpose of NCDMs is to ensure compatibility and comparability of data and measures useful for understanding the impact of our environment on health. There is a specific process for creating NCDMs that all grantees follow; a similar process is followed by our Tracking Program for national level data (Attachment 12). This information is shared on our Tracking Network: http://ephtracking.cdc.gov/docs/CDC_NCDM_v3.pdf.

In collaboration with SLHD and federal partners, the Tracking Program identifies priority environmental health issues. 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 awardee SLHD to obtain these data from the original data stewards and submit them to the National Tracking Network. Unsolicited and unfunded SLHD also voluntarily contribute data the network. Tracking data sources are listed in Attachment 10 and the Tracking branch data management processes are detailed in Attachment 11.

Data from awardees or other SLHD are submitted annually following standardized procedures. Data submitted annually by awardees and other SLHD to the Tracking Program include 6 datasets; specifically (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. 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.

A metadata record is also submitted with each dataset (see Attachment 10) using the Tracking Program's metadata creation tool. Metadata describes the original source and collection procedures for the data being submitted. SLHD provide one metadata record per dataset per year; SLHD currently submit up to 6 datasets. National data providers also provide metadata or the equivalent documentation. Metadata records are used by the Tracking Program to capture and understand any differences or nuances for a dataset between awardees. The metadata record is also disseminated via the Tracking Network so other users of the data can understand the data as well. A blank metadata template form can be found in Attachment 4g.

¹ Collected from awardees that do not already report to CDC's Lead Poisoning Program (under the Blood Lead Surveillance System [BLSS - OMB Control No. 0920-0931, expiration date 5/31/2021]).

Data obtained by the Tracking Program are 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>. The goals of the data analysis and publications are further discussed in Part A.16.

Program Data

In addition to standard reporting required by CDC's Procurement and Grants Office, CDC's Tracking Program also collects information from awardees for the purposes of program evaluation and monitoring via email submission. This information includes performance measures and website analytics collected biannually, a communications plan collected annually, an earned values management report collected quarterly, and an evaluation plan collected annually as documents emailed to the Tracking Branch. Data collection forms are provided to assist awardees in gathering the necessary information (Attachments 5a-5e).

Performance measures are based on the core and advanced activities outlined in the Funding Opportunity Announcement and are also linked to tailored program outputs and outcomes. This alignment/linkage allows the Tracking program to efficiently assess program impact on a national and local/state level by streamlining and standardizing the type of information that is collected across the awardees. To collect performance measures, awardees use the Environmental Public Health Tracking Work Plan Template (Attachment 5a). This document is used to evaluate and monitor the effectiveness of the Tracking Program. Awardees complete and submit the template in Microsoft Excel.

Programs are able to use the Public Health Action Report (PHAR) (Attachment 5b) to outline the details of public health actions (PHA) which is a mid-term outcome of the Tracking program. PHAs are used to describe how public health agencies and partners use data to inform decision-making and drive measurable public health change.

Every year, awardees submit a communications plan (Attachment 5c) demonstrating how they will address the communication and training standards outlined in the Funding Opportunity Announcement under which they were awarded (Attachments 3a and 3b). CDC's Tracking Program provides a guidance document with recommendations for preparing a plan. By collecting these plans from awardees, CDC's Tracking Program can ensure awardees communicate effectively and consistently about the Tracking Program and Network and also identify and address gaps in awardees' communication's capacity by offering expertise and guidance.

Awardees are required to provide an evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy

(Attachment 5d). Data collected are used by awardees and the Tracking Program for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement. Awardees' evaluation plans outline evaluation questions to be answered and describe how evaluation findings will be utilized for program and quality improvement. Awardees submit evaluation results annually to CDC through their project officers via email.

Awardees are also required to submit a form for website analytics (Attachment 5e). Most awardees were already collecting website analytics for themselves which is standard practice when running a public website. The Tracking Program provides a form with required and recommended measures to be collected and reported. The form is used to monitor and evaluate the use of each awardees' public portal on the Tracking Network by logging measures such as the number of visitors, number of data queries, and the data most frequently queried. This information helps the awardee and the Tracking Program better meet of the needs of the users of the Tracking Network and ensure that resources are focused on those data with the greatest utility. Insights gained are used to inform program activities and recommendations for awardees including what additional data should be implemented by all awardees because of the frequent use of the data on a handful of awardees' website.

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

The Tracking Network is web-based information system that collects and disseminates standardized data by state or local jurisdiction at a national level. Special attention has been given to ensuring the system is easy to use and collects information that can later be queried and summarized to public health professionals and their stakeholders using the Tracking Network's National Public Portal. The system was developed for grantee participation with the following objectives:

- Shortening the time period for collecting information
- Standardizing the information collection and dissemination processes
- Identifying promising practices
- Measuring system usage and user preferences
- Sharing knowledge and experience
- Reducing dependence on paper

The Tracking Network fosters consistency of information through its uniform collection process and well-defined information components. This collection process takes advantage

of technology that minimizes the number of errors and redundancy. The process allows all data to be carefully reviewed and validated to ensure accuracy. Data is submitted electronically using an established XML protocol through a CDC's secure file transfer (Attachments 4a-4g).

Program data are submitted to CDC via email using data collection forms (Attachments 5a-5e). All data are collected via electronic means; no hardcopy forms are used.

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

The Tracking Program's efforts to identify duplication included attendance at national meetings and consultations with SLHD, other federal agencies, and academia.

As previously described in Part A.1, in 2000, the Pew Environmental Health Commission documented a critical gap in "knowledge that hinders our national efforts to reduce or eliminate diseases that might be prevented by better managing environmental factors" due largely to the fact that existing environmental health systems were inadequate and fragmented. To address the gap, Congress appropriated funds to CDC to develop the Tracking Network. The standardized data received by the Tracking Network from SLHD are not duplicated elsewhere.

To avoid duplication, the Tracking Program does not collect from SLHD any data which are already submitted to the federal government as needed by the Tracking Program. For example, the Tracking Program receives data on cancer, vital statistics, and air pollution from federal partners. Further, the Tracking Program does not request duplicate childhood lead blood levels from awardees that already report to CDC's Lead Poisoning Program (under the Blood Lead Surveillance System (BLSS) - OMB Control No. 0920-0931, expiration date 5/31/2021).

Additional meetings have been conducted to further discuss the existing gap, evaluate the program's progress, and identify opportunities for improvement and expansion. In March of 2015, a panel of experts were convened by Johns Hopkins University for an examination of Tracking Program activities from different perspectives and identification of new opportunities, data and methods, and communication strategies. The panel concluded that while the Tracking Program has accomplished much, there was still substantial work that needed to be done. These include developing new standardized national data, develop disaster response capacity, and enhance data availability (Attachment 6).

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

This data collection will not involve small businesses.

A.6. Consequences of Collecting the Information Less Frequently

Tracking Network Data

Each dataset is collected annually during either the fall or the spring data call in fulfillment of requirements outlined in Program Announcements CDC-RFA-EH14-1403 and CDC-RFA-EH14-1405 (Attachments 3a and 3b). Metadata are collected 6 times a year because metadata are required for each of the 6 datasets collected once a year (during either the fall or the spring data call). Less frequent data submissions will negatively impact the timeliness and utility of the data on the Tracking Network. Annual collection of data allows the Tracking Network to stay current and provide the most recently available data.

Program Data

Program data is collected at varying intervals throughout the year, from once a year to quarterly. Less frequent collection of these performance measure would negatively impact the program's ability to make necessary adjustments to ensure program success; demonstrate utility of data; to document program impact on environmentally-related disease burden; and to be accountable to CDC leadership and appropriators. Other reports are collected less frequently and are consistent with guidance from other offices at CDC.

There are no legal obstacles to reduce the burden.

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

This request fully complies with the regulation 5 CFR 1320.5. Metadata are collected for each dataset. Datasets are collected annually during either the fall or spring data call, and each dataset is required to have metadata submitted as part of the data call process.

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

A. A 60-day Federal Register Notice was published in the Federal Register on April 13, 2016 Volume 81, No. 71, page 21878 (Attachment 2). No public comments were received.

The Tracking Program consults annually with its state and local external partners (Table 1). These consultants are experts in environmental public health surveillance and provide strategic input for the program. These meetings last two days and provided a forum for open discussions with the program. Additionally, in spring of 2015, Johns Hopkins convened a panel of experts from non-profit and academia to provide additional consultation to the program. The panel issued a report highlighting recommendations to the program (Attachment 6).

Table 1. 2015 CDC External Consultations

Name	Title	Affiliation	Phone	Email
<i>OUTSIDE CONSULTANTS</i>				
Paul B. English, PhD, MPH	Branch Scientific Advisor	California Department of Health	510-620-3684	paul.english@cdph.ca.gov
Michael Van Dyke, PhD, CIH	Chief, Environmental Epidemiology, Occupational Health, and Toxicology Section	Colorado Department of Public Health and Environment	303-692-6357	mike.vandyke@state.co.us
Gary Archambault, MS	Principal Investigator	Connecticut Department of Public Health	860-509-7740	gary.archambault@ct.gov
Melissa Murray Jordan, MS	Epidemiologist	Florida Department of Health	850-245-4577	Melissa.jordan@flhealth.gov
Farah S. Ahmed, PhD., MPH	Environmental Health Officer	Kansas Department of Health & Environment	785-296-6426	fahmed@kdheks.gov
Kathy Fowler	Principal Investigator	Kentucky Department for Public Health	502-564-7398	KathyL.Fowler@ky.gov
Ken Sharp, MPA, RS	Principal Investigator	Iowa Department of Public Health	515-281-5099	Kenneth.sharp@idph.iowa.gov
Kate Streva	Principal	Louisiana	225-342-	Kate.streva@la.gov

	Investigator	Department of Health & Hospitals	7135	
Andrew E. Smith, S.M., ScD	Principal Investigator	Maine Center for Disease Control and Prevention	207-287-5189	Andy.E.Smith@Maine.gov
Clifford S. Mitchell, MS, MD, MPH	Director, Environmental Health Coordination & Public Health Residency Programs	Maryland Department of Health and Mental Hygiene	(410) 767-7438	Cliff.Mitchell@maryland.gov
Jan Sullivan	Co-Principal Investigator	Massachusetts Department of Public Health	617-624-5757	jan.sullivan@state.ma.us
Robert Knorr	Co-Principal Investigator	Massachusetts Department of Public Health	617-624-5757	Robert.knorr@state.ma.us
Martha Stanbury, MSPH	Principal Investigator	Michigan Department of Community Health	517-335-8364	stanburym@michigan.gov
Jean Johnson, PhD	Principal Investigator	Minnesota Department of Health	651-201-5902	jean.johnson@state.mn.us
Jonathan Garoutte, MS	Chief	Missouri Department of Health & Senior Services	573-751-6102	jonathan.garoutte@health.mo.gov
Marcella Jordan Bobinsky, MPH	Acting Division Director	Hampshire Department of Health & Human Services	603-271-4110	mbobinsky@dhhs.state.nh.us
Barbara Goun, PhD, MPH	Principal Investigator	New Jersey Department of Health and Senior Services	609-826-4932	barbara.goun@doh.state.nj.us
Heidi Krapfl, MPH	Bureau Chief	New Mexico Department of Health	505- 476-3577	heidi.krapfl@state.nm.us
Wendy McKelvey, MS, PhD	Acting Principal, Research Scientist	New York City Department of Health and Mental Hygiene	646- 632-6523	wmckelve@health.nyc.gov
Syni-An Hwang, PhD	Director	New York State Department of Health	518- 402-7950	synian.hwang@health.ny.gov
Curtis Cude	Principal Investigator	Oregon Public Health Division	971- 673-0975	curtis.g.cude@state.or.us

Vadim Drobin, MD, MPH	Epidemiologist	Pennsylvania Department of Health	717-547-3478	vdrobin@pa.gov
Shea Sutton, PhD	Director	South Carolina Department of Health and Environment	803- 898-1808	suttonsr@dhec.sc.gov
Sam LeFevre, DSc	Environmental Epidemiologist	Utah Department of Health	801- 538-6191	slefevre@utah.gov
Glen Patrick, MPH	Principal Investigator	Washington State Department of Health	360- 236-3177	glen.patrick@doh.wa.gov
Henry A. Anderson, MD	Chief Medical Officer	Wisconsin Division of Public Health	608-266-1253	henry.anderson@dhs.wisconsin.gov
Denise Love	Executive Director	National Association of Health Data Organizations	801- 532-2262	dlove@nahdo.org
Patricia Potrzebowski	Executive Director	National Association for Public Health Statistics and Information Systems	301-563-6001	ppotrzebowski@naphsis.org
Scot Becker	Executive Director	Association of Public Health Laboratories	240-485-2747	scott.becker@aphl.org
Susan Klitzman	Professor and Senior Associate Dean	City University of New York School of Public Health	212-396-7727	susan.klitzman@sph.cuny.edu
Jill Litt	Associate Professor	Colorado School of Public Health	303-724-4402	Jill.Litt@ucdenver.edu
Javier Nieto	Professor and Chairman	University of Wisconsin-Madison	608-265-5242	fjneto@wisc.edu
Tener Veenema	Associate Professor	Johns Hopkins School of Nursing	410-614-1831	tveenem1@jhu.edu
Mary Fox, PhD	Associate Professor	Johns Hopkins Bloomberg School of Public Health	443-287-0778	mfox@jhsph.edu
Beth Resnick, MPH	Associate Scientist	Johns Hopkins Bloomberg School of Public Health	410-614-5454	bresnick@jhu.edu

In addition to data shared by SLHD, the Tracking Program also works closely with other federal partners to obtain data at the national level. For example, we work with EPA to provide data for

all 50 states on specific air pollutants. We also collaborate with other CDC centers to obtain national-level data on specific health effects such as reproductive and birth outcomes, heart disease, and childhood lead poisoning (please see Attachment 10, p. 2, for additional information).

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

No payments or gifts have been or will be given to respondents.

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

On March 29, 2016, the NCEH/ATSDR PRA Contact has reviewed this ICR and has determined that the Privacy Act does not apply. For CDC, the data collection (e.g., aggregate counts of birth defects prevalence, childhood lead blood levels, community drinking water monitoring, emergency department visits, hospitalizations, radon testing) does not involve collection of information in identifiable form (IIF). Information collected is from a standardized form of existing data de-identified by the SLHDs. All data are kept private to the extent permitted by law. No Privacy Act System of Records Notice is required to maintain the data at CDC.

As part of the CDC's standard information system review protocols for system certification and accreditation, a Privacy Impact Assessment (PIA) was submitted and reviewed by the agency's Senior Privacy Officer in October of 2014 (Attachment 7). Upon completion of the review process a 3-year "Authority To Operate" (ATO) was granted to the system. Additional PIAs are completed as a required part of annual security self-assessments performed during the 3 year ATO term and are reviewed by NCEH/ATSDR's Information Systems Security Officer (Attachment 8). The Tracking Network is scheduled for another full PIA in fiscal year 2017.

To maintain confidentiality and IT security, these data are transported through the Tracking Network's secure file transfer gateway and maintained in in Tracking Network's secure data repository with restricted access. A security plan establishing controlled access to the information and following CDC guidelines has been developed. SLHD are required to use CDC's Security Access Management Services (SAMS) to securely submit data to the program. Before data are disseminated to the public via the Tracking Network's National Public Portal, data are aggregated to reduce information with low case counts and population and to increase stability of rates. Remaining small numbers are suppressed and

if needed additional suppression is applied to prevent back calculation of potentially sensitive information.

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

The NCEH/ATSDR Human Subjects Contact has reviewed this information collection and determined that these CDC collections are non-research under Program Announcements CDC-RFA-EH14-1403 and CDC-RFA-EH14-1405 (Attachments 3a and 3b). A copy of the NCEH/ATSDR research determination can be found in Attachment 9.

The requirements for IRB review and informed consent are the responsibility of the agencies or organizations that collect and own the primary data (i.e., the sources of the secondary datasets in the Tracking Network).

The CDC does not obtain sensitive information.

A.12. Estimates of Annualized Burden Hours and Costs

For this IC, respondents are defined as SLHD. 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. The number of respondents in the table reflect the current number of SLHD respondents plus four [4] to allow for future funding of new SLHD or to collect voluntary responses from unfunded SLHD.

Table 2 displays the annualized report burden computations. The total burden hours requested are 20,660. This estimate includes the time it takes to extract the data from the original data source(s), standardize and format the data to match the corresponding Tracking Network data form, and submit the data to the Tracking Network. In some cases, the data at the source are centralized and easily extracted. In other cases, like for radon data, the data are not. In those cases, the number of hours for extracting and standardizing the data is much greater. But part of the mission of the Tracking Program is to improve data management and accessibility. Data which are not centralized or easily standardized will be over time as awardees work to improve how the data are maintained and build processes for standardizing, formatting, and updating the data. This will reduce the amount of hours needed to extract, standardize, format, and submit the data to the Tracking Network.

Table 2: Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)
State and local health department	Birth defects prevalence	22	1	80	1,760
	Childhood lead blood levels	18	1	80	1,440
	Community drinking water monitoring	30	1	120	3,600
	Emergency department visits	26	1	80	2,080
	Hospitalizations	30	1	80	2,400
	Radon testing	16	1	120	1,920
	Metadata records	30	6	20	3,600
	Environmental Public Health Tracking Work Plan Template	26	2	30	1,560
	Public Health Action Report (existing awardees)	26	4	10	1,040
	Communications plan	30	1	20	600
	Evaluation and performance measurement strategy report	30	1	20	600
Website analytics	30	2	1	60	
Total					20,660

Table 3 describes the annualized cost burden to the SLHD. The hourly wage rates are based on average rates of May 2014 National Industry-Specific Occupational Employment and Wage Estimates, NAICS 999200 - State Government, excluding schools and hospitals, for Management Analysts, 13-1111, with an average hourly rate of \$28.48.

<https://www.bls.gov/oes/2014/may/oes131111.htm>

Table 3: Estimated Annualized Costs to Respondents

Type of Respondent	Form Name	Total Burden (in hrs.)	Hourly Wage Rate	Total Respondent Costs
State and local health department	Birth defects prevalence	1,760	\$28.48	\$50,125
	Childhood lead blood levels	1,440	\$28.48	\$41,011
	Community drinking water monitoring	3,600	\$28.48	\$102,528
	Emergency department visits	2,080	\$28.48	\$59,238
	Hospitalizations	2,400	\$28.48	\$68,352
	Radon testing	1,920	\$28.48	\$54,682
	Metadata records	3,600	\$28.48	\$102,528
	Environmental Public Health Tracking Work Plan Template	1,560	\$28.48	\$44,429
	Public Health Action Report (existing awardees)	320	\$28.48	\$9,114
	Communications plan	600	\$28.48	\$17,088
	Evaluation and performance measurement strategy report	600	\$28.48	\$17,088
	Website analytics	60	\$28.48	\$1,709
Total				\$567,892

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

The data submission system was designed to use existing hardware within funded sites, and all respondents currently have access to the internet to use the information system. There will be no direct costs to the respondents or record keepers.

A.14. Annualized Cost to the Federal Government

The total estimated annualized cost to the federal government is \$24,674,006. Table 4 contains a detailed breakdown of the costs per year.

- Personnel: \$762,078 per year salary and benefits.
- Cooperative agreement awards: \$22,606,176
- Contract: \$ 679,539 per year. The contract supports four on-site IT or Systems Analysts and several part time staff that develop and maintain the web-based data query system and its data tables.
- Travel: \$25,000 per year. To promote the use of the Tracking Network, staff will conduct site visits and present data at several regional and national conferences, including the annual meeting of the American Public Health Association, Council of State and Territorial Epidemiologists, and the National Environmental Health Association). Attendance for one person at each of these four conferences is approximately \$1,300 per conference.
- Other Agency Support: \$196,700
 - \$50,000 - Tracking works with NASA to provide satellite data to support the air quality measures.
 - \$146,700 - Tracking works with EPA to provide air monitoring data to the program.
- Software: \$9,000 Additional software is utilized to support the program's activities.
- Hardware or storage: \$6,000

Table 4: Estimated Annualized Cost to the Federal Government

Personnel	Average Annual Hours	Average Hourly Rate	Percent Associated with Data Submission	Average Annual Cost
6 Public Health Advisors (GS 9-14)	12,480	\$42.61	20.00%	\$106,355
6 Epidemiologists (GS 13-14)	12,480	\$48.38	35.00%	\$211,324
5 Informatics Professionals (GS 12-14)	10,400	\$47.32	40.00%	\$196,851
1 Environmental Scientist (GS-13)	2,080	\$45.61	35.00%	\$33,204
4 Health Communications (GS 12-14)	8,320	\$46.25	10.00%	\$38,480
Total Personnel				\$586,214
Benefits (30%)				\$175,864.10
Cooperative Agreements				\$22,606,176.00
Contracts				\$679,539.00
Travel				\$25,000.00
Software/Hardware				\$15,000.00
Total				\$24,674,006

A.15. Explanation for Program Changes or Adjustments

This is a new information collection request.

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

This is an Information Collection Request (ICR) for an “Existing Collection in Use without an OMB Control Number”. The information collection will be an ongoing surveillance activity for three years following OMB approval.

Tracking Network Data

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 and which data forms to complete. Corresponding metadata are submitted for each of the 6 dataset for a total of 6 metadata submissions per year. On average, the time from data submission to measure dissemination is 4 to 6 months.

Table 4a. Project Time Schedule – Tracking Network Data

Activity	Time Schedule after PRA Clearance
Data call letter sent to respondents (once in the fall and once in the spring)	Day 0
Data information/Data collection	Day 1 – Day 60
Data and metadata submission and validation	Day 61 - 81
Measure generation	Day 82 - 127
Data integration into Tracking Portal	Day 128 – Day 173
Measure Dissemination	Day 174
Scientific Analyses and Reports	<i>Ongoing activity following data validation</i>

Data obtained by the Tracking Program are 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>. Tracking Program staff also analyze the data to advance the science of environmental public health tracking. For example, staff conduct analyses to:

- Assess temporal and spatial trends in health, exposure, and environmental hazards
 - o In addition to conducting QA/QC procedures and preparing data for the National Public Portal, Tracking Program staff analyze the data we receive from SLHD and national partners. The type of analysis varies depending on the research question and the available data. We frequently conduct descriptive analyses for surveillance purposes and analysis the data to identify temporal or spatial trends.
- 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

Results are published in peer review literature or as white papers and used to inform the practice of environmental public health tracking at the federal, state, and local level.

Program Data

Performance measures (Attachments 5a and 5b) and website analytics (Attachment 5f) are reported to CDC biannually. The communication plan (Attachment 5c) and the evaluation and performance measurement strategy report (Attachment 5d) are submitted to CDC once per year for internal use.

Table 4b. Project Time Schedule – Tracking Network Data

Activity	Time Schedule after PRA Clearance
Quarter 1 Reports <ul style="list-style-type: none"> • Performance measures • Communication plans • Website analytics 	October
Quarter 2 Reports <ul style="list-style-type: none"> • N/A 	January
Quarter 3 Reports <ul style="list-style-type: none"> • Performance measures • Website analytics 	April
Quarter 4 Reports <ul style="list-style-type: none"> • N/A 	July
Grant Cycle Reports <ul style="list-style-type: none"> • Evaluation and performance measurement strategy report 	April (with continuation application) or 90 days after the cooperative agreement ends
Analyses and Reports	<i>Ongoing activity upon receipt of updated information from awardee</i>

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

The Tracking program will display the expiration date for OMB approval of the information system data collection on each information collection form listed in the burden table in the required format.

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

There are no exceptions to the certification.

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) Environmental Public Health Tracking Work Plan Template

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

(5c) Communications Plan, Standards, and Recommendations

(5d) Evaluation and Performance Measurement Strategy Report

(5e) Website Analytics Guide

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