

Privacy Impact Assessment Form

v 1.21

Status

Form Number

Form Date

Question

Answer

1 OPDIV:

2 PIA Unique Identifier:

2a Name:

3 The subject of this PIA is which of the following?

- General Support System (GSS)
 Major Application
 Minor Application (stand-alone)
 Minor Application (child)
 Electronic Information Collection
 Unknown

3a Identify the Enterprise Performance Lifecycle Phase of the system.

3b Is this a FISMA-Reportable system?

- Yes
 No

4 Does the system include a Website or online application available to and for the use of the general public?

- Yes
 No

5 Identify the operator.

- Agency
 Contractor

6 Point of Contact (POC):

POC Title POC Name POC Organization POC Email POC Phone

7 Is this a new or existing system?

- New
 Existing

8 Does the system have Security Authorization (SA)?

- Yes
 No

8b Planned Date of Security Authorization

 Not Applicable

8c Briefly explain why security authorization is not required	Evaluation data will be collected through 2 paper-based forms: a workshop evaluation form and a questionnaire. Data will then be entered into Excel with no identifiable information included.
10 Describe in further detail any changes to the system that have occurred since the last PIA.	N/A, this is a new data collection.
11 Describe the purpose of the system.	<p>CDC will collect information from participants in workshops aimed at teaching adults with chronic diseases how to manage those conditions in the US Affiliated Pacific Islands (USAPIs), which include American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia. These jurisdictions began implementing the workshops using Stanford University's Chronic Disease Self-Management Program (CDSMP) curriculum in 2016. Participants will provide their assessment of the workshop and answer questionnaires to measure changes in their responses from pre-workshop to post-workshop.</p> <p>CDC will collect this information to understand how CDSMP is being implemented in the region, to identify barriers and facilitators to implementation, document any adaptations to the curriculum made by the USAPIs, and the effects of the program on program participants. Collecting these data will help CDC understand if CDSMP, as implemented in the USAPIs, has the same effect there as it has in other ethnic groups within the United States.</p>
12 Describe the type of information the system will collect, maintain (store), or share. (Subsequent questions will identify if this information is PII and ask about the specific data elements.)	<p>Two paper-based data collection instruments will be used. The first is a CDSMP workshop evaluation form that will assess program participant satisfaction with CDSMP. A paper evaluation form will be administered to all participants at the end of the 6 week workshop. No identifying information will be collected. Results will be used to assess satisfaction with the delivery of CDSMP and to identify ways to improve the delivery of CDSMP.</p> <p>The second instrument is a pre/post test for CDSMP program participants. It will assess chronic disease related symptoms, self-efficacy and health behaviors before CDSMP and at the end of the 6 week workshop. The paper questionnaire will be administered at the start the program and the same questionnaire will be administered at the end of the 6 week workshop to compare information. These questionnaires include the participant name. The name will be redacted and replaced with a unique identification number. Questionnaire items include demographics such as age group, race/ethnicity, education, language, and marital status.</p>

13 Provide an overview of the system and describe the information it will collect, maintain (store), or share, either permanently or temporarily.

Questionnaires will be administered on paper to workshop participants at the first and last session by the CDSMP workshop leaders. The paper questionnaires will be transmitted to CDC. CDC will enter the questionnaire responses into Excel for analysis. The information transmitted to, and entered by, CDC will not include any personal identifiers.

Names will be collected on the pre/post questionnaires; however, names will be redacted by the CDSMP workshop leaders and replaced by unique identifiers on each questionnaire, prior to sending copies of the questionnaires to CDC. Survey administrators will keep a log of participant names and identifiers, separately from the questionnaires. The unique identifier will be used to match pre/post questionnaires so that change can be assessed. CDC will not receive names or the log. The questionnaires will be temporarily stored, for up to 3 years. They will be destroyed when no longer needed after analyses are completed.

These data will be analyzed to evaluate the fidelity to the curriculum as designed by Stanford and any adaptations to CDSMP made in USAPIs, and to understand if CDSMP, an evidence-based intervention, has the same effect in the US Affiliated Pacific Islands as it has in multiple ethnic groups within the United States. If shown to be successful, CDSMP will be promoted and offer an evidence based intervention to help people with chronic disease(s) better manage their conditions and improve their health. The public health impact will be improved health for the citizens of the USAPIs suffering from chronic diseases.

14 Does the system collect, maintain, use or share PII? Yes No

15 Indicate the type of PII that the system will collect or maintain.

- Social Security Number
 - Name
 - Driver's License Number
 - Mother's Maiden Name
 - E-Mail Address
 - Phone Numbers
 - Medical Notes
 - Certificates
 - Education Records
 - Military Status
 - Foreign Activities
 - Taxpayer ID
 - Date of Birth
 - Photographic Identifiers
 - Biometric Identifiers
 - Vehicle Identifiers
 - Mailing Address
 - Medical Records Number
 - Financial Account Info
 - Legal Documents
 - Device Identifiers
 - Employment Status
 - Passport Number
-
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16 Indicate the categories of individuals about whom PII is collected, maintained or shared.

Employees
 Public Citizens
 Business Partners/Contacts (Federal, state, local agencies)
 Vendors/Suppliers/Contractors
 Patients
 Other

17 How many individuals' PII is in the system?

18 For what primary purpose is the PII used?

19 Describe the secondary uses for which the PII will be used (e.g. testing, training or research)

20 Describe the function of the SSN.

20a Cite the **legal authority** to use the SSN.

21 Identify **legal authorities** governing information use and disclosure specific to the system and program.

22 Are records on the system retrieved by one or more PII data elements?
 Yes
 No

23 Identify the sources of PII in the system.

Directly from an individual about whom the information pertains

In-Person
 Hard Copy: Mail/Fax
 Email
 Online
 Other

Government Sources

Within the OPDIV
 Other HHS OPDIV
 State/Local/Tribal
 Foreign
 Other Federal Entities
 Other

Non-Government Sources

Members of the Public
 Commercial Data Broker
 Public Media/Internet
 Private Sector
 Other

23a Identify the OMB information collection approval number and expiration date.	0920-18FJ, new data collection request
24 Is the PII shared with other organizations?	<input type="radio"/> Yes <input checked="" type="radio"/> No
25 Describe the process in place to notify individuals that their personal information will be collected. If no prior notice is given, explain the reason.	Individuals will provide their own names on the instruments. Workshop leaders, in the field, will inform participants that their names will be used to compare the pre-post surveys and then replaced with unique identifiers.
26 Is the submission of PII by individuals voluntary or mandatory?	<input checked="" type="radio"/> Voluntary <input type="radio"/> Mandatory
27 Describe the method for individuals to opt-out of the collection or use of their PII. If there is no option to object to the information collection, provide a reason.	Individuals can choose not to complete the pre-post test; it is voluntary.
28 Describe the process to notify and obtain consent from the individuals whose PII is in the system when major changes occur to the system (e.g., disclosure and/or data uses have changed since the notice at the time of original collection). Alternatively, describe why they cannot be notified or have their consent obtained.	There is no process. Individuals cannot be notified because CDC does not have contact information for any workshop participants.
29 Describe the process in place to resolve an individual's concerns when they believe their PII has been inappropriately obtained, used, or disclosed, or that the PII is inaccurate. If no process exists, explain why not.	There is no process because CDC has no means of identifying workshop participants. Potential respondents are notified that completing the questionnaire is voluntary and that their names will not be shared beyond their trainer.
30 Describe the process in place for periodic reviews of PII contained in the system to ensure the data's integrity, availability, accuracy and relevancy. If no processes are in place, explain why not.	There is no process for periodic reviews because no PII is stored electronically.
31 Identify who will have access to the PII in the system and the reason why they require access.	<input type="checkbox"/> Users <input type="checkbox"/> Administrators <input type="checkbox"/> Developers <input type="checkbox"/> Contractors <input checked="" type="checkbox"/> Others Only the individuals who assign unique identifiers will see the log with
32 Describe the procedures in place to determine which system users (administrators, developers, contractors, etc.) may access PII.	According to the protocol for the project, only the trainers who administer the questionnaires will see the PII.
33 Describe the methods in place to allow those with access to PII to only access the minimum amount of information necessary to perform their job.	The CDC project officer ensures that only those who administer the survey will see the PII.

34	Identify training and awareness provided to personnel (system owners, managers, operators, contractors and/or program managers) using the system to make them aware of their responsibilities for protecting the information being collected and maintained.	Only 2 CDC staff will access the system in order to analyze the data and write a report. The Islands Coordinator will ensure that the 2 staff are aware of their responsibilities for protecting information. CDC staff complete Security and Privacy Training on an annual basis.
35	Describe training system users receive (above and beyond general security and privacy awareness training).	N/A
36	Do contracts include Federal Acquisition Regulation and other appropriate clauses ensuring adherence to privacy provisions and practices?	<input type="radio"/> Yes <input checked="" type="radio"/> No
37	Describe the process and guidelines in place with regard to the retention and destruction of PII. Cite specific records retention schedules.	These data will be maintained in accordance with Records Control Schedule DAA-GRS-2-13-0002-0008: temporarily stored for up to 3 years and then destroyed.
38	Describe, briefly but with specificity, how the PII will be secured in the system using administrative, technical, and physical controls.	No PII will exist on any electronic system. PII (names) will be written on paper questionnaires and then redacted before copies of the questionnaires are sent to CDC. The paper questionnaires will be secured in locked file cabinets only accessible by the survey leader. Physical copies of surveys will be destroyed when no longer needed.

REVIEWER QUESTIONS: The following section contains Reviewer Questions which are not to be filled out unless the user is an OPDIV Senior Officer for Privacy.

	Reviewer Questions	Answer
1	Are the questions on the PIA answered correctly, accurately, and completely?	<input checked="" type="radio"/> Yes <input type="radio"/> No
	<i>Reviewer Notes</i> <input style="width: 600px; height: 20px;" type="text"/>	
2	Does the PIA appropriately communicate the purpose of PII in the system and is the purpose justified by appropriate legal authorities?	<input checked="" type="radio"/> Yes <input type="radio"/> No
	<i>Reviewer Notes</i> <input style="width: 600px; height: 20px;" type="text"/>	
3	Do system owners demonstrate appropriate understanding of the impact of the PII in the system and provide sufficient oversight to employees and contractors?	<input checked="" type="radio"/> Yes <input type="radio"/> No
	<i>Reviewer Notes</i> <input style="width: 600px; height: 20px;" type="text"/>	
4	Does the PIA appropriately describe the PII quality and integrity of the data?	<input checked="" type="radio"/> Yes <input type="radio"/> No
	<i>Reviewer Notes</i> <input style="width: 600px; height: 20px;" type="text"/>	
5	Is this a candidate for PII minimization?	<input checked="" type="radio"/> Yes <input type="radio"/> No
	<i>Reviewer Notes</i> <input style="width: 600px; height: 20px;" type="text"/>	

Reviewer Questions		Answer	
6	Does the PIA accurately identify data retention procedures and records retention schedules?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
7	Are the individuals whose PII is in the system provided appropriate participation?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
8	Does the PIA raise any concerns about the security of the PII?	<input type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
9	Is applicability of the Privacy Act captured correctly and is a SORN published or does it need to be?	<input type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
10	Is the PII appropriately limited for use internally and with third parties?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
11	Does the PIA demonstrate compliance with all Web privacy requirements?	<input type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
12	Were any changes made to the system because of the completion of this PIA?	<input type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
General Comments	<input type="text"/>		
OPDIV Senior Official for Privacy Signature	<input type="text"/>	HHS Senior Agency Official for Privacy	<input type="text"/>