INFORMATION COLLECTION REQUEST

REINSTATEMENT WITH CHANGE

MONITORING AND REPORTING SYSTEM FOR THE NATIONAL TOBACCO CONTROL PROGRAM
0920-1097

SUPPORTING STATEMENT: PART A

Contact: Henraya F. McGruder, PhD
Telephone: 770.488.8266
E-mail: hdd8@cdc.gov
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Prevention and Control
Atlanta, Georgia

December 5, 2019

TABLE OF CONTENTS

List of Attachments

1. a. Public Health Service Act 42 U.S.C. 247b (k)(2), Section 317(k)(2)
   b. Comprehensive Smoking Education Act of 1984
   c. Comprehensive Smokeless Tobacco Health Education Act of 1986

2. List of Awardees

3. a. Federal Register Notice
   b. Public Comment

4. a. Work Plan Template
   b. Budget Template
   c. Performance Measures Template
   d. Component Model of Infrastructure (CMI) Template
   e. Annual Progress Report (APR) Template

- The Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion supports tobacco control activities conducted by departments of health in states, territories, tribal organizations, and the District of Columbia (collectively referred to as "state-based" programs in this information collection request). The respondent universe consists of the 53 tobacco control programs (TCP). Sampling methods will not be employed.

- 53 States/territories receive cooperative agreement funding to implement evidence-based tobacco control strategies and activities. CDC plans to collect information related to each awardee's strategies and activities, and the process and outcome performance measures outlined by the cooperative agreement program.

- Information will be collected once per year as part of the awardee's annual progress report. Information will be used to monitor awardee progress towards project goals and objectives, for quality improvement, and to respond to inquiries from the Department of Health and Human Services (HHS), the U.S. Congress, and other sources. An example of an inquiry is summarizing tobacco cessation efforts for various racial/ethnic populations related to the national tobacco education campaign. The annual report is also necessary for awardees to apply for yearly continuation of funding.

- Information will be collected through the following Excel-based tools: Work Plan, Budget, Performance Measures, Component Measures of Infrastructure (CMI), and Annual Progress Report (APR) templates.

- Information will be uploaded by the contractor (Deloitte Consulting, LLP) into an Access database. Awardee strategies and activities, priority populations, and progress toward annual and project period objectives will be analyzed. Measures of central tendency will be used to

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

The National Center for Chronic Disease Prevention and Health Promotion cooperative agreements DP15-1509, *National State-Based Tobacco Control Programs* and DP14-1410PPHF14, *Public Health Approaches for Ensuring Quitline Capacity* continues to support efforts since 1999 to build state health department infrastructure and capacity to implement comprehensive tobacco control programs.

CDC's authority to conduct these activities is authorized under the Public Health Service Act (sections 301, 307, 310, and 311; 42 U.S.C. sections 241 and 247(b)(k)), the Comprehensive Smoking Education Act of 1984, and the Comprehensive Smokeless Tobacco Health Education Act of 1986 (**Attachments 1a-1c**). The overarching goal of this cooperative agreement program is to improve public health programs and systems for achieving measurable health impact.

State health departments in all 50 states, District of Columbia, Puerto Rico and Guam (**Attachment 2)** are funded to implement evidence-based environmental, policy, and systems strategies and activities under these cooperative agreements to achieve four national goals:

- Prevent initiation of tobacco use among youth and young adults
- Promote quitting among adults and youth
- Eliminate exposure to secondhand smoke (SHS)
- Identify and eliminate tobacco-related disparities among population groups

CDC's Best Practices – 2014 recommends that states establish and sustain comprehensive tobacco control programs that contain the following overarching components (1) state and community interventions; (2) mass-reach health communication interventions; (3) cessation interventions; (4) surveillance and evaluation; and (5) infrastructure, administration, and management.

CDC requests a revision of the original OMB approval to continue to collect information from these awardees to monitor their progress and assist them in achieving their work plan goals and objectives. Awardees will monitor and report progress on their work plan objectives, activities, and performance measures. Five related tools have been developed to collect this information: a Work Plan Template (Attachment 4a), a Budget Template (Attachment 4b.), a Performance Measure Template (Attachment 4c), a Component Model of Infrastructure (CMI) Template (Attachment 4d), and an Annual Progress Report template (Attachment 4e).

CDC has been using performance monitoring tools since the original OMB approval (OMB control number 0920-1097; expiration 02/28/2019).

2. Purpose and Use of the Information Collection

The information collected enables the accurate, reliable, uniform and timely submission to CDC of each awardee's work plans and progress reports, including strategies, activities and performance measures. The information collected and reporting requirements have been carefully designed to align with and support the goals outlined in the National State-Based Tobacco Control Programs cooperative agreements. The collection and reporting of the information occur in an efficient, standardized, and user-friendly manner that generates a variety of routine and customizable reports. Each awardee summarizes activities and

progress towards meeting work plan strategies and performance measure targets. CDC also has the capacity to generate reports that describe activities across multiple awardees. In addition, CDC uses the information collected to respond to inquiries from HHS, the U.S. Congress and other stakeholder inquiries about program activities and their impact. An example of an inquiry is summarizing tobacco cessation efforts for various racial/ethnic populations related to the national tobacco education campaign.

There are significant advantages to collecting information with these reporting tools:

- The data structures and business rules help awardees formulate performance measures that are specific, measurable, achievable, relevant and time-framed (SMART). This formulation is intended to facilitate the successful achievement of performance measures and is integral to CDC's evaluation strategy for the program.
- The information being collected provides crucial information about each awardee's work plan, activities, partnerships, and progress over the award period.
- Awardees have the capacity to enter updates on an ongoing basis, resulting in more timely technical assistance. The ability to enter updates as activities occur may also result in a more complete enumeration of funded efforts.
- Capturing the required information uniformly allows CDC to formulate ad hoc analyses and reports.
- The budget tracking component of the Budget tool assures proper disbursement of and accounting for funds awarded.

CDC uses the information collected to monitor each awardee's progress and to identify facilitators and challenges to program implementation and achievement of outcomes. Monitoring allows CDC to determine whether an awardee is meeting performance and budget goals and to make adjustments in the type and level of technical assistance provided to them by OSH staff, as needed, to support the attainment of their performance measures. Monitoring and evaluation activities by OSH staff also allow CDC to provide oversight of the use of federal funds, and to identify and disseminate information about successful prevention and control strategies implemented by awardees. These functions are central to NCCDPHP's broad mission of reducing the burden of chronic diseases. Finally, the information collection allows CDC to monitor the emphasis on partnerships and programmatic collaboration and is expected to reduce duplication of effort, enhance program impact and maximize the use of federal funds.

Working with the CDC contractor (Deloitte Consulting, LLP), program awardees use the information collected to manage and coordinate their activities and to improve their efforts to reduce tobacco use, exposure to SHS, tobacco related disparities, and associated disease, disability, and death.
The tools allow awardees to fulfill their annual reporting obligations under the cooperative agreement in an efficient manner by employing user-friendly instruments to collect necessary information for annual progress reports and continuation applications including

work plans, budgets, CMI, and performance measures. This approach, which enables awardees to save pertinent information from one reporting period to the next, reduces the administrative burden on the yearly continuation application and the progress review process. Awardee program staff are 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 systems as required.

The information collection is designed to address specific outcomes outlined in the National State-Based Tobacco Control Programs (NTCP)cooperative agreement. The NTCP aims to achieve four national goals: 1) prevent initiation of tobacco use among youth and young adults, 2) promote quitting among adults and youth, 3) eliminate exposure to secondhand smoke, and 4) identify and eliminate tobacco-related disparities among population groups. CDC uses the results of this information collection to evaluate the model for future program reporting efforts.

3. Use of Improved Information Technology and Burden Reduction

The CDC contractor developed all five Excel-based tools (Attachments 4a – 4e). Comparable tools developed by the contractor are currently being used to collect progress and activity information for cooperative agreement DP13-1305, State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (OMB No. 0920-1059, expiration date 3/31/2018). Since the use of Excel, Word and similar Microsoft products is common, these user-friendly interfaces are easier and more intuitive for awardees to use than special-purpose tools or software. Use of Excel and Word requires very little training and awardees will use the templates provided to record and update grant information. Awardees submit their continuation application for funding, which includes completed Excel spreadsheets, tailored for their specific work plans, and Word documents by uploading them at www.grantsolutions.gov on an annual basis. The contractor will input the data into an Access database for analysis and reporting.

The tools improve information quality by minimizing errors and redundancy. The compilation of information in a standardized format reduces the level of workload burden utilized to enter and maintain the data. Data entered by programs is pre-populated from year to year to minimize data re-entry. The contractor sends pre-populated templates to the project officers for each grantee to complete for the continuation award. These templates are saved to OSH's SHARE drive for project officers to retrieve.

Other elements such as awardee plan requirements for the area of emphasis in each award type, data reporting and the terms that are used to define similar data requirements often vary greatly from one awardee to another. With the tools, the use of a standard set of data elements, definitions and specifications at all levels helps to improve the quality and comparability of performance information that is received by CDC for multiple awardees and multiple award types. Further, standardization enhances the consistency of plans and reports, enable cross-program analysis, and facilitates a higher degree of reliability by

ensuring that the same information is collected on all strategies and performance measures. Finally, the report generation capabilities of the system reduces the respondent burden associated with paper-based reports. Without the reporting tools and the integrated approach to information collection and reporting, awardees and CDC would need to continue to use time consuming, labor intensive procedures for information collection and reporting.

4. Efforts to Identify Duplication and Use of Similar Information

The collection of this information is part of a federal reporting requirement for funds received by awardees. The tools will consolidate information necessary for both continuation applications and progress reports so that information entered once can be used to generate multiple types of reports without having to duplicate efforts. The information collected from awardees is not available from other sources.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

Progress reports will be collected annually. The annual progress report is due 120 days before the end of the budget period and serves as a non-competing continuation application. Less frequent reporting would undermine accountability efforts at all levels and negatively impact monitoring awardee progress. The annual reporting schedule ensures that CDC responses to inquiries from HHS, Congress and other stakeholders are based on timely and up-to-date information.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

A. Federal Register Notice

A Notice was published in the Federal Register/Volume 84, Number 78/Page 16867-16868 on April 23, 2019 **(see Attachment 3a)** for public comment. CDC received one comment and provided a response which is included in this Information Collection Request (**see Attachment 3b**).

B. Other Consultations
The data collection instruments were designed collaboratively by CDC staff and the data collection contractor. Consultation will continue throughout the implementation process. There were no external consultations.

9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive payments or gifts for providing information.

10. Assurance of Confidentiality Provided to Respondents

Respondents are cooperative agreement awardees. The data collection does not involve research with human subjects. The information collection does not require consent from individuals or IRB approval.

10.1 Privacy Impact Assessment Information

A. Overview of Data Collection System
Information will be collected from awardees using Excel-based reporting tools. Awardees will submit their continuation application for funding, which will include completed Excel spreadsheets, tailored for their specific work plans by uploading them at www.grantsolutions.gov on an annual basis. OSH staff enters the files into an Access database to facilitate grantee-specific and aggregate analysis. Data placed into the system produces reports as Excel files that awardees can use to upload into other reporting systems as required. This procedure satisfies routine cooperative agreement reporting requirements. Progress reports are required once per year, but data entry can occur on a real-time basis. As a result, the reporting tools can also be used for ongoing program management, and support more effective, data-driven technical assistance between NCCDPHP and awardees.
B. Information to be collected
Each awardee is required to provide a work plan and budget plan that at a minimum includes:

- Activities and timelines to support achievement of FOA outcomes.
    - **Performance Measures (including outcomes)** – baseline and targets; progress reported annually **(Attachment 4c)**
    - **Work Plan –** work plan and annual updates; annual progress reported through continuation applications **(Attachments 4a and 4e)**
    - **Successes –**reported annually as part of work plan progress
    - **Challenges -** reported annually as part of work plan progress
- A summary of administration and assessment processes to ensure successful implementation and quality assurance that includes an annual budget, which may include salary information **(Attachment 4b)**

- Infrastructure, staff and administrative roles and functions to support implementation of the award, which will include state name, name of staff person, position title, and time in position **(Attachment 4d)**

Awardees will use the information collection tools (templates) to enter information about their personnel, work plan strategies, performance measures, milestones and activities, resources, budget, and evaluation plans. The tools will also collect information about the staffing resources dedicated by each awardee as well as partnerships with external organizations. The templates require awardees to define their performance measures in action-oriented SMART format (Specific, Measurable, Achievable, Relevant, and Time-Framed).

C. How Information will be Shared and Purpose

The tools support the collection and reporting of information that will be used by CDC to help assess the impact of funding. The information collected will be used to describe, evaluate and enhance opportunities for collaborative efforts and partnerships. Information reported to CDC will be accessible to CDC Project Officers and CDC's data management contractor. Having all this information in a single and secure database will allow CDC Project Officers to search across multiple programs, help ensure consistency in documenting progress and technical assistance, enhance accountability of the use of federal funds, and provide timely reports as frequently requested by HHS and the U.S. Congress.

D. Impact on Respondent Privacy

The Performance Monitoring and Budget Reporting Tool will collect a limited amount of information in identifiable form (IIF) for key program staff (e.g., Program Director). The budget template will request salary information for staff being paid with federal funds. However, no personal contact information will be collected. All data will be reported in aggregate form, with only the name and salary information included. Respondent privacy will be protected through data being maintained in a secure, password protected system, and information will be reported in aggregate form.

E. Voluntary or Mandatory Provision of Data

Awardees are required to provide data as a condition of cooperative agreement funding.

F. Consent to Sharing and Submission of Data

While consent is not required to report aggregate data, awardee consent is optional with the opportunity to provide consent if the data is used for publication in professional abstracts, articles and other public platforms for reporting data.

G. Information Security

Aggregated information will be stored on an internal CDC SQL server subject to CDC's information security guidelines. The reporting tools will be hosted on NCCDPHP's Intranet Application platforms, which undergo security certification and accreditation through CDC's Office of the Chief Information Security Officer. CDC staff, evaluation and technical

assistance, and training contractors will have varying levels of access to the system with role-appropriate security training, based on the requirements of their position(s).

H. Privacy Act Determination

Staff in the NCCDPHP have reviewed this Information Collection Request and have determined that the Privacy Act is not applicable. The data collection does include limited identifiable personal information (i.e., salary information). Respondents are state governmental agencies (state departments of health). Although contact information is obtained for each awardee, the contact person provides information about the organization, not personal information. No system of records will be created under the Privacy Act.

11. Justification for Sensitive Questions

The proposed tools do collect limited sensitive information on the budget (Attachment 4b) and CMI (Attachment 4d) templates.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours

Current respondents are 53 cooperative agreement awardees. Awardees will report information to CDC about their activities, progress, infrastructure, performance measures and budget. Five information collection instruments will be used: a Work Plan Template (**Attachment 4a.**), a Budget Template (**Attachment 4b.**), a Performance Measure Template (**Attachment 4c), a Component Model of Infrastructure (CMI) Template (Attachment 4d), and an Annual Progress Report template (Attachment 4e)**. The same instruments will be used for all information collection and reporting.

Each awardee will submit a Work Plan template using the Excel-based Work Plan Tool **(Attachment 4a).** The estimated burden per response is 6 hours for each Annual Work Plan Progress report.

Each awardee will submit a Budget Progress template using the Excel-based Budget Tool **(Attachment 4b).** The estimated burden per response is 5 hours for each Annual Budget Progress Report.

Each awardee will submit a Performance Measures template using the Excel-based Performance Measures Tool **(Attachment 4c).** The estimated burden per response is 5 hours for each Performance Measures Report.

Each awardee will submit a Component Model of Infrastructure (CMI) template using the Excel-based CMI Tool **(Attachment 4d).** The estimated burden per response is 3 hours for each Component Model of Infrastructure Report.

Each awardee will submit an Annual Progress Report template using the Excel-based Annual Progress Report Tool **(Attachment 4e).** The estimated burden per response is 18 hours for each Annual Progress Report.

Over the three-year period of this information collection request, the total estimated annualized burden for the current 53 current awardees is 1,961 hours, as summarized in Table A.12-A.

Table A.12-A. Estimated Annualized Burden to Respondents

Type of respondents	Form Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Tobacco Control Managers	Annual Work Plan template	53	1	6	318
	Annual Budget template	53	1	5	265
	Annual Performance Measures template	53	1	5	265
	Annual Component Model of Infrastructure	53	1	3	159
	Annual Progress Report template	53	1	18	954
				Total	1,961 hours

B. Estimated Annualized Cost to Respondents

A program manager will prepare the progress reports for each area. The average hourly wage for a program manager is $30.65. The hourly wage rate for program managers was based on wages for similar mid-to-high level positions in the public sector. This information was obtained from the United States wages table for a health service project manager (https://www.bls.gov/ooh/management/medical-and-health-services-managers.htm). The total estimated annualized cost is as summarized in Table A.12-B.

Table A.12-B. Estimated Annualized Cost to Respondents

Type of	Form Name	Number of	Total	Average	Total Cost

respondents		respondents	burden (in hours)	Hourly Wage	
State Tobacco Control Managers	Annual Work Plan template	**53**	**6**	$30.65	**$9,746**
	Annual Budget template	**53**	**5**	$30.65	**$8,122**
	Annual Performance Measures template	**53**	**5**	$30.65	**$8,122**
	Annual Component Model of Infrastructure	**53**	**3**	$30.65	**$4,873**
	Annual Progress Report template	**53**	**18**	$30.65	**$29,240**
				Total	**$60,103**

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

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

14. Estimates of Annualized Cost to the Federal Government

A. Development, Implementation, and Maintenance

The average annualized cost to the federal government is $127,758, as summarized in Table A.14-A. Major cost factors for tool development include application design and development costs and system maintenance costs. The developer and data collection contractor is Deloitte Consulting, LLP.

Table A.14-A. Annualized Cost to the Federal Government	
Cost Category	**Total**
CDC Personnel • 50% GS-13 @ $85,500/year = $42,500 • 25% GS-14 @ $101,035/year = $25,258 Subtotal, CDC Personnel	$ 67,758
Data Collection Contractor	$ 60,000
Total	$ 127,758

15. Explanation for Program Changes or Adjustments

The 2016 collection request included piloted tools (including one developed under a GenIC using 0920-0879). These tools are being included in this collection request for implementation. These changes entail an additional burden of 1,516 hours ($46,464) and three additional information collection tools **(Attachment 4c, Attachment 4d, and Attachment 4e).**

16. Plans for Tabulation and Publication and Project Time Schedule

A. Time schedule for the entire project
The cooperative agreement cycle is five years. The OMB revision is being requested for three years, which will include the final two years of the cooperative agreement. Reports will be generated by the awardees per the FOA requirements once a year due 120 days before the end of the budget period. Data collection began with the awarding of the grants and will continue throughout the funding cycle.

B. Publication plan
Information collected by the awardees will be reported in internal CDC documents and shared with state-based programs.

C. Analysis plan
The collection of this information is part of the reporting requirement for the federal funds received by awardees, therefore all awardees of funding through the National State-Based Tobacco Control Programs and Public Health Approaches for Ensuring Quitline Capacity will submit information. All information will be aggregated, and statistical analyses will be descriptive. No complex statistical methods (e.g., modeling) will be used for analyzing this information.

A.16 - 1 Project Time Schedule

Activity Time Schedule	
Notification of Tool Availability	**Immediately upon OMB approval**
User Training	**Immediately upon OMB approval ongoing through expiration date**
Data Collection	**1-36 months after OMB approval**
Data Publication	**Once Annually**
Data Analysis	**1-36 months after OMB approval**

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

The National State-Based Tobacco Programs cooperative agreement will display the expiration date for OMB approval of the information system data collection on its Internet home page.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification statement.