

Asthma Information Reporting System (AIRS)

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Request for Revision

Supporting Statement Part B –

Collections of Information Employing Statistical Methods

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Part B. Collections of Information Employing Statistical Methods

B.1. Respondent Universe and Sampling Methods

The National Asthma Control Program (NACP) does not use any statistical methods to select respondents because all funded asthma recipients use the performance measure (PM) reporting tool and submit surveillance data. Public law [42 U.S.C. sections 241(a) and 247b (k) (2)] (**Attachments 1a and 1b**) requires application submission and financial reporting by the recipients receiving funding.

Statistical methods cannot be used to reduce burden or improve accuracy of results because of the nature of the program. The respondent universe consists of 30 funded recipients including the health departments in 22 states, one city, and one territory. Therefore, sampling methods will not be utilized for this information collection request. All asthma programs are required to submit annual progress reports. The PM reporting tool enables the NACP to identify training and technical assistance needs, monitor compliance with cooperative agreement requirements, evaluate progress made in achieving goals, and obtain information needed to respond to inquiries regarding program activities. Information will be used to monitor recipient progress towards project goals and objectives, for quality improvement, and to respond to inquiries from the Department of Health and Human Services, Congress, and other sources.

B.2. Procedures for the Collection of Information

Information will be collected from recipients on an annual basis. Recipients will report progress on their performance measures (PMs). The PM reporting tool, a SharePoint site, has been developed to collect this information. The respondents inputting the standardized PM data into the PM reporting tool are the state, local and territorial asthma program staff who have worked with the NACP to plan the collection of the measures.

Reports on state-level emergency department (ED) visits and hospital discharge (HD) surveillance data will be submitted by recipients electronically through a dedicated electronic mailbox. The Excel templates for the surveillance data are provided in **Attachments 6a and 7a**. Example reporting forms are provided in **Attachments 6b and 7b**.

Upon receipt of information from each recipient, responses will be stored on secure network servers subject to the agency's computer security measures. The database will only be available to authorized CDC program staff and contractors. CDC staff will have the capacity to query the database to extract individual or aggregate recipient-related data. CDC staff will generate

reports reflecting the combined information on an annual basis and distribute to the funded recipients. This information will be used to monitor progress, improve the quality of programs and services, and document impact.

B.3. Methods to Maximize Response Rates and Deal with No Response

Annual reports are a requirement for each NACP recipient, in order for the recipient to continue to receive funding. Response rates are expected to be 100%.

B.4. Test of Procedures or Methods to be Undertaken

Pilot testing was conducted using five state recipients (Montana, New Mexico, New York, Pennsylvania and Rhode Island) that volunteered to test the reporting spreadsheets. Additionally, recipients provided feedback on performance measures during a session at the 2018 National Asthma Control Program Grantee Meeting. Based on their feedback, changes were made to reduce the burden to the funded recipients.

B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

No individuals are consulted on statistical aspects of the PMs since statistical methods are not used in the analysis of the information.

NACP staff on the surveillance team consult on statistical aspects of the ED visits and HD data.