

Mini Supporting Statement A

Chronic obstructive pulmonary disease National Action Plan

Tracking System — Preliminary Model

OMB# 0925-0766

Exp. 4/30/2023

Date: 4/16/2020

Contact Information

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TYPE OF COLLECTION: (Check one)

☐ Data Catalogue

☐ Recommendations of scientific reviewers

☐ Call for Nominations

☐ Repository of Tools and Best Practices

☒ Resources

☐ Other: _____

Mini Supporting Statement A

A.1 Circumstances Making the Collection of Information Necessary

This information collection will be a tracking system for a public-accessible data resource on implementation activities in support of the Chronic obstructive pulmonary disease (COPD) National Action Plan. COPD is a leading cause of death and disability in the United States. At the request of Congress, the COPD National Action Plan was developed to address the burden of the disease and serve as a guide to organizations around the country to plan and implement activities, outreach, and research related to COPD.

A.2 Purpose and Use of the Information Collection

The COPD National Action Plan was launched as the first-ever national framework to address chronic obstructive pulmonary disease. It was developed by the federal government in collaboration with key stakeholders including health care providers, nonprofit organizations, advocacy groups, policymakers, industry, researchers, patients, and caregivers. The purpose of this data collection is to build a central database where all stakeholders could enter and access information on activities that are being conducted to meet the Action Plan's five goals:

- 1: Empower people with COPD, their families, and caregivers to recognize and reduce the burden of COPD.
- 2: Improve the prevention, diagnosis, treatment, and management of COPD by improving the quality of care delivered across the health care continuum.
- 3: Collect, analyze, report, and disseminate COPD-related public health data that drive change and track progress.
- 4: Increase and sustain research to better understand the prevention, pathogenesis, diagnosis, treatment, and management of COPD.
- 5: Translate national policy, educational, and program recommendations into research and public health care actions.

This gathering of data on implementation activities would provide a central source of information to track how the National Action Plan is moving forward. Collecting this data will allow the government to more easily answer requests from Congress and other stakeholders about implementation activities that have been conducted and to track progress towards meeting its goals and objectives.

A.3 Use of Information Technology to Reduce Burden

No software will be purchased. NHLBI will be using Drupal, which is an open-source platform, for building all aspects:

- Public-facing home page
- Password-protected accounts for data collection/editing interface
- Account-only access to view contact information
- Public facing data visualization of aggregate numbers and links to individual organizations' descriptive narratives

The collection form will be hosted on NIH servers. Organizations wishing to input or update their data will have to register for an account to use the database and to see other organization contact information.

A.4 Efforts to Identify Duplication

To date there is no comparable central database to collect COPD National Action Plan data and track progress towards its goals and objectives.

A.5 Impact on Small Businesses or Other Small Entities

N/A

A.6 Consequences of Collecting the Information Less Frequently

Once developed, respondents will be able to access the tracking tool from the COPD National Action Plan webpage at copd.nih.gov. There will be a link to the tool and organizations can access the tool anytime they have data to input or to generate progress reports. It is anticipated that organizations would use the tool on a quarterly basis to record their implementation activities.

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

This survey will be implemented in a manner that fully complies with 5 C.F.R. 1320.5. *Standard text*

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

N/A

A.9 Explanation of Any Payment of Gift to Respondents

There will be no gifts or compensation to respondents.

A.10 Assurance of Confidentiality Provided to Respondents

Private to the extent permitted by law. We will collect information with the following parameters:

- Organization name, contact name, and contact email will be collected so that data can be verified and updated as needed.
- Organization name will be public.
- Contact name and email will be available for other account holders on the website so that other organizations can reach out.
- Only business-related contact information will be shared, not personal contact information. Organizations can choose whose contact name to provide.

A.11 Justification for Sensitive Questions

There will be no questions considered to have a sensitive nature.

A.12.1 Estimated Annualized Burden Hours

The estimates of respondent burden is presented in Table A.12.1 covers 1-year period, and includes 2 respondent categories. Respondents will be a mix of stakeholders interested in COPD including nonprofits, for profits, and government organizations. They may choose to participate in entering information into the tracking tool at their leisure but will be encouraged to do so quarterly.

A.12-1 Estimated Annualized Burden Hours

Form Name	Type of Respondent	Number of Respondents	Number of Responses per Respondent	Average Burden Per Response (in hours)	Total Annual Burden Hour
A COPD National Action Plan Tracking System	Private Sector	20	4	1	80
A COPD National Action Plan Tracking System	Federal Government	5	4	1	20
Total		25	100		100

A.12-2 ANNUALIZED COST TO RESPONDENTS

A.12-2 Annualized Cost to the Respondents

Type of Respondent	Total Annual Burden Hours	Wage Rate*	Respondent Cost
Private Sector	80	\$27	\$2,160
Federal Government	20	\$32	\$640
TOTAL			\$2,800

*Source: https://www.bls.gov/oes/2019/may/oes_nat.htm#19-0000_29-9000 : Other Healthcare Practitioners and Technical Occupations

A.13 Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no cost burden to respondents or record-keepers resulting from this collection of information.

A.14 Annualized Cost to the Federal Government

The information gained from this public-accessible data resource will be handled by an employee in the Office of Science Policy, Engagement, Education, and Communications at NHLBI, information below. There will also be an initial cost for the software and development and customization of the tracking system to capture the data that will be submitted by stakeholders. The initial cost to the U.S. Government for information collection is \$81,415.34 for the first year. For subsequent years, the cost will only be that of the NIH employee which will be \$1,415.34.

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Lead Public Health Analyst	GS-14-6	\$141,534.00	1%		\$1,415.34
Contractor Cost					
Software License cost					\$5,000.00
Labor Hours for Development and Customization of Tracking System					\$75,000.00

Travel					
Other Cost					
TOTAL					\$81,415.34

*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/DCB.pdf>

A.15 Explanation for Program Changes or Adjustments

N/A

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

There are currently no plans for the information gathered from this request to be published. Development will take 8-10 weeks, starting from the time the supporting contractor is granted access to the NIH servers. We hope to have the project complete by mid-July 2020.

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

We are not requesting an exemption to the display of the OMB Expiration date. *standard text*

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

This survey will comply with the requirements in 5 CFR 1320.9. *standard text*