Environmental Public Health Tracking Network (Tracking Network)

OMB Control No. 0920-1175 (Expiration Date: 04/30/2020)

Request for Revision

Supporting Statement Part A –

Justification

Program Official/Project Officer: Heather M. Strosnider
Title: Section Chief
Phone: 770-488-3827
Email: HStrosnider@cdc.gov
Fax: 770-488-1538

Date: 04/10/2020

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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.

THIS IS A REQUEST FOR URGENT REVIEW AS THE EXPIRATION DATE IS 04/30/2020.

A.1. Circumstances Making the Collection of Information Necessary

The CDC is seeking Paperwork Reduction Act (PRA) clearance to continue to collect state and local information from grantees for three years. 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) at CDC. This program is authorized under Sections 311 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Sections 243 and 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. The CDC is requesting to revise the information collection request (ICR) titled Environmental Public Health Tracking Network (Tracking Network) (OMB Control No. 0920-1175, expiration date 04/30/2020) and obtain approval for a 3-year Paperwork Reduction Act (PRA) clearance.

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 2017, under Program Announcements CDC-RFA-EH17-1702 (Attachment 3), the CDC's Tracking Program funded 26 state and local public health programs (funded SLHD). These recipients 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 recipients 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.

Since 2017, the ICR has undergone two change requests in 2018 and 2019. See https://www.reginfo.gov/public/do/PRAOMBHistory?ombControlNumber=0920-1175. Details of the requested revisions in 2020 are provided in Section A.15.

In summary, the changes to the ICR since the 2019 change request are as follows:

1. For Tracking Data, minor changes are requested for the following instruments:
    a. (Attachment 4F) Radon testing – removed 33 elements and added 4 elements.

2. For Program Data, minor changes are requested for the following instruments:
    a. (Attachment 5A) EPHT Work Plan - added ten keyword questions.
    b. (Attachment 5B) Public Health Action Report - added 4 questions.
    c. (Attachment 5C) Performance Measurement Strategy Report (previously Attachment 5D) – removed 2 questions/elements and reduce reporting to once a year.
    d. Attachment 5D – Communication Plan Template and Guide (previously Attachment 5C) – streamlined template for more efficient reporting.
    e. Attachment 5E – Partnership Plan Template and Guide – (previously Attachment 5C) – partnership plan was separated from communication plan for clarity.
    f. Attachment 5F – Website Analytics Template (previously Attachment 5E) – created an excel reporting template with one cell for each question.

3. Additionally, for program data, we request to increase the number of respondents from 26 to 30 in anticipation of additional funding to support four new SLHD.

4. Based on the above changes, we are requesting to increase the annualized number of responses from 598 in to 628 (net increase 30 responses) and the annualized time burden from 20,244 to 21,860 hours (net increase 1,616 hours).

A.2. Purpose and Use of the Information Collection

Tracking Network Data Collection and Dissemination

The purpose of this information collection is to support both general purpose statistics and research. 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 11). This information is shared on our Tracking Network: https://www.cdc.gov/nceh/tracking/pdfs/ncdm_requiredandoptionalmeasures_2017.pdf.

In collaboration with SLHD and federal partners, the Tracking Program identifies priority environmental health issues. When data are available nationally or publicly (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 publicly, 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 SLDH also voluntarily contribute data the network. Tracking data sources are listed in Attachment 9 and the Tracking branch data management processes are detailed in Attachment 10.

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, (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 9) 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.

In the past three-years under Program Announcement CDC-RFA-EH17-1702 (Attachment 3), Tracking data were:

- Collected and updated from funded and unfunded SLHD partners
- Used to calculate standardized measures for environmental health surveillance
- 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.
- Queried 577,058 times via the Tracking Network's National Public Portal
- Used for analyses by CDC researchers, for example:
    - Strosnider HM, Kennedy C, Monti M, Yip F. Rural and Urban Differences in Air Quality, 2008–2012, and Community Drinking Water Quality, 2010–2015 — United States. MMWR Surveill Summ. 2017 Jun 23; 66(13): 1–10.
    - Werner AK, Strosnider HM, Kassinger C, Shin M. Sub-County Data Project Workgroup. Lessons Learned From the Environmental Public Health Tracking Sub-County Data Pilot Project. J Public Health Manag Pract. 2018 Sep-Oct; 24(5): E20–E27.
    - Strosnider HM, Chang HH, Darrow LA, Liu Y, Vaidyanathan A, Strickland MJ. Age-Specific Associations of Ozone and Fine Particulate Matter with Respiratory Emergency Department Visits in the United States. Am J Respir Crit Care Med. 2019 Apr 1;199(7):882-890.

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. Data collection forms are provided to assist awardees in gathering the necessary information (Attachments 5a-5f). This information includes Attachment 5a: Workplan Template, Attachment 5b: Public Health Action Report, Attachment 5c: Performance Measurement Strategy Report, Attachment 5d: Communication Plan Template and Guide, Attachment 5e: Partnership Plan Template and Guide, and Attachment 5f: Website Analytics Template. Each of these forms are collected annually as documents emailed to the Tracking Program. The public health action report (PHAR) report is submitted as available but at least twice a year via email to the Tracking Program. In the past three years, the program data were

collected from all 26 funded SLDH. Collectively, the 26 funded SLHD submitted almost 600 PHAs to CDC for review.

These data were used to identify funded SLHD in need of additional technical assistance, identify common challenges and successes, improve communication between funded SLHD and CDC, and to monitor funded SLHD compliance with funding requirements. Specifically, each report was used in the following ways.

Environmental Public Health Tracking Work Plan Template

- Ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement
- Outline projects and related activities, with timelines and expected targets for each

Public Health Action Report

- Provide CDC leadership with program performance data
- Evaluate overall program impact
    - Eatman S, Strosnider HM. CDC's National Environmental Public Health Tracking Program in Action: Case Studies From State and Local Health Departments. J Public Health Manag Pract. 2017 Sep/Oct;23 Suppl 5 Supplement, Environmental Public Health Tracking:S9-S17.

Performance Measure Strategy Report

- Track 29 measures of program progress that address Science and Content, Communications, Technology and Informatics, and Program Services aspects of recipient work.
- Report data to internal and external partners at annual meetings.

Communication Plan and Partnership Plan

- Identify innovative audiences and partnerships,
- Inform PMO workgroup activities (opportunities for trainings and presentations),
- Aid in the creation of helpful evaluation metrics for grant recipients.
- Provide a picture of the national reach and usage of the Tracking Network and share that picture with internal and external audiences.

Website Analytics Template

- Provide a picture of the national reach and usage of the Tracking Network, including funded SLHD components of the network.
- Monitor and evaluate the use of funded SLHD's 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.
- Identify needs of the users of the Tracking Network and ensure that resources are focused on those data with the greatest utility.
- Inform program activities and recommendations including what additional data should be implemented by all funded SLHD because of the frequent use of the data on individual funded SLHD public portals

Terms of clearance: Approved consistent with the understanding that CDC endeavors to more prominently display the data sources, limitations, scope/scale, and recommendations for interpretation of the tracking system (currently available on: https://ephtracking.cdc.gov/showIndicatorPages), and will communicate these limitations in any presentations or dissemination of the Tracking Network data. As the Tracking Network primarily collects certain health information from only 26 funded state and local health departments, and since there may exist variation across the jurisdictions' methods for collecting the information-- collected data are not nationally representative. This information is intended to gain insight into issues that are present at the state and local levels, and can be employed to inform regional or multi-state public health actions for those 26 grantees. Additionally, the Tracking Network also includes some national-level data that are relevant to environmental health, which is collected in collaboration with other federal programs.

The Tracking Program continues to effectively communicate the limitations of the data to the users to address the terms of clearance. In addition to the indicator templates (https://ephtracking.cdc.gov/showIndicatorPages), the program provides footnotes for each measure and has implemented a toast message above the map to display highly important limitations. Further, these data are never aggregated or presented in a way to imply that they are nationally represented.

Figure A: Data Explorer Toast Message and About Date Button

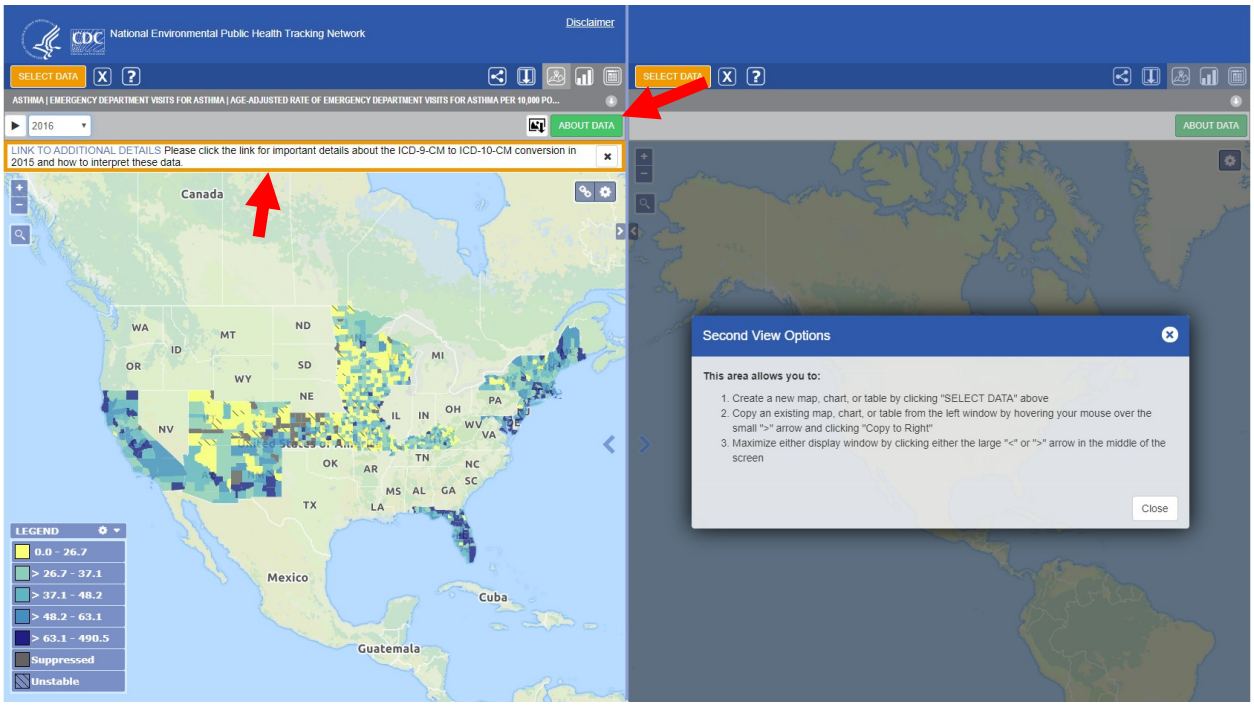
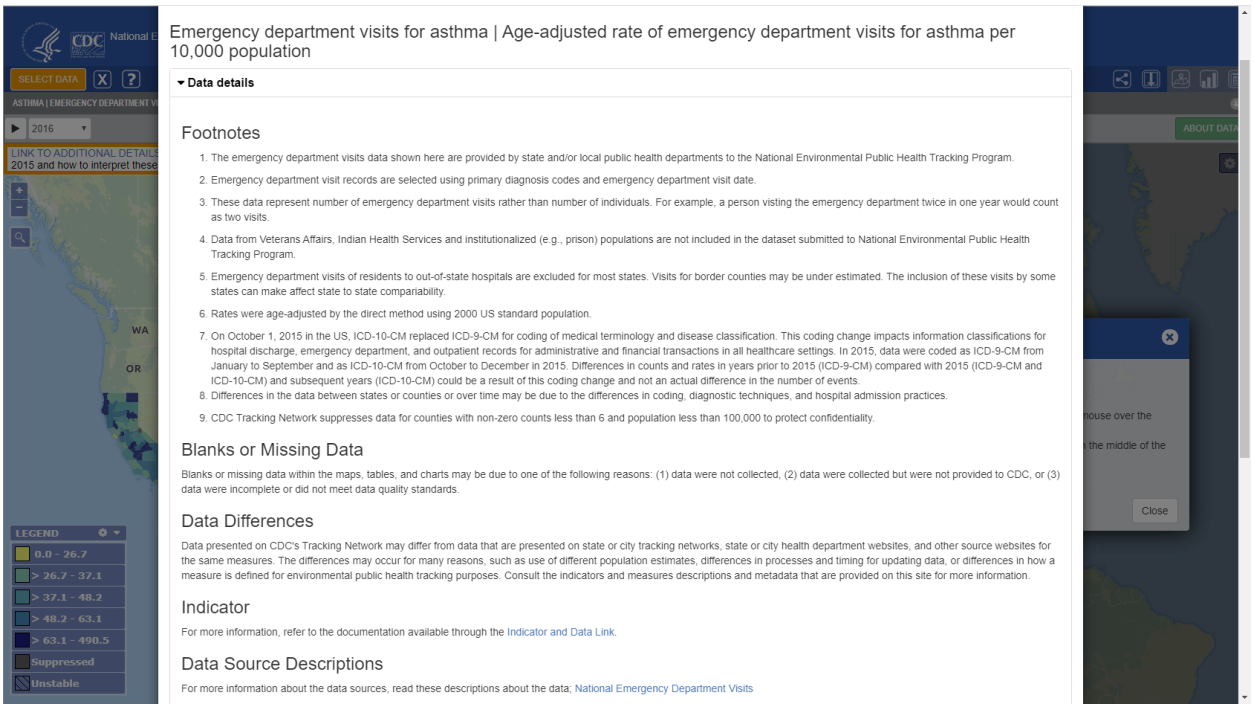


Figure B: About Data Text



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 establish 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-5f).

A.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 recipients. 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 appropriate 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).

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 Announcement CDC-RFA-EH17-1702 (Attachment 3). 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 are 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 February 10, 2020, Volume 85, No. 27, page 7558 (Attachment 2). Three public comments were received. They were non-substantive and do not require a response (Attachment 2a).

B. 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. 2019 CDC External Consultations

Name	Title	Affiliation	Phone	Email
OUTSIDE CONSULTANTS				
Matthew Roach, MPH	Principal Investigator	Arizona Department of Health Services	602-542-1025	matthew.roach@azdhs.gov
Paul B. English, PhD, MPH	Branch Scientific Advisor	California Department of Health	510-620-3684	paul.english@cdph.ca.gov
Kristy Richardson, PhD	Principal Investigator	Colorado Department of Public Health and Environment	303-692-2606	kristy.richardson@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
Ken Sharp, MPA, RS	Principal Investigator	Iowa Department of Public Health	515-281-5099	Kenneth.sharp@idph.iowa.gov
Farah S. Ahmed, PhD., MPH	Environmental Health Officer	Kansas Department of Health & Environment	785-296-6426	fahmed@kdheks.gov
Sara Robeson, MA, MSPH	Principal Investigator	Kentucky Department for Public Health	502-564-7398	sara.robeson@ky.gov
Kate Friedman, MNS	Principal Investigator	Louisiana Department of Health & Hospitals	225-342-7135	Kate.Friedman@LA.GOV
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
Glennon Beresin, MS, MPH	Principal Investigator	Massachusetts Department of Public Health	617-624-5757	glennon.beresin@state.ma.us
Thomas Largo, MPH	Principal Investigator	Michigan Department of Community Health	800-648-6942	largot@michigan.gov
Jessie Shmool, MPH	Principal Investigator	Minnesota Department of Health	651-201-5000	jessie.shmool@state.mn.us
Jeff Wenzel	Principal Investigator	Missouri Department of Health & Senior Services	573-751-6102	Jeff.Wenze@lhealth.mo.gov
Lisa Morris, MSSW	Principal Investigator	New Hampshire Department of Health & Human Services	603-271-4988	Lisa.Morris@dhhs.nh.gov
Barbara Goun, Ph.D., MPH	Principal Investigator	New Jersey Department Health and Senior Services	609-826-4932	barbara.goun@doh.state.nj.us
Heidi Krapfl, MPH	Bureau Chief	New Mexico	505- 476-	heidi.krapfl@state.nm.us

		Department of Health	3577	
Wendy McKelvey, MS, Ph.D.	Acting Principal, Research Scientist	New York City Department of Health and Mental Hygiene	646- 632-6523	wmckelve@health.nyc.gov
Neil Muscatiello, MPH	Director	New York State Department of Health	518- 402-7950	Neil Muscatiello
Curtis Cude	Principal Investigator	Oregon Public Health Division	971- 673-0975	curtis.g.cude@state.or.us
Peter DiPippo	Principal Investigator	Rhode Island Department of Health	401-222-5960	peter.dipippo@health.ri.gov
Greg Williams	Surveillance Section Manager	Utah Department of Health	801- 538-6191	gregwilliams@utah.gov
Lori Cragin, Ph.D.	Principal Investigator	Vermont Department of Health	802-863-7200	Lori.Cragin@vermont.gov
Jennifer Sabel, Ph.D.	Principal Investigator	Washington State Department of Health	360- 236-3177	jennifer.sabel@doh.wa.gov
Carrie Tomasallo, MPH, Ph.D.	Principal Investigator	Wisconsin Division of Public Health	608-267-4465	Carrie.Tomasallo@wisconsin.gov
Norman K Thurston, Ph.D.	Executive Director	National Association of Health Data Organizations	801-477-5348	nthurston@nahdo.org
Patricia Potrzebowski	Executive Director	National Association for Public Health Statistics and Information Systems	301-563-6001	ppotrzebowski@naphsis.org
Julie Nassif	Environmental Health Director	Association of Public Health Laboratories	240-485-2747	julie.nassif@aphl.org
Lawrence Friedl	Director	Applied Sciences Program, NASA	(202) 358 - 7200	lfriedl@nasa.gov

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 9, p. 2, for additional information).

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

Respondents will not receive payments or gifts for providing information. Their activities are funded through the cooperative agreement program.

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

The CDC Chief Privacy Officer has determined that the Privacy Act does not apply (Attachment 7). 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 approved by the agency's Senior Privacy Officer in 2019 granting a 3-year "Authority To Operate" (ATO) to the system (Attachment 7). 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.

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 Announcement CDC-RFA-EH17-1702 (Attachments 3). A copy of the NCEH/ATSDR research determination can be found in Attachment 8.

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. Thirty SLHD will 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 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 26 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 21,860. 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	1760
	Childhood lead blood levels	18	1	80	1440
	Community drinking water monitoring	30	1	100	3000
	Emergency department visits	30	1	80	2400
	Hospitalizations	30	1	80	2400
	Radon testing	18	1	100	1800
	Metadata records	30	6	20	3600
	EPHT Work Plan	30	1	40	1200
	Public Health Action Report	30	4	20	2400
	Performance Measurement Strategy Report	30	1	20	600
	Communications plan	30	1	20	600
	Partnership plan	30	1	20	600
	Website analytics	30	2	1	60
Total					21,860

Table 3 describes the annualized cost burden to the SLHD. The hourly wage rates are based on average rates from Occupational Employment and Wages, May 2018 (https://www.bls.gov/oes/current/oes_nat.htm#13-0000).

- 19-0000 Life, Physical, and Social Science Occupations (Major Group), State Government, excluding schools and hospitals, median hourly rate of $31.77
- 13-1111 Management Analysts, State Government, excluding schools and hospitals, median hourly rate of $40.20

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	1760	$ 31.77	$ 55,915.20
	Childhood lead blood levels	1440	$ 31.77	$ 45,748.80
	Community drinking water monitoring	3000	$ 31.77	$ 95,310.00
	Emergency department visits	2400	$ 31.77	$ 76,248.00
	Hospitalizations	2400	$ 31.77	$ 76,248.00
	Radon testing	1800	$ 31.77	$ 57,186.00
	Metadata records	3600	$ 31.77	$ 114,372.00
	EPHT Work Plan	1200	$ 40.20	$ 48,240.00
	Public Health Action Report	2400	$ 40.20	$ 96,480.00
	Performance Measurement Strategy Report	600	$ 40.20	$ 24,120.00
	Communications plan	600	$ 40.20	$ 24,120.00
	Partnership plan	600	$ 40.20	$ 24,120.00
	Website analytics	60	$ 40.20	$ 2,412.00
	Total			$ 740,520.00

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

1. For Tracking Data, minor changes are requested for the following instruments:
    a. (Attachment 4F) Radon testing – removed 33 elements and added 4 elements. The previous instrument contained elements that were being tested. After a few submissions and review of the data, we have identified the key elements needed for these data.

2. For Program Data, minor changes are requested for the following instruments:
    a. (Attachment 5A) EPHT Work Plan - added ten keyword questions. These keyword questions will help us to more quickly and accurately categorize the project and activities reported.
    b. (Attachment 5B) Public Health Action Report - added 4 questions. These additional questions will help us to more quickly and accurately categorize the public health actions reported.
    c. (Attachment 5C) Performance Measurement Strategy Report (previously Attachment 5D) – removed 2 questions/elements and reduce reporting to once a year. After review of the previous submissions, we found 2 questions unnecessary. Further, annual submission is sufficient for our proposes.

d. Attachment 5D – Communication Plan Template and Guide (previously Attachment 5C) – streamlined template for more efficient reporting. The new template allows for more consistent reporting between funded SLHD.
e. Attachment 5E – Partnership Plan Template and Guide – (previously Attachment 5C) – partnership plan was separated from communication plan for clarity. The new template allows for more consistent reporting between funded SLHD.
f. Attachment 5F – Website Analytics Template (previously Attachment 5E) – created an excel reporting template with one cell for each question. Previously, we only provided a guide. We want to provide a reporting template to better support data collection. This template allows for more consistent reporting between funded SLHD and easier analysis.

Additionally, for the program data, we request to increase the number of respondents from 26 to 30 in anticipation of additional funding to support four new SLHD.

Based on the above changes, we are requesting to increase the annualized number of responses from 598 in to 628 (net increase 30 responses) and the annualized time burden from 20,244 to 21,860 hours (net increase 1,616 hours.

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

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 datasets 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	*Ongoing activity following data validation*

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
    - 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

Table 4b. Project Time Schedule – Tracking Network Data

Activity	Time Schedule after PRA Clearance
EPHT Work plan submitted and reviewed	Quarter 3 (with continuation application) or 90 days after the cooperative agreement ends
PHA report submitted and reviewed	Once a quarter
Performance measures submitted and reviewed	Quarter 3
Communications plan and partnership plan submitted and reviewed	Quarter 1
Website analytics submitted and reviewed	Quarter 1
Analyses and Reports	Ongoing activity upon receipt of updated

	information

The program does not use complex statistical methods for analyzing program data. Collected program data are reported in internal documents and shared with funded SLHD. Results are presented during webinars during which the implications of the finding are discussed and questions answered. Aggregated information may also be included in reports to CDC leadership, Congress, and other stakeholders.

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. These activities comply with the requirements in 5 CFR 1320.9.