

# Environmental Public Health Tracking Network (Tracking Network)

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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

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This information collection (IC) does not use any statistical methods to select respondents because all funded state and local health departments (SLHD) awardees submit data as available. 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). Further recipients receiving funding are required to submitted applications and financial reporting.

The sections below describe how the data will be collected. The Tracking Program collects two types of data from funded state and local health departments (SLHD) awardees, under Program Announcement CDC-RFA-EH17-1702 (Attachment 3). The first type is referred to as “Tracking Network Data” and includes data from existing health outcome, exposure, and environmental hazard databases within the awardees’ jurisdiction. The second type is referred to as “Program Data” and includes information provided by the awardees about their program operations such as performance measures, communications plans, and evaluation reports.

Tracking Network Data from unfunded state and local health departments are accepted but not requested.

### B.1. Respondent Universe and Sampling Methods

No respondent sampling methods are used. The respondent universe is comprised of funded SLHD that submit Tracking Network and Program Data to the Tracking Program. The emphasis of this IC is on data that the Tracking Program collects from our current 26 funded SLHD , to be increased to 30 in this revision information collection request (ICR). This includes the 6 datasets and metadata listed in this section. We recognize that these data are not nationally representative; rather, our objective with these data is to provide information that can be used by state and local public health practitioners to gain insight on issues that are present at the state and local levels; can inform regional or multi-state public health actions; and can contribute to the evidence available for national public health actions. Additionally, as illustrated in Attachment 9, the Tracking Network also includes national-level data that are relevant to environmental health. These data are collected in collaboration with other federal programs and, where appropriate, we indicate that the data are nationally representative.

For all data, we provide detailed information on the measures in several locations:

On our main webpage, we provide a link to information for each indicator, “Indicators and Data”, that brings the user to the indicator documentation:  
<https://ephtracking.cdc.gov/showIndicatorPages>

Information is provided:

- Data sources
- Data and measure limitations
- How measures are calculated
- Geographic and temporal scale
- Geographic and temporal scope
- How data should be interpreted

On the data explorer tool, we provide information on the specific data queried via a box in the display window: “About these data”. <https://ephtracking.cdc.gov/DataExplorer/> The information in “About these data” include:

- Footnotes (key information about data source, nature of data, limitations, any data suppression, etc.)
- Treatment of blanks or missing data
- Stability information (e.g., how unstable data are displayed and should be treated)
- Links to the indicator documentation
- Data source descriptions
- How data should be cited
- Why data set was created
- How data set was created (e.g., derivation of measure)
- Limitations of data set
- How data should be used (any use constraints)
- Link to metadata records

Each dataset, including individual SLHD data, has a metadata record. This record contains the most detailed information about the how the data were collected and the original data source. Metadata records are connected to the “About these data” on the data explorer tool and also available to search on the main webpage through “Indicators and Data”.

*Tracking Network Data*

All data used in the Tracking Network are gathered and collected by other federal and state programs. The Tracking Program receives data from its awardees from these existing data:

1. Birth defects prevalence (Attachment 4a)
2. Childhood lead blood levels (Attachment 4b)
3. Community drinking water monitoring (Attachment 4c)
4. Emergency department visits (Attachment 4d)
5. Hospitalizations (Attachment 4e)
6. Radon testing (Attachment 4f)
7. Metadata records (Attachment 4g)

### *Program Data*

The Tracking Program also collects information from its awardees in order to evaluate and monitor the effectiveness of each awardee and the Tracking Program overall. Information collected includes:

1. Environmental Public Health Tracking Work Plan Template (Attachment 5a)
2. Public Health Action Report (Attachment 5b)
3. Performance measure report (Attachment 5c)
4. Communication plan template and guide (Attachment 5d)
5. Partnership plan template and guide (Attachment 5e)
6. Website analytics template (Attachment 5f)

Each jurisdiction funded by the Tracking Program receives a template or guidance for each item reported.

## **B.2. Procedures for the Collection of Information**

### *Tracking Network Data*

In collaboration with SLHD and federal partners, the Tracking Program identifies priority environmental health issues and evaluates the utility and quality of existing data for informing or addressing that issue. 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 awardees or unsolicited, volunteer SLHD to obtain these data from the original data stewards and submit them to the National Tracking Network.

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. Standardized extraction, formatting, and submission processes are developed in collaboration between CDC and awardees for each dataset. Guidance documentation with step by step instructions for extracting and formatting the data are provided. Each awardee works with the data owners in their respective jurisdictions to extract the necessary data elements from existing electronic data systems and format the data for submission. Tracking branch data management processes are detailed in Attachment 10.

Additions or modifications to these standardized datasets are also developed collaboratively as needed to improve the accuracy, completeness, efficiency, or utility of data submitted to CDC. Such changes occur at most once a year. Examples of these changes to data processes include (1) addition of new variables or outcomes, (2) updates to case definitions, (3) modifications to temporal or spatial aggregation, and (4) changes in formatting for submission. Datasets have been established in such a way that most changes are not difficult to implement, involving only modifications to existing code or scripts for extracting, processing, and submitting the data. As required, the Tracking Network will submit future additions and modifications as nonsubstantive change requests.

Tracking Network data submitted annually by awardees and other SLHD to the Tracking Program include (1) birth defects prevalence, (2) childhood lead blood levels,<sup>1</sup> (3) community drinking water monitoring, (4) emergency department visits, (5) hospitalizations, and (6) radon testing. These six datasets are the only Tracking Network data currently provided by SLHD to Tracking. All other datasets are provided by national partners as described in attachment 10. 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 of this document. A metadata record, a file describing the original source and collection procedures for the data being submitted, is also submitted with each Tracking Network data using the Tracking Program's metadata creation tool. A blank metadata template can be found in Attachment 4g.

Once data are received, they are validated by the Tracking Program to ensure accuracy and completeness. Data are then aggregated and analyzed to generate measures such as rates and percents. Any small numbers are suppressed to protect confidentiality and unstable rates are flagged. Suppression rules are established in collaboration with SLHD and data stewards. Relative standard errors (RSEs) greater than or equal to 30% are flagged as unstable. More information can be found in the Technical Notes:

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<sup>1</sup> Collected from awardees that do not 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]).

<https://ephtracking.cdc.gov/showTechnicalNotes> and in Tracking Program's data re-release plan: <http://ephtracking.cdc.gov/showLibrary>. Measures and corresponding metadata are then 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>. On average, the time from data submission to measure dissemination is 4 to 6 months. Tracking Program staff also analyze the data to advance the science of environmental public health tracking.

#### *Program Data*

Word or Excel templates or guidance documents are provided to each funded SLHD who then submits the information via email (Attachments 5a-5f).

### **B.3. Methods to Maximize Response Rates and Deal with Non-Response**

#### *Tracking Network Data*

The data used by the Tracking Program are administrative, registry, or regulatory monitoring data collected by other programs. Response rate does not apply as data from this collection are not intended to be generalizable or nationally representative. Twenty-six funded SLHDs provided 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 26 SLHDs did not respond to one or more form because data were 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. In this revision ICR, we are requesting an increase from 26 to 30 SLHDs, pending the availability of funds.

#### *Program Data*

We request the program data items from each funded SLHD. If an awardee hasn't provided necessary information, we will send them email reminders until they do.

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

#### *Tracking Network Data*

A major function of the Tracking Network is to compile a core set of nationally consistent health and environmental data and measures (NCDMs). The NCDMs have been developed or adopted for the Tracking Network through collaboration with partners and data stewards at the national, state, and local levels (Attachment 11). The process of developing an NCDM involves defining the environmental public health question, reviewing the applicability and limitations of existing data, drafting guidelines for creating the NCDM, piloting the creation of the NCDM, and then finalizing the NCDM guidelines and documentation.

Once established, the creation of NCDM begins by extracting the correct data from an existing data source. SLHD extract the necessary data and format the data for submission to the Tracking Program. The Tracking Program then uses the data, as well as data provided by national partners, to calculate the NCDM measures for the public portal. These measures are the tabulation of data into summary statistics such as count, rate (both crude and age adjusted), percent, or concentration over geography and time.

In addition to creating measures for the National Public Portal, the Tracking Program frequently conducts descriptive and trend analyses using methods various statistical tests and regression modeling techniques. The method chosen for each analysis depends on the research question and the available data. Tracking Program staff use the data to conduct analyses that:

- Assess temporal and spatial trends in health, exposure, and environmental hazards
- 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

#### Data received during past three years

<b>Data form</b>	<b>Fall 2017</b>	<b>Fall 2018</b>	<b>Fall 2019</b>
Birth defects prevalence	20 recipients	20 recipients	19 recipients
Emergency department visits	21 recipients	21 recipients	23 recipients
Hospitalizations	25 recipients, 1 SLHD	25 recipients, 1 SLHD	25 recipients, 1 SLHD
Radon	8 recipients, 1 SLHD	12 recipients	Moved to spring
Metadata	25 recipients, 1 SLHD	25 recipients, 1 SLHD	25 recipients, 1 SLHD
<b>Data Form</b>	<b>Spring 2018</b>	<b>Spring 2019</b>	
Community drinking water monitoring	25 recipients, 1 SLHD	25 recipients, 1 SLHD	
Childhood lead blood levels	24 recipients	0 recipients	

Radon	Held in the fall	7 recipients	
Metadata	25 recipients, 1 SLHD	25 recipients, 1 SLHD	

### *Program Data*

The Environmental Public Health Tracking Work Plan Template (Attachment 5a) and the Public Health Action Report (PHAR) (Attachment 5b) were developed in-house with funded SLHD review and feedback. Over the last 3 years, all funded SLHD submitted an annual EPHT Work Plan, and have used the PHAR to submit almost 600 Public Health Actions for review. The Performance Measure Report (Attachment 5c) was developed by the program with support from evaluation specialists and feedback from funded SLHD. One hundred percent of funded SLHD used this document to report their progress annually to CDC. The Communication and Partnership Plans templates (now separate forms as attachments 5d and 5e) were developed by the Tracking Program based on industry standards. All funded SLHD have submitted annual Communication and Partnership Plans. Recommended website analytics template (Attachment 5f) was developed in collaboration with funded SLHD. All funded SLHD have submitted annual website analytics template.

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

### *Tracking Network Data*

Awardees or the data stewards will be extracting the data from their original database. Awardees will format and submit data to CDC. Awardees will be responsible for analyzing data within their jurisdiction.

Analysis and interpretation of the combined data will be conducted by the following CDC Tracking Program staff:

Table 1. Personnel Responsible for Analysis of Information - *Tracking Network Data*

<b>Name</b>	<b>Title</b>	<b>Affiliation</b>	<b>Phone</b>	<b>Email</b>
Fuyuen Yip	Branch Chief	CDC	770.488.3719	FYip@cdc.gov
Heather Strosnider	Section Chief	CDC	770.488.3827	HStrosnider@cdc.gov
Michele Monti	Epidemiologist	CDC	770.488.3994	MMonti@cdc.gov
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Emily Prezzato	Public Health Analyst	CDC	404.498.5521	EPrezzato@cdc.gov
Angela Werner	Senior Service Fellow	CDC	404.498.1693	AWerner@cdc.gov
Ying Zhou	Senior Service Fellow	CDC	770.488.3833	<a href="mailto:YZhou2@cdc.gov">YZhou2@cdc.gov</a>
Mackenzie Malone	Data Mgt	CDC	770.488.1465	MMalone@cdc.gov

### Program Data

Funded SLHD collect relevant data, complete the corresponding templates, and submit them to CDC. Awardees will be responsible for analyzing data within their jurisdiction.

Table 2. Personnel Responsible for Analysis of Information - *Program Data*

Name	Title	Affiliation	Phone	Email
Fuyuen Yip	Branch Chief	CDC	770.488.3719	<a href="mailto:FYip@cdc.gov">FYip@cdc.gov</a>
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Kristin Labar	Public Health Advisor	CDC	404.639.7743	<a href="mailto:KLabar@cdc.gov">KLabar@cdc.gov</a>
Robert Kennedy	Public Health Advisor	CDC	770.488.3840	<a href="mailto:RKennedy1@cdc.gov">RKennedy1@cdc.gov</a>