

Privacy Impact Assessment Form

v 1.21

Status Form Number Form Date

Question

Answer

1 OPDIV:

2 PIA Unique Identifier:

2a Name:

3 The subject of this PIA is which of the following?

- General Support System (GSS)
 Major Application
 Minor Application (stand-alone)
 Minor Application (child)
 Electronic Information Collection
 Unknown

3a Identify the Enterprise Performance Lifecycle Phase of the system.

3b Is this a FISMA-Reportable system?

- Yes
 No

4 Does the system include a Website or online application available to and for the use of the general public?

- Yes
 No

5 Identify the operator.

- Agency
 Contractor

6 Point of Contact (POC):

POC Title
 POC Name
 POC Organization
 POC Email
 POC Phone

7 Is this a new or existing system?

- New
 Existing

8 Does the system have Security Authorization (SA)?

- Yes
 No

8b Planned Date of Security Authorization

 Not Applicable

8c	Briefly explain why security authorization is not required	A separate PIA will be completed for the IT system once OMB approval is granted.
10	Describe in further detail any changes to the system that have occurred since the last PIA.	N/A. There is not a previously approved PIA.
11	Describe the purpose of the system.	<p>CDC is required to monitor and evaluate processes and outcomes related to the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). To fulfill this mandate, information will be collected from the 70 grantee institutions (states, territories, tribal organizations and the District of Columbia) participating in the CDC-funded NBCCEDP.</p> <p>This information will help to identify successful activities that need to be maintained, replicated, or expanded, as well as provide insight into areas needing improvement. It will also strengthen CDC's ability to accurately demonstrate program processes and results to stakeholders.</p>
12	Describe the type of information the system will collect, maintain (store), or share. (Subsequent questions will identify if this information is PII and ask about the specific data elements.)	<p>In an annual survey, grantees will be asked about their: (1) management, program, and evaluation challenges; (2) program resources; (3) partnerships; (4) health systems change for breast and cervical cancer screening delivery; (5) evidence based intervention (EBI) implementation for health systems change; and (6) use of other strategies for sustainable cancer control.</p> <p>In addition, grantees will report on their clinical health systems partners' use of evidence-based interventions, patient population characteristics, and breast and cervical cancer screening rates at primary care clinic sites.</p> <p>No personally identifiable information will be collected.</p>

13 Provide an overview of the system and describe the information it will collect, maintain (store), or share, either permanently or temporarily.

In an annual survey, grantees will be asked about their: (1) management, program, and evaluation challenges, (2) program resources, (3) partnerships, (4) health systems change for breast and cervical cancer screening delivery, (5) evidence-based intervention implementation for health systems change, and (6) use of other strategies for sustainable cancer control.

In addition, grantees will report on their clinical health systems partners' use of evidence-based interventions, patient population characteristics, and breast and cervical cancer screening rates at primary care clinic sites.

These data items will be collected because the program has an emphasis on health systems change to improve impact. Descriptive (summary) statistics will be calculated separately for breast and cervical cancer screening. This information will be used by CDC to better understand the range of experiences among grantees as an input into its programmatic decision-making. The summary findings will be reported back to the grantees to help them identify successful implementation models and focus networking for shared experiences, lessons learned, and best practices.

No personally identifiable information will be collected.

The data sets will not be shared with other entities.

14 Does the system collect, maintain, use or share PII? Yes No

REVIEWER QUESTIONS: The following section contains Reviewer Questions which are not to be filled out unless the user is an OPDIV Senior Officer for Privacy.

Reviewer Questions		Answer
1	Are the questions on the PIA answered correctly, accurately, and completely?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
2	Does the PIA appropriately communicate the purpose of PII in the system and is the purpose justified by appropriate legal authorities?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
3	Do system owners demonstrate appropriate understanding of the impact of the PII in the system and provide sufficient oversight to employees and contractors?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	
4	Does the PIA appropriately describe the PII quality and integrity of the data?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Reviewer Notes	<input type="text"/>	

Reviewer Questions		Answer	
5	Is this a candidate for PII minimization?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Reviewer Notes	<input type="text"/>		
6	Does the PIA accurately identify data retention procedures and records retention schedules?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
7	Are the individuals whose PII is in the system provided appropriate participation?	<input type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
8	Does the PIA raise any concerns about the security of the PII?	<input type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
9	Is applicability of the Privacy Act captured correctly and is a SORN published or does it need to be?	<input type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
10	Is the PII appropriately limited for use internally and with third parties?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
11	Does the PIA demonstrate compliance with all Web privacy requirements?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Reviewer Notes	<input type="text"/>		
12	Were any changes made to the system because of the completion of this PIA?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Reviewer Notes	<input type="text"/>		
General Comments	<input type="text" value="This PIA reflects the described information collection only. See Item 8C"/>		
OPDIV Senior Official for Privacy Signature	<input type="text"/>	HHS Senior Agency Official for Privacy	<input type="text"/>