

**Prevention Research Centers National Program Evaluation Reporting System
(PERS)**

New

Supporting Statement A

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ATTACHMENTS

1. Public Law 98-551
- 2a. 60-Day Federal Register Notice
- 2b. Response to public comments from 60-Day Federal Register Notice
3. List of Prevention Research Centers Program Awardees
4. PRC program monitoring and evaluation indicators
5. PRC program data collection questions
6. PRC program web-based data collection system screenshots
7. Human subjects document non-research determination

JUSTIFICATION SUMMARY

- **Goal of the project:** To monitor PRC inputs, activities, and outputs and support evaluation of outcomes to facilitate CDC program management, accountability, and improvement efforts.
- **Intended use of the resulting data:** Data will be used to track PRCs' adherence to funding requirements outlined in the cooperative agreement. Standard periodic reports (e.g., presentations, manuscripts, reports) will be generated at two levels – network and site-specific. CDC will use the data to describe PRC Program accomplishments, identify any best practices, and facilitate evaluation of the outcomes of PRC activities and public health prevention research.
- **Methods to be used to collect:** The PRC Program will use a comprehensive, centralized, web-based data collection system (i.e., REDCap) called the Program Evaluation Reporting System (PERS) that is hosted on CDC servers and available for data entry year-round.
- **The subpopulation to be studied:** As a condition of the award, all 26 (100%) PRCs are required to provide data related to the PRC Program monitoring and evaluation indicators.
- **How data will be analyzed:** All data will be stored on-site at the CDC in a Microsoft Access database. Each PRC will be assigned a unique ID that allows data from different sources to be linked and facilitate development of merged and longitudinal datasets for analyses using analytic and data visualization tools such as Excel, SAS, R, and PowerBI. Data will be maintained for a minimum of ten years to allow for continued analysis and publication of reports and peer-reviewed manuscripts.

A. JUSTIFICATION

A1. Circumstances Making the Collection of Information Necessary

The Division of Population Health of the Centers for Disease Control and Prevention (CDC) requests a 36-month OMB approval for a new data collection for the Prevention Research Centers National Program Evaluation Reporting System (PERS). OMB approval is requested by September 29, 2021. This will allow the CDC to implement data collection methods and to collect data from years 3-5 of the current funding cycle (September 30, 2021 – September 29, 2024).

In 1984, Congress passed Public Law 98-551 directing the Department of Health and Human Services (DHHS) to establish Centers for Research and Development of Health Promotion and Disease Prevention. In 1986, the CDC received lead responsibility for this program, referred to as the Prevention Research Centers (PRC) Program. PRC Program awardees are managed as a CDC cooperative agreement with awards made for five years. Attachment 1 provides a copy of the authorizing legislation for the PRC Program, the Health Promotion and Disease Prevention Amendments of 1984. The 60-Day Federal Register Notice and Public Comments with CDC Response are included in Attachment 2A and 2B.

In 2018, the CDC published program announcement DP19-001 for the current (September 30, 2019 – September 29, 2024) PRC Program funding cycle. Twenty-six PRCs (Attachment 3) were selected through a competitive, external, peer-review process; the program is currently in its second year of the five-year funding cycle.

Each PRC is housed within an accredited school of public health or an accredited school of medicine or osteopathy with a preventive medicine residency program. The PRCs conduct outcomes-oriented, applied prevention research on a broad range of topics using a multi-disciplinary and community-engaged approach. Research projects involve faculty from the funded school and various departments within the university, as well as community partners. Partners include, but are not limited to, state, local, and tribal health departments, departments of education, schools and school districts, community-based organizations, health providers, and other health organizations. Partners collaborate with the PRCs to assess community needs; identify research priorities; set research agendas; conduct research projects and related activities such as training and technical assistance; and disseminate research results to public health practitioners, researchers, and the general public.

Each PRC receives funding from the CDC to establish its core infrastructure and functions and support a core research project. Research foci reflect each PRC's area of expertise and community needs. Most PRC core research aligns with the health disparities and goals outlined in Healthy People 2020 and Healthy People 2030. Since 1993, the PRCs could apply for special interest project (SIP) funding, awarded by units throughout the CDC and other DHHS agencies. SIPs are cooperative agreements that

are either related to the PRC core project or another public health research gap. In addition, PRC faculty conduct research that is funded by other sources, such as health departments, foundations, and other federal agencies.

The DP19-001 program announcement included language that was used to develop and operationalize PRC Program monitoring and evaluation indicators (see Attachment 4). The PRC Program monitoring and evaluation indicators were collaboratively developed in 2019 with stakeholders, including 11 PRC representatives. Monitoring and evaluation indicators from the previous funding cycle, 2014-2019 were modified to better align with this cycle's funding announcement, which emphasizes partnership, translation, dissemination, and research impact. The list of indicators was also revised to accommodate current program needs and comprehensively capture PRCs' center and research inputs, activities, and outputs.

The indicators are designed to collect information such as institutional support from their academic institution; Community Advisory Boards; partnerships; technical assistance; mentorship and training activities; informational products and communication channels; development and dissemination of research and practice tools; and development of academic products.

A2. Purpose and Use of Information Collected

PERS is divided into 12 sections and was primarily designed to collect information in fulfillment of the monitoring component of the PRC Program monitoring and evaluation plan. Logistically, this system is organized in sections that correspond to key components of the PRCs' inputs, activities, and outputs. PRC staff will have the flexibility to enter data into the collection system throughout the reporting period, which provides an opportunity to distribute the reporting burden over the course of a funding year. Key PRC respondents will provide contact information (e.g., name, email address, and telephone number) to establish accounts that enable them to access the password protected data collection system. Otherwise, no individually identifiable personal information will be collected.

The following data will be collected in each section and sub-section of the web-based data collection system:

- Section I: Core Research Project and Center Characteristics
 - Sub-section I: Addressing Social Determinants of Health (SDoH)
 - Sub-section II: Health Topic(s)
 - Sub-section II: Population(s)
 - Sub-section III: Setting
 - Sub-section IV: Community Health Workers

- Section II: Institutional Support
 - Sub-section I: Monetary Support
 - Sub-section II: In-kind Support

- Section III: Community Advisory Boards (CAB)
 - Sub-section I: CAB Description
 - Sub-section II: CAB Representation and Role

- Section IV: Partnerships
 - Sub-section I: Partner Role
 - Sub-section II: Resource Provision
 - Sub-section III: Partner Type

- Section V: Technical Assistance (TA)/Subject Matter Expertise (SME)
 - Sub-section I: Description of TA/SME
 - Sub-section II: Funding
 - Sub-section III: COVID-19

- Section VI: Mentorship
 - Sub-section I: Number of People Mentored
 - Sub-Section II: Evaluation

- Section VII: Training
 - Sub-section I: Training Details
 - Sub-section II: Funding
 - Sub-section III: Health Topic(s)
 - Sub-section IV: Related Tool(s)
 - Sub-section V: Evaluation
 - Sub-section VI: COVID-19

- Section VIII: Research and Practice Tools
 - Sub-section I: Tool Description
 - Sub-section II: Funding
 - Sub-section III: Health Topic(s)
 - Sub-section IV: Primary Intended Users
 - Sub-section V: Dissemination and Promotion
 - Sub-section VI: Evaluation
 - Sub-section VII: COVID-19

- Section IX: Communication Channels and Informational Products
 - Sub-section I: Social Media Handles
 - Sub-section II: Audio/Video

- Sub-section III: Informational Products
 - Sub-section IV: Innovative Channels
- Section X: Books and Book Chapters
 - Sub-section I: Book Citation
 - Sub-section II: Funding
 - Sub-section III: Health Topic(s)
 - Sub-section IV: Related Tool(s)
 - Sub-section V: COVID-19
- Section XI: Journal Articles
 - Sub-section I: Journal Article Citation
 - Sub-section II: Funding
 - Sub-section III: Health Topic(s)
 - Sub-section IV: Related Tool(s)
 - Sub-section V: COVID-19
- Section XII: Presentations
 - Sub-section I: Presentation Details
 - Sub-section II: Funding
 - Sub-section III: Health Topic(s)
 - Sub-section IV: Related Tool(s)
 - Sub-section V: COVID-19

The purpose of data collection is primarily to monitor progress on PRC Program monitoring and evaluation indicators that were revised and approved by PRC Program leadership and informed by PRC representatives in spring and summer 2020. While these data are primarily for monitoring purposes, they will also be useful in evaluation. In the current fiscal climate, assuring program accountability and improvement and increasing visibility and knowledge transfer are critical.

Collecting data on monitoring and evaluation indicators enables CDC to:

- Demonstrate PRC Program public health impact and accountability to Congress, CDC leadership, partner organizations, and communities
- Generate knowledge and share information both within and outside the PRCs about public health prevention research
- Inform internal decision-making aimed at improving the PRC Program

Standard periodic reports will be generated at two levels:

- Network-level reports provide aggregate data across all 26 PRCs (e.g., the number of peer-reviewed publications disseminated by the PRCs) or a specific subset of the PRCs (e.g., among the PRCs collaborating with community health workers).
- PRC-specific reports provide information specific to a single center, such as the number and types of research and practice tools developed and disseminated.

PRC Program staff will also produce products (e.g., presentations, manuscripts, reports) using monitoring data to assess PRCs' performance relative to funding requirements and to identify and share best practices for applied public health prevention research.

The data we plan to collect will enable PRC Program staff to monitor and evaluate awardees' inputs, activities, and outputs. The data are generalizable within the PRC Program, but not to other large research programs. However, other large community-based research programs (e.g., Clinical and Translational Science Awards) may benefit from some of the learnings on similar program aspects, such as how PRCs conduct community-engaged prevention research (e.g., through use of Community Advisory Boards).

Information entered into PERS might also facilitate preparation of the PRCs' annual reports and applications for continued funding. This information can also be used by the PRCs to provide summaries of their centers' inputs, activities, and outputs to partners, communities, and decision-makers.

A3. Use of Improved Information Technology and Burden Reduction

The PRC Program plans to use a CDC-hosted web-based data collection system, REDCap, to collect information. The system is called the Program Evaluation Reporting System (PERS). By collecting information from a site that is hosted on CDC servers, the PRC Program has better flexibility in survey design, development, and maintenance, and security risks are minimized. Data will be collected from all 26 PRCs. We expect a 100% response rate due to the requirement to report data being a condition of the award.

PERS is easy to navigate, centralizes data entry, includes exports that allow program staff to track progress, and will provide easily accessible data for analytic purposes. Advanced data integration features and data quality rules are implemented in the data collection system to minimize data entry errors, reduce the burden of data entry, and avoid redundancy. We will provide optional tools, training, and guidance based upon end user input regarding system access, navigation, and data entry.

PERS will be available year-round – allowing the PRCs to submit data when most conducive, rather than compressing data collection into a prescribed timeframe. It is important to note that data entered will remain in the system throughout the project period; PRCs will be asked to simply update some sections (e.g., Partnerships), and provide any new entries for others (e.g., Journal Articles). This will

lessen the data collection burden assumed by respondents in funding years 4 through 5. Data will also be available for analysis throughout the year.

A4. Efforts to Identify Duplication and Use of Similar Information

The proposed data collection will provide an efficient method for the PRCs to submit information about the PRCs' inputs, activities, and outputs for monitoring and evaluation purposes. (See Section A.2 for a list of data to be collected). CDC uses the Research Program Progress Report (RPPR) system designed by the National Institutes of Health for required annual progress reporting on their cooperative agreement funding. RPPR also serves as their continuation application for funding. PRCs submit information in RPPR related to their progress on work plans submitted with their applications for continued funding. Some of this information is related to information collected in PERS (e.g., journal publications). However, RPPR is primarily intended for progress reporting and continuation funding, not monitoring and evaluation. As such, it is not designed to allow downloading of data for analysis. PERS is designed to avoid duplication of information reported in RPPR to the extent possible. PRC staff have been consulted in the design of PERS to minimize duplication and support monitoring and evaluation.

No other federal or private agency collects data to evaluate PRC Network inputs, activities, or outputs.

A5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study. Many municipalities have populations of less than 50,000 people and therefore are considered small entities. These entities are among the focus of this study. The questions have been held to the absolute minimum required for the intended use of the data. There will be no significant economic impact on these small entities.

A6. Consequences of Collecting the Information Less Frequently

The PRC Program proposes to conduct annual data collection. Less frequent data collection for most variables would delay receipt of critical information about the PRCs' inputs, activities, and outputs, which would:

- Undermine federal and site-specific efforts to be accountable to funding requirements.
- Weaken programmatic efforts to monitor and promote awardees' activities, and outputs.
- Limit CDC's ability to respond to inquiries from Congress and other stakeholders.
- Restrict CDC's ability to examine differences across PRC sites.
- Limit evaluation of the PRC Program.

Data will be migrated between years, which will lessen the data collection burden assumed by respondents in funding years 4 and 5.

There are no legal obstacles to reduce the burden.

A7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

A8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

Part A: PUBLIC NOTICE

A 60-day Federal Register Notice was published in the Federal Register on December 18, 2020, vol. 85 No. 244, pp. 82480-82481 (Attachment 2a). CDC received 1 anonymous substantive comment (Attachment 2b) and provided a response. CDC's response and how it addressed the comment is summarized in Attachment 2c.

Part B: CONSULTATION

The PRC monitoring and evaluation plan and indicators were revised for the current funding cycle (September 30, 2019 – September 29, 2024). A Monitoring Data Workgroup was formed in February 2020. The workgroup consisted of PRC Program staff from the Evaluation and Program Operations teams and volunteer representatives from 11 currently funded PRCs (external stakeholders). The workgroup collaborated through monthly video conference calls from March 2020 to October 2020. During these calls, the proposed data collection items were discussed, and recommendations from the PRCs were incorporated into the data collection system design. These recommendations provided key insights on feasibility from the recipient perspective which contributed to the decision to remove high-burden sections and reconsider the scope of data collection. Additional changes made in consultation with this workgroup to reduce burden include: 1) allowing year-round data entry, rather than a three month period, 2) retaining all previously entered data in the system from year-to-year, and 3) removing the requirement to report information corresponding to a particular budget year. As a result, the primary data reporting burden will be during funding year 3 when the system opens and PRCs must complete all sections. Data entry corresponding to the remaining funding years will include reviewing and updating of previously entered information in some sections, and addition of new information (primarily outputs) in other sections. Attachment 5 provides screenshots of the web-based data collection system that will be used to collect data.

A9. Explanation of Any Payment or Gift to Respondents

The PRCs will not receive payment or gifts in exchange for providing information collected through PERS.

A10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The CDC will not collect any personally identifiable information from the PRCs about individuals participating as subjects in PRC research or training activities. Respondents will

provide information on behalf of their PRC, not themselves. The Privacy Act does not apply, and informed consent is not needed for this type of information collection.

A11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

CDC determined that the project is not human subjects research and therefore not needing IRB approval (Attachment 7).

Sensitive Questions

The proposed data collection effort does not include sensitive questions.

A12. Estimates of Annualized Burden Hours and Costs

Staff at each PRC will annually complete all survey sections in PERS (see Attachment 4) in Years 3-5. There are 26 respondents (PRCs). The average, annual estimated burden per respondent is 25 hours; this is the average over three years of data collection for Years 3, 4, and 5. The total estimated annualized burden hours for all respondents is 650 hours (see Exhibit A.12.a). Response burden will be highest in Year 3 and will decrease in correspondence to funding years 4 and 5, because cumulative reporting means some sections will require little to no editing. Our pilot estimated both the time needed for the first data entry, and for the subsequent data entries, estimating how many additional instances would be added and time needed for editing the original instances.

Table A.12.a. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in Hours)	Total Burden Hours
Prevention Research Center Staff	Program Evaluation Reporting System (PERS)	26	1	25	650

PRC staff will collect, verify and report the majority of information to the CDC. The estimated cost to respondents is based on hourly salary rates published by the Bureau of Labor Statistics (BLS). For PRC clerical workers, the mean average of \$29.27 per hour was used (BLS category 43.6011, Executive Secretaries and Administrative Assistants). The total estimated annualized cost to respondents is \$19,026 as summarized in Exhibit A.12.b.

Table A.12.b. Estimated Annualized Burden Costs

Type of Respondents	Form Name	Total Annual Burden Hours	Average Hourly Wage Rate	Total Respondent Labor Cost
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Prevention Research Center Staff	Program Evaluation Reporting System (PERS)	650	\$29.27	\$19,026
			TOTAL	\$19,026

A13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no respondent capital and maintenance costs.

A14. Annualized Cost to the Government

Federal employees, fellows, and contractors will be involved in data collection and management, as well as related activities that are explained below. The PRC Research and Evaluation Team leader will provide oversight of the development and implementation of data collection instruments and standard operating procedures. Two health scientists will oversee data collection and reporting activities. A fellow will be involved in data analysis and reporting activities. A full-time database analyst (contractor) developed and will maintain PERS, as well as manage data and report development for PRCs. A research statistician will conduct data analysis and quality control part-time, as well as report development for internal and external audiences.

Table A14.a. Total Cost to the Federal Government

Cost Category	Title (Count)	Description	Percent Effort and Average Annual Salary	Cost
Federal Personnel	Team Leader (1), Health Scientist: GS-14	Project management	10% FTE @ \$147,652/year	\$14,765
	Health Scientist (1): GS-13	Process, oversight	40% FTE @ \$115,342/year	\$46,137
	Health Scientist (2): GS-13	Data analysis and reporting	10% FTE @ \$115,342/year	\$11,534
	Subtotal, Federal Personnel			\$72,436
Fellows	ORISE Fellow (1)	Data analysis and reporting	96 hours @ \$24/hour	\$2,304
	Subtotal, Fellows			\$11,000
Contractors	Research Statistician (1)	Quality Control and validation, data analysis and reporting; training users	75% FTE @ 110,000/year	\$82,500

	Database Analyst (1)	PRC Program web-based system development and maintenance; data abstraction and analysis; training users	100% FTE @ \$128,000/year	\$128,000
	Subtotal, Contractors			\$210,500
	Total, Federal Personnel, Fellows, and Contractors			\$285,240

A15. Explanation for Program Changes or Adjustments

This is a new data/information collection; a 36-month approval is requested.

A16. Plans for Tabulation and Publication and Project Time Schedule

For reporting purposes, information collected through the web-based data collection system will be analyzed using descriptive statistics such as percentages, ranges, means, and medians or through qualitative analysis. Example statements include:

- Across all PRCs, a total of 800 peer-reviewed journal articles were submitted during the past calendar year, ranging from 0 – 30 articles per PRC.
- Half of all PRCs included health system partner to disseminate their practice tools, and of those, nearly a third also partnered on developing the tools.

The PRCs are funded for 12 consecutive months from September 30 – September 29 of each year. Information collected through the web-based data collection system will be disseminated annually through internal CDC documents, as well as in fact sheets and special reports for both internal and external consumption.

The web-based data collection system will be open for data entry year-round. Exhibit A.16.a shows the timeline for data collection, analysis, and reporting.

Table A.16.a. Project Time Schedule for Data Collection, Analysis, and Reporting Activities

Activity	Time Schedule
Send guidance documents to the PRCs and conduct optional webinars to demonstrate web-based collection system navigation	1 week after OMB approval
Web-based data collection will be opened and due annually by Sept 30 of 2022, 2023, and 2024.	1 –month after OMB approval until Sept 30, 2024
Review and validate data	3 months after OMB approval at the

Activity	Time Schedule
	end of each reporting year
Aggregate data	Annually at the end of each reporting year
Develop annual reports	Annually at the end of each reporting year

A17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is appropriate.

A18. Exceptions to Certifications for Paperwork Reduction Act Submissions

There are no exceptions to the certification.