

SUPPORTING STATEMENT: PART A

Performance Monitoring of CDC's Core State Injury Prevention Program

OMB# 0920-

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Attachments

- A Authorizing Legislation: Public Health Service Act
- B Published 60-Day Federal Register Notice
- C Research Determination STARS
- D Partners' Partners' Portal reporting template
- D1 Partners' Partners' Portal Screen Shoots
- E Privacy Act Applicability

- **Goal of the study:** The goal of this ICR is to collect performance monitoring data via a web-based Partners' Portal. This data is needed to monitor the cooperative agreement program funded under the Core State Injury Prevention Program (Core SIPP recipients of CE21-2101).
- **Intended use of the resulting data:** Data collected will be used to monitor progress toward program goals, identify technical assistance needs of recipients, and to provide accountability for funding to the Department of Health and Human Services (HHS), the White House, Congress, and other sources, upon request.
- **Methods to be used to collect:** Recipients will report progress and activity information to CDC on an annual schedule using a web-based Partners' Portal. No research design or human subjects involved.
- **The subpopulation to be studied:** 100% of population, no sampling
- **How data will be analyzed:** The data will be analyzed using descriptive and summary statistics as well as qualitative summaries.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) seeks OMB approval to electronically collect information from recipients funded under the Core State Injury Prevention Program cooperative agreement, hereafter known as Core SIPP. OMB approval is requested for 3 years of the five-year funding period. The electronic collection of information for program and performance monitoring aligns with three of CDC's Data Modernization Initiative Key Objectives to:

- Develop and implement cloud-based approaches for automating data collection and supporting multi-directional data flows among STLT partners and CDC.
- Reduce burden for data providers and public health agencies.
- Ensure systems and services are scalable, interoperable, and adaptable to meet evolving needs.

Recipients will report progress and activity information to CDC on an annual schedule using a web-based Partners' Portal (Attachment D).

Information to be collected will provide crucial data for program performance monitoring and provide CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources. Information to be collected will also strengthen CDC's ability to

monitor awardee progress, provide data-driven technical assistance, and disseminate the most current surveillance data on unintentional and intentional injuries.

Background

A.2. Purpose and Use of Information Collection

Monitoring the impact of population-based strategies and identifying new insights and innovative solutions to health problems are two of the noted public health activities that all public health systems should undertake. For NCIPC, these objectives cannot be satisfied without the systematic collection of data and information from state health departments. The information collection will enable the accurate, reliable, uniform and timely submission to NCIPC of each awardee's progress report and injury indicators, including strategies and performance measures. The information collection plan proposed here will also generate a variety of routine and customizable reports. State specific reports will allow each awardee to summarize activities and progress towards meeting strategies and performance measure targets related to the reduction and prevention of unintentional and intentional injuries. NCIPC will also have the capacity to generate reports that describe activities and health outcomes across multiple recipients, which will enable better reporting of trends and provision of technical assistance through linking partners across state health departments and collaborating divisions within CDC.

The information collection and reporting requirements have been carefully designed to align with and support the specific goals and outcomes outlined in the Core SIPP cooperative agreement. The overarching goal of Core SIPP is to strengthen the awardee's injury prevention programs and policies and demonstrate impact in the reduction of injury-related morbidity and mortality. Although the data are limited to the 23 recipients of the Core SIPP NOFO, the results can be generalizable and inform injury prevention work. Moreover, it is steadfastly asserted that the results of the data collection are vital to ensuring the Core SIPP's efficient management. Results will not only allow NCIPC staff to provide data-driven technical assistance to recipients, but also to assess patterns across other NCIPC injury prevention programs such as, Prescription Drug Overdose Prevention for States and the Injury Control Research Centers. In addition, the data collection will inform the continuous quality improvement process and allow NCIPC staff to make mid-course corrections and describe the impact on health outcomes.

The information collection procedures will also allow NCIPC to respond to inquiries from the HHS, the White House, Congress and other stakeholders about program activities and their impact; as well as, work towards CDC's overarching mission to protect America from health, safety and security threats, both foreign and in the U.S.

NCIPC will use the information collected in the Partners' Portal to perform program activities to accomplish the following objectives:

- Monitor each awardee's progress and identify facilitators and barriers to program implementation and achievement of outcomes. Monitoring allows NCIPC to determine whether an awardee is meeting performance goals, to inform awardee continuous quality improvements, and to inform the type of intensity of CDC-provided technical assistance to support attainment of their performance measures.

- Identify trends in injury surveillance data to inform state foci for prevention and intervention strategies as well as the production of relevant reports, journal articles, and resources for state health departments.
- Identify, translate, and disseminate information about successful injury prevention and control strategies implemented by recipients through the development of journal articles, tools, templates, and other injury prevention resources/products.

Program recipients will use the information collected to manage and coordinate their activities and to improve their efforts to prevent and control injuries. The Partners’ Portal allows recipients to fulfill their annual reporting obligations efficiently by employing user-friendly, easily accessible web-based instruments to collect necessary information for both progress reports and continuation applications including work plans. This approach enables recipients to save pertinent information from one reporting period to the next and reduces the administrative burden on the annual continuation application and the performance monitoring process. Awardee program staff are able to review the completeness of data needed to generate required reports, enter basic summary data for reports annually, and finalize and save required reports for upload into other reporting systems as required.

Table A.2. Methods to Measure Core SIPP Annual Performance

SIPP Outcome Indicators	Methods/Instruments
Increased recipient knowledge and utilization of: <ul style="list-style-type: none"> • Emerging data sources for injury surveillance • Robust data/surveillance best practices 	D
Increased understanding of injury among disproportionately affected populations	D
Increased stakeholder inclusion in program planning, implementation, and evaluation	D
Increased integration among multi-sectoral partners with shared commitment to injury prevention	D
Increased understanding of risk and protective factors for identified disproportionately affected communities	D
Increase understanding of appropriate evidence-informed strategies to address identified needs	D
Increased adoption of continuous quality improvement practices	D
Increased understanding of ongoing efforts and gaps in jurisdiction to address NOFO priority areas	D
Increased recipient ability to identify and respond to emerging injury threats	D
Increased recipient capacity to strengthen communities by increasing protective factors for injuries using best available evidence	D
Increased recipient capacity to strengthen communities by reducing risk factors for injuries using best available evidence	D

Sustain recipient injury prevention public health actions supported by best available evidence	D
Reduce and sustain injury morbidity and mortality associated with ACEs, Transportation Safety, and TBI	D
Reduce and sustain risk factors for ACEs, Transportation Safety, and TBI	D
Increase and sustain protective factors for ACEs, Transportation Safety, and TBI.	D

A.3. Use of Improved Information Technology and Burden Reduction

NCIPC has developed the web-based Partners’ Portal Annual Progress Report (Attachment D and D1). The Partners’ Portal is a user-friendly interface which will be quicker, easier, and more intuitive for recipients to use than excel templates or word documents. Use of the Partners’ Portal will require very little training and recipients will use the tools provided to record and update grant information.

There are significant advantages to collecting information using the Partners’ Portal:

- The data structures and business rules will help recipients formulate performance measures that are specific, measurable, achievable, relevant and time-framed (SMART). This formulation is intended to facilitate successful achievement of performance measures and is integral to CDC’s program evaluation strategy for the program.
- The information being collected provides crucial information about each awardee’s work plan, activities, partnerships, successes, challenges and progress over the award period.
- The Partners’ Portal contains built in data validation, calculations, and guidance to allow for easy entry, review, and reporting of indicator data.
- Capturing the required information uniformly will allow CDC to formulate ad hoc analyses and reports for program evaluation and manuscript development.
- The relational database structure in which the data are stored allows for CDC to gain immediate access to data for reporting, thereby improving timeliness. In addition, it allows for multiple recipients from each state to simultaneously enter information, which reduces the amount of collective time spent providing updates.

Recipients will complete simple information fields in a web-based data entry form, tailored for their specific work plans, and submit to assigned NCIPC staff on an annual basis.

NCIPC Core SIPP Partners’ Portal – Annual Performance Monitoring Fields
Program-specific prepopulated fields in “Task Details” and “Overview” tabs.
“Activity”
“Activity Description”
Topic Area (checklist entry) <ul style="list-style-type: none"> • ACEs • Transportation Safety

- TBI
- Optional Flex Topic
- All Topic Areas

If more than one topic area is selected above, please explain how you anticipate this activity will affect the multiple topics you selected (free text)

Alignment with Logic Model Activities (checklist entry)

“Population(s) of Interest” (free text)

“Geographic Areas” (free text)

“Short or intermediate outcome(s) that align with your indicator” (free text)

“Indicator Name” (free text)

“Indicator Description” (free text)

“Type of Indicator” (dropdown menu)

- Process
- Short-term
- Intermediate

“Data Source” (free text)

“Unit” (dropdown menu)

- Count
- Percent
- Proportion
- Rate

“Values” (numeric entry)

“Anticipated Directionality” (dropdown menu)

- Increase
- Decrease
- Keep Stable

“Notes” (free text)

“Success Stories”

- Suggested Title [free text]
- The Problem: Describe the problem identified [free text]
- The Narrative: How was Core SIPP funding used to address the problem? [free text]
- Outcomes and Impact: What outcomes (short-, intermediate- or long-term) resulted from your actions? [free text]
- Lessons Learned (optional): What lesson(s) was learned that can help others with similar problems in the future? [free text]
- Check if any of the following are being submitted to complement your story. Please upload your additional documents in the Document upload tab.
 - Press Release
 - Project Photos
 - Promotional Materials
 - Publication (e.g., news story, journal article)
 - Quote from Partner/Participant
 - Sample of Materials Produced
 - Testimonials
 - Video/Audio Clip
 - Website URL

o Other: Explain [write-in option, 200-character max]
“Assistance and Barriers” <ul style="list-style-type: none"> • CDC assistance necessary to complete this activity [free text] • Barriers or challenges associated with this activity[free text]
“Sub-Activity Name” (free text) “Sub-Activity Description” (free text)
“Public Health Action” includes dropdown menu choice and free-text field
“Responsible Parties”
“Frequency of Sub-Activity” (checklist) <ul style="list-style-type: none"> • Year 1 • Year 2 • Year 3 • Year 4 • Year 5 • Annual
“Status” (dropdown menu choices) <ul style="list-style-type: none"> • Not yet started - still planned, but not yet started • New - added since initial work plan submitted • Revised - revised since initial work plan submitted • Initiated - current timeframe for completion unknown • On track - on track to complete by due date • Completed - completed on time • Discontinued - no longer being addressed
“Progress” (free text)

The Partners’ Portal improves information quality by minimizing errors and redundancy. Having all of the information collected in the same place in the same manner will reduce the level of burden attributable to redundancy and reduce the workload to enter and maintain the data. The system is configured to prepopulate from one year to the next, which minimizes data re-entry, burden, and potential errors.

The use of a standard set of data elements, definitions and specifications at all levels will help to improve the quality and comparability of performance information that is received by CDC for multiple recipients and multiple award types. Further, standardization will enhance the consistency of work plans and reports, enable examination of cross-program performance and strategies, and will facilitate a higher degree of reliability by ensuring that the same information is collected on all strategies and performance measures with slightly different areas of emphasis. Finally, the report generation capabilities of the Partners’ Portal will reduce the respondent burden associated with Excel- and Word-based reports. Without this integrated web-based approach to information collection and reporting, recipients and CDC would need to continue to use time consuming, labor intensive procedures for information collection and reporting.

A.4. Efforts to Identify Duplication and Use of Similar Information

The information collected from recipients is not available from other sources. The collection of this information is part of a federal reporting requirement for funds received by recipients.

A.5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

A.6. Consequences of Collecting the Information Less Frequently

Data reported in the Partners' Portal will be collected annually. Data will be collected in alignment with annual progress reporting requirements which are due 120 days before the end of the budget period and serves as a non-competing continuation application. Less frequent reporting would undermine accountability efforts at all levels and negatively impact monitoring awardee progress. The annual reporting schedule ensures that CDC responds to inquiries from HHS, the White House, Congress and other stakeholders are based on timely and up-to-date information.

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

The request fully complies with the regulation 5 CFR 1320.5.

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

A.8.a) Federal Register Notice

A 60-day Federal Register Notice was published in the Federal Register on July 2, 2021, vol. 86 No. 125, pp. 35297 (Attachment B). There were no comments to the 60-day Federal Register Notice

A.8.b) Efforts to Consult Outside the Agency

The Partners' Portal was designed collaboratively by CDC staff and selected contractors. Consultation will continue throughout the implementation process. The Partners' Portal is an existing tool currently used for performance monitoring across multiple NCIPC programs. Ongoing quality assurance practices include seeking partner feedback (both internally and externally) on Partners' Portal ease of use.

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

Respondents will not receive payments or gifts for providing information.

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

The CDC National Center for Injury Prevention and Control's OMB and human subject's liaison has determined that the Privacy Act does not apply for this information collection request

(Attachment E). No personal contact information will be collected. All data will be reported in aggregate form, with no identifying information included. Because data are maintained in a secure, password protected system, and information will be reported in aggregate form, there is no impact on respondent privacy. Key program staff will provide information related to programmatic improvement and they will be notified that their responses on the electronic information system will be treated in a secure manner. Staff identifiers will not be used in any progress reports. The information collection does not require consent from individuals. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of key recipients' program staff (e.g. program director) will be protected and maintained.

While consent is not required to report aggregate data, awardee approval will be obtained if specific state data is used for publications, reports, or other publicly disseminated information. Respondents are state governmental agencies. Although contact information is obtained for each awardee, the contact person provides information about the organization, not personal information. No system of records will be created under the Privacy Act. Submission and access to state data will be controlled by a password-protected login to the secure Partners' Portal. Access levels vary from read-only to read-write, based on the user's role and needs. CDC staff, and evaluation contractors will have varying levels of access to the system with role-appropriate security training, based on the requirements of their position(s). Aggregated information will be stored on an internal CDC Access server subject to CDC's information security guidelines.

A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

The CDC National Center for Injury Prevention and Control's OMB and human subject's liaison has determined that IRB approval is not needed. No personal information will be collected, and human participants will not be used (Attachment C).

Sensitive Questions

The proposed tools do not collect sensitive information.

A.12. Estimates of Annualized Burden Hours and Costs

Respondents are the recipients of the Core SIPP cooperative agreement. Recipients will report information to NCIPC about their activities, performance measures, outcomes, and progress. This data will be collected via the Partners' Portal (Attachment D). NCIPC will provide technical assistance to introduce recipients to the Partners' Portal and provide ongoing assistance.

Over the three-year period of this information collection request, the total estimated annualized burden for the current recipients is 253 hours, as summarized in Table A.12-1.

Table A.12.1. Estimated Annualized Burden Hours

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Core SIPP Program Recipients	Annual Progress Report (Attachment D)	23	1	11	253
Total					253

A program manager will prepare the progress reports for each area. The average hourly wage for a program manager is \$31. The hourly wage rates for program managers are based on wages for similar mid-to-high level positions in the public sector
https://www.bls.gov/oes/current/oes_stru.htm

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response	Average Hourly Wage Rate (in dollars)	Total Respondent Cost
Core SIPP Program Recipients	Annual Progress Report (Attachment D)	23	1	11	\$31	\$7,834
Total						\$7,834

Table A.12.2. Estimated Annualized Burden Costs

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

This data collection will not result in costs for respondents or record keepers. No capital or maintenance costs are expected. Additionally, there are no start-up, hardware or software costs.

A.14. Annualized Cost to the Government

Table 3. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
CDC Personnel	<ul style="list-style-type: none"> • 100% GS-12@\$73,347/year = \$73,347 • 50% GS-13 @ \$87,219 /year = \$43,610 • 25% GS-14 @ \$103,065/year = \$25,766 	\$142,723
Contractor	Data Collection Contractor	\$100,000
Total Annual Estimated Costs		\$242,723

A.15. Explanation for Program Changes or Adjustments

This is a new collection.

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

A. Time schedule for the entire project

The cooperative agreement cycle is five years. OMB approval is being requested for three years. Other collections will occur per the NOFO requirements once a year due 120 days before the end of the budget period. Data collection begins with the awarding of the grant and will continue throughout the funding cycle.

B. Publication plan

Information collected by the recipients will be reported in internal CDC documents and shared with state-based programs. Publication in a peer-reviewed scientific journal will be determined post-data collection.

C. Analysis plan

CDC will use statistical methods for analyzing information. For example, the difference between baseline rates and achieved rates on indicators will be documented and analyzed.

<i>Project Time Schedule</i>	
Activity	Time Schedule
Annual data collection as described in Section A.2 and A.12	Ongoing once annually for 3 years after OMB approval.
Data cleaning and analysis	Ongoing annually 4-36 months after OMB approval.
Reporting of evaluation data and findings to recipients and stakeholders	Ongoing annually 8-36 months after OMB approval.

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

The display of the OMB expiration date is not inappropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.