

Evaluation Reporting Template for National and State Tobacco Control Program

Supporting Statement A

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TABLE OF CONTENTS

JUSTIFICATION SUMMARY.....	3
A1. <i>Circumstances Making the Collection of Information Necessary</i>	3
A2. <i>Purpose and Use of the Information Collection</i>	4
A4. <i>Efforts to Identify Duplication and Use of Similar Information</i>	6
A5. <i>Impact on Small Businesses or Other Small Entities</i>	7
A6. <i>Consequences of Collecting the Information Less Frequently</i>	7
A7. <i>Special Circumstances Relating to the Guidelines of 5 CRF 1320.5</i>	7
A8. <i>Comments in Response to the FRN and Efforts to Consult Outside the Agency</i>	8
A10. <i>Protection of the Privacy and Confidentiality of Information Provided by Respondent</i>	10
A11. <i>Institutional Review Board (IRB) and Justification for Sensitive Questions</i>	10
A12. <i>Estimates of Annualized Burden Hours and Costs</i>	11
A13. <i>Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers</i>	12
A14. <i>Annualized Cost to the Federal Government</i>	12
A15. <i>Explanation for Program Changes or Adjustments</i>	13
A16. <i>Plans for Tabulation and Publication and Project Time Schedule</i>	13
A17. <i>Reason(s) Display of OMB Expiration Date is Inappropriate</i>	13
A18. <i>Exceptions to Certification for Paperwork Reduction Act Submission</i>	13
REFERENCES.....	14

ATTACHMENTS

1. [1a](#). Public Health Service Act [42 U.S.C. 241];
- 1b. Comprehensive Smoking Education Act;
- 1c. Comprehensive Smokeless Tobacco Health Education Act;
2. Instrument: Evaluation Reporting Template
3. Federal Register Notice
4. Human Subjects Research Determination

JUSTIFICATION SUMMARY

Goal of the project: The goal of this project is to collect evaluation-related information from funding recipients of CDC cooperative agreement CDC-RFA-DP20-2001: National and State Tobacco Control Program.

Intended use of the resulting data: Information will be used for measuring the progress made by National and State Tobacco Control programs and to respond to inquiries from the Department of Health and Human Services (HHS), the U.S. Congress, and other sources about outcomes of funding. For example, consolidated information can be used to answer questions about the effectiveness and outcomes of tobacco cessation efforts for various racial/ethnic populations related to the national tobacco education campaign.

Methods to be used to collect: Funding recipients will be asked to complete the template annually. Information will be collected through the following data collection tool: Evaluation Reporting Template for National and State Tobacco Control Program.

The subpopulation to be studied: State and Territorial Health Department Tobacco Control Programs. Fifty-three states/territories receive cooperative agreement funding through DP20-2001 to implement evidence-based tobacco control strategies and activities. CDC plans to collect information related to each of the 53 recipients' evaluation findings.

How the data will be analyzed: Collected information will be uploaded into a secure web-based platform. CDC staff or CDC's contractor will input the data into a database system for analysis and reporting. Data will be analyzed using descriptive statistics and qualitative thematic analysis.

A1. Circumstances Making the Collection of Information Necessary

This is a new information collection request; CDC requests approval for 3 years. The purpose of this information collection project is to evaluate the National Center for Chronic Disease Prevention and Health Promotion cooperative agreement CDC-RFA-DP20-2001: the National and State Tobacco Control Program (NTCP). This request pertains to the form titled "Evaluation Reporting Template for National and State Tobacco Control Program."

CDC's authority to conduct these activities is authorized under the Public Health Service Act (sections 301, 307, 310, and 311; 42 U.S.C. sections 241 and 247(b) (k)), the Comprehensive Smoking Education Act of 1984, and the Comprehensive Smokeless Tobacco Health Education Act of 1986 (Attachments 1a-1c). The

overarching goal of this cooperative agreement program is to improve public health programs and systems for achieving measurable health impact.

CDC's Office on Smoking and Health (OSH) created the National and State Tobacco Control Program (NTCP) in 1999 to encourage coordinated, national efforts to reduce tobacco-related diseases and deaths. NTCP provides funding and technical support to state and territorial health departments. NTCP funds 50 states, the District of Columbia (D.C.), Puerto Rico, and Guam. NTCP-funded programs are working to eliminate exposure to secondhand smoke, promote quitting among adults and youth, prevent initiation among youth and young adults, and identify and eliminate tobacco-related disparities. To reach these goals, the programs implement state and community interventions, mass-reach health communication interventions, tobacco use and dependence treatment interventions, and conduct surveillance and evaluation.

This information collection project supports the NTCP by helping state and territorial tobacco program managers, administrators, and evaluators to develop effective evaluation reports. Furthermore, collecting this information in a systematic way will allow OSH to synthesize evaluation findings; monitor and evaluate program performance; document facilitators and barriers, lessons learned, and promising practices; establish processes to support continuous program improvement and development; and assess the effectiveness and outcomes of the NTCP.

A2. Purpose and Use of the Information Collection

The information collected via this form will allow CDC to monitor and evaluate program performance; document facilitators and barriers, lessons learned, and promising practices; establish processes to support continuous program improvement and development; and assess the effectiveness and outcomes of the NTCP.

The information collected enables the accurate, reliable, uniform, and timely submission to CDC of each recipient's evaluation reports. The information collected and reporting requirements have been carefully designed to align with and support the goals outlined in the National State-Based Tobacco Control Programs cooperative agreements. The collection and reporting of the information occur in an efficient, standardized, and user-friendly manner. With systematic evaluation reporting, CDC will also have the capacity to generate reports that describe activities across multiple recipients. In addition, CDC will use the information collected to respond to inquiries from HHS, the U.S. Congress, and other stakeholder inquiries about program activities and their impact.

There are significant advantages to collecting information with these reporting tools:

- The data structures and business rules help recipients formulate structured evaluation reports. This formulation is integral to CDC's evaluation strategy for the program.
- The information being collected provides crucial information about each recipient's achievements and impact over the award period.
- Capturing the required information uniformly allows CDC to formulate ad hoc analyses and reports.

CDC will use the information collected to evaluate each recipient's program implementation process and impact. Evaluation activities by OSH staff also allow CDC to provide oversight of the use of federal funds, and to identify and disseminate information about successful prevention and control strategies implemented by recipients. These functions are central to NCCDPHP's broad mission of reducing the burden of chronic diseases.

This information collection project supports the National and State Tobacco Control Program (NTCP) state and territorial tobacco program managers, administrators, and evaluators by specifying which information should be included in their annual evaluation reports. Program recipients use the information collected to evaluate their activities and to improve their efforts to reduce tobacco use, exposure to SHS, tobacco related disparities, and associated disease, disability, and death.

The tools allow recipients to fulfill their annual evaluation reporting obligations under the cooperative agreement in an efficient and consistent manner by employing a user-friendly instrument to collect necessary information for annual evaluation reports. This approach, which enables recipients to save pertinent information from one reporting period to the next, reduces the administrative burden on the yearly evaluation reporting process. Recipient program staff can review the completeness of data needed to generate required reports, enter basic summary data for reports at least annually, and finalize and save required reports for upload into other reporting systems as required.

The information collection is designed to address specific outcomes outlined in the National State-Based Tobacco Control Programs (NTCP) cooperative agreement. The NTCP aims to achieve four national goals: 1) prevent initiation of tobacco use among youth and young adults, 2) promote quitting among adults and youth, 3) eliminate exposure to secondhand smoke, and 4) Advance health equity by identifying and eliminating commercial tobacco product-related

inequities and disparities. CDC uses the results of this information collection to evaluate the NTCP and inform the model for future program efforts.

A3. Use of Improved Information Technology and Burden Reduction

OSH developed the Evaluation Reporting Template within Microsoft Excel to include menus for completing some of the items and spaces for filling in the details of open-ended responses (Att. 2). Completing the first year of responses will be the most time consuming since it will be all new information. Once a recipient completes the first template (in year 3 of the cooperative agreement), they will be able to update their information in following years. Since the use of Excel and similar Microsoft products is common, these user-friendly interfaces are easier and more intuitive for recipients to use than special-purpose tools or software. Use of this template should require no to very little training and recipients will use the templates provided to record and update grant information.

The completed templates will be uploaded to a secure web-based Awards Management Platform (AMP). OSH staff or the CDC contractor will extract the data into an Access database for analysis and reporting.

The Evaluation Reporting Template improves information quality by minimizing errors and redundancy. The compilation of information in a standardized format reduces the level of workload burden utilized to enter and maintain the data. Data entered by programs is pre-populated from year to year to minimize data re-entry. The contractor sends pre-populated templates to the grantee to complete.

With the Evaluation Reporting Template, the use of a standard set of data elements, definitions and specifications at all levels helps to improve the quality and comparability of evaluation information that is received by CDC for multiple recipients. Further, standardization enhances the consistency of plans and reports, enables cross-program analysis, and facilitates a higher degree of reliability by ensuring that the same information is collected on all strategies and evaluation indicators. Finally, the template reduces the respondent burden associated with non-standardized reports. Without the evaluation reporting tool, recipients and CDC would need to continue to use time-consuming, labor-intensive, and unstandardized procedures for information collection and reporting.

A4. 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 NTCP recipients. The information collection form titled “Evaluation Reporting Template for National and State Tobacco Control Program” (ERT) will guide funding recipients to report information necessary for evaluation of their program.

The data collected through the Evaluation Reporting Template for National and State Tobacco Control Program (ERT) was compared to all other relevant data collection tools and potential evaluation data sources and designed not to duplicate any information collected through other tools. Several OMB-approved NTCP data collection tools are currently in use to collect different data for NTCP, including: 1) Annual Work Plan Template, 2) Annual Performance Measures Template, and 3) Annual Progress Report Template, each approved for the Monitoring and Reporting System for the National Tobacco Control Program (OMB Control #: 0920-1097, exp 04/30/2023). Each of these existing data collection tools is focused on financial and programmatic management, program implementation, and performance measurement. By contrast, the ERT will uniquely collect process and outcome evaluation findings resulting from individual evaluations designed by each NTCP recipient. These evaluation findings will include contextual factors, indicators, lessons learned, and information about health equities and health disparities. The ERT is designed to be flexible while corresponding clearly to the unique focus areas of each NTCP recipients’ evaluation plan.

CDC considered using pre-approved evaluation reporting forms available through the Project Performance Monitoring Report (PPMR) (OMB Control# 0920-1132, exp 10/31/2022). After careful consideration of the Terms of Clearance assigned to this mechanism, and assessment of form content, it was determined that these data collection instruments could not provide the necessary data for a rigorous evaluation of the NTCP, nor to answer critical questions from the funding authorities about the progress and results (impact) achieved from the NTCP funding. Of note, the Terms of Clearance for the PPMR state “outcomes of this information collection are not intended to demonstrate overall impact of the CDC-funded projects.” [1]

The information collection form titled “Evaluation Reporting Template for National and State Tobacco Control Program” was piloted with five participants. Pilot participants provided feedback about the value of the form, the time burden, and difficulty of use. Participants noted that the form was easy to use, relevant to their existing evaluation activities, and not overly burdensome. Participants also identified areas of the form that could be considered redundant, burdensome, or

unclear. As a result of the pilot participant feedback, the overall length of the fillable sections of form was reduced by half and the instructions were clarified. The current version of the form is limited to necessary information for the evaluation of the NTCP that cannot be obtained elsewhere.

A5. Impact on Small Businesses or Other Small Entities

The proposed collection does not include small businesses or any other small entities.

A6. Consequences of Collecting the Information Less Frequently

The respondents will respond to the proposed information collection annually in accordance with the funding requirements. If the collection is conducted less frequently, CDC will have decreased ability to evaluate program outcomes and provide technical assistance to correct course as needed.

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 FRN and Efforts to Consult Outside the Agency

Part A: PUBLIC NOTICE

A 60-day Federal Register Notice was published in the *Federal Register* on October 13, 2021, vol. 86 No. 195, pp. 56954-56955 (see Att 3).

CDC did not receive public comments related to this notice.

Part B: CONSULTATION

The information collection form titled “Evaluation Reporting Template for National and State Tobacco Control Program” was piloted with five participants in 2021. Pilot participants were state level tobacco control program evaluation staff and epidemiologists. Pilot participants provided feedback about the value of the form, the time burden, and difficulty of use. In addition, Office on Smoking and Health (OSH) staff from the Program Services Branch, Epidemiology Branch, Policy Unit, and the Office of the Director provided subject matter expert review of the template in 2021. As a result of the pilot participant and reviewer feedback, the overall length of the fillable sections of form was reduced and the instructions

were clarified. The current version of the form is limited to necessary information for the evaluation of the NTCP that cannot be obtained elsewhere.

Table 1. External Consultations

Name	Title	Affiliation	Phone	Email	Role
<i>OUTSIDE CONSULTANTS</i>					
Daniel J. Kilpatrick, PhD, MPH, CEPR	Surveillance and Evaluation Director	Tobacco Prevention and Control Division S.C. Dept. of Health & Environmental Control	(803) 898-2281	kilpatdj@dhec.s.c.gov	Template pilot participant
Carsten Baumann	Manager	MCH Epidemiology and Early Childhood Evaluation Program, Colorado Department of Public Health & Environment	303.692.2556	Carsten.Baumann@state.co.us	Template pilot participant
Jacob Black, MPH	Epidemiologist	Chronic Disease Prevention & Health Promotion Division of Family Health & Wellness, Tennessee Department of Health	615-532-0357	jacob.black@tn.gov	Template pilot participant
Courtney Heck, MPH	Director of Surveillance and Evaluation	Division of Public Health, Tobacco	919-707-5412	Courtney.Heck@dhhs.nc.gov	Template pilot participant

		Prevention and Control Branch N.C. Department of Health and Human Services			
Trevor Christensen, MPH	Epidemiologist	Prevention and Community Health Washington State Department of Health	360-515-6598	Trevor.Christensen@doh.wa.gov	Template pilot participant

Table 2. Consultations within CDC

Name	Title	Affiliation	Phone	Email	Role
Natasha Buchanan Lunsford, PhD	Associate Director for Health Equity	Office on Smoking and Health, Office of the Director	(770) 488-3031	nbuchanan@cdc.gov	Template Reviewer
LaTisha Marshall	Health Scientist	Office on Smoking and Health, Program Services Branch	(770)488.5902	lnl9@cdc.gov	Template Reviewer
Tiffany Turner	Public Health Analyst	Office on Smoking and Health, Program Services Branch	770.488.0554	hyu1@cdc.gov	Template Reviewer
Maggie Mahoney	Sr. Public Health	Office on Smoking	404.718.6708	och5@cdc.gov	Template Reviewer

	Analyst	and Health, Policy Unit / Katmai Government Services			
Joann Yoon Kang	Policy Unit: Team Lead for Health Systems and Data Visualization	Office on Smoking and Health, Policy Unit	770.488.3839	vrz7@cdc.gov	Template Reviewer
Carissa Holmes	Public Health Analyst	Office on Smoking and Health, Policy Unit	770.488.5286	ipz3@cdc.gov	Template Reviewer

A9. Explanation of Any Payment or Gift to Respondents

Respondents do not receive an incentive. Respondents are expected to participate in the collection to comply with the terms of their cooperative agreement.

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

NCCDPHP’s Information Systems Security Officer has reviewed this submission and has determined that the Privacy Act does not apply. Activities do not involve the collection of individually identifiable information.

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

CDC’s Institutional Review Board determined that this project does not constitute research with human subjects as defined by the US Code of Federal Regulations (45 CFR 46.102). See Att. 4.

A12. Estimates of Annualized Burden Hours and Costs

Current respondents are 53 cooperative agreement (DP20-2001) recipients, which are state and territorial tobacco control programs receiving funding from CDC. Respondents will report information to CDC about their Tobacco Control Program evaluation findings. One information collection instrument will be used: Evaluation Reporting Template for National and State Tobacco Control Program. Each recipient will submit an Annual Evaluation Report template using the Evaluation Reporting Tool.

The estimated burden per response is 8 hours for each Evaluation Reporting Template. Over the three-year period of this information collection request, the total estimated annualized burden for the current 53 current recipients is 424 hours, as summarized in the table below.

Annualized burden hours were estimated by piloting the template among five Tobacco Control Programs. Each of the five pilot participants reported how long each section of the form took to complete and provided feedback on the overall utility and feasibility of the form. After the pilot, the form was revised to reduce the overall burden of filling out the form, in response to the pilot feedback. The reported time to complete each section was averaged across the five participants, adjusted to reflect the sections of the form that were shortened or deleted, and totaled to produce the estimated burden hours, reflected in Table A12-A.

Table A12-A: Estimated Annualized Burden (Hours)

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
State and Territorial Health Department Tobacco Control Program Staff	Evaluation Reporting Template for National and State Tobacco Control Program	53	1	8	424

The average hourly wage for epidemiologists of \$40.20 was obtained from the U.S. Department of Labor, [Bureau of Labor Statistics, Occupational Employment and Wages for May 2020; 19-1041 Epidemiologists](#) [2].

The estimated annual total cost to respondents is \$17,044.80, as summarized below in Table A.12-B.

Table A12-B: Estimated Annualized Burden Costs

Type of Respondents	Form Name	Total Annual Burden Hours	Average Hourly Wage Rate	Total Respondent Burden Cost
State and Territorial Health Department Tobacco Control Program Staff	Evaluation Reporting Template for National and State Tobacco Control Program	424	\$40.20	\$17,044.80

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

There are no other costs. The collection tool requires no special hardware or software and is free to State and Territorial Health Department Tobacco Control Program Staff.

A14. Annualized Cost to the Federal Government

The average annual contractor cost for this data collection is \$26,704 per year for a three-year total of \$80,112. Additional annual costs include personnel costs of federal employees involved in program management and data analysis. The annual staff cost is estimated at \$15,844 per year for a three-year total of \$47,532. It is estimated that one CDC employee will be involved for approximately 10% of time at a salary of \$99,595 per year, and one CDC employee at 5% of time at a salary of \$117,692 per year (based on 2022 General Schedule Locality Pay Tables for Atlanta, GA; for federal personnel) [3]. The direct annual costs in CDC staff time will be approximately $\$26,704 + \$15,844 = \$42,548$ annually.

Table A14-A presents the two types of labor costs to the government the program proposes to incur: (1) external contracted data collection and management, and (2) government personnel. We do not anticipate any additional operational and maintenance costs.

Table A14-A. Estimated Annualized Federal Government Cost Distribution

Sample Text Below	Annualized Cost
Data collection and management (contractor)	\$26,704
Federal Staff	\$15,844
10% GS-13 Health Scientist @99,595/year = \$9,959.50	
5% GS-14 Health Scientist @117,692/year = \$5,884.60	
Total	\$42,548

A15. Explanation for Program Changes or Adjustments

This is a new request for information collection.

A16. Plans for Tabulation and Publication and Project Time Schedule

The data submitted through the Evaluation Reporting Template will be imported into Access for data analysis. The template includes both quantitative and qualitative data elements. For the quantitative data, the CDC contractor will provide descriptive details on the indicators the recipient has reported. Most of the information collected is qualitative and will be analyzed using Access, to generate reports of findings.

The CDC contractor will conduct the qualitative and descriptive data analysis after CDC has finalized all the data validation exercises.

CDC will disseminate the results of the analysis to recipients and other stakeholders through reports, briefings, presentations at professional meetings, and publication of manuscripts in peer-reviewed journals. CDC anticipates that the results of this project will be developed into several scientific and non-scientific reports.

Table A.16. Estimated Time Schedule for Project Activities

Activity	Timeline
Invitation/request emailed; reminders sent	1 month after OMB approval and annually thereafter for three years
Information collection	2-6 months after OMB approval and annually thereafter for three years
Data validation	7-10 months after OMB approval and annually thereafter for three years

Data analysis	10-13 months after OMB approval, and annually thereafter for three years
Publication	Within 36 months after OMB approval

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

The display of the OMB expiration date is appropriate.

A18. Exceptions to Certification for Paperwork Reduction Act Submission

There are no exceptions to the certification.

REFERENCES

1. Office of Management and Budget, (2019, 08/28/2019). "Performance Progress and Monitoring Report." Retrieved 08/03/2022, from <https://omb.report/icr/201908-0920-008>.
2. Bureau of Labor Statistics, (2020, 03/31/2021). "Occupational Employment and Wages, May 2020." Retrieved 01/21/2022, from <https://www.bls.gov/oes/current/oes191041.htm#nat>.
3. U.S. Office of Personnel Management, (2022). "Salary Table 2022-ATL." ATL.pdf. Retrieved 01/21/2022, from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/ATL.pdf>.