

Information Collection Request

National Center for Chronic Disease Prevention and Health Promotion: Work Plans, Progress Monitoring, and Evaluation Reporting

New

Supporting Statement A: Justification

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March 12, 2024

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Goal of the project: The Centers of Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) makes extramural, nonresearch cooperative agreement awards to promote health, prevent disease, and prepare for new health threats. Awardees are typically state departments of health or other public health agencies. CDC/NCCDPHP is responsible for the stewardship of these funds while providing excellent, professional services to our partners and stakeholders. This ICR allows CDC/NCCDPHP to provide templates for awardee work plans, progress monitoring and evaluation reporting that collect information to guide, monitor and evaluate award programs.

Intended use of the resulting data: CDC will use the information collected to monitor each awardee's progress, to identify facilitators and challenges to program implementation and achievement of outcomes, and to evaluate the degree to which the program has succeeded as intended. This allows CDC to determine whether an awardee is meeting performance and budget goals and to make adjustments in the type and level of technical assistance provided to them, as needed, to support attainment of their performance measures. Thus, the reports will be used to make program decisions, improve service delivery and make CDC programs more efficient. In addition, as needed, CDC will use the information collected to respond to inquiries from HHS, Congress and other stakeholders about program activities and their impact.

Methods to be used to collect: Information will be entered into the forms electronically and submitted via e-mail or online system.

How the data will be analyzed: As all awardees are required to report, sampling methods will not be employed. CDC may aggregate reported data using counts and thematic, qualitative analysis. Statistical methods will not be used to make generalizable inferences from the collected information.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

Each year, more than 80% of the Centers for Disease Control and Prevention (CDC)/National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)'s budget is distributed to awardees such as state health departments, universities, and other organizations, primarily through cooperative agreements. The structure of cooperative agreements is such that awardees and CDC project officers, subject matter experts, and technical monitors work together on designing projects intended to improve public health. The NCCDPHP at the CDC seeks OMB approval to use generic collection templates to collect work plan, monitoring, and/or evaluation information from cooperative agreement awardees. OMB approval is requested for three (3) years to allow CDC to collect information from awardees during the course of their multi-year

project periods. Collected information will improve CDC-awardee communications, strengthen CDC's ability to monitor awardee progress and provide data-driven technical assistance, and collect budget data to ensure proper disbursement of awarded funds. CDC's authority to conduct these activities is authorized by the Public Health Service Act (42 U.S.C. 242) (**Attachment 1**). The overarching goal is to improve public health programs and systems for achieving measurable health impact.

NCCDPHP does not have a single information collection mechanism that encompasses all collection needs for all cooperative agreements. Some individual programs within NCCDPHP have obtained OMB's approval to collect information from awardees for program evaluation via individual ICRs, but creating separate ICRs for each evaluation is burdensome for both CDC and OMB. Some programs currently use CDC's Performance Progress and Monitoring Report (PPMR; 0920-1132), which is a suite of nonspecific forms for collecting project monitoring data. These forms do not contain customizable instructions or field names, and contain more fields than are actually needed for any individual project. CDC has to separately provide specific instructions to users for each use of the forms, stating what information to include and exactly where to include it. These drawbacks make use of PPMR awkward. CDC's Performance Measures Project (0920-1282) does not cover NCCDPHP's needs, either, as it is only available to a few CDC collections each year and requires intensive, long-term collaboration with CDC's Program, Performance, and Evaluation Office starting during the Notice of Funding Opportunity development stage. Finally, none of the existing mechanisms has the capacity to systematically collect project planning information, which is vital data for CDC project officers to assist awardees. Currently, information that cannot be collected in a systematic manner is gathered via individual communications between CDC staff and awardees, which limits CDC's ability to analyze efforts across multiple awardees.

The purpose of this generic ICR is to allow the creation of individualized templates or forms for each phase of each award. It will cover all NCCDPHP programs. Elements such as awardee plan requirements for the area of emphasis in each award type, data reporting and the terms that are used to define similar data requirements often vary greatly from one awardee to another. These forms will include only the fields needed with filling instructions integrated into the forms themselves. This will save time for CDC and users and decrease the likelihood of erroneous form entries. It may also forestall the need to continue having some of our individual programmatic ICRs, which would save time for both CDC and OMB. Thus, this ICR is based on CDC's experience using PPMR and responds to concerns raised by both CDC and end users, and is designed to create greater efficiency, accuracy, and user-friendliness for project monitoring.

2. Purpose and Use of the Information Collection

The information collected will enable the accurate, reliable, uniform and timely submission to NCCDPHP of each awardee's work plans, progress reports, and evaluation reports, including strategies and activities, evaluation plans, progress and performance measures, and outcomes and success stories. The information collected is designed to align with and support the goals outlined for each CDC awardee. During the first six months of award, awardees work with CDC to develop a work plan. Next, on a routine basis throughout the award, the awardee provides

project monitoring data of various types to CDC. Project monitoring data may be submitted on a single form or on multiple forms and may include information on project planning and development, progress, and program evaluation. CDC will use the information collected to monitor each awardee's progress, to identify facilitators and challenges to program implementation and achievement of outcomes, and to evaluate the degree to which the program has succeeded as intended. This allows CDC to determine whether an awardee is meeting performance and budget goals and to make adjustments in the type and level of technical assistance provided to them, as needed, to support attainment of their performance measures. Monitoring and assessment of activities also allows CDC to provide oversight of the use of Federal funds. In addition, as needed, CDC will use the monitoring and evaluation information collection to respond to inquiries from HHS, Congress and other stakeholders about program activities and their impact.

There are significant advantages to collecting information with these individualized work plan, monitoring and/or evaluation templates:

- The information being collected will provide crucial information about each awardee's activities, partnerships and progress over the award period.
- Capturing the required information for each project uniformly across that project's awardees will allow CDC to formulate reports that describe activities across multiple awardees.
- CDC will create forms or templates that are appropriate for each project, with fields that are clearly labeled.

In this ICR, three example templates from NCCDPHP's Division of Cancer Prevention and Control are included (**Attachment 2**); these forms will be put into use upon OMB approval. The first example (**Attachment 2a**) is for the Comprehensive Cancer Control Program's evaluation plan. During their current program cycle, awardees submit annual evaluation and performance measurement plans 60 days after the program year begins. As yet, there is no OMB-approved form for awardees to use for this specific purpose. Awardees are provided with guidance on what to include in their plans, but having an approved template will assist awardees and CDC in ensuring that the needed information is included and easy to locate in awardees' write-ups.

A second example (**Attachment 2b**) is a work plan template for the National Breast and Cervical Cancer Early Detection Program. If approved, awardees will use it to document their detailed work plan for the first year of the award and to provide a general summary of work plan activities for years 2 through 5. Again, there is not yet a required template for these reports.

The third example (**Attachment 2c**) is an evaluation report template that will be used by the National Program of Cancer Registries if the ICR is approved. The annual evaluation report is submitted by awardees during the second and fourth years of the project. Currently, CDC National Program of Cancer Registries awardees use PPMR (0920-1132) forms for some of their project reporting obligations (e.g., the work plan submitted six months into the project period) and have no set form for others (e.g., the annual success story).

Other genIC work plan, monitoring, or evaluation information collections may be proposed by NCCDPHP grant programs by submitting the genIC request memo (**Attachment 3**) along with the proposed collection instrument(s). This generic ICR includes burden hours to accommodate anticipated future genIC requests. When NCCDPHP grant programs propose a new genIC under this umbrella, the NCCDPHP PRA liaison will verify that the request is within the scope of this ICR before sending the request forward to request OMB approval.

As all awardees are required to report, sampling methods will not be employed. CDC may aggregate reported data using counts and thematic, qualitative analysis. CDC does not expect to use complex statistical methods for analyzing information, so this ICR does not contain a Supporting Statement B.

3. Use of Improved Information Technology and Burden Reduction

Awardees may submit information using the work plan, monitoring and evaluation templates through direct email to their Project Officer or other designated program contact, or via an online system maintained by CDC or a CDC contractor. Reporting forms may be developed by CDC using Acrobat (i.e., fillable PDF), Microsoft 365 (e.g., Excel, Word), or other software that would allow awardees to submit digital work plan, monitoring and/or evaluation-related information directly to CDC via email. Many NCCDPHP programs use the secure web-based Awards Management Platform (AMP), which supports integrated program management, evaluation, and internal and external stakeholder collaboration for non-research grants and cooperative agreements after they are awarded. The templates approved under this ICR can be programmed for direct data entry. As use of such products is common, these interfaces will provide CDC awardees with a user-friendly platform that will require very little training. CDC awardees can enter their information electronically via a secure server. Data placed into the AMP system produces reports as PDFs that awardees can use to upload into other reporting systems if required. This procedure satisfies routine cooperative agreement reporting requirements. Data entry can occur on a real-time basis. As a result, the reporting templates can also be used for ongoing program management, and support more effective, data-driven technical assistance to awardees.

The templates will allow the users at each end to submit and receive all of the information in the same place in the same manner, thus reducing the level of burden attributable to redundancy and reducing the workload to enter and maintain the data. In AMP, programs will be able to transfer data from one year to another to minimize data re-entry.

4. 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 awardees. As described above, while CDC has other tools to collect such information (0920-1132 and 0920-1282), they do not completely meet the needs of NCCDPHP programs. 0920-1132 doesn't contain a project plan template and does not allow for customization of forms. 0920-1282 is limited to use by only a few selected projects each year. The tool that we are

proposing will fill the gaps left by the other two tools. NCCDPHP consulted with CDC\PPEO (the sponsor of 0920-1282) and CDC\ICRO (the sponsor of 0920-1132) to identify how these tools can be used. In addition, the NCCDPHP sponsor consulted with managers of individual programs and with the NCCDPHP AMP community of practice, which consists of current AMP users across the center, to understand their needs and preferences.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

Reports will be collected in accordance with program guidance and award terms and conditions. Programs usually require a performance plan and evaluation plan submission after the first 6 months of an award and at least annual progress reporting. Reporting may be more frequent for some individual programs. Submissions to OMB under this mechanism will specify the frequency of use of each form. The program reporting schedule will be set to ensure that CDC counsels awardees and can provide responses to inquiries from HHS, Congress and other stakeholders based on timely and up-to-date information. Less frequent reporting would undermine accountability efforts at all levels and negatively impact monitoring awardee progress.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

A. Federal Register Notice

A 60 Day Federal Register Notice (**Attachment 4a**) was published in the Federal Register on December 1, 2023. CDC received 2 comments related to the notice. One comment was substantive and was in support of the collection. No changes were made in response to the comments. See **Attachment 4b** for the comments.

B. Other Consultations

The sample forms were designed collaboratively by CDC staff based on their needs and experience interacting with NCCDPHP awardees. The CDC division providing sample forms for this ICR consulted with awardees about the usefulness of a template.

9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive payments or gifts for providing information.

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

The NCCDPHP Information Systems Security Officer has reviewed this Information Collection Request and determined that the Privacy Act is not applicable. Individual information will not be used to retrieve records. No system of records will be created under the Privacy Act. The forms can collect a limited amount of information identifying key program staff (e.g., Program Director) and their phone number and/or email address. This is business contact information which is often publicly available and which will usually be familiar to the CDC project officer. Because responses will be maintained in a secure system, and individuals' information will not be reported, there is no impact on respondent privacy. No proprietary information is collected.

CDC complies with the National Institute of Standards and Technology (NIST) standards and guidelines for managing data and information systems, including the protection of sensitive information. There are several safeguards in place to keep collected information secure. All data is stored in US based data centers following a least-privilege access model. Users are granted access only to the data and systems required to perform their duties. Data collected by CDC or CDC contractors are stored and managed based on CDC's information protection requirements and standards which also includes the process for handling security incidents and the event monitoring and incident response.

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

IRB Review:

This information collection is associated with programmatic planning or development, monitoring and evaluation, not human subjects research. CDC determined that IRB oversight is not required (**Attachment 5**).

Justification for Sensitive Questions:

The proposed forms do not collect sensitive information. Respondents are awardees of CDC funds who are participating in their official capacity as health professionals.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours

Many of NCCDPHP's programs have approximately 50 awardees, and an awardee such as a state health department might have multiple awards with each focused on different chronic disease concerns. The amount of time to fill out each form can vary.

For the sample forms included in this ICR, NCCDPHP estimates the time burden will range from 6-12 hours per submitted form. Over the three-year requested approval for this new collection, the total estimated annualized burden is 1380 hours for the three example forms included in **Attachment 2**.

In GenIC submissions for approval of additional forms under this generic mechanism, CDC will estimate the time burden for each form. GenIC requests will include a cover form (Attachment 3) and individual forms that will be developed for the specific purpose of the GenIC request. Since we anticipate that additional forms submitted under GenIC requests may be used by up to 2000 awardees per year at an average time burden of 10 hours per submitted form, the total time burden is estimated as 21,380 hours per year as summarized in Table A.12-A.

Table A.12-A. Estimated Annualized Burden to Respondents

Type of Respondent	Type of Form	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Comprehensive Cancer Control Program Award Recipients	Evaluation Plan	66	1	6	396
National Breast and Cervical Cancer Early Detection Program Award Recipients	Work Plan	64	1	6	384
National Program of Cancer Registries Award Recipients	Evaluation Report	50	1	12	600
CDC/NCCDPHP Award Recipients	GenIC Cover Form & Reporting Forms TBD*	2000	1	10	20,000
Total					21,380

*To be developed, in future GenIC requests under this generic ICR.

B. Estimated Annualized Cost to Respondents

Estimates for the average hourly wage for respondents are based on the U.S. Department of Labor Bureau (DOL) of Labor Statistics May 2021 National Occupational Employment and Wage Estimates (http://www.bls.gov/oes/current/oes_nat.htm). Based on DOL data, the average

hourly wage for a Social and Community Services Manager in State Government is estimated to be \$38.16. The total estimated annualized cost is as summarized in Table A.12-B.

Table A.12-B. Estimated Annualized Cost to Respondents

Type of Respondents	Total burden (in Hours)	Average Hourly Wage	Total Cost
CDC Award Recipients	21,380	\$38.16	\$815,860.80
Total	21,380		\$815,860.80

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

No capital or maintenance costs are expected. Additionally, there are no start-up, hardware or software costs.

14. Estimates of Annualized Cost to the Federal Government

A. Development, Implementation, and Maintenance

The average annualized cost to the Federal Government is \$2426.84, as summarized in Table A.14-A. Major cost factors include staff time to develop forms.

Table A.14-A. Annualized Cost to the Federal Government	
Cost Category	Total
Federal Personnel	
NCCDPHP Project Officers (GS13 x 1% Annual Salary)	\$1213.42
NCCDPHP Evaluators (GS13 x 1% Annual Salary)	\$1213.42
Subtotal, CDC Personnel	\$2426.84
Total	\$2426.84

15. Explanation for Program Changes or Adjustments

Not applicable as this is a new request.

16. Plans for Tabulation and Publication and Project Time Schedule

OMB approval is being requested for three years. Reports will be generated by the awardees per the NOFO requirements. Data collection will begin upon notice of award and will continue throughout the funding cycle.

Information collected by the awardees will be reported in internal CDC documents and shared with state-based programs. Although external publications are possible, there are no definite plans to use the collected information for publication.

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

Forms will display the expiration date for OMB approval.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification statement.