SUPPORTING STATEMENT: PART A

October 21, 2024

Annual Progress Reports for Injury Control Research Centers (ICRC)

This is a new Information Collection Request (ICR)

OMB# 0920-

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SUMMARY TABLE

- **Goal of the study:** The goal of this information collection request (ICR) is to collect Annual Progress Report (APR) performance monitoring data via the web-based Cooperative Agreement Management Platform (CAMP). This APR data helps monitor the grantees under Grants for Injury Control Research Centers (ICRC).

- **Intended use of the resulting data:** Data collected from the 11 ICRCs will be used to monitor progress toward program goals, identify grantee technical assistance needs, and provide the Centers for Disease Control and Prevention (CDC) with the capacity to respond in a timely manner to requests for information about the ICRC program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources.

- **Methods to be used to collect:** Grantees will report progress and activity information to CDC on an annual schedule using a web-based CAMP. No research design or human subjects involved.

- **The subpopulation to be studied:** Sampling methods will not be used. Data collection will include 100% of ICRC grantees.

- **How data will be analyzed:** The quantitative data will be analyzed using descriptive and summary statistics. Manual qualitative analysis and natural language processing techniques such as CDC's OpenAI will be used to summarize qualitative data.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) seeks Office of Management and Budget (OMB) approval for 3 years to collect information from recipients funded under the Grants for Injury Control Research Centers (ICRC). The proposed information collection is authorized by the Public Health Services Act (PHS Act) which provides the legislative means for states to advance public health across the lifespan and to reduce health disparities. Section 301 (a) of the PHS Act, 42 U.S.C. 241 (a), authorizes grants to aid "other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the cause, diagnosis, treatment, control and prevention of physical and mental diseases and impairments of man" (**Attachment 1**).

In 1987, the CDC began funding ICRCs at academic research institutions throughout the United States. ICRCs focus on three core functions - research, training, and outreach - for issues of local and national importance, including the prevention of adverse childhood experiences; child abuse

and neglect; drowning; drug overdose; intimate partner violence; older adult falls; sexual violence; suicide; and traumatic brain injuries, and the promotion of transportation safety. ICRCs foster multidisciplinary strategies for addressing these complex problems and disseminating research findings. In addition to conducting cutting-edge, multidisciplinary research, ICRCs train and develop the current and next generation of researchers and public health professionals to help ensure that there is an adequate supply of qualified practitioners and researchers for advancing prevention research, addressing new problems, and reaching new populations across the nation. Finally, ICRCs work with states and communities to translate research findings into action. ICRCs provide partner organizations with technical assistance on programs, public health infrastructure, and the integration of resources at the local, state, and national levels. Areas of emphasis within each ICRC are determined by the expertise of the faculty and the public health needs and opportunities identified through the ICRC's outreach activities. This collaborative approach is a vital component in the success of efforts to make an impact on population-level reduction in injury-related harm.

ICRCs form a national network of expertise and innovation in injury prevention and control. ICRC grants are typically funded in five-year funding cycles. CDC currently holds the Funding Opportunity Announcement (FOA) titled "Grants for Injury Control Research Centers" supporting eleven ICRCs (current grantees are listed in **Attachment 2**).

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 between grantees and CDC.
- Reduce burden for data providers and public health agencies.
- Ensure systems and services are scalable, interoperable, and adaptable to meet evolving needs.

Grantees will report progress and activity information to CDC on an annual schedule using a web-based CAMP (**Attachment 3** CAMP Platform Screenshots).

The information collected will provide crucial data for program performance monitoring and improve CDC's ability 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. The information collected will also strengthen CDC's ability to monitor grantee progress towards stated grant research, training, and outreach objectives, provide data-driven technical assistance, and disseminate Success Stories about what's working to reduce violence and unintentional and intentional injuries.

A.2. Purpose and Use of Information Collection

Improve and innovate through evaluation, research, and quality improvement; investigate, diagnose, and address health hazards and root causes; communicate effectively to inform and educate; strengthen, support, and mobilize communities and partnerships; and create, champion, and implement policies, plans, and laws are five of the noted public health activities that all

public health systems should undertake.[1] CDC ICRC grantees do all of these activities, and the systematic collection of data, annually, is the best way for CDC to understand this work. This APR information collection will enable grantees to submit accurate, reliable, and timely activity and performance data to the CDC.

The information collection and reporting plan has been carefully designed to align with and support the goals for Grants for Injury Control Research Centers. The plan is based on 10 resource and activity indicators (personnel, funding sources, studies, publications, training, partnerships, outreach, research tools, practice tools, and narrative stories) and the following 7 ICRC evaluation questions:

1. What is the current capacity of ICRCs with regard to funding, staffing, and expertise?
2. What research and evaluation activities are ICRCs conducting?
3. What outreach activities are ICRCs conducting?
4. What activities are ICRCs conducting to train injury control professionals and community partners?
5. What are the outputs of ICRC research, outreach, and training activities?
6. What collaboration is occurring between funded ICRCs and other partners?
7. What is the public health impact of ICRCs?

Each evaluation question utilizes a combination of indicators, and some indicators contribute to multiple evaluation questions. For example:

- Information about ICRC-funded research is used to answer Evaluation Question #2 (What research and evaluation activities are ICRCs conducting?) and Evaluation Question #6 (What collaboration is occurring between funded ICRCs and other partners?).
- Evaluation question #5 (What are the outputs of ICRC research, outreach, and training?) involves a variety of indicators relating to publications, academic training and mentoring, partnerships, community outreach, research tools, practice tools, and narrative stories.

A complete crosswalk of ICRC program evaluation questions and indicators is provided in **Attachment 4**. Considered together, the indicators and evaluation questions holistically describe ICRC activities, products, and other outcomes relating to the core missions of research, training, and outreach for injury prevention and control.

The principal information collection instrument is the ICRC APR (**Attachment 5a**), an electronic form on the CAMP site (**Attachment 3** CAMP Platform Screenshots) with 4 sections (research projects, outreach, training and education activities, and a publication table) that correspond to 8/9 of the ICRC indicators (studies, publications, training, partnerships, outreach, research tools, practice tools, and narrative stories). To reduce grantee burden, CDC derives the 9th indicator, personnel, from the grant application. This is a new information collection request (ICR).

[1] CDC - 10 Essential Public Health Services - Public Health Infrastructure Center

Two supplemental forms are associated with the Indicators Data Collection:

- The Publication Table (**Attachment 5b**) is section 4 of the APR but is provided as an Excel spreadsheet based on grantee request. Grantees will fill out the Publication Table yearly, upload it to the CAMP site, and submit it with their APR.
- The Success Stories Template (**Attachment 5c**) is an electronic template on the CAMP site. This template is not a part on the APR. The template can be accessed, as needed, when grantees have an outreach, research, or training activity that they want CDC to know about and highlight.

Collecting this APR data with an easily accessible web-based instrument on CAMP provides an efficient, standardized, and user-friendly experience for grantees. The electronic format enables grantees to save pertinent information from one reporting period to the next and reduces the administrative burden of the APR process. The collection will occur annually.

The ICRC Unit will use the information collected on CAMP to perform program activities to accomplish the following objectives:

- Monitor each grantee's progress with performance monitoring elements established by CDC's Office of Financial Resources (OFR). This includes identifying challenges and delays that hindered grantee performance. Monitoring allows CDC to determine whether a grantee is meeting performance goals, measure continuous quality improvements, and make mid-course corrections to training and technical assistance for grantees.
- Identify, translate, and disseminate Success Stories and other important information about successful injury prevention and control strategies developed and implemented by grantees.
- Continue to build a database of Promising Practices in violence and injury prevention that were developed by ICRCs. This Promising Practices Database will be used internally by CDC to help direct funds and effort.

Collecting this APR data with an electronic template on CAMP allows CDC to quickly generate a variety of routine and customizable reports that describe activities about individual and across all funded ICRCs. CDC will use the information collection to respond to inquiries from the HHS, the White House, Congress and other stakeholders about ICRC program activities and their impact on public health. The grantee Success Stories are particularly helpful for CDC to succinctly showcase the valuable work of ICRCs. These functions are central to the NCIPC's broad mission of protecting Americans from violence and injury threats. The information collection will allow CDC to monitor the increased emphasis on strategies that affect health outcomes and impact, and is expected to reduce duplication of effort, enhance program impact, and maximize the use of federal funds.

The Annual Federal Financial Report is also required to be submitted to the OFR separately by grantees. This report is not required, developed, or reviewed by CDC program staff as part of any ICRC evaluation and performance monitoring. It is handled by OFR as part of its grants financial management responsibilities. As such, it is not included as part of this request.

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

CDC developed the APR (**Attachment 5a**) and the Success Stories template (**Attachment 5c**) on a web-based grantee portal (CAMP) (**Attachment 3** CAMP Platform Screenshots). Based on grantee feedback, CDC developed the Excel-based Publication Table (**Attachment 5b**), which grantees will populate in Excel and then upload and submit via CAMP. Since the use of the internet and Excel are common, these user-friendly interfaces will be easier and more intuitive for grantees to use than special-purpose templates or software. Additionally, CAMP and Excel require minimal training. Grantees will complete the pre-populated electronic template and Excel-based spreadsheet using the ICRC APR Guidance (**Attachment 6**), which provides grantees with detailed information about how to successfully fill out both documents. This APR on CAMP provides a low-burden, structured process for reporting progress. Further, the template provides space for the ICRCs to narratively report on their own progress and impact. Grantees will submit an electronic copy of the APR via CAMP.

There are significant advantages to collecting information using CAMP:

- Having all APR information collected in the same location and manner reduces the level of burden attributable to redundancy and reduces the grantee workload required to enter and maintain the data.
- The APR will be pre-populated with some grantee data submitted in the funding application, such as a list of project personnel. After year 1, some static information collected on the year 1 report will be pre-populated to reduce data entry requirements in years 2-3. Additionally, the APR includes dichotomous and drop-down response options, where relevant. Furthermore, the APR is responsive, such that grantees will be skipped out of certain questions if those questions do not apply to them based on a previous answer in the information collection. These features increase grantee satisfaction and decrease time and burden. Strategic pre-populating improves the quality of information that CDC receives by minimizing errors and redundancy.
- CAMP contains built-in data validation and guidance to allow for easy entry, review, and reporting of data. For example: certain questions are required; the system won't let you enter a project start date that occurs after your project end date, etc. These features ensure that the data CDC receives from grantees is clean and usable. Furthermore, it reduces CDC employee burden that would go toward data cleaning, as well as reducing burden for both CDC and grantees if unclear responses need to be clarified.
- Capturing the required information uniformly will allow CDC to formulate ad hoc analyses and reports for program evaluation and manuscript development. Further, standardization will enhance the consistency of the APRs across grantees and will facilitate a higher degree of reliability by ensuring that the same information is collected on all indicators and performance measures.

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

The information collected from grantees is not available from other sources. The information is specific to the Grants for Injury Control Research Centers and collection of this information is part of a federal reporting requirement for funds received by grantees.

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

APR data reported in CAMP will be collected annually per the FOA. APR data will serve as a non-competing continuation application and will be collected 90 days after the end of the budget period. Less frequent reporting would undermine accountability efforts at all levels and negatively impact monitoring grantee progress. The annual reporting schedule ensures that CDC responses to inquiries from HHS, the White House, Congress, and other stakeholders are based on timely and up-to-date information. Typical inquiries involve requests for specific details on project activities and grantee successes.

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 June, 4, 2024, vol. 89, No. 108, pp. 47963 (**Attachment 7**). There was 1 unrelated public comment (**Attachment 7a**).

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

NCIPC staff developed the seven evaluation questions for assessing the ICRC program. The Cloudburst Group and a consultant further refined the evaluation questions with feedback collected from individual interviews with ICRC directors. Extensive input from current and previously funded ICRCs continued throughout the implementation process.

The data collection instruments were designed by CDC staff, building from previous APR documents. In early 2024, ICRC grantees from the 2019 funding cycle provided feedback on the 2019 funding cycle APR, and that feedback was used to refine and develop the 2024 funding cycle APR presented here. Volunteers from the 2024 funding cycle gave feedback on the 2024 APR on the CAMP site in September and October, 2024, and that feedback was used to refine the APR and its appearance and functionality on the CAMP site.

The content for the CAMP site was developed by CDC and programmed and implemented by contractor staff.

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

NCIPC's Information Systems Security Officer (ISSO) has determined that the Privacy Act does not apply to this information collection request (**Attachment 8**). Respondents are grant recipients or their designated personnel. No sensitive information or 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. 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, grantee approval will be obtained if specific ICRC data is used for publications, reports, or other publicly disseminated information.

CDC staff and CAMP development contractors have varying levels of access to ICRC data with role-appropriate security training, based on the requirements of their position(s). Submission and access to ICRC data will be controlled through the authenticated CAMP portal with role-based permissions/access. Authentication will be done according to the CAMP system security plan and at an e-authentication level approved in the system security plan (SSP) by the Information Systems Security Officer (ISSO). Access levels vary from no access to read-only to read-write, based on the user's role and needs. CDC staff 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 CDC's Share Drive, in compliance with 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 required. The information collection does not involve the collection of personal information or the participation of human subjects in research (**Attachment 9**).

Sensitive Questions

The proposed templates do not collect sensitive information.

A.12. Estimates of Annualized Burden Hours and Costs

Respondents will be the 11 ICRC grantees. Progress reporting is conducted annually with the APR. The report is comprised of one information collection with two templates, the APR (**Attachment 5a**) and the Publication Table (**Attachment 5b**). The estimated burden per response is 8 hours for the APR and an additional 8 hours for the Publication Table. Additionally, grantees will write a maximum of 5 Success Stories per year, as relevant, over the 5-year grant period (**Attachment 5C**). The estimated burden per response is 1 hour.

The total annual burden for each grantee is 21 hours and the total estimated annual burden for all grantees is 231 hours, as summarized in Table A.12-A. Estimates for burden were developed based on grantee feedback on a previous, similar APR from a sample of ICRCs, and ICRC staff completing the APR. The estimate for the Annual Reporting Template includes time for reviewing instructions, searching sources, data collection, and completion of the templates. Per grantee feedback, this process presumes data quality checks and reviews from multiple center staff.

Table A.12-A. 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)
Injury Research Center (ICRC) Grantees	ICRC Indicators Data Collection Annual Progress Report (Attachment 5a)	11	1	8	88
	Publication Table (Attachment 5b)	11	1	8	88
	Success Stories Template (Attachment 5c)	11	5	1	55
				Total	231

A.12.b) Annual burden cost

Typically, several types of staff from ICRCs assist with preparing the report and exact figures of burden are difficult to ascertain. However, most reporting is primarily done by a Project Coordinator or Manager with contributions and review by the ICRC Director. Project Coordinator/Manager salaries vary widely based on actual title and institution. However, we are assuming a mid-range annual salary of $60,000. The average hourly wage for a Project Coordinator/Program manager is $30.02. The average hourly wage for these positions is $30.02 as estimated by the Bureau of Labor Statistics (https://www.bls.gov/oes/current/999001.htm#00-0000). The total estimated cost over three years annualized is $6,930.00 as summarized in Table A.12-B.

Table A.12-B. Estimated Annualized Burden Costs

Type of respondents	Form Name	Total Burden Hours	Average Hourly Wage Rate (in dollars)	Total Costs
Injury Research Center (ICRC) Grantees	ICRC Indicators Data Collection Annual Progress Report (Attachment 5a)	88	$30.00	$2,640.00
	Publication Table (Attachment 5b)	88	$30.00	$2,640.00
	Success Stories Template (Attachment 5c)	55	$30.00	$1,650
	Total:			$6,930.00

A.13. Estimates of Other Total Annual Cost Burden to 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 A.14. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
CDC Personnel	• 20% GS-12 @ $87,500/year = $17,500 • 20% GS-14 @ $143,390/year = $28,678 Subtotal, CDC Personnel	$46,178
Contractor	Data Collection Contractor	$123,000
	Total Annual Estimated Costs	$199,950

A.15. Explanation for Program Changes or Adjustments

This is a new collection.

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

OMB approval is being requested for the first three years of the five-year funding period. An extension will be sought to cover the end of the funding cycle.

CDC will not use statistical methods for analyzing information. Most data will be qualitative and therefore will include case and Success Story descriptions. Manual qualitative analysis and natural language processing techniques using CDC's OpenAI will be used to summarize qualitative data. CDC's OpenAI is housed on a cloud-based infrastructure, known as the Enterprise Data Analytics and Visualization (EDAV) platform, and is a closed system (it is not accessible to individuals outside of CDC).

The quantitative data will be analyzed using descriptive and summary statistics. In certain limited cases, count data is collected (e.g., number of trainees, number of publications, etc.); however, most of these data are used to better understand ICRC productivity and activities. Furthermore, the information in the annual review templates will allow for CDC staff to monitor program activities and implementation and provide technical assistance to grantees after an internal qualitative review has been completed.

Table Project Time Schedule

Activity Time Schedule	**Timeline**
Notification of Tool Availability	Immediately upon OMB approval
User Training	Immediately upon OMB approval and ongoing through expiration date
Data Collection	Annually upon OMB approval (Fall)
Data Dashboard Publication	Annually after data collection upon OMB approval (Spring)

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.