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***SUPPORTING STATEMENT: PART A***

**Performance Monitoring of CDC's Core State Injury Prevention Program**

**OMB# 0920-1369**

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### Attachments

- A Authorizing Legislation: Public Health Service Act
- B Published 60-Day Federal Register Notice
- B1 Public comment and response
- C Institutional Review Board (IRB) documentation
- D Partners' Portal reporting platform
- D1 Partners' Portal screenshots
- D2 Annual Performance Monitoring Fields
- D3 NCIPC Partner's Portal Core SIPP User Training manual
- E Privacy Act Determination
- F Research Determination

- **Goal of the study:** Continue collecting information from awardees funded under the Core State Injury Prevention Program cooperative agreement to collect performance monitoring data via a web-based Partners' Portal. This data is used to monitor the cooperative agreement program funded under the Core State Injury Prevention Program (Core SIPP)
- **Intended use of the resulting data:** Information collected will provide crucial data from 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.
- **Methods to be used to collect:** Recipients 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 is analyzed using descriptive and summary statistics as well as qualitative summaries.

## A. JUSTIFICATION

### A.1. Circumstances Making the Collection of Information Necessary

This is a revision request for the currently approved "Performance Monitoring of CDC's Core State Injury Prevention Program" OMB # 0920-1369, expiration date 09/30/2025. Approval is requested for an additional 3 years to continue collecting information from awardees funded under the Core State Injury Prevention Program cooperative agreement hereafter known as Core SIPP. The Centers for Disease Control and Prevention (CDC) seeks continued OMB approval to electronically collect information from awardees. 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 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.

## **A.2. Purpose and Use of Information Collection**

This is a revision request to continue collecting performance monitoring data from awardees over the course of the funding cycle. This revision includes adding three new recipients to the Core SIPP Program with an increase in total burden hours from 253 to 286. Data collected up until this point has been used for monitoring the impact of Core SIPP.

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 26 recipients of the Core SIPP NOFO, the results can inform injury prevention work more generally. 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 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 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 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

<b>SIPP Outcome Indicators</b>	<b>Methods/Instruments</b>
Increased recipient knowledge and utilization of: <ul style="list-style-type: none"> <li>• Emerging data sources for injury surveillance</li> <li>• Robust data/surveillance best practices</li> </ul>	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). 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 continue to 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 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 (Attachment D).

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 continues to help improve the quality and comparability of performance information that is received by CDC for multiple recipients and multiple award types. Further, standardization enhances the consistency of work plans and reports, enables examination of cross-program performance and strategies, and facilitates 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 reduces 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**

Since CDC is the only federal agency providing funding for "Core State Injury Prevention Program," 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. . Information collected under "Program Evaluation of CDC's Core State Injury Prevention Program (OMB# 0920-1365) provides crucial data for program evaluation only .

#### **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 was and is 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 December 3, 2024, vol. 89 No. 232, pp.95794-5 (Attachment B). There was one non-substantive public comment to the 60-day Federal Register Notice (Attachment B1). No changes were made to the supporting statement or data collection instruments.

**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 Office of the Chief Information Officer has determined that the Privacy Act does not apply to this information collection request (Attachment E). Respondents are cooperative agreement recipients. 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 continue to report information to NCIPC about their activities, performance measures, outcomes, and progress. This data is collected via the Partners' Portal (Attachment D). NCIPC will provide guidance documents for reporting to facilitate data submission (Attachment D3). NCIPC will continue to provide technical assistance to introduce recipients to the Partners' Portal and provide ongoing assistance, as necessary.

The total estimated annualized burden for the current recipients is 286 hours, as summarized in Table A.12-1.

Table 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)	26	1	11	286
<b>Total</b>					286

Table 2. Estimated Annualized Burden Costs

A project management specialist will prepare the progress reports for each area. The average hourly wage for a project management specialist is \$50.44. The hourly wage rates for project management specialists are based on wages for similar mid-to-high level positions in the public sector. The total estimated annualized burden cost per recipient is \$554.84.

[https://www.bls.gov/oes/current/oes\\_stru.htm](https://www.bls.gov/oes/current/oes_stru.htm)

The total estimated annualized burden cost per recipient is \$554.84, as summarized in Table A.12-2.

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)	26	1	11	\$50.44	\$341
Total						\$554.84

**Table A.12-2. Estimated Annualized Burden Cost**

### **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"> <li>75% GS-13 @ \$88,520 /year = \$66,390</li> <li>50% GS-13 @ \$88,520 /year = \$43,610</li> <li>15% GS-14 @ \$104,604/year = \$15,691</li> </ul>	\$148,471
Contractor	Data Collection Contractor	\$100,000
Total Annual Estimated Costs		<b>\$248,471</b>

### **A.15. Explanation for Program Changes or Adjustments**

This revision request is to add three recipients to the data collection. The estimated increase change in burden from the last OMB approval is 33 hours (286 present request – 253 previous approval).

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

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.

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.

<b><i>Project Time Schedule</i></b>	
<b>Activity</b>	<b>Time Schedule</b>
Annual data collection	Ongoing once annually after OMB approval.
Data cleaning and analysis	Ongoing annually after OMB approval.
Reporting of evaluation data and findings to recipients and stakeholders	Ongoing annually 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.