Environmental Public Health Tracking Network

OMB Control No. 0920-1175 (Expiration Date: 08/31/2026)

Revision of ICR

Supporting Statement Part A –

Justification

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Summary

Goal of the project: Tracking is the ongoing collection, integration, analysis, and dissemination of health, exposure, and hazard data to drive public health actions that protect the population from harm resulting from exposure to environmental contaminants. The Tracking Program integrates these data from various sources, including state and local health departments (SLHD) as well as radon labs, into the Tracking Network. The Tracking Program also collects information (program data) from funded SLHD for program evaluation and monitoring.

Intended use of the resulting data: Data are integrated into the Tracking Network to provide data and information that informs environmental public health actions for SLHD. Program data are used by Tracking Program staff to measure performance of each funded SLHD and the Tracking Program nationally.

Methods to be used to collect: The Tracking Program receives collection forms from CDC-RFA-EH22-2202 recipients and other national partners. The forms collect Tracking Network data (Attachments 4A – 4G) and program data (Attachments 5A – 5F). The Tracking Program uses an Electronic Data Capture System to collect data from recipients.

The subpopulation to be studied: The Tracking Program compiles data it receives into a single location. At times, associations between these factors and potential populations most affected (e.g., children, people over the age of 65) are studied.

How the data will be analyzed: Data from SLHD as well as radon labs will be integrated into the Tracking Network to facilitate development of hypotheses surrounding our understanding of the potential associations between health and the environment and to inform state and local public health actions for mitigating the impact of environmental risk factors on health. Analyses include but are not limited to: (1) describing temporal and spatial trends in disease and potential environmental exposures; (2) identifying populations most affected; and (3) generating hypotheses about associations between health and environmental exposures. In some cases, data may be used to inform environmental public health decision-making and interventions for SLHD.

Part A. Justification

THIS IS A REQUEST FOR URGENT REVIEW AS THE EXPIRATION DATE IS 08/31/2026.

A.1. Circumstances Making the Collection of Information Necessary

The CDC is requesting Paperwork Reduction Act (PRA) clearance for a 3-year revision information collection request (ICR) titled "Environmental Public Health Tracking Network (Tracking Network)" (OMB Control No. 0920-1175, expiration date 08/31/2026). This information collection is sponsored by the Environmental Public Health Tracking Branch (Tracking Branch), Division of Environmental Health Science and Practice (DEHSP), National Center for Environmental Health (NCEH) at CDC. This program is authorized under Sections 311 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Sections 243 and 247b(k)(2)] as amended (see Attachment 1). The 60-day Federal Register Notice is provided as Attachment 2 and is further discussed in Section A.8. CDC is requesting to revise the information collection request (ICR) titled Environmental Public Health Tracking Network (Tracking Network) (OMB Control No. 0920-1175, expiration date 08/31/2026) and obtain approval for a 3-year Paperwork Reduction Act (PRA) clearance.

In September 2000, the Pew Environmental Health Commission issued a report entitled America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network. The Commission documented a critical gap in "knowledge that hinders our national efforts to reduce or eliminate diseases that might be prevented by better managing environmental factors" due largely to the fact that existing environmental health systems were inadequate and fragmented. They described a lack of data for the leading causes of mortality and morbidity, a lack of data on exposure to hazards, a lack of environmental data with applicability to public health, and barriers to integrating and linking existing data. To address this critical gap, the Commission recommended a "Nationwide Health Tracking Network" for disease and exposures. In response to the report and this critical gap, Congress appropriated funds in the fiscal year 2002 budget for CDC to establish the National Environmental Public Health Tracking Program (Tracking Program) and Tracking Network and has appropriated funds each year thereafter to continue this effort. Current funded recipients are under Notice of Funding Announcement CDC-RFA-EH22-2202 (Attachment 3). The Environmental Public Health Tracking Network project determination is in Attachment 6.

The Tracking Program includes SLHD who collaborate to: (1) build and maintain the Tracking Network; (2) advance the practice and science of environmental public health tracking; (3) communicate information to guide environmental health policies and actions; (4) enhance tracking workforce and infrastructure; and (5) foster collaborations between health and environmental programs.

Environmental public health tracking is the ongoing collection, integration, analysis, and dissemination of health, exposure, and hazard data (hereinafter referenced as Tracking Network data) to inform public health actions that protect the population from harm resulting from exposure to environmental contaminants. The Tracking Network provides data from existing health, exposure, and hazard surveillance systems and supports ongoing efforts within the public health and environmental sectors to improve data collection, accessibility, and dissemination as well as analytic and response capacity. Data that were previously collected for different purposes and stored in separate systems are now available in a nationally standardized format allowing programs to begin bridging the gap between health and the environment.

In summary, the Tracking Program requests a decrease of 77 total responses per year, based on the 599 responses approved in 2023 relative to the new estimate of 522 responses in 2026. The Program also requests a decrease of 1,693 total burden hours per year, from 14,041 hours approved in 2023 relative to the new estimate of 12,348 hours in 2026. The decrease in the number of responses is predominantly driven by removing the childhood blood lead levels data form as these data are now collected by another CDC program (see Section A.4.) and due to reducing the number of biomonitoring data form respondents. The number of biomonitoring data form respondents was reduced because piloting efforts with the last approval showed that the program would not have as many respondents as initially anticipated. Changes to the biomonitoring data form were discussed with pilot data submission. Changes to the radon data form were discussed, along with adding radon testing labs, due to ongoing discussions the program has had to expand radon data collection due to interest from partners. Because the Tracking Program OMB package is due for renewal, the Tracking Program opted to now include the changes with the revision request to ensure the most up-to-date information is included in this request.

The changes to the ICR since the 2023 request are in Section A.15.

A.2. Purpose and Use of the Information Collection

Tracking Network Data Collection and Dissemination

The purpose of this information collection is to support both general purpose statistics and research. Data on health, exposures, environmental hazards, and populations are obtained from existing data sources and integrated into the Tracking Network to address the critical gap in "knowledge that hinders our national efforts to reduce or eliminate diseases that might be prevented by better managing environmental factors" identified by the Pew Environmental Health Commission. Having integrated data in one place permits public health authorities at the national, state, and local level to (1) describe temporal and spatial trends in disease and potential environmental exposures, (2) identify populations most affected, (3) generate hypotheses about associations between health and environmental exposures, and (4) inform environmental public health policies and interventions aimed at reducing or eliminating diseases associated with environmental factors in state and local jurisdictions. Further, the availability of these types of data in a standardized network supports further agency research investigating the possible associations between the environment and adverse health effects and enables a better understanding of known associations among healthcare practitioners and the public. Tracking Program data are unique in that they undergo a very careful QA/QC process at the state/local levels and at CDC. One key feature of the Tracking Program is the development of Nationally Consistent Data and Measures (NCDMs). The purpose of NCDMs is to ensure compatibility and comparability of data and measures useful for understanding the impact of our environment on health (Attachment 7). There is a specific process for creating NCDMs that all recipients follow; a similar process is followed by the Tracking Program for national level data. This information is shared on the Tracking Network: https://ephtracking.cdc.gov/library.

In collaboration with SLHD, federal partners, and other partners, the Tracking Program identifies priority environmental health issues. When data are available nationally or publicly (for example, through another federal program or a public website), the Tracking Program obtains data from those national or public sources, placing no burden on recipients or unfunded SLHD. When data are not available nationally or publicly, the Tracking Program relies on recipient SLHD to obtain these data from the original data stewards and submit them to the national Tracking Network. Unsolicited and unfunded SLDH also voluntarily contribute data to the Tracking Network along with radon testing labs. Tracking Program data management processes are detailed in Attachment 8.

Data from recipients or other SLHD are submitted annually following standardized procedures. Data submitted annually by recipients and other SLHD to the Tracking Program includes six datasets and the metadata form, specifically (1) birth defects prevalence, (2) drinking water monitoring, (3) emergency department visits, (4) hospitalizations, (5) radon testing, (6) biomonitoring, and (7) metadata. Each dataset contains aggregated data at the county or sub-county level and either day, month, or year as the temporal resolution. Radon testing labs submit only the radon testing dataset. The data collection forms are Attachments 4A-4G.

A metadata record, based on standards created by the Federal Geographic Data Committee, is also submitted with each dataset using the Tracking Program's metadata creation tool. Metadata describes the original source and collection procedures for the data being submitted. SLHD provide one metadata record per dataset per year. National data providers or other partners also provide metadata or equivalent documentation. Metadata records are used by the Tracking Program to capture and understand any differences or nuances for a dataset between awardees. The metadata record is also disseminated via the Tracking Network so other users of the data can understand the data as well. A blank metadata template form can be found in Attachment 4G.

In the past 3 years under Program Announcement CDC-RFA-EH22-2202 (Attachment 3), Tracking data were:

- Collected and updated from funded and unfunded SLHD partners
- Used to calculate standardized measures for environmental health surveillance
- Integrated into the Tracking Network and disseminated to the public via the Tracking Network's National Data Explorer at https://ephtracking.cdc.gov/DataExplorer/
- Queried 7,117,000 times via the Tracking Network's National Data Explorer
- Used by CDC researchers, for example:
    - Vinson DA, Werner AK. Examining select sociodemographic characteristics of sub-county geographies for public health surveillance. Pop Health Metrics. 2024;22(29).
    - Ellington TD, Werner AK, Henley SJ, Paddock LE, Agovino PK. Feasibility of visualizing cancer incidence data at sub-county level: Findings from 21 National Program of Cancer Registries. 2023;45:1000564.
    - Sircar K, Briggs Hagen M, Prezzato E, Hsu J. Opportunities to monitor disparities in asthma and other respiratory diseases using public health data. 2023; 131(6);683.
    - Amos HM, Skaff NK, Schollaert Uz S, Policelli FS, Slayback D, Macorps E, Jeong Jo M, Patel K, Keller CA, Abue P, Buchard V, Werner AK. Public health data applications using the CDC Tracking Network: Augmenting environmental hazard information with lower-latency NASA data. 2023; 7(12):e2023GH000971.

Program Data

In addition to standard reporting required by CDC's Office of Grants Services (OGS), CDC's Tracking Program also collects information from recipients for the purposes of program evaluation and monitoring. Data collection forms are provided to assist recipients in gathering the necessary information (Attachments 5A-5F). This information includes Attachment 5A: Work Plan Template (REDCap); Attachment 5B: Program Accomplishments-Public Health Actions (REDCap); Attachment 5C: Performance Measures Report (REDCap); Attachment 5D: PHA Impact Follow Up (REDCap); Attachment 5E: Communications Plan Template; and

Attachment 5F: Web Stats Template. Each of these forms are collected by CDC via an electronic data capture system (EDCS) annually. The program accomplishment-public health action report is submitted as available but at least twice a year via an EDCS to the Tracking Program. In the past 3 years, the program data were collected from all 33 funded SLDH. Collectively, the 33 funded SLHD submitted more than 800 PHAs to CDC for review.

These data were used to identify funded SLHD in need of additional technical assistance, identify common challenges and successes, improve communication between funded SLHD and CDC, and to monitor funded SLHD compliance with funding requirements. Specifically, each report was used in the following ways:

- Work Plan Template
  - Provide ongoing monitoring of the award to evaluate its effectiveness and for continuous program improvement
  - Outline projects and related activities, with timelines and expected targets for each

- Program Accomplishments-Public Health Actions Report
  - Provide CDC leadership with program performance data
  - Collect examples of how Tracking surveillance data have been used
  - Provide recipient successes that can be shared as success stories
  - Evaluate overall program impact
    - Eatman S, Strosnider HM. CDC's National Environmental Public Health Tracking Program in Action: Case Studies From State and Local Health Departments. J Public Health Manag Pract. 2017 Sep/Oct;23 Suppl 5 Supplement, Environmental Public Health Tracking:S9-S17.

- Public Health Action Impact Follow-Up Report
  - Identify and collect further evidence of impact beyond initial reporting of Public Health Actions
  - Provide narrative continuity for Public Health Actions as they realize impact and collect evidence
  - Inform Tracking evaluation reports of the additional evidence of impact collected

- Performance Measures Report
  - Track 22 measures of program progress, with 18 total measures in the performance measures report form, that address Surveillance, Outreach/Communications, Information Technology, Partnerships, and Program Capacity aspects of recipient work

    - Provide a format of data collection useful for capturing performance measures recipients report annually
    - Describe the data gaps and limitations recipients addressed, identify data that measures the performance of grant recipients' activities, and inform program of activities that occurred after Tracking data identified a disproportionately affected population
    - Establish volume and type of communication activities completed by grant recipients and inform program of the partnerships and mentorships established by grant recipients
    - Capture new tools, processes, and data pipeline enhancements grant recipients completed; how many real-time/near real-time granular datasets grant recipients maintain; and describe the volume and description of routine analyses that result in impact

- Communication Plan
    - Determine program outcomes and create communication objectives
    - Identify communications activities including the target audience, timeline, evaluation measures, and targets
    - Identify innovative audiences and partnerships
    - Inform Program Marketing & Outreach (PMO) workgroup activities (opportunities for trainings and presentations)
    - Provide a picture of the national reach and usage of the Tracking Network and share with internal and external audiences

- Web Stats Template
    - Provide a picture of the national reach and usage of the Tracking Network, including funded SLHD components of the network
    - Monitor and evaluate the use of funded SLHD public portal websites on the Tracking Network by logging measures such as the number of visitors, number of data queries, and the data most frequently queried
    - Identify needs of the users of the Tracking Network and ensure that resources are focused on those data with the greatest utility
    - Inform program activities and recommendations including what additional data should be implemented by all funded SLHD because of the frequent use of the data on individual funded SLHD public portals

Terms of clearance: Approved consistent with the understanding CDC endeavors to more prominently display the data sources, limitations, scope/scale, and recommendations for interpretation of the Tracking system (currently available at:

https://ephtracking.cdc.gov/showIndicatorPages), and will communicate these limitations in any presentations or dissemination of the Tracking Network data. As the Tracking Network primarily collects certain health information from only 33 funded SLHD, and since there may exist variation across the jurisdictions' methods for collecting the information, collected data are not nationally representative. This information is intended to gain insight into issues that are present at the state and local levels and can be employed to inform regional or multi-state public health actions for those 33 recipients. Additionally, the Tracking Network also includes some national-level data that are relevant to environmental health, which is collected in collaboration with other federal programs and from publicly available data sources.

The Tracking Program continues to effectively communicate the limitations of the data to the users to address the terms of clearance. In addition to the indicator templates (https://ephtracking.cdc.gov/showIndicatorPages), the Tracking Program has a toast message above the map to display important limitations or messaging (Figure A) and provides footnotes for each measure, accessible through the "About Data" button (Figure B). Further, these data are never aggregated or presented in a way to imply that they are nationally representative.

Figure A: Data Explorer toast message and "About Data" button.

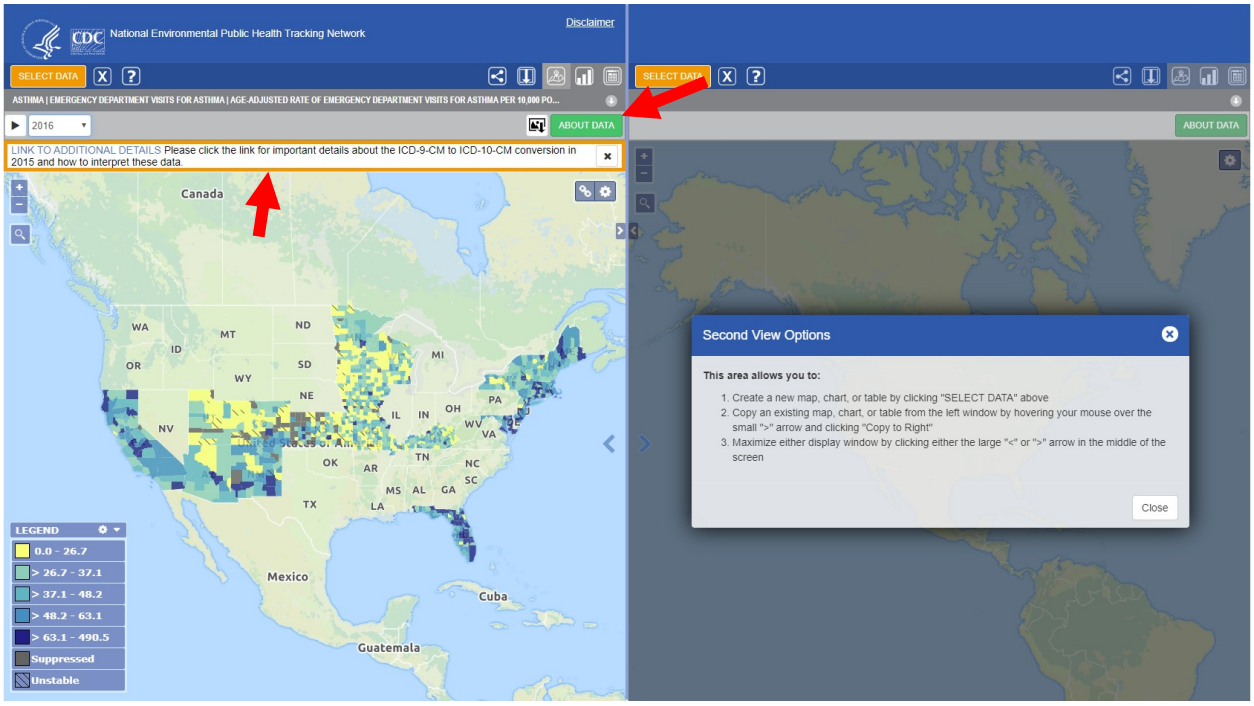
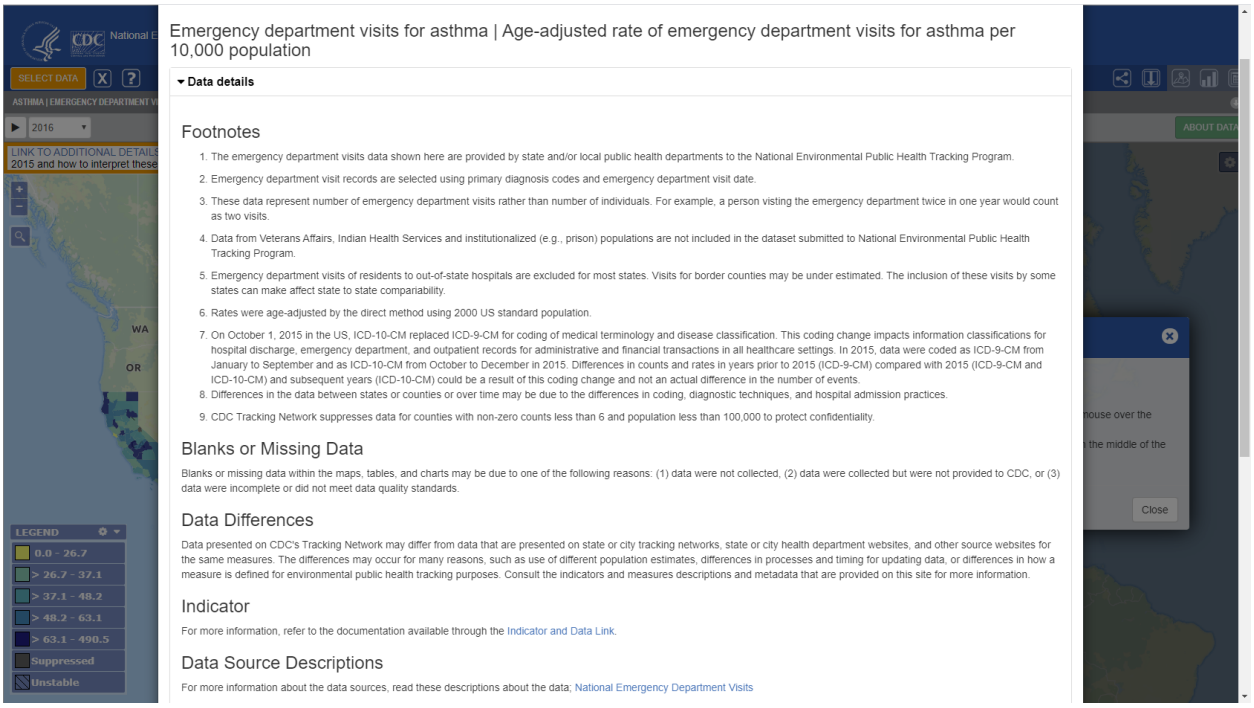


Figure B: "About Data" text.



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

The Tracking Network is a web-based information system that collects and disseminates standardized data by SLHD at a national level. Special attention has been given to ensuring the system is easy to use and collects information that can later be queried and summarized to public health professionals and their stakeholders using the Tracking Network's Data Explorer. The system was developed for recipient participation with the following objectives:

- Shortening the time period for collecting information
- Standardizing the information collection and dissemination processes
- Identifying promising best practices
- Measuring system usage and user preferences
- Sharing knowledge and experience
- Reducing dependence on paper

The Tracking Network fosters consistency of information through its uniform collection process and well-defined information components. This collection process takes advantage of technology that minimizes the number of errors and redundancy. The process allows all data to be carefully reviewed and validated to ensure accuracy. Tracking Network data are

submitted electronically using an established XML protocol through CDC's secure file transfer (Attachments 4A-4G).

Program data are submitted to CDC via email and EDCS using data collection forms (Attachments 5A-5F).

A.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 recipients. The Tracking Program's efforts to identify duplication included attendance at national meetings and consultations with SLHD and other federal agencies. Other federal agencies that Tracking communicates and works with include EPA (Office of Air Quality Planning and Standards, Air Quality Assessment Division; Office of Air and Radiation), NASA Goddard Space Flight Center (Earth Science Division), NASA University of Alabama Huntsville (Marshall Space Flight Center), and NOAA (National Centers for Environmental Information). As previously described, in 2000, the Pew Environmental Health Commission documented a critical gap in "knowledge that hinders our national efforts to reduce or eliminate diseases that might be prevented by better managing environmental factors" due largely to the fact that existing environmental health systems were inadequate and fragmented. To address the gap, Congress appropriate funds to CDC to develop the Tracking Network. The standardized data received by the Tracking Network from SLHD and radon labs are not duplicated elsewhere.

To avoid duplication, the Tracking Program does not collect any data from SLHD or radon labs as needed by the Tracking Program that are already submitted to the federal government. For example, the Tracking Program receives data on cancer, vital statistics, and air quality from federal partners. Further, the Tracking Program does not request duplicate childhood blood lead level data from recipients that already report to CDC's Childhood Lead Poisoning Prevention Program (under the Blood Lead Surveillance System (BLSS) - OMB Control No. 0920-0931 expiration date 07/31/2027).

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

This data collection will not involve small businesses.

A.6. Consequences of Collecting the Information Less Frequently

Tracking Network Data

Each dataset is collected annually during either the fall or the spring data call in fulfillment of requirements outlined in Notice of Funding Announcement CDC-RFA-EH22-2202 (Attachment 3). Metadata are collected two times per year because metadata are required for each of the six datasets collected once a year (during either the fall or the spring data call). Less frequent data submissions will negatively impact the timeliness and utility of the data on the Tracking Network. Annual collection of data allows the Tracking Network to stay current and provide the most recently available data.

Program Data

Program data are collected at varying intervals throughout the year, from once a year to quarterly. Less frequent collection of these performance measures would negatively impact the program's ability to make necessary adjustments to ensure program success, demonstrate utility of data, document program impact on environmental-related disease burden, and be accountable to CDC leadership and appropriators. Other reports are collected less frequently and are consistent with guidance from other offices at CDC.

There are no legal obstacles to reduce the burden.

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

There are no special circumstances. This request fully complies with regulation 5 CFR 1320.5. Metadata are collected for each dataset. Datasets are collected annually during either the fall or spring data call, and each dataset is required to have metadata submitted as part of the data call process.

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

A. In accordance with 5 CFR 1320.8(d), a 60-day notice for public comment and recommendations was published in the Federal Register on 4/21/2026, Vol. 091, No. 76, pp. 21292. No comments were received.
B. The Tracking Program consults annually with its state and local external partners (Table 1). These consultants are experts in environmental public health surveillance and provide strategic input for the program. These meetings generally last two days and provide a forum for open discussions with the program.

Table 1. 2026 CDC external consultations.

Name	Title	Affiliation
OUTSIDE CONSULTANTS		
Matthew Roach, MPH	Principal Investigator	Arizona Department of Health Services
Molly Middleton	Principal Investigator	Colorado Department of Public Health and Environment
Jenna Nicol	Principal Investigator	Connecticut Department of Public Health
Stanley Waite	Principal Investigator	Executive Office Of The Governor Of Delaware
Sheri Creel	Principal Investigator	Florida Department of Health
Jason Ravenscroft	Principal Investigator	Health and Hospital Corporation of Marion County
Neil Muscatiello	Principal Investigator	Health Research, Inc. (New York State)
Mindy Uhle	Principal Investigator	Iowa Department of Public Health
Farah S. Ahmed, PhD., MPH	Environmental Health Officer	Kansas Department of Health & Environment
Meagan Hurst, MPH	Principal Investigator	Kentucky Cabinet for Health and Human Services
Kate Friedman, MNS	Principal Investigator	Louisiana Department of Health & Hospitals
Rebecca Lincoln, SC.D.	Principal Investigator	Maine Center for Disease Control and Prevention
Clifford S. Mitchell, MS,	Director, Environment	Maryland Department of Health and Mental Hygiene

MD, MPH	al Health Coordination & Public Health Residency Programs	
Melanie Jetter	Principal Investigator	Massachusetts Department of Public Health
Thomas Largo, MPH	Principal Investigator	Michigan Department of Community Health
Jessie Carr, DrPH, MPH	Principal Investigator	Minnesota Department of Health
Elizabeth Semkiw	Program Manager	Missouri Department of Health & Senior Services
Colleen Smith	Principal Investigator	New Hampshire Department of Health & Human Services
Richard Opiekun, M.A., M.S., Ph.D.	Principal Investigator	New Jersey Department Health and Senior Services
Chelsea Langer, PhD, MPH	Bureau Chief	New Mexico Department of Health
Neil Muscatiello, MPH	Director	New York State Department of Health
Sarah Hatcher, PhD	Principal Investigator	North Carolina Department of Health & Human Services
Jen Seamans, MPH, MST	Principal Investigator	Oregon Public Health Division
Anil Nair, PhD	Principal Investigator	Pennsylvannia Department of Health
Jhaqueline Valle, MPH	Principal Investigator	Public Health Institute (California)
Peter DiPippo	Principal Investigator	Rhode Island Department of Health
Katie O'Shields, MSPH	Section Director	South Carolina Department of Health and Environmental Control
David Borowski	Principal	Tennessee Department of Health

	Investigator	
Greg Williams	Surveillance Section Manager	Utah Department of Health
Dane De Silva, PhD, MPH	Principal Investigator	Virginia Department of Health
David Grass, PhD	Principal Investigator	Vermont Department of Health
Jennifer Sabel, Ph.D.	Principal Investigator	Washington State Department of Health
Carrie Tomasallo, MPH, Ph.D.	Principal Investigator	Wisconsin Division of Public Health

In addition to data shared by SLHD, the Tracking Program also works closely with other federal partners to obtain data at the national level. For example, we work with EPA to provide data for all 50 states on specific air pollutants. We also collaborate with other CDC programs and centers to obtain national-level data on specific health effects such as reproductive and birth outcomes, heart disease, and childhood lead poisoning.

C. Nationally consistent radon data is submitted to the Tracking Program by seven private radon testing labs covering 49 states and the District of Columbia (Table 2). The lab partners provide guidance on the use and constraints of their respective radon datasets. Program staff meet with them irregularly/on an as-needed basis.

Table 2. CDC external radon testing laboratory partners.

Name	Title	Affiliation
OUTSIDE RADON TESTING LABORATORY CONTACTS		
Shawn Price	Director of Laboratory Operations	Accustar
Shawn Price	Director of Laboratory Operations	AirChek
Eric Kuzniar	Lab Director	AirChek
Owen Reese	Business Unit Manager	Alpha Energy/Eurofins Environment
Nick Straccione	Vice President of Quality Assurance	EMSL

Tom Tillet	Owner	RAL
Terry Howell	President	Radalink
Clint Freeman	IT Manager	Radalink
Kai Wundke	Chief Executive Officer	SunRadon
Garrett Clark	Engineer	SunRadon

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

The Agency will not provide payment or other forms of remuneration to respondents of its various forms of collecting feedback. Recipients' activities are funded through the cooperative agreement.

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

The CDC Chief Privacy Officer has determined that the Privacy Act does not apply (Attachment 9). For CDC, the data collection (e.g., aggregate counts of birth defects prevalence, drinking water monitoring, emergency department visits, hospitalizations, radon testing, biomonitoring) does not involve collection of information in identifiable form (IIF). Information collected is from a standardized form of existing data de-identified by the SLHD and radon testing labs. All data are kept private to the extent permitted by law. No Privacy Act System of Records Notice is required to maintain the data at CDC.

To maintain confidentiality and IT security, these data are transported through the Tracking Network's secure file transfer gateway and maintained in Tracking Network's secure data repository with restricted access. A security plan establishing controlled access to the information and following CDC guidelines has been developed. SLHD and radon testing labs are required to use CDC's Security Access Management Services (SAMS) to securely submit data to the program. Before data are disseminated to the public via the Tracking Network's National Data Explorer, data are aggregated to reduce information with low case counts and population and to increase stability of rates. Remaining small numbers are suppressed and, if needed, additional suppression is applied to prevent back calculation of potentially sensitive information.

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

The NCEH/ATSDR Human Subjects Contact has reviewed this information collection and determined that these CDC collections are non-research under Notice of Funding Opportunity CDC-RFA-EH22-2202 (Attachment 3). A copy of the NCEH/ATSDR project determination can be found in Attachment 6.

The requirements for IRB review and informed consent are the responsibility of the agencies or organizations that collect and own the primary data (i.e., the sources of the secondary datasets in the Tracking Network).

CDC does not obtain sensitive information.

A.12. Estimates of Annualized Burden Hours and Costs

For this ICR, respondents are defined as SLHD as well as radon labs. Thirty-three SLHD will provide both Tracking Network data and program data to the Tracking Program as part of their cooperative agreement. In some cases, one or more of the funded SLHD does not respond to one or more forms because data are not available; for example, their state does not have a birth defects registry. Additionally, a few unfunded SLHD have responded, unsolicited, because of their interest in having their data in the Tracking Network. Approximately 10 radon labs will provide Tracking Network data to the Tracking Program because of their interest in having their data in the Tracking Network. The total number of respondents in the table is 47. This number reflects the current 33 SLHD respondents plus four to allow for future funding of new SLHD or to collect voluntary responses from unfunded SLHD who express interest in submitting their data to Tracking as well as 10 radon labs.

Part A of this section displays the annualized report burden computations. The total burden hours requested are 12,348. This estimate includes the time it takes to extract the data from the original data source(s), standardize and format the data to match the corresponding Tracking Network data form, and submit the data to the Tracking Network. In some cases, the data at the source are centralized and easily extracted. In other cases, like for radon data, the data are not. In those cases, the number of hours for extracting and standardizing the data is much greater. But part of the mission of the Tracking Program is to improve data management and accessibility. Data that are not centralized or easily standardized will be over time as SLHD work to improve how the data are maintained and build processes for

standardizing, formatting, and updating the data. Ultimately, this will reduce the number of hours needed to extract, standardize, format, and submit the data to the Tracking Network.

A. Estimated annualized burden hours.

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)
State and local health department (SLHD)	Birth Defects Prevalence Form	30	1	40	1,200
	Drinking Water Monitoring Form	37	1	50	1,850
	Emergency Department Visits Form	37	1	40	1,480
	Hospitalizations Form	37	1	40	1,480
	Radon Testing Form (combined form)	25	1	50	1,250
	Biomonitoring Form	8	1	40	320
	Metadata Records	37	2	20	1,480
	Environmental Public Health Tracking Work Plan – REDCap	33	1	21	693
	Program Accomplishments and Public Health Actions Report – REDCap	33	2	20	1,320
	Performance Measures Report – REDCap	33	1	20	660
	PHA Impact Follow-up – REDCap	33	2	15/60	16
	Communications Plan Template	33	1	2	66

	Web Stats Template	33	1	1	33
Radon Testing Labs	Radon Testing Form (combined form)	10	1	50	500
Total					12,348

Part B of this section describes the annualized cost burden to SLHD, including the fully loaded cost burden. The hourly wage rates are based on average rates from Occupational Employment and Wages, May 2025. https://www.bls.gov/oes/tables.htm

- 19-0000 Life, Physical, and Social Science Occupations (Major Group), State Government, excluding schools and hospitals, median hourly rate of $39.68.
- 13-1111 Management Analysts, State Government, excluding schools and hospitals, median hourly rate of $48.97.

Part B. Estimated annualized costs to respondents.

Type of Respondent	Form Name	Total Burden (in hrs.)	Hourly Wage Rate	Total Cost Burden	Wage Rate Multiplier	Fully Loaded Cost Burden
State and local health department (SLHD)	Birth Defects Prevalence Form	1,200	$39.68	$47,616	x 2	$95,232
	Drinking Water Monitoring Form	1,850	$39.68	$73,408	x 2	$146,816
	Emergency Department Visits Form	1,480	$39.68	$58,726	x 2	$117,452
	Hospitalizations Form	1,480	$39.68	$58,726	x 2	$117,452
	Radon Testing Form (combined form)	1,250	$39.68	$49,600	x 2	$99,200
	Biomonitoring Form	320	$39.68	$12,698	x 2	$25,396
	Metadata Records	1,480	$39.68	$58,726	x 2	$117,452
	Environmental Public Health Tracking Work Plan – REDCap	693	$48.97	$33,936	x 2	$67,872
	Program Accomplishments and	1,320	$48.97	$64,640	x 2	$129,280

	Public Health Action Report – REDCap					
	Performance Measures Report – REDCap	660	$48.97	$32,320	x 2	$64,640
	PHA Impact Follow-Up – REDCap	16	$48.97	$784	x 2	$1,568
	Communications Plan Template	66	$48.97	$3,232	x 2	$6,464
	Web Stats Template	33	$48.97	$1,616	x 2	$3,232
Radon Testing Labs	Radon Testing Form (combined form)	500	$39.68	$19,840	x 2	$39,680
	Total			$515,868	x 2	$1,031,736

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

The Tracking Program will continue using an EDCS to collect information from the CDC-RFA-EH22-2202 recipients. The EDCS provides an innovative and collaborative approach to address data quality and reduce burden hours and costs. There will be no direct costs to the recipients. The EDCS is designed to use existing hardware within funded sites, including access to the internet. REDCap is an example of an EDCS. REDCap is an easy-to-use, free software tool useful for programmatic deliverable management and data capture. Included in this package are four forms utilizing CDC's REDCap platform to capture programmatic data from the CDC-RFA-EH22-2202 recipients.

The data submission system was designed to use existing hardware within funded sites, and all respondents currently have access to the internet to use the information system. There will be no direct costs to the respondents or record keepers.

A.14. Annualized Cost to the Federal Government

The total estimated annualized cost to the federal government is $22,992,311.78. Table 3 contains a detailed breakdown of the costs per year.

- Personnel: $1,065,657.44 per year (salary and benefits, including wage rate multiplier).

- Cooperative agreement awards: $20,000,00.00.
- Contracts:
    - Technology - $1,378,462.74 per year. This contract is currently being recompeted. The independent cost estimate includes 19 part-time staff types (analysts, data scientists, software engineer, and test engineer). These staff provide technical assistance services for ongoing system development, implementation, improvement, and maintenance of the Tracking Network.
    - Technology - $304,000.00 per year. This contract provides support with GIS data storage, GIS software licensing, intranet/internet, and desktop systems and analysis.
    - Services - $234,191.60. This contract is currently in review to be recompeted. This contract provides one full-time staff that works with partners to identify and develop technical documentation and guidance materials related to data sources.
- Supplies: $10,000.00. This includes shipping, supplies, and printing.

Table 3: Estimated annualized cost to the federal government.

Personnel	Average Annual Hours	Average Hourly Rate	Wage Rate Multiplier	Average Annual Cost
8 Public Health Advisors (GS 9-14)	3,120	$65.39	x 2	$408,033.60
5 Health Scientists (GS 13-14)	1,248	$63.34	x 2	$158,096.64
5 Informatics Professionals (GS 13-14)	3,280	$63.34	x 2	$415,510.40
2 Health Communication Specialists (GS 13 -14)	630	$66.68	x 2	$84,016.80
Total Personnel (salary/benefits)				$1,065,657.44
Cooperative Agreements				$20,000,000
Contracts				$1,916,654.34
Supplies				$10,000.00

Total Annualized Costs	$22,992,311.78

A.15. Explanation for Program Changes or Adjustments

CDC is requesting approval for a small increase in the number of annual respondents (from 37 to 47 to include 10 radon labs) as approved under the previous ICR (OMB Control No. 0920-1175; Expiration 8/31/2026).

Based on the changes displayed in Table 4, the Tracking Program requests a decrease of 77 total responses per year, based on the estimated 599 responses approved in 2023. The program also requests a decrease of 1,693 total burden hours per year, from 14,041 hours approved in 2023 to the estimated 12,348 hours in 2026.

Data collection instruments for Tracking data are found in Attachment 4 (4A – 4G). Data collection instruments for program data are found in Attachment 5 (5A – 5F). Attachment 10 provides a crosswalk that reviews the explanations for program changes or adjustments to specific data instruments, including Attachment 4E (radon testing combined form) and Attachment 4F (biomonitoring form).

Table 4: Quantified revisions to information collection forms, form names, and attachment numbers, and decreases in annual number of responses and time burden requested.

Attachment Number		2026 Form Name *(see highlighted changes)*	No. of Respondents		No. of Responses per Respondent		**2026 Net Diff (No. Responses)**	Avg. Burden per Response (in hrs.)		Total Burden (in hrs.)		**2026 Net Diff (in hrs.)**
2023	2026	---	2023	2026	2023	2026	**---**	2023	2026	2023	2026	---
4A	4A	Birth Defects Prevalence	30	30	1	1	**0**	40	40	1,200	1,200	**0**
4B	-	Childhood Blood Lead Levels	37	0	1	0	**-37**	40	0	1,480	0	**-1,480**

		removed										
4C	4B	Drinking Water Monitoring	37	37	1	1	**0**	50	50	1,850	1,850	**0**
4D	4C	Emergency Department Visits	37	37	1	1	**0**	40	40	1,480	1,480	**0**
4E	4D	Hospitalizations	37	37	1	1	**0**	40	40	1,480	1,480	**0**
4F	4E	Radon Testing (SLHD submission) *updated combined form*	25	25	1	1	**0**	50	50	1,250	1,250	**0**
-	4E	Radon Testing (Lab submission) *updated combined form*	0	10	0	1	**+10**	0	50	0	500	**+500**
4G	4F	Biomonitoring	25	8	1	1	**-17**	40	40	1,000	320	**-680**
4H	4G	Metadata Records	37	37	2	2	**0**	20	20	1,480	1,480	**0**
5A	5A	Work Plan Template (REDCap)	33	33	1	1	**0**	21	21	693	693	**0**
5B	5B	Program Accomplishments and Public Health Actions	33	33	2	2	**0**	20	20	1,320	1,320	**0**

		Report (REDCap)										
5C	5C	Performance Measures Report (REDCap)	33	33	1	1	**0**	20	20	660	660	**0**
5D	5D	PHA Impact Follow Up Form (REDCap)	33	33	2	2	**0**	15/60	15/60	16	16	**0**
5E	5E	Communications Plan	33	33	1	1	**0**	2	2	66	66	**0**
5F	5F	Web Stats Template	33	33	2	1	**0**	1	1	66	33	**-33**
			2023 Total No. Responses = 599 2026 Total No. Responses = 522				**-77 responses**			14,041	12,348	**-1,693 hours**

Note: all data collection forms were previously updated to comply with Executive Orders, which were approved by OMB on 4/1/2025. The changes that were made to align with EOs are reflected in all relevant data collection instruments and specific details are not included here.

For Tracking data, minor changes are requested for the following instruments. These changes are noted in Table 5 and also noted in the crosswalk (Attachment 10).

> Attachment 4E (Radon Testing): streamlines radon test data collection by combining submissions from SLHD and radon testing labs into a single form since both respondent types report the same underlying data elements. As part of this consolidation, the form removes one variable, modifies seven existing variables, and adds fourteen new variables, bringing the total to 36. Each change was made not simply to expand the dataset but to close a specific gap in program decision-making (e.g., distinguishing individual dwellings within multifamily buildings, tracking information on public housing or lending requirements as it relates to radon testing, understanding testing quality and conditions, or reducing respondent burden by eliminating redundant or duplicative information). The justification for each variable is described below so that its contribution to program understanding is clear rather than

implied within the overall program purpose. The variables included in the form meet accredited stakeholder or state standards.

- Variables modified: header adaptable for submitters of radon test data from private labs and SLHDs; CensusTractFIPSCode format specifies full length of unique FIPS code; TestMethodTypeCode values modified to include two types of follow-up testing; ReasonForTest values include more reasons for testing; TestDeviceLocation modified to decrease redundancy and cover more location types; BuildingPurposeCode definitions more specific; and DeviceTypeName values broadened and made less redundant. The header was revised to allow submission of data from a non-state entity with an assigned state FIPS code. This allows one data submission stream for all radon test sources instead of having two systems for the two types of data sources. CensusTractFIPSCode was revised to include all 11 digits of the FIPS code. Previous version only specified the census tract portion of the code, leaving the possibility of duplicate codes in distinct census tracts. TestMethodTypeCode values updated to provide more granular information when follow-up testing scenarios occur to better understand circumstances and whether follow-up testing is related to mitigation installation. ReasonForTest values expanded to provide more detailed information on what reasons that could lead to a property to be tested for radon to help identify trends in radon testing. TestDeviceLocation field was modified by removing redundant categories (primary bedroom, family room, living room, dining room, study/den/office) and adding other types of locations (classroom, non-residential/commercial, healthcare). This will provide better understanding of where radon tests are being located in scenarios where multiple tests are being done at the same address, building, or property. BuildingPurposeCode field modified to increase understanding of the types of buildings being tested for radon and determine potential gaps where testing outreach efforts may be needed. DeviceTypeName field was modified to reduce redundant types of devices which added to confusion during data submission and processing.
- Variables added: Fourteen variables were added to close specific gaps in program decision-making that could not be addressed with existing fields. PropertyIdentifier and BuildingIdentifier were added because a single property in multifamily housing can contain multiple buildings, each with multiple addresses, so these identifiers let analysts distinguish testing activity at the dwelling, building, and property level to assess whether an entire complex has been adequately tested. RealEstateTransactionType was added because some jurisdictions require radon testing as part of a real estate transaction, allowing the program to identify when testing is transaction-driven and which party initiated it. PublicHousing was added because regulations require testing of ground-contact units in public, multifamily housing, and flagging these tests

supports monitoring of compliance with that requirement. LoanFinancingSource was added to track radon testing performed to satisfy requirements tied to specific home loan authorities. HousingType was added to streamline and replace the removed BuildingTypeCode by collapsing overlapping housing categories into the distinctions that matter for radon testing, reducing respondent confusion while retaining analytic value. GroundContact was added because dwellings in contact with the ground are at higher risk of radon seepage than elevated units, supporting adherence to testing requirements targeting higher-risk dwellings. GroundContactUnits was added to support monitoring of multifamily properties' compliance with requirements governing the rate of ground-contact units tested, which cannot be assessed without knowing how many such units exist. TestConditions was added to help determine whether a test was performed under standard conditions or whether the result may be invalid, which is essential for assessing data reliability. WeatherConditions was added because weather can materially affect test results — for example, low-pressure storm systems can increase radon movement from soil to air, and temperature swings can change whether a building is open or closed — supporting correct interpretation of test validity. MultipleTests was added to clarify whether a given test is unique, collocated, or part of a coordinated set, preventing miscounting or misinterpreting related tests as independent results. TestingProtocol was added to identify which testing protocol was followed, since protocols vary by jurisdiction, helping data users understand gaps or conditions present in a given test. TestPerformer was added to track how often radon tests are performed by credentialed and certified testers, since proper credentialing is necessary for a reliable dataset. Finally, MitigationSystem was added to assess whether a mitigation system is present in a building, its type, and its operational status, since professionally installed mitigation systems are an effective way to reduce radon levels and understanding their adoption and effectiveness supports program goals.

  - Variables removed: BuildingTypeCode was removed because it no longer captured information unique to understanding radon testing patterns once its useful content was redistributed to two more precise fields. HousingType now distinguishes single-family, multifamily, and non-residential buildings, while FloorLevelTested identifies the building level where the test occurred — together preserving, and improving, the analytic value BuildingTypeCode previously provided while eliminating redundant categories.

- Attachment 4F (Biomonitoring): Added two fields (sample size and city name). Removed one field (analyte group). Corrected allowed values in the demographic categories field to now list 1-8. Added column to indicate if each field is required or optional. Edited values for other age category values, including lt (less than) and gt (greater than) as

options. Added to code scheme of units field (6 = ng/g). Updated example table to reflect updates. The sample size was added to help users understand that the urine or blood measurements were done in a representative sample of the state population and not in the whole state population. This information will be presented alongside the measures as is done with national measures for the US population in the *National Report on Human Exposure to Environmental Chemicals*. City name was added because the data submitted by a state could be representative of sub-state populations such as within specific cities. To cater for these situations, we added city name. We removed analyte group because that matching of analyte to its chemical group can be automated on our end when we receive the analyte name from the data submitted by the states. This also allows for less processing of data for the state. The allowed values for the demographic categories for age were previously listed as 1 to 7 instead of 1 to 8. The correction was made to indicate the correct values as 1 to 8. A column was added to indicate if a variable was required or optional. This provides clearer guidance to states to make sure all the required information is included in the data submission. It also reduces the rejection of data submissions due to missing required information. The code scheme previously used the symbol < for less than, and > for greater than. These symbols could be 'reserved' symbols in coding languages. We corrected that to use text instead, therefore, 'lt' for less than and 'gt' for greater than. We added 'ng/g' to the code scheme for concentration units. This was previously missing, which meant that states would not be able to submit measures that used these units. Now states can submit data that were measured using ng/g. The table that provides examples of data submitted using this data dictionary was updated to reflect all the above changes. This provides more accurate examples.

Table 5: Content revisions to information collection forms.

2026 Attachment Number	2026 Form Name *(see highlighted changes)*	Content Changes
Attachment 1. Data Collection Instruments for Tracking Data		
4A	Birth Defects Prevalence	No changes
4B	Drinking Water Monitoring	No changes
4C	Emergency Department Visits	No changes

4D	Hospitalizations	No changes
4E	Radon Testing *combined form*	Combined state and radon testing labs into one data collection form. Same data elements. Streamlined form to not have two separate forms. Added 14 new variables and removed one to bring total to 36 variables. Modified seven existing variables. Variables meet accredited stakeholder or state standards. Variables modified: header adaptable for submitters of radon test data from private labs and SLHD; CensusTractFIPSCode format specifies full length of unique FIPS code; TestMethodTypeCode values modified to include two types of follow-up testing; ReasonForTest values include more reasons for testing; TestDeviceLocation modified to decrease redundancy and cover more location types; BuildingPurposeCode definitions more specific; and DeviceTypeName values broadened and made less redundant. Variables added: PropertyIdentifier and BuildingIdentifier added to provide unique IDs for tests at same property/building; RealEstateTransactionType to indicate if test was part of real estate transaction; PublicHousing to indicate public housing dwellings; LoanFinancingSource to identify type of financing for real estate transactions; HousingType to indicate type of housing environment; GroundContact to indicate if dwelling tested is in contact with the ground; GroundContactUnits to report number of unit for multifamily housing types; TestConditions to report building conditions during testing; WeatherConditions to record weather conditions during test; MultipleTests to note whether tests are unique; TestingProtocol to note what standard protocols were used; TestPerformer to record credentials of person performing test; and MitigationSystem to indicate if mitigation system installed, type, and operational status. Variables removed: BuildingTypeCode.
4F	Biomonitoring	Added two fields (population sample size and city name). Removed one field (analyte group). Corrected allowed values in the demographic categories field to now list 1-8. Added column to indicate if each field is required or optional. Edited values for other age category values, including lt (less than) and gt (greater than) as

		options. Added to code scheme of Units field (6 = ng/g). Updated example table to reflect updates.
4G	Metadata Records	No changes
Attachment 2. Data Collection Instruments for Tracking Program Data		
5A	Work Plan Template (REDCap)	No changes
5B	Program Accomplishments and Public Health Actions Report (REDCap)	No changes
5C	Performance Measures Report (REDCap)	No changes
5D	PHA Impact Follow Up Form (REDCap)	No changes
5E	Communications Plan	No changes
5F	Web Stats Template	No changes

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

Tracking Network Data

Data from recipients or other SLHD are submitted once a year in a standardized XML format to CDC using a secure web-based file transfer system during either a fall or spring data call. Recipients receive a notification letter 60 days prior to the data call which describes the data requested and the data forms to complete. Corresponding metadata are submitted for each of the six datasets for a total of six metadata submissions per year. Radon testing labs will submit to CDC as the labs are able, with the goal of submission during the spring data call on the

same timeline as SLHD for a streamlined process. On average, the time from data submission to measure dissemination is 4 to 6 months. Table 6 provides an overview of the timeline for data calls through measure dissemination and data visualization.

Table 6. Project time schedule – Tracking Network data.

Activity	Time Schedule after PRA Clearance
Data call letter sent to respondents (once in the fall and once in the spring)	Day 0
Data information/Data collection	Day 1 – Day 60
Data and metadata submission and validation	Day 61 - 81
Measure generation	Day 82 - 127
Data integration into Tracking Portal	Day 128 – Day 173
Measure Dissemination	Day 174
Scientific Reports and Data Visualization, Other Dissemination	Ongoing activity following data validation

Data obtained by the Tracking Program are integrated into the Tracking Network and disseminated to the public via the Tracking Network's National Data Explorer at https://ephtracking.cdc.gov/DataExplorer/. Tracking Program staff may also use the data to advance the science of environmental public health tracking, particularly as it relates to data science methods for surveillance. For example, staff may work with subject matter experts to consult on:

- Temporal and spatial trends in health, exposure, and environmental hazards
- Monitor known or suspected associations between health and environment
- Generate hypotheses about the association between health and environment
- Develop and test new data science methods and tools for surveillance
- Facilitate and consult on surveillance summaries and descriptive analyses with subject matter experts based in other programs

Results are used to inform the practice of environmental public health tracking at the federal, state, and local levels and advance data science methodologies and public health surveillance.

Program Data

Table 7 provides an overview of the timeline for Tracking program data that are collected from SLHD, with data collection happening at varying intervals, depending on the form.

Table 7. Project time schedule – Tracking Program data.

Activity	Time Schedule after PRA Clearance
Tracking Program Work plan submitted and reviewed	Quarter 3 (with continuation application) or 90 days after the cooperative agreement ends

PA/PHA report submitted and reviewed	Once a quarter, at least twice a year
Performance measures submitted and reviewed	Quarter 3
Communications plan and partnership plan submitted and reviewed	Quarter 3 (with continuation application)
Web Stats Template submitted and reviewed	Quarter 1
Analyses and Reports	Ongoing activity upon receipt of updated information

The program does not use complex statistical methods for analyzing program data. Collected program data are reported in internal documents and shared with funded SLHD. Results are presented during webinars and the implications of the findings are discussed and questions answered. Aggregated information may also be included in reports to CDC leadership, Congress, and other stakeholders.

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

The Tracking program will display the expiration date for OMB approval of the information system data collection on each information collection form listed in the burden table in the required format.

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

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.