Environmental Public Health Tracking Network (Tracking Network)

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Revision of ICR

Supporting Statement Part B –

Collections of Information Employing Statistical Methods

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Part B. Collections of Information Employing Statistical Methods

This information collection (IC) does not use any statistical methods to select respondents because all funded state and local health departments (SLHD) recipients and radon testing labs submit data as available. 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). Funded recipients are required to submit applications and financial reporting.

The sections below describe how the data will be collected. The Tracking Program collects two types of data from funded SLHD, under Program Announcement CDC-RFA-EH22-2202 (Attachment 3). The first type is referred to as “Tracking Network Data” and includes data from existing health outcome, exposure, and environmental hazard databases within the recipients’ jurisdiction. The second type is referred to as “Program Data” and includes information provided by the recipients about their program operations such as performance measures, communications plans, and work plans.

Tracking Network data from unfunded state and local health departments as well as radon testing labs are accepted but not requested or required.

B.1. Respondent Universe and Sampling Methods

No respondent sampling methods are used. The respondent universe is comprised of funded SLHD as well as radon testing labs that submit Tracking Network and program data to the Tracking Program. The emphasis of this IC is on data that the Tracking Program collects from the current 33 funded SLHD. This includes the six datasets and metadata listed in this section. We recognize that these data are not nationally representative; rather, our objective with these data is to provide information that can be used by state and local public health practitioners to gain insight on issues that are present at the state and local levels; can inform regional or multi-state public health actions; and can contribute to the evidence available for national public health actions. Additionally, the Tracking Network also includes national-level data that are relevant to environmental health. These data are collected in collaboration with other federal programs and, where appropriate, we indicate that the data are nationally representative.

For all data, we provide detailed information on the measures in several locations. On our main webpage, we provide a link to information for each indicator, “Indicators and Data,” that

brings the user to the indicator documentation: https://ephtracking.cdc.gov/showIndicatorPages.

Information is provided on:

- Data sources
- Data and measure limitations
- How measures are calculated
- Geographic and temporal scale
- Geographic and temporal scope
- How data should be interpreted

On the Data Explorer tool, we provide information on the specific data queried via a box in the display window: "ABOUT DATA" https://ephtracking.cdc.gov/DataExplorer/. The information in "ABOUT DATA" includes:

- Footnotes (key information about data source, nature of data, limitations, any data suppression, etc.)
- Treatment of blanks or missing data
- Stability information (e.g., how unstable data are displayed and should be treated)
- Links to the indicator documentation
- Data source descriptions
- How data should be cited
- Why data set was created
- How data set was created (e.g., derivation of measure)
- Limitations of data set
- How data should be used, including any use constraints
- Link to metadata records

Each dataset, including individual SLHD data, has a metadata record. This record contains the most detailed information about how the data were collected and the original data source. Metadata records are connected to the "ABOUT DATA" on the Data Explorer tool and also available to search on the main webpage through "Indicators and Data."

Tracking Network Data

All data used in the Tracking Network are gathered and collected by other federal and state programs as well as radon testing labs. The Tracking Program receives data from its recipients, unfunded SLHD, and from radon testing labs from these existing data:

- Attachment 4A - Birth defects prevalence
- Attachment 4B - Drinking water monitoring
- Attachment 4C - Emergency department visits
- Attachment 4D - Hospitalizations

- Attachment 4E - Radon testing
- Attachment 4F - Biomonitoring
- Attachment 4G - Metadata records

Program Data

The Tracking Program also collects information from its recipients to evaluate and monitor the effectiveness of each recipient and the Tracking Program overall. Information collected 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
- Attachment 5F - Web Stats Template

Each jurisdiction funded by the Tracking Program receives a template or guidance for each item reported.

B.2. Procedures for the Collection of Information

Tracking Network Data

In collaboration with SLHD and federal partners, the Tracking Program identifies priority environmental health issues and evaluates the utility and quality of existing data for informing or addressing the specific issue. 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 other SLHD. When data are not available nationally or publicly, the Tracking Program relies on recipients or unsolicited, volunteer SLHD to obtain these data from the original data stewards and submit them to the national Tracking Network.

Data from recipients or other SLHD are submitted once per 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. Standardized extraction, formatting, and submission processes are developed in collaboration between CDC and recipients for each dataset. Guidance documentation with step-by-step instructions for extracting and formatting the data are provided. Each recipient works with the data owners in their respective jurisdictions to extract the necessary data

elements from existing electronic data systems and format the data for submission. Tracking Branch data management processes are detailed in Attachment 8.

Additions or modifications to these standardized datasets are also developed collaboratively as needed to improve the accuracy, completeness, efficiency, or utility of data submitted to CDC. Such changes occur at most once per year. Examples of these changes to data processes include (1) addition of new variables or outcomes, (2) updates to case definitions, (3) modifications to temporal or spatial aggregation, and (4) changes in formatting for submission. Datasets have been established in such a way that most changes are not difficult to implement, involving only modifications to existing code or scripts for extracting, processing, and submitting data. As required, the Tracking Network will submit future additions and modifications as non-substantive change requests.

Tracking Network data submitted annually by recipients and other SLHD to the Tracking Program include (1) birth defects prevalence, (2) drinking water monitoring, (3) emergency department visits, (4) hospitalizations, (5) radon testing (including from radon testing labs), and (6) biomonitoring. These six datasets are the only Tracking Network data currently provided by SLHD to Tracking. All other datasets are provided by national partners. Each dataset contains aggregated data at the county or sub-county level and generally either day, month, or year as the temporal resolution. The data collection forms are Attachments 4A-4F of this document. A metadata record, a file describing the original source and collection procedures for the data being submitted, is also submitted with each Tracking Network data using the Tracking Program's metadata creation tool. A blank metadata template can be found in Attachment 4G.

Once data are received, they are validated by the Tracking Program to ensure overall quality, including accuracy and completeness. Data are then aggregated and analyzed to generate measures such as rates and percents. Any small numbers are suppressed to protect confidentiality and unstable rates are flagged. Suppression rules are established in collaboration with SLHD and data stewards. Where stability calculations are required, generally, relative standard errors (RSEs) greater than or equal to 30% are flagged as unstable. More information can be found in the Technical Notes: https://ephtracking.cdc.gov/showTechnicalNotes and in the Tracking Program's data re-release plan: http://ephtracking.cdc.gov/showLibrary. Measures and corresponding metadata are then integrated into the Tracking Network and disseminated to the public via the Tracking Network's Data Explorer at https://ephtracking.cdc.gov/DataExplorer/. On average, the time from data submission to measure dissemination is 4 to 6 months.

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). Each of these forms 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; to document program impact on environmental-related disease burden; and to be accountable to CDC leadership and appropriators.

The Tracking Program utilizes an electronic data capture system (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. 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 for NOFO No. CDC-RFA-EH22-2202.

B.3. Methods to Maximize Response Rates and Deal with No Response

Tracking Network Data

The data used by the Tracking Program are administrative, registry, or regulatory monitoring data collected by other programs. Response rate does not apply as data from this collection are not intended to be generalizable or nationally representative. Thirty-three funded SLHD 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 33 SLHDs did not respond to one or more form because data were 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. Radon testing labs are also interested in submitting data to the Tracking Network due to their interest in having their data in the Tracking Network as a repository for national radon testing data. In this ICR, we are increasing the total number of respondents to 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.

Program Data

We request the program data items from each funded SLHD. If a recipient hasn't provided necessary information, we will send them email reminders until they do.

B.4. Test of Procedures or Methods to be Undertaken

Tracking Network Data

A major function of the Tracking Network is to compile a core set of nationally consistent data and measures (NCDMs). The NCDMs have been developed or adopted for the Tracking Network through collaboration with partners and data stewards at the national, state, and local levels (Attachment 7). The process of developing an NCDM involves defining the environmental public health question, reviewing the applicability and limitations of existing data, drafting guidelines for creating the NCDM, piloting the creation of the NCDM, and then finalizing the NCDM guidelines and documentation, including display and dissemination.

Once established, the creation of NCDM begins by extracting the correct data from an existing data source. SLHD extract the necessary data and format the data for submission to the Tracking Program. The Tracking Program then uses the data, as well as data provided by national partners, to calculate the NCDM measures for the public portal. These measures are the tabulation of data into summary statistics such as count, rate (crude and age adjusted), percent, or concentration over geography and time.

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 level and advance data science methodologies and public health surveillance.

Data received by the Tracking Program from SLHD during the past 3 years:

Data Form	**Fall 2022**	**Fall 2023**	**Fall 2024**
Birth defects prevalence	20 recipients	25 recipients	27 recipients
Emergency department visits	24 recipients	30 recipients	31 recipients
Hospitalizations	27 recipients	31 recipients	32 recipients
Metadata	27 recipients	31 recipients	32recipients
Sub-county (part of	10 recipients	10 recipients	4 recipients

hospitalizations/ED visits)			
Data Form	**Spring 2022**	**Spring 2023**	**Spring 2024**
Drinking water monitoring	26 recipients	32 recipients	32 recipients
Radon	13 recipients	17 recipients	17 recipients
Metadata	26 recipients	32 recipients	32 recipients

Note: Data was not requested by CDC in 2025. Metadata records are collected with each data call (spring and fall) each year.

Program Data

The Work Plan Template (Attachment 5A) and the Program Accomplishments-Public Health Actions Report (Attachment 5B) were developed in-house with funded SLHD review and feedback. Over the last 3 years, all funded SLHD submitted an annual Tracking Work Plan and have used the PA-PHA Report to submit over 800 Public Health Actions for review. The Performance Measure Report (Attachment 5C) was developed by the program with support from evaluation specialists and feedback from funded SLHD. One hundred percent of funded SLHD used this document to report their progress annually to CDC. The PHA Impact Follow Up Form (Attachment 5D) was developed internally by Tracking Program project officers and evaluation subject matter experts to collect additional data on PHAs 1-5 years after initial submission. The Communications Plan Template (Attachment 5E) was developed by the Tracking Program based on industry standards. All funded SLHD have submitted annual communication plans. The Web Stats Template (Attachment 5F) was developed in collaboration with funded SLHD. All funded SLHD have submitted an annual web stats template.

B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Tracking Network Data

Recipients or the data stewards will be extracting the data from their original database. Recipients will format and submit data to CDC. Recipients will be responsible for analyzing data within their jurisdiction.

Analysis and interpretation of the combined data will be conducted by the following CDC Tracking Program staff:

Table 1. Personnel responsible for analysis of information - Tracking Network data.

Name	Title	Affiliation
Angela Werner	Team Lead	CDC
Patrick Wall	Team Lead	CDC

Aaron Vinson	Health Scientist	CDC
Fatima Abdirizak	Health Scientist	CDC
Komal Peer	Health Scientist	CDC
Gonza Namulanda	Health Scientist	CDC
Shannon Dewitt	IT Specialist	CDC
Craig Kassinger	Computer Scientist	CDC

Program Data

Funded SLHD collect relevant data, complete the corresponding templates, and submit them to CDC. Recipients will be responsible for analyzing data within their jurisdiction.

Table 2. Personnel responsible for analysis of information – Tracking Program data.

Name	**Title**	**Affiliation**
Bobbie Strickland	Team Lead	CDC
Patrick Wall	Team Lead	CDC
Holly Wilson	Health Communication Specialist	CDC
Ann Ussery-Hall	Public Health Advisor	CDC
Erica Barton	Public Health Advisor	CDC
Robert Kennedy	Public Health Advisor	CDC
Shannon Dewitt	IT Specialist	CDC
Craig Kassinger	Computer Scientist	CDC
Gonza Namulanda	Health Scientist	CDC
Preston Burt	Health Communication Specialist	CDC