

“Preventive Health and Health Services Block Grant”

Supporting Statement Part A and Part B

**Request for Revision
OMB No. # 0920-0106**

**Technical Monitor:
Patricia Brindley
Health Scientist
Division of Adult and Community Health (DACH)
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30341
Telephone: 770-488-5282
Fax: 770-488-5974
Email: plb0@cdc.gov**

April 9, 2008

Table of Contents

A. Justification

1. Circumstances Making the Collection of Information Necessary
2. Purpose and Use of the Information Collection
3. Use of Improved Information Technology and Burden Reduction
4. Efforts to Identify Duplication and Use of Similar Information
5. Impact on Small Businesses or other Small Entities
6. Consequences of Collecting the Information less Frequently
7. Special Circumstances Relating to the Guidance of 5 CFR 1320.05
8. Comments in response to the Federal Register Notice and Efforts to Consult Outside the Agency
9. Explanation of Any Payment or Gift to Respondents
10. Assurances of Confidentiality Provided to Respondents
11. Justification for Sensitive Questions
12. Estimates of Annualized Burden Hours and Costs
13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers
14. Estimated Cost to the Federal Government
15. Explanation for Program Changes or Adjustments
16. Plans for Tabulations and Publication and Project Time Schedule
17. Reason(s) Display of OMB Expiration Date is Inappropriate
18. Exceptions to Certification for paperwork Reduction Act Submission

B. Collections of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods
2. Procedures for Collection of Information
3. Methods to Maximize response Rates and Deal with Nonresponse
4. tests of Procedures or Methods to be Undertaken
5. Individuals Consulted on Statistical Aspects of Individuals Collecting and/or Analyzing Data

Attachments:

Attachment 1A	Authorizing Legislation, 42 USC Sections 300w - 300w-8
Attachment 1B	Authorizing Legislation, P.L. 102-531
Attachment 1C	Authorizing Legislation, 45 CFR 96
Attachment 2	Federal Register Notice
Attachment 3	List of FY08 PHHS Block Grant Recipients
Attachment 4A	Work Plan Instrument
Attachment 4B	Work Plan Guidance
Attachment 5A	Annual Report Instrument
Attachment 5B	Annual Report Guidance
Attachment 6	Summary of BG-MIS Enhancements
Attachment 7	Participants in the BG-MIS Pilot Test

CDC requests OMB approval for a Revision to information collection #0920-0106, Preventive Health and Health Services Block Grant. Current OMB approval expires October 31, 2008, and approval to continue information collection for three additional years is requested. Changes to be implemented with this Revision include (1) minor changes to questions contained in the data collection instruments, and (2) conversion of the current electronic information reporting system (GARS) to an enhanced web-based management information system (BG-MIS).

Supporting Statement

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35) established the Preventive Health and Health Services Block Grant, Sections 1901-1907 of the Public Health Service Act (currently cited as 42 USC Sections 300w – 300w8, see Attachment 1A). The Block Grant program allowed states to carry out a number of programs that had been previously authorized separately. Originally, block grants were organized by categorical program areas. The organization changed in 1992 when P.L. 102-531 was enacted, and the new legislation mandated that Preventive Health and Health Services (PHHS) Block Grants be solely devoted to the national health objectives described in Healthy People 2000/2010. A copy of P.L. 102-531 is included as Attachment 1B.

The PHHS Block Grant program currently provides awardees with their primary source of flexible funding for health promotion and disease prevention programs. Sixty-one awardees (50 states, the District of Columbia, two American Indian Tribes, and eight U.S. territories) receive block grants to address locally-defined public health needs in innovative ways. Block Grants allow awardees to prioritize the use of funds to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues including outbreaks of food-borne infections and water-borne diseases. Each state or awardee is required to submit a state- or awardee-specific work plan with its selected health outcome objectives, as well as descriptions of the health problems, identified target and disparate populations, and activities to be addressed.

CDC collects standardized application and performance information from each awardee through an electronic software system called the Grant Application and Reporting System (GARS). This system organizes information in terms of program impact and outcome objectives; allows states to relate program activities to 10 Essential Services; and enables states to compile an electronic Annual Report that describes changes in health objectives and progress towards completing program activities. GARS permits CDC to efficiently collect mandated information in a format that allows data to be easily retrieved in over 40 standardized management reports that display summary information in text, tabular, or graphical format.

In response to measures described in the Government Performance Results Act, CDC proposes to replace the existing GARS system with an improved web-based Block Grant Management

Information System (BG-MIS). Minor changes to the questions and response options are planned concurrent with conversion to the BG-MIS. The BG-MIS continues to support the legislative requirement to collect information by the areas described in Healthy People 2010. The core reporting requirements for awardees are established by the authorizing legislation and the implementing regulations, 45 CFR Part 96 (Attachment 1C).

A description of the PHHS block grant program is published in the Catalog of Federal Domestic Assistance, program number 93.991. Additional information on the PHHS Block Grant program is available at <http://www.cdc.gov/nccdphp/blockgrant> , and a list of current PHHS Block Grant recipients is provided in Attachment 3.

2. Purpose and Use of the Information Collection

The primary purpose of collecting data is to ensure that the CDC PHHS Block Grant program managers and PHHS Block Grant recipients account for funds in accordance with legislative mandates. PHHS Block Grant data items satisfy the legislative requirement that grantees identify by Healthy People 2010 (HP 2010) Objective numerous items of information including how funds are prioritized and utilized to achieve HP2010 objectives, the populations that benefit from use of funds, the resources that are allocated to the various programs that carry out the Block Grant funded programs, and the extent to which funds are utilized at the local versus state level. These requirements increase the effectiveness of public health programs by ensuring that strategies and interventions are based on evidence based guidelines and best public health practices. The enhanced BG-MIS includes features that identify the most highly successful program interventions and improve CDC's ability to collect and disseminate information identifying the evidence-based guidelines and/or best practices that are used as the basis for program interventions. The enhanced BG-MIS will also allow block grant recipients to share success stories and to report them in a more uniform way. The ability to access and learn from success stories contributed by other states is a key enhancement that was added at the request of system users.

CDC uses the information collected from Block Grant recipients to provide oversight and direction to recipients and to inform CDC management, decision makers, and the general public about PHHS Block Grant allocations, activities, and outcomes. At the request of pilot test participants, Block Grant activities are described in ways that align with CDC's mission and goals, and specifically identify the places where services are carried out using Block Grant funds.

Block Grant recipients and their advisory committees use the Work Plan data to evaluate the extent to which Block Grant funds are being used to address priority health issues state-wide and in local communities. The Annual Report and success story data track outcomes and identify successes in decreasing the incidence and prevalence of health problems and their related costs. Reports identify the role of Block Grant dollars in addressing health issues, for example, the extent to which funds are used for Rapid Response, Start-Up programs, or Support Funding to ensure that components of existing programs are effective, and in instances wherein No Other Source of Funds exists. In addition to directing funds to priority health problems, the data helps

grantees to determine the populations and life stages that are served using Block Grant funds.

3. Use of Improved Information Technology and Burden Reduction

PHHS Block Grant recipients currently report information through an electronic system called GARS. Additional efficiencies resulting in decreased burden to respondents are anticipated with implementation of the new web-based Block Grant Management Information System (BG-MIS). BG-MIS features that further minimize burden to respondents include reduced software installation burden; reduced length of the Work Plan; reduced data entry for the Annual Report; a reduced number of revisions; reduced training in the use of SMART objectives; and the ability to utilize existing federal data sources. BG-MIS features contributing to a reduction in respondent burden are highlighted in Attachment 6.

4. Efforts to Identify Duplication and Use of Similar Information

The information submitted by PHHS Block Grant recipients to CDC is unique. There are no alternative sources for the information.

5. Impact on Small Businesses or Other Small Entities

PHHS Block Grant recipients are official State/Territory/Tribal health agencies and offices. No information is collected from small businesses.

6. Consequences of Collecting the Information Less Frequently

Information is collected twice each year. The Work Plan is the primary data collection tool. The Annual Report is used to report progress towards achieving activities identified in the work plan. This schedule of information collection coincides with budgeting and funding cycles and satisfies legislative requirements.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.05

There are no special circumstances relating to the guidelines of 5 CFR 1320.05 for this request.

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

The Department has consulted with outside organizations as follows:

a. CDC requested public comment on the proposed information collection by publishing a

Notice in the *Federal Register* on July 26, 2007, Volume 72, Number 143, page 41079-41080 (Attachment 2). No public comments were received.

b. Extensive research was done to obtain an understanding of other data collection systems at CDC including:

- Bio-T/Preparedness - Contact: Prachi Mehta, Telephone: 404-639-7078. Email: pnm9@cdc.gov
- Cardiovascular Health - Contact: Jeanne Casner, Telephone: 678-530-3892, Email: jcf4@cdc.gov
- Injury Prevention and Control's RPEGS (Rape Prevention Education Grants System)- Contact: Marion Anandappa, Telephone: 770-488-5155, Email: dza4@cdc.gov

In March 2007, representatives from seven states participated in a pilot test of the proposed web-based instrument and provided feedback on its design and clarity. Contact information for the pilot test participants is provided in Attachment 7.

9. Explanation of Any Payment or Gift to Respondents

PHHS Block Grant grantees do not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

This Information Collection Request has been reviewed and it has been determined that the Privacy Act is not applicable. Respondents are state-based health departments, or their equivalent, which provide information on their organizational goals, activities, performance metrics, and resources. The information collected is used to identify training and technical assistance needs; evaluate progress in achieving goals; respond to inquiries; and monitor compliance. Although one or more contact persons is identified for each responding health department or block grant awardee, the contact person is speaking from their role as a representative of the health department. The names and telephone numbers of contacts are needed in order to provide technical support to block grant recipients. The information collection does not involve sensitive or personal information.

Data will be submitted to CDC using Internet-based communication protocols. BG-MIS data will reside on a stand-alone network protected by a firewall, separate from local area networks (LAN). Information is processed on dedicated servers and access to the servers is restricted and controlled by password-protected log-in. There are no direct electronic connections between project data and other business information systems. Electronic access to BG-MIS servers is password protected. The contractor, Northrop Grumman, follows applicable governmental security guidance in the DHHS Automated Information Systems Security Program Handbook. Block Grant Data submitted to CDC and responded to by CDC via the BG-MIS is encrypted during transit.

The BG-MIS follows CDC security policies for user log-in and data storage. Each user receives

a unique log-in ID and a secure, system-generated password. At initial log-in, the user changes the system-generated password to a password of their choosing. The BG-MIS allows varying degrees of access for project officers at CDC and respondents. In general, each respondent has access only to information pertinent to their state’s Work Plan or Annual Report. The exception is that Success Stories are broadly accessible to all users, as requested in focus/pilot testing.

No assurance of confidentiality is provided to respondents. The authorizing legislation requires the information contained in both the Work Plan and Annual Report be made public within the State submitting the information. The information collected does not contain personal identifiers.

11. Justification for Sensitive Questions

The information collection does not include personal questions of a sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

The total estimated annualized burden to respondents is 3,355 hours. As in previous years, information will be collected twice per year. Each respondent will submit an annual Work Plan (see Attachment 4A) that outlines proposed activities as well as an Annual Report (see Attachment 5A) that documents progress toward meeting the objectives established in the Work Plan. Respondents also receive guidance documents that provide instructions for completing the Work Plan (Attachment 4B) and Annual Report (Attachment 5B). Estimated burden per respondent is based on prior experience with GARS and a pilot test of the BG-MIS. Implementation of the BG-MIS is expected to result in an overall decrease of 915 annualized burden hours.

Table A.12-1 Estimated Annualized Burden to Respondents					
Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
PHHS Block Grant Awardees	Work Plan	61	1	25	1,525
	Annual Report	61	1	30	1,830
Total					3,355

B. The estimated annualized cost to respondents is \$83,875. The estimated annualized cost is based on an average hourly wage rate of \$25.00, slightly above the rate of \$21.68 for Health Care Practitioners and Technical Workers established by the U.S. Department of Labor, Bureau of Labor Statistics, May 2006 National Occupational Employment and Wage Estimates. A summary is provided in Table A.12-2.

Table A.12-2 Estimated Annualized Cost to Respondents						
Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Average Hourly Wage	Total Cost
PHHS Block Grant Awardees	Work Plan	61	1	25	\$25	\$38,125
	Annual Report	61	1	30	\$25	\$45,750
Total						\$83,875

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

There are no costs to respondents other than their time. Capital and maintenance cost associated with information collection are part of customary and usual business practices, or are part of regulatory compliance associated with the legislation. Computers are necessary for those respondents utilizing electronic means for Work Plans and Annual Reports. Transmission of this information to CDC does not require any new capital expenditures by grantees.

14. Estimated Cost to the Federal Government

Costs to the government include costs for software development and implementation (conducted by contract through Northrup Grumman) and costs for oversight of the project by CDC personnel. The total annualized cost to the government for the requested three-year clearance period is \$253,539 (Table A.14-1).

Table A.14-1. Annualized Cost to the Federal Government	
Cost Category	Amount
Contractual costs for BG-MIS coding and development	\$228,033
Federal personnel	
• Technical monitor (75% FTE, GS-13)	\$23,250
• Project manager (2% FTE, GS-14)	\$2,256
• Subtotal, Federal Personnel	\$25,506
Total Annualized Cost	\$253,539

CDC personnel assigned to oversee the project include one technical monitor (75% FTE @ GS-13) and one project manager (2% FTE @ GS-14). The technical monitor is primarily responsible for overseeing BG-MIS system specifications, approving contract deliverables, and facilitating communications involving CDC management, PHHS Block Grant awardees, and the

contractors. The project manager is primarily responsible for overseeing the budget.

Coding and development of the BG-MIS will occur in four phases: (1) Work Plan and Work Plan Review Module, (2) Annual Report and Annual Report Review Module, (3) Success Story Module, and (4) all other modules and functions. The specifications for the web-based product are based on a mature non-web based system that is currently in use along with a thorough review of current user needs and lessons learned from utilization of the previous system. The system will be maintained once the software development cycle is complete. Software will be developed, deployed and tested in modules as identified above. The contractor's software development team consists of one full-time software developer, two part-time software developers, and one part-time software testing and server support specialist. The total contractor cost for coding and development of the BG-MIS is estimated at \$684,100, based on task categories summarized in Table A.14-2.

Task Description	Estimated Total Cost
Planning	\$8,000
Analysis	\$40,000
Design	\$41,000
Development	\$520,000
Testing	\$25,500
Deployment	\$6,600
Documentation	\$14,000
Training	\$14,000
Maintenance	\$15,000
Total	\$684,100

The cost of BG-MIS coding and development, annualized over the 3 years of this clearance request, is \$228,033.

15. Explanation for Program Changes or Adjustments

Implementation of the web-based BG-MIS is expected to result in an overall reduction in burden to respondents. Total estimated annualized burden for the electronic GARS was 4,270 hours. Total estimated annualized burden for the new web-based BG-MIS is 3,355 hours, a reduction of 915 hours. The reduction in burden is attributable to improved efficiency of data entry, and the number of respondents will remain unchanged. A summary of enhancements to be implemented with transition to the BG-MIS is provided in Attachment 6.

16. Plans for Tabulations and Publication and Project Time Schedule

Annual Work Plans are due within the fiscal year of funding beginning October 1 and ending September 1. Annual reports are due by February 1 of the year following the fiscal year.

The information collected in this system is not used to tabulate data or publish articles or abstracts. The reports are used for management oversight, program evaluation, and education of Administration, Congress, and the general public. The project time schedule is as follows:

16-1. Project Time Schedule	
Activity	Time-frame
Focus Testing	March 2007
BG-MIS Available for Data Entry	Upon OMB Approval
BG-MIS Web Conference Training	Beginning 1 to 2 weeks after OMB Approval
Respondent (grantee) data entry	Beginning 3 to 4 weeks after OMB Approval
Respondent Work Plans due	Work Plans between October 1 and September 1 of federal fiscal year.
Respondents Annual Reports due including Success Stories	February 1 of the year following the submission of the Work Plan

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

This request does not ask for an exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submission

No exceptions are requested.

B. Collections of Information Employing Statistical Methods

The collection of information in Work Plans and Annual Reports does not employ statistical methods. Information is gathered from the Work Plans which, by law, require the States to provide a plan and appropriate certifications and assurances. Each Work Plan is to provide information on the populations for which activities are carried out, identification of disparately affected populations, strategies for improving health status, descriptions of programs and activities, the number of personnel needed to carry out the activities, amounts to be expended, and amounts to be expended on target populations.

Each grantee submits an Annual Report which provides data corresponding to the ways in which the grantee is using the funds and statements of progress in each program area identified in the corresponding Work Plan. Grantees do not report grantee data which can be found in Federal databases.

1. Respondent Universe and Sampling Methods

The respondent universe includes 61 Preventive Health and Health Services grantees. All are being provided secure access to the system for the purposes of annual data entry. No sampling

from this universe will be undertaken.

2. Procedures for the Collection of Information

Upon receipt of OMB approval, each respondent is notified of the availability of the system and each will enter data into the system in accordance with PHHS Block Grant program guidance. The staff is available to meet with or otherwise consult with each respondent to ensure the proper and most efficient use of the system.

3. Methods to Maximize Response Rates and Deal with Nonresponse

Grantees complete Work Plan and Annual Report information in accordance with legislative mandates. The utilization rate is 100%. The system is easy to use and requires very little training. On-line instructions for using the system are available to the user as is telephone and email support.

4. Tests of Procedures or Methods to be Undertaken

The data items collected by the PHHS Block Grant web-based system vary little from the data items collected via the electronic non-web-based system. A focus test was carried out with seven grantees in March 2007 to determine if improvements could be made in the quality of data collection that would coincide with movement to a web-based system as well as decreasing the burden of data collection. For a list of focus testers see Attachment 8.

The PHHS Block Grant has utilized a non-web-based electronic data collection system for approximately 10 years. Procedures for the collection of information are the same as those approved previously for the Grant Application and Reporting System (GARS).

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

The following individual will oversee the collection and summarization of information collected from PHHS block grant recipients.

Patricia (Tricia) Brindley
Health Scientist
Division of Adult and Community Health (DACH)
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30341
Telephone: 770-488-5282
Fax: 770-488-5974

Email: plb0@cdc.gov