

# **Modification to the Office of Minority Health (OMH) Uniform Data Set (UDS) Data Collection**

**Request for Modifications to OMB Clearance Previously Issued for the  
OMH Uniform Data Set (UDS)**

## ***Supporting Statement***

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## **Background**

The Office of Minority Health (OMH), a staff office in the Office of the Secretary (OS), Department of Health and Human Services (HHS), is requesting Office of Management and Budget (OMB) approval to extend data collection activities by three (3) years for a currently approved collection using the OMB approved Uniform Data Set (OMB No. 0990-275), the tool used by OMH to collect program management and performance data for all OMH-funded projects.

The clearance is to also make modifications to the UDS tool, which includes the exclusion of a large number of data elements which significantly reduces reporting burden for grantees, a change in the name of the data collection tool from the UDS to the Performance Data System (PDS), and to increase the frequency of reporting from semi-annual to quarterly reporting. The modifications are intended to evolve the UDS into a system that improves OMH's ability to comply with Federal reporting requirements and monitor and evaluate performance by enabling the efficient collection of more performance-oriented data which are tied to OMH-wide performance reporting needs.

Grantee data collection via the UDS was first approved by OMB on June 7, 2004 (OMB No. 0990-275). OMB approval was also received for modifications to the UDS to accommodate grant programs that were not required to use the UDS at the time the system was developed (August 23, 2007). Clearance is due to expire on August 31, 2010 and the next data collection for grantees is scheduled for October 2010.

### **A. Justification**

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

##### **Legal Basis for Information Collection**

In 1985, The Federal Report of the Secretary's Task Force on Black and Minority Health, the first comprehensive national minority health study published by the HHS, documented the wide disparity in health status between minorities and Whites. Although the health of all Americans has continued to improve over two and a half decades since the Report was issued, racial and ethnic health disparities persist and, in some cases, are increasing. The persistence of such disparities suggests that current approaches and strategies are not producing the kinds of results needed to ensure that all Americans are able to achieve the same quality and years of healthy life, regardless of their demographic characteristics.

Since its inception in 1985, OMH has been the unit of the U.S. Department of Health and Human Services (HHS) that coordinates Federal efforts to improve the health status of racial and ethnic minority populations. The agency was established with the passage of the Disadvantaged Minority Health Improvement Act (P.L. 101-527, at <http://thomas.loc.gov/cgi-bin/bdquery/z?d101:HR05702:TOM:bss/d101query.html>) and given a broad mandate to advance efforts to improve minority health and address racial/ethnic disparities in health. Under the recently passed Patient Protection and

Affordable Care Act (P.L. 111-148, at <http://democrats.senate.gov/reform/patient-protection-affordable-care-act-as-passed>) and the Health Care and Education Reconciliation Act (P.L. 111-152, at <http://www.gpo.gov/fdsys/pkg/BILLS-111hr4872EH/pdf/BILLS-111hr4872EH.pdf>), the responsibility for OMH to “establish, implement, monitor, and evaluate short-range and long-range goals and objectives and oversee all other activities within the Public Health Service that relate to disease prevention, health promotion, service delivery, and research concerning minority groups” was recodified. In order to achieve this broad mandate, OMH supports research, demonstrations and evaluations of new and innovative programs, and strategies and interventions that increase understanding of ways to improve the health of minority communities and reduce the burden of disease, disability, and premature death that disparately impacts them.

### **OMH’s GPRA Reporting Requirements and Needed Modifications to the UDS**

In 2005, OMB conducted an examination of OMH's ability to demonstrate meaningful results and "a return for the public's investment" relative to its mission and in compliance with the Government Performance and Results Act (GPRA). The assessment identified a number of strengths, such as, resources directly address OMH's purpose and reach intended beneficiaries; strong financial and oversight practices are in place for grants and Contracts; and independent evaluations are regularly conducted to support program improvements and assess effectiveness. However, the assessment also found that:

- 1) OMH's "unique value added" was unclear and its efforts often appeared duplicative of other efforts across the country, especially in the States;
- 2) There was no apparent logic or rationale undergirding OMH's efforts relative to its mission;
- 3) OMH's efforts were more activity-, output-, or process- than impact- or outcome-oriented;
- 4) There were no long-term and annual measures of performance nor clear links between overall OMH performance and that of its partners (including grantees and contractors); and,
- 5) Thus, OMH-funded efforts to date could not demonstrate meaningful results.

In order to collect the necessary data and respond to OMB’s program assessment of OMH, OMH contracted with the National Opinion Research Center (NORC) to conduct an extensive review of the UDS. The assessment focused on whether the UDS was adequately capturing data for the OMH performance measures and whether the activity modules within the UDS fully cover the spectrum of grantee activities. The assessment revealed that grantees were not using the UDS data collection tool as it was originally intended. For instance:

- Several grantee performance measures were either inadequately measured or not measured at all,
- UDS data were of limited quality due to missing data, inconsistencies, out-of-range values, and the use of estimates, and
- The structure of the UDS created significant challenges to accurate measurement of grantee performance because all questions were optional.

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

Based on the results of the UDS assessment (see Section 1), modifications were made to the UDS tool which transformed the UDS from an activity-based reporting tool to a performance-oriented data collection system. All modifications made to the UDS were designed to streamline the grantee reporting process while guiding grantee efforts and data provided towards OMH's Strategic Framework. Therefore, the major modifications made to the system included:

- Excluding data elements that had missing, inconsistent and/or erroneous data in the UDS (all data elements from the UDS that have been excluded in the PDS are included in Appendix A);
- Structuring the data elements into sections that correspond or map to OMH's Strategic Framework;
- Incorporating reporting features for straightforward monitoring of grantee progress by the OMH Project Officers;
- Include detailed data elements requiring grantees to provide quantitative data on various types of evaluations they perform to identify the impacts of their projects; and
- Making all data elements mandatory rather than allowing grantees to self-select those data elements that deem applicable to their grant projects.

## ***3. Use of Improved Information Technology and Burden Reduction***

The overall purpose of the PDS is to enable OMH-funded grantees, cooperative agreement partners and others to routinely report data to an easily accessible database where project data are received, analyzed and coordinated into reports to: 1) monitor the project's status, and 2) generate information regarding program inputs, outcomes, and return on investment.

The PDS will be used to generate a number of reports. First, OMH project officers use the system to review individual grantee reports and aggregate reports on projects in their grant stream and to improve the overall management of their projects. Second, the PDS will generate aggregate program data on program efficiency, health issues addressed, and funding that will be used to respond to inquiries made to OMH leadership and other policy/decision makers.

The PDS is specifically designed as a Web-based application to reduce reporting burden by organizing data elements in a logical manner, and designing data elements with skip logic and auto validation features which improves the quality of data submitted.

As noted earlier, the UDS has already received OMB approval which expires on August 31, 2010. This is a request for a modification to an existing, OMB-approved data collection. By revising the structure of data elements and excluding data elements that have not yielded meaningful/ useful performance data, there has been a significant reduction in respondent burden per response from 4.5 hours using the UDS to 2.5 hours using the PDS. Exhibit 3 shows that even after doubling the number of required responses per respondent there is a reduction of 310 burden hours per year.

Exhibit 1: Changes in Estimated Burden Hours

	<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
<b>Prior Burden</b>	OMH Grantee	PDS	150	2	4.5	1,350
<b>Revised Burden</b>	OMH Grantee	PDS	104	4	2.5	1,040

The combination of types of revisions to the system – the manner in which questions are presented to the grantees, the types of questions asked, and the facility of reporting – results in a system of improved benefit to both grantees and OMH. The modifications support grantees internal evaluation efforts as well as OMH’s ability to monitor grantee progress. This will allow OMH to modify their grantee reporting from the current bi-annual requirement to a quarterly requirement. This change will allow OMH to coordinate the information provided by their grantees with their own performance reporting requirements, including quarterly GPRA reports and updates to the HHS Program Performance Tracking System.

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

Data collection using the revised PDS does not duplicate other data collection efforts. Data elements included in the PDS are specific to OMH-funded grantees and cooperative partners and, therefore, are not available elsewhere.

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

Grantees and cooperative agreement partners funded by OMH are, for the most part, public or private non-profit minority community-based organizations. With or without the PDS, these projects would have to provide project and evaluation data. The modifications recommended here represent the minimum data needed to be useful for project reporting, program monitoring, and performance measurement by OMH and its partners.

The PDS was designed to provide additional support for OMH partners in order to facilitate their efforts to report data, and to standardize and simplify the nature of reported data. Moreover, the PDS was designed to provide additional capacity to grantees and cooperative agreement partners by providing online technical assistance, and guidance for completing their data entry. In addition, the PDS system has built-in edit checks to identify inconsistencies and errors in the data entered into the system, thus bypassing the need to use valuable staff time to accomplish such tasks. In short, the PDS system includes many features that both minimize respondent burden and increase respondent capacity.

***6. Consequences of Collecting the Information Less Frequently***

PDS data is currently reported every six months, for all OMH grantee and cooperative agreement partners. This request for clearance will increase the frequency of reporting to once every three months or quarterly in order to synchronize the data reporting with

OMH's other data reporting needs for OPHS and HHS performance budgeting and reporting purposes. Less frequent collections pose challenges to obtaining data that is requested more frequently for other departmental performance reporting needs, and increase the amount of data that the grantees and other users need to accumulate and manage prior to submission to OMH.

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

No special circumstances apply. This request complies with the information collection guidelines of 5 CFR 1320.5(d)(2).

### ***8. Comments in Response to the Federal Register Notice/Outside Consultation***

OMH contracted with NORC to assess the integrity and applicability of data collected using the OMB-approved UDS, and to make recommended modifications to the tool. In addition, the original OMB-approved PDS was developed with extensive input from industry specialists in public and private sectors, as well as OMH grantees and cooperative agreement partners.

### ***9. Explanation of any Payment/Gift to Respondents***

This collection does not involve payment or gifts as incentives for respondents.

### ***10. Assurance of Confidentiality Provided to Respondents***

Only aggregate, periodic project data from OMH-funded projects is reported. There are no personally identifiable information (PII) collected. All data entered into the system are password-protected. Usernames are generated only for the project director for each grant, and passwords are randomly generated. At first log-in to the system, project directors are prompted to change their passwords. All data is maintained at NORC and supported under contract to OMH, which manages daily operations of the PDS and provides reports to OMH as requested.

### ***11. Justification for Sensitive Questions***

The PDS requests data from users specific to their OMH-funded project, including: project budget, resources, number of individuals participating in funded activities, and various types of outcomes. These data do not include any items of a personal or sensitive nature.

### ***12. Estimates of Annualized Hour and Cost Burden***

Given the nature of the changes made to the structure and content of the UDS, reporting burden has been reduced to 2.5 hours per response. This estimate is based on the results of a pilot test conducted with staff who were trained to navigate the system and input mock data (see Appendix C). As mentioned previously, this request for clearance is to increase the responses from two (bi-annual) to four (once every quarter). Exhibit 1 shows the total



burden hours for all four responses totals 1,040 hours. Exhibit 2 shows the costs for submitting all reports which total \$31,200 per year.

Exhibit 2: Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
OMH Grantee	PDS	104	4	2.5	1,040

Exhibit 3: Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project or Evaluation Manager	1,040	\$30.00	\$31,200.00

**13. Estimates of Other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs**

The data collection described in this request does not constitute an additional effort for respondents beyond regular project duties/obligations. No additional staff time or cost is anticipated other than the time/cost allocated for regular project administrative requirements. No additional materials or equipment are needed to generate a report using the PDS.

**14. Annualized Cost to Federal Government**

The overall cost to the Federal government for modifying the PDS is \$456,000. This total includes time to complete all modifications, test the system, respond to users’ requests for technical assistance related to navigating and using the system, developing training materials, and training users on system navigation and data entry. Exhibit 4 presents total costs to the Federal government for making and implementing the modifications.

Exhibit 4: Costs to the Federal Government

Category	Cost
Personnel	\$456,000
Other Direct Costs (including travel, consultants, computer equipment, etc.)	\$0
<b>Total</b>	<b>\$456,000</b>

\*G&A and fee included in total.

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

This is a request for a modification to an existing, OMB-approved data collection. By revising the structure of data elements and excluding data elements that have not yielded meaningful/useful performance data, there has been a significant reduction in respondent burden per response from 4.5 hours using the UDS to 2.5 hours using the PDS. Exhibit 3 shows that even after doubling the number of required responses per respondent there is a reduction of 310 burden hours per year. Due to program change.

Exhibit 5 (Repeat of Exhibit 1): Changes in Estimated Burden Hours

	<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
<b>Prior Burden</b>	OMH Grantee	PDS	150	2	4.5	1,350
<b>Revised Burden</b>	OMH Grantee	PDS	104	4	2.5	1,040

**16. Publication and Tabulation Dates**

The purpose of the PDS, as described herein, is to serve as the regular, ongoing system of data reporting for all grants and cooperative agreements funded by OMH. Data reported as part of this system are used for project management and monitoring, assessment of project implementation and performance, and to identify best practices and approaches in support of OMH goals and the goals of *Healthy People*. In addition, aggregate program data are also used in periodic reports to OMH leadership and other HHS policymakers and decision makers as needed and appropriate.

No specific plans to publish results from the PDS system are underway at this time.

**17. Expiration Date**

This collection of information does not seek approval to exclude the expiration date for OMB approval from any data collection instruments.

**18. Certification Statement**

This collection of information involves no exception to the Certification of Paperwork Reduction Act Submissions.

## **B. Collection of Information Employing Statistical Methods**

This section does not apply to the PDS. The project does not involve sampling. All OMH grantees/cooperative agreement partners report data on their activities using this system.