

MATERNAL AND CHILD HEALTH BUREAU
Discretionary Grant Information System Burden Reassessment

ISSUE

In 2009, the Maternal and Child Health Bureau (MCHB) submitted a revised clearance package (OMB No: 0915-0298) to the Office of Management and Budget (OMB) for continued approval to collect data from MCHB grantees for the Discretionary Grant Information System (DGIS). As part of the OMB clearance process, MCHB published a *Federal Register* notice requesting comments from the public on the proposed data collection effort. During this period, there was a public comment questioning the accuracy of the current burden estimate of six hours for the DGIS. OMB approved the DGIS clearance package with a condition that MCHB conduct a study to obtain a current burden estimate of the DGIS.

OBJECTIVE

The purpose of this burden reassessment is to ascertain the accuracy of the current DGIS burden estimate of six hours.

METHOD

Selection of Grantees

To conduct the burden reassessment, we selected a non-scientific convenience sample of nine (9) grantees drawn from all MCHB Offices and Divisions that had current grant administration functions. This convenience sample was derived under the advisement of the DGIS Project Officer and MCHB's Bureau Evaluation Coordination Committee. The sample reflected variations in grantee experience (time) with the DGIS data collection, reporting burden, and funding level. For our analysis, we categorized the nine selected grantees into "new"/"old" grantees, "small-funded"/"large-funded," and "low reporting burden"/"high reporting burden." We determined new and old grantees from the period of time that the selected grantee had been a recipient of the grant—five years or less for "new" and six years or more for "old" respectively. For funding level, we categorized grantees into "small-funded" if the total grant award was less than or equal to \$150,000 and "large-funded" if their total grant award was greater than \$150,000. For reporting burden, we categorized grantees into "low reporting burden" if they were required to report on ≤ 6 performance measures and administrative data, and "high reporting burden" if they were required to report on ≥ 7 performance measures and administrative data. Table 1 shows the MCHB grantees identified to participate in the burden reassessment based on the above selection criteria:

Table 1: List of Grantees for the Burden Reassessment with MCHB’s Office/Division¹ According to Selection Criteria

Selection Criteria	Grantees	
New Grantees	Innovative Strategies in Serving Children and Youth with Epilepsy- New Hampshire Department of Health and Human Services (DSCSHN)	Indiana University-R40 (DRTE)
Old Grantees	Georgetown University- MCH Library (OEPE)	Comprehensive Hemophilia Diagnostic and Treatment Centers (DSCHCN)
Small Funded Grantee	Early Childhood Comprehensive Systems - MD Department of Health and Mental Hygiene-MD ECCS Building Initiative (DHVECS)	
Large Funded Grantee	Bright Futures - American Academy of Pediatrics, Chicago, IL (OAA)	
Low Reporting Burden	State Public Health Coordinating Center for Autism- AMCHP (DSCH)	
High Reporting Burden	EMSC State Partnership Grants-Florida Department of Health (DCAFH)	Healthy Start Eliminating Racial/Ethnic Disparities in Perinatal Health-Border, AK, HI Initiative-Baptist Children’s Home Ministries, TX (DHSPS)
Total	9	

Collection of Information from Grantees

Data collection for the burden reassessment was conducted using a table in which each of the nine grantees estimated the amount of time spent annually on the DGIS. The table also provided instructions on how to track time based on the OMB’s definition of burden.² This time estimate included time spent on collecting and reporting data for DGIS financial forms, program forms, performance measures, and products and publications forms.

¹ MCHB Offices/Divisions are: DHSPS, Division of Healthy Start and Perinatal Services ; DRTE, Division of Research, Training and Education; OEPE, Office of Epidemiology, Policy, and Evaluation; DSCSHCN, Division of Services for Children with Special Health Care Needs; DSCH, Division of State and Community Health; MIECHV, Maternal, Infant, Early Childhood Home Visiting Program; OAA, Office of the Associate Administrator; DCAFH, Division of Child, Adolescent, and Family Health;

² According to OMB, burden means time, effort, or financial resources expended by persons to generate, maintain, or provide information to or for a federal agency, including the resources expended for: (a) reviewing instructions; (b) acquiring, installing, and utilizing technology and systems; (c) adjusting the existing ways to comply with any previously applicable instructions and requirements; (d) searching data sources; (e) completing and reviewing the collection of information; and (f) transmitting, or otherwise disclosing the information.

When appropriate, grantees were contacted via telephone and/or email during the data collection phase so that MCHB staff could answer any questions and MCHB staff contacted grantees when questions arose about their submissions after the data collection phase was completed.

Results

Calculation of Results

The table enabled us to collect an estimated amount of time for each grantee to complete its DGIS submissions on an annual basis. At the end of the burden reassessment period, the estimated number of hours provided by each of the nine grantees was added and divided by nine to determine the overall estimated average revised burden. Based on this burden reassessment activity, the new annual estimated burden for the DGIS is 41 hours.