

**“Preventive Health and Health Services Block Grant”**

**Supporting Statement Part A**

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

**Technical Monitor:  
Tracy Perkins  
Public Health Analyst  
Division of Population Health (DPH)  
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)  
Centers for Disease Control and Prevention (CDC)  
Atlanta, Georgia 30341  
Telephone: 770-488-5312  
Fax: 770-488-5974  
Email: [tlp6@cdc.gov](mailto:tlp6@cdc.gov)  
June 2013**

## 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

### 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 FY11 PHHS Block Grant Recipients
- Attachment 4A Work Plan Instrument
- Attachment 4B Work Plan Guidance
- Attachment 4C Work Plan Guidance Updates
- Attachment 5A Annual Report Instrument
- Attachment 5B Annual Report Guidance
- Attachment 5C Annual Report Guidance Updates

## **Overview**

CDC requests OMB approval to continue information collection for three years for the Preventive Health and Health Services Block Grant (OMB No. 0920-0106, exp. 7/31/2013). CDC currently collects progress and performance information from awardees through an electronic Block Grant Management Information System (BGMIS), which allows the pre-population of certain fields based on previous entries. After completing initial entry of the annual Work Plan and the Annual Report, respondents only need to modify information already entered into the system, thus improving the efficiency of reporting and minimizing the burden per response.

The HHS Healthy People (HP) framework is used to define program objectives and performance measures for Block Grant awardees. Reporting elements for awardees, and corresponding data items in the BGMIS, were initially configured based on HP 2010 objectives. In this Revision request, Block Grant awardees will complete the conversion to HP 2020 objectives. CDC Block Grant staff provided a matrix document that converts HP 2010 objectives to HP 2020 objectives, allowing for enhanced selection of data to align with the grantees funded program. No changes to data items are proposed, other than the changes needed to complete the transition to HP 2020 objectives. No changes to the number of respondents or the estimated burden per response are proposed.

## **A. Justification**

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

#### **Background**

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. A list of current awardees is provided in Attachment 3. 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.

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 published by the Department of Health and Human Services (HHS). A copy of P.L. 102-531 is included as Attachment 1B.

As specified in the authorizing legislation, CDC currently collects information from Block Grant awardees to monitor their objectives and activities. Each awardee is required to submit an annual application for funding (Work Plan) that describes its objectives and the populations to be addressed, and an Annual Report that describes activities and progress. Information is submitted electronically through the web-based Block Grant Information Management System (BGMIS). The BGMIS is designed to support Block Grant requirements specified in the program's authorizing legislation, such as adherence to the Healthy People (HP) framework. The current version of the BGMIS associates each awardee-defined activity with a specific HP National Objective, and identifies the location where funds are applied. Information items are broken down into discrete fields. CDC requests OMB approval to continue the information collection for three years (through 8/31/2016). Although there are no substantive changes to the information collected (Attachments 4A and 5A), the guidance documents for users (Attachments 4B and 5B) have been updated to improve their usability and the clarity of instructions provided to BGMIS users. These changes are summarized in Attachments 4C and 5C. In addition, Block Grant awardees will convert their HP 2010 objectives to HP 2020 objectives.

There are no changes to the number of Block Grant awardees (respondents), or the estimated burden per response for the Work Plan or the Annual Report. There are minor updates to BGMIS data elements, response options (drop-down lists), and other features necessary for compatibility with HP 2020 objectives.

### *Privacy Impact Assessment*

#### Overview of the Data Collection System

CDC collects standardized application and performance information from each awardee through a web-based system called the Block Grant Management Information System (BGMIS). BGMIS enables each awardee to compile an electronic Annual Report (see Attachment 5A) that describes changes in health objectives and progress towards completing program activities. It also allows awardees to create and submit an annual Work Plan (see Attachment 4A). Each component is submitted to CDC once per year. The information collection allows CDC to monitor awardee activities and their progress toward achieving objectives, and to provide appropriate technical assistance.

#### Items of Information to be Collected

Each awardee's Work Plan describes programmatic objectives and links them to HP 2020 objectives. Each objective is defined in SMART format (Specific, Measurable, Achievable, Realistic and Time-based), and includes a specified start date and end date. Each awardee's Annual Report provides a summary of activities and progress toward meeting defined objectives. No individually identifiable information is being collected.

#### Identification of Website(s) and Website Content Directed at Children Under 13 years of Age

Block Grant awardees and CDC Block Grant program staff are the only entities with access to the web-based BGMIS. There is no website content directed at children under 13 years of age.

## **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. BGMIS has allowed awardees the ability to input data from their programs to satisfy the legislative requirement of identifying Healthy People Objective with numerous items of information including how funds are prioritized and utilized to achieve 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. BGMIS has included 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. BGMIS has also allowed 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 has been a key enhancement that was added at the request of system users.

CDC continues to use 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. This information has been used by grantees and partners to apply for continued funding to states based on the health impact Block funding is having on people in the communities that are being served. Information is being utilized through BGMIS to speedily inform the public and others of the value the Preventive Health and Health Services Block Grant continues to have for states. 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 awardees to determine the populations and life stages that are served using Block Grant funds.

During the next three years, CDC will continue to use the BGMIS, with HP 2020 enhancements, to monitor awardees progress, identify activities and personnel supported with Block Grant funding, conduct compliance reviews of Block Grant awardees, and promote the use of evidence-based guidelines and interventions.

#### Privacy Impact Assessment Information

The proposed data collection will have little or no effect on the respondent's privacy. No IFF or sensitive information is being collected.

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

The web-based BGMIS includes features that further minimize burden to respondents, such as 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.

After initial data entry for the Work Plan and Annual Report is complete, fields for the next reporting period are pre-populated. Awardees can prepare upcoming submissions by modifying information already entered into the system, thus reducing the burden to respondents over time.

### **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 small businesses will be involved in this data collection.

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

Information is collected twice each year, once for the Work Plan and once for the Annual Report as required by Block Grant legislation, Public Law 102-531, Public Health Service Act. 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. Less frequent information collection would not satisfy the requirements established by Block Grant legislation.

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

The request fully complies with the regulation 5 CFR 1320.5.

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

- A. CDC published a Notice in the *Federal Register* on [insert DATE] (Vol. xx, No. xx, pp. xxx-xxx; see **Attachment 2**). No public comments have been received. Prior to implementing the BGMIS, CDC's Block Grant program office consulted with other CDC programs that used electronic data systems for monitoring awardee objectives and progress. CDC also consulted with Block Grant awardees. Extensive research was done to obtain an understanding of other data collection systems at CDC including:
- Bio-Surveillance Coord. - Contact: Prachi Mehta, Telephone: 404-498-0482. Email: [pnm9@cdc.gov](mailto:pnm9@cdc.gov)
  - Office of Informatics & Information Resource - Contact: Jeanne Casner, Telephone: 404-679-9466, Email: [jqf4@cdc.gov](mailto:jqf4@cdc.gov)
  - Notifiable Disease & Surveillance- Contact: Marion Anandappa, Telephone: 404-498-0575, Email: [dza4@cdc.gov](mailto:dza4@cdc.gov)

## **9. Explanation of Any Payment or Gift to Respondents**

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

## 10. Assurance of Confidentiality Provided to Respondents

IRB approval is not required. This data collection does not involve research with human subjects.

### *Privacy Impact Assessment*

- A. Privacy Act Determination. 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.
- B. Safeguards. Data will be submitted to CDC using Internet-based communication protocols. BGMIS data resides 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 BGMIS 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 BGMIS is encrypted during transit.

The BGMIS 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 BGMIS 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.

- C. Consent. Respondents are state awardees, not individuals. This information collection does



not involve research with human subjects.

D. Nature of Response. Block Grant awardees are required to provide the annual Work Plan and Annual Report to CDC.

## **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**

### **A. Estimated Annualized Burden to Respondents**

As in previous years, information will be collected electronically twice per year, once for the Work Plan, and once for the Annual Report. 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). The estimated burden for the Work Plan is 20 hours and the estimated burden for the Annual Report is 15 hours. These estimates are based on prior experience with BGMIS. The total estimated annualized burden to respondents is 2,135 hours.

<b>Table A.12-1 Estimated Annualized Burden to Respondents</b>					
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	20	1,220
	Annual Report	61	1	15	915
<b>Total</b>					<b>2,135</b>

### B. Estimated Annualized Cost to Respondents

The estimated annualized cost to respondents is \$61,915. The estimated annualized cost is based on an average hourly wage rate of \$29.00, the rate for Health Care Practitioners and Technical Workers recorded by the U.S. Department of Labor, Bureau of Labor Statistics, May 2011 National Occupational Employment and Wage Estimates. A summary is provided in Table A.12-2.

<b>Table A.12-2 Estimated Annualized Cost to Respondents</b>						
Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Hourly Wage Rate	Total Respondent Cost
PHHS Block Grant Awardees	Work Plan	61	1	20	\$29	\$35,380
	Annual Report	61	1	15	\$29	\$26,535
<b>Total</b>						<b>\$61,915</b>

### 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 awardees.

#### 14. Estimated Cost to the Federal Government

Costs to the government include costs for software maintenance and development (conducted by a contractor), 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 \$365,910 (Table A.14-1).

<b>Cost Category</b>	<b>Amount</b>
Contractual costs for BG-MIS maintenance and development	\$342,050
Federal personnel	
• Technical monitor (30% FTE, GS-12)	\$23,008
• Fiscal manager (2% FTE, GS-14)	\$2,021
• Subtotal, Federal Personnel	\$25,029
<b>Total Annualized Cost</b>	<b>\$365,910</b>

CDC personnel assigned to oversee the project include one technical monitor (30% FTE @ GS-12) 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.

A data collection contractor, Northrop Grumman, is responsible for ongoing maintenance of the BGMIS. Although data collection will continue as-is during the period of this Revision request, CDC has budgeted for additional analysis and development work that will be undertaken concurrently with the Revision period, and implemented at a future date. Some of the changes relate to re-programming of the system to improve performance, analytical capabilities, and/or ease of use by BGMIS users. The contractor’s software development team consists of one project manager, two full-time software developers, one part-time software developer, and other IT support staff. The annual cost for coding and development of the BGMIS is estimated at \$342,050, based on task categories summarized in Table A.14-2.

<b>Task Description</b>	<b>Estimated Total Cost</b>
Planning	\$4,000
Analysis	\$20,000
Design	\$20,500
Development	\$260,000
Testing	\$12,750

Deployment	\$3,300
Documentation	\$7,000
Training	\$7,000
Maintenance	\$7,500
<b>Total</b>	<b>\$342,050</b>

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

CDC Block Grant program office replaced Healthy People 2010 objectives with Healthy People 2020 objectives and has updated the system to enhance the number of objectives grantees can select from when reporting on their funded programs. The burden to awardees will not increase. Due to the updates made to the system during our previous revision, awardees will only need to modify information already entered into the system, thus improving the efficiency of reporting and reducing the burden per response. (See Attachments 4C and 5C for updates to the guidance documents).

The total estimated annualized reduction in burden is 1,200 hours.

**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 July 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:

<b>16-1. Project Time Schedule</b>	
<b>Activity</b>	<b>Time-frame</b>
Respondent Work Plans due	Work Plans between October 1 and July 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. The expiration date will be displayed.

**18. Exceptions to Certification for Paperwork Reduction Act Submission**

There are no exceptions to the certification.

