“Preventive Health and Health Services Block Grant”

Supporting Statement Part A

Request for Revision OMB No. # 0920-0106
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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 FY16 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

- **Goal of the study:** Align with legislative mandates, improve oversight, and increase effectiveness of public health programs.
- **Intended use of the resulting data:** To evaluate the extent to which funds are being used to address priority health issues state-wide and in local communities and to provide program oversight and direction.
- **Methods to be used to collect:** Standardized web based tool. Information resides on a secure CDC system that is password protected. Users enter, review, and retrieve information for their state/tribe/territory.
- **The subpopulation to be studied:** Children ages 0-18, Adults ages 19 and older from the 50 states, the District of Columbia, 2 American Indian Tribes, and 8 U.S. Territories.
- **How data will be analyzed:** System generated reports and review of application and progress reports by CDC staff and grantees to measure performance and success on program interventions.

Overview

CDC requests OMB approval for a revision for three years to continue the Preventive Health and Health Services Block Grant (OMB No. 0920-0106, exp. 8/31/2016) information collection 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, are configured based on HP 2020 objectives. No changes to data items, the number of respondents, or the estimated burden per response are proposed.

A. Justification

1. Circumstances Making the Collection of Information Necessary

Background

The management of the PHHS Block Grant program has transitioned from the National Center for Chronic Disease Prevention and Health Promotion to the Office for State, Tribal, Local and

Territorial Support (OSTLTS). The Program continues to provide 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 awardee is required to submit a 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). CDC PHHS Block Grant program has benefited from this system by efficiently collecting mandated information in a format that allows data to be easily retrieved in standardized reports. The electronic format verifies completeness of data at data entry prior to submission to CDC, reducing the number of re-submissions that are required to provide concise and complete information. 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. The PHHS Block Grant program must continue to collect data in order to remain in compliance with legislative mandates. The system allows CDC and Grantees to measure performance, identifying the extent to which objectives were met and identifying the most highly successful program interventions.

CDC requests OMB approval for a revision to continue the information collection for three years (through 8/31/2019). This is a revision request due to the 2014 relocation of the Preventive Health and Health Services Block Grant (block grant) programmatic responsibilities and

resources from the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) to the CDC Office for State, Tribal, Local, and Territorial Support (OSTLTS). This relocation was done for five major reason: (1) To link the non-categorical nature of the block grant with greater opportunities to achieve Healthy People objectives and improved public health through OSTLTS' strong connections with national partners, state and local health officials, and the field. (2) To strengthen OSTLTS coordination role with CDC categorical programs to address issues and concerns important to state, tribal, local and territorial health departments. (3) To elevate the organizational placement of the block grant and supports the intent envisioned in the creation of OSTLTS, i.e., providing a cross-cutting, deputy director level office to support the public health field connections with CDC. (4) To leverage OSTLTS four years of experience in administering PPHF funded cooperative agreements including mandatory reporting requirements. (5) To minimize change management issues by utilizing OSTLTS existing infrastructure, experienced project officers and PPHF knowledge

There are no substantive changes to the information collection instruments (Attachments 4A and 5A). Only minor changes were made for the purposes of further describing two specific data points and improving user navigation through the system. These changes are described in more detail in Attachment 4C

Awardees have had many accomplishments with the use of PHHS Block Grant funds that this data collection has been able to capture. To name a few, In Alaska, their "Kids Don't Float" reported 24 Alaskan children are known to have survived a near-drowning accident because of a life jacket. Since 2013, an average of 32 million PHHS Block Grant funds annually were distributed by the states to local entities to address county and local public health needs. PHHS Block Grant funds also have provided start-up money for programs that are now supported by other sources. As these programs have become self-sustaining, PHHS Block Grant funds have been redirected to other public health priorities within the state.

Awardees continue to submit Success Stories with their Annual Progress reports through BGMIS, without changes. 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.

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.

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, 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.

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 2.5.16 (Vol. 81, No. 24, pp. 6274-6275; 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:

9. Explanation of Any Payment or Gift to Respondents

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

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

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

Privacy Impact Assessment

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

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; monitor progress toward achieving goals; respond to inquiries; and monitor compliance. Although one or more contact persons is identified for each responding 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. Institutional Review Board (IRB) and 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 awardee reporting in BGMIS. Consistent with what was approved in the previously approved information collection request, the total estimated annualized burden to respondents is 2,135 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	20	1,220
	Annual Report	61	1	15	915
				Total	**2,135**

B. Estimated Annualized Cost to Respondents

The estimated annualized cost to respondents is $64,050The estimated annualized cost is based on an average hourly wage rate of $30.00, the rate for Health Care Practitioners and Technical Workers recorded by the U.S. Department of Labor, Bureau of Labor Statistics, May 2014 National Occupational Employment and Wage Estimates. The estimated annual cost to respondents has increased since this information collection request was originally approved in 2013 as a result of inflation. A summary is provided in Table A.12-2.

Table A.12-2 Estimated Annualized Cost to Respondents

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
PHHS Block Grant Awardees	Work Plan	61	1	20	1,220	$30	$36,600
	Annual	61	1	15	915	$30	$27,450

	Report						
						Total	$64,050

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 $169,099 (Table A.14-1). The annualized cost to the federal government is less than the amount estimated in the previously approved information collection request in 2013 due to many of the tasks being maintenance or minor enhancements to the system.

Table A.14-1. Annualized Cost to the Federal Government

Cost Category	**Amount**
Contractual costs for BG-MIS maintenance and development	$140,000
Federal personnel	
• Technical monitor (30% FTE, GS-13)	$27,038
• Fiscal manager (2% FTE, GS-14)	$2,061
• Subtotal, Federal Personnel	$29,099
Total Annualized Cost	**$169,099**

CDC personnel assigned to oversee the project include one technical monitor (30% 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.

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 development work that will be undertaken, The changes include updating the system to reflect the current version of the responsive design template as required by CDC.gov policy, and enhancing programming 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 BGMIS maintenance is estimated to be $140,000, based on task categories summarized in Table A.14-2.

Table A.14-2. Annual Cost of BGMIS Maintenance and Development

Task Description	Estimated Total Cost
Maintenance	$50,000
Total	**$140,000**

15. Explanation for Program Changes or Adjustments

This is a request for a revision for the Preventive Health and Health Services Block Grant information collection system. The scope of the information collected, the respondents, methods, use of data remain constant with what was previously approved. Minor changes have been made to the estimated annualized cost to respondents and the government and are described in section 14. Minor changes were made to the Work Plan Guidance to link to specific locations in the document from the Work Plan Main page, instead of linking to six smaller documents and to clarify specific information that awardees should include in specific fields in the system. This will allow awardees to input the desired information to allow for appropriate documentation of program progress. (See Attachment 4C)

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:

16-1. Project Time Schedule

Activity	Time-frame
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.