

Assessment of Outcomes Associated with the Preventive Health and Health Services Block Grant

OSTLTS Information Collection Request
OMB No.

Supporting Statement – Section A

Submitted: March 27, 2019

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- **Purpose:** This information collection request (ICR) seeks approval for a data collection instrument that assesses select cross-cutting outputs and outcomes of the Preventive Health and Health Services Block Grant (PHHS Block Grant) and demonstrates the utility of the grant on a national level.
- **Intended use:** Data will be used to 1) describe the outcomes and achievements of grantees' public health efforts and identify how the use of PHHS Block Grant funds contributed to those results and 2) help assess how the grant advances work of the public health system. Data will be used to describe the grant as a whole—not individual grantee activities or outcomes.
- **Method:** Data will be collected using a web-based data collection instrument using Qualtrics®.
- **Respondents:** Respondents include 61 PHHS Block Grant coordinators, or their designees, across 61 health departments funded under the PHHS Block Grant, acting in their official capacities. These respondents represent 50 states, the District of Columbia, 2 tribes, 5 U.S. territories, and 3 freely associated states.
- **Analysis:** Descriptive statistics will be used to analyze quantitative data. Qualitative analyses will be performed on open-ended questions. Responses will be analyzed using Microsoft Excel®.

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This information collection request (ICR) seeks to obtain approval for the collection of data to assess select cross-cutting outputs and outcomes of the Preventive Health and Health Services Block Grant (PHHS Block Grant) and demonstrate the utility of the grant on a national level. The respondent universe for this information collection consists of 61 PHHS Block Grant coordinators, or their designees, acting in their official capacities, across 61 (50 states, the District of Columbia, 2 tribes, 5 U.S. territories, and 3 freely associated states) health departments, funded under the PHHS Block Grant (see **Attachment A – List of PHHS Block Grant Grantees**). This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241) (**Attachment B – Authorizing Legislation**). This information collection falls under the essential public health service(s) of:

5. Development of policies and plans that support individual and community health efforts
9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.¹

For more than 35 years, the PHHS Block Grant has provided funding for all 50 states, the District of Columbia, two American Indian tribes, five U.S. territories, and three freely associated states to address the unique public health needs of their jurisdictions in innovative and locally defined ways. First authorized by Congress in 1981 through the Public Health Service Act (Public Law 102-531), the fundamental and enduring purpose of the grant has been to provide grantees with localized control to address their priority public health needs. In 1992, Congress amended the law to align PHHS Block Grant funding priorities with the 22 chapters specified in *Healthy People 2000*, a set of national objectives designed to guide health promotion and disease prevention efforts. Additional amendments included set-aside funds specifically dedicated to sex offense prevention and victim services, thus requiring that grantees receiving this support include related objectives and activities as part of their PHHS Block Grant-funded local programs.

Since its inception in 1981, aggregate achievements of PHHS Block Grant-funded grantees have never been assessed nor quantified. Several governing and advisory entities have encouraged CDC to demonstrate outcomes and increase accountability of the PHHS Block Grant. Their recommendations are as follows:

1. CDC is urged to enhance reporting and accountability for the PHHS Block Grant. (*Congress*)
2. CDC is encouraged to focus the PHHS Block Grant evaluation (e.g., on the most important outcomes). The evaluation should collect data on priority outcomes that will demonstrate the impact of PHHS Block Grant funding. (*Office of Management and Budget*)
3. To improve the accountability and transparency of the PHHS Block Grant, CDC should (a) develop a plan to measure progress and impact and (b) communicate current accomplishments. (*STLT Subcommittee of the Advisory Committee to the Director of CDC*)

The PHHS Block Grant is unlike traditional programs, which typically have set programmatic objectives and prescribed activities that grantees must achieve. Instead, grantees can invest their PHHS Block Grant funds in a variety of public health areas; legislation only requires grantees to align their activities with Healthy People objectives. Currently, there are over 1200 objectives. At present, the Block Grant Monitoring Information System (BGMIS) (PHHS Block Grant ICR OMB No: 0920-0106 Exp. 7/31/2019) serves as the only consistent, systematic method of collecting information on the grant. It is designed to monitor individual grantee performance and compliance with the requirements of the grant for each fiscal year, such as alignment of grantee activities to *Healthy People* objectives. Through BGMIS, grantees report on their progress toward meeting these fiscal year objectives. It serves a very important function in facilitating performance monitoring of the grant. However, the system does not collect data that are intended to measure the achievement of cross-cutting outputs and outcomes on an aggregate, national level. To date, anecdotal evidence has been the strongest method for demonstrating achievements resulting from the use of PHHS Block Grant funds. As a result, CDC has established a method to collect data to demonstrate the utility of the grant, describe select outputs and outcomes, and strengthen overall grant accountability—the PHHS Block Grant Measurement Framework (**Attachment C - PHHS Block Grant Measurement Framework Version 1.5**).

The PHHS Block Grant Measurement Framework (also referred to as the Measurement Framework) is an innovative approach to assessing cross-cutting outputs and outcomes resulting from grantees' use of grant funds. The framework helps further the goals of the grant by helping CDC better understand and demonstrate the accomplishments of grantees given their wide variety of public health activities. It is part of a broader evaluation that seeks to address the following evaluation questions: (1) How does the PHHS Block Grant support grantees in addressing their jurisdictions' prioritized public health needs related to Healthy People 2020 objectives? and (2) How does the PHHS Block Grant contribute toward the achievement of organizational, systems, and health-related outcomes? This framework assesses key grantee outputs and outcomes in aggregate, despite which healthy people objectives grantees are working toward and which fiscal year funding was used for their efforts.

The framework defines a set of measures that enable CDC to standardize the collection of data on grantee achievements. These four measures capture aspects of three cross-cutting outcomes considered to be most important, relevant, measureable, and feasible:

1. Public Health Infrastructure
 - Measure 1.1. (Information Systems Capacity Improved): Number of state, territorial, tribal, and local agencies whose capacity to collect or enhance data that provide information of public health importance was improved or maintained through the use of PHHS Block Grant funds
 - Measure 1.2. (Quality Improved): Number of state, territorial, tribal, and local agencies in which the efficiency or effectiveness of operations, programs, or services was improved through the use of PHHS Block Grant funds
2. Emerging Public Health Needs
 - Measure 2.1. (Emerging Public Health Needs Addressed): Number of emerging public health needs that were addressed through the use of PHHS Block Grant funds
3. Evidence-Based Public Health Practice
 - Measure 3.1 (Evidence-Based Public Health Interventions Implemented): Number of evidence-based public health interventions implemented through the use of PHHS Block Grant funds

The Measurement Framework, including the four measures, have been vetted extensively with grantees serving on the PHHS Block Grant Evaluation Workgroup as well as with CDC leaders and PHHS Block Grant project officers within the Office for State, Tribal, Local and Territorial Support (OSTLTS).

In October 2017, CDC conducted an initial assessment of the PHHS Block Grant (genIC Preventive Health and Health Services Block Grant Assessment OMB No: 0920-0879 Exp. 01/31/2021) based on the Measurement Framework. Findings from the initial assessment were valuable because they described cross-cutting outputs and outcomes of the grant as well as enhanced the accountability of the grant. Grantees have expressed a desire to share these data with their advisory groups and stakeholders to help highlight outcomes resulting from the grant. These findings also help CDC's ability to support grantee activities through development

of relevant guidance, facilitating connections with internal CDC categorical programs, and creating opportunities for increased grantee peer-to-peer learning. To maintain this level of accountability, it was apparent from the initial assessment that there is a need to continue efforts to collect data on these measures, and transition from a one-time assessment to a biennial data collection (i.e., 2019 and 2021).

Findings from the initial assessment were used to build this ICR. Lessons learned from the initial assessment were incorporated to improve the clarity of questions, decrease reporting burden, and increase accuracy of reporting. Examples of changes include creating additional common response categories based on responses from the initial assessment, combining questions to streamline reporting, and adding questions to allow respondents to clarify responses where needed. This assessment also includes questions that expand the information gathered on outputs and outcomes achieved at the local level. The addition of these questions reflects a shift in the scope of the measures, which initially focused on PHHS Block Grant-funded activities at state, local, and tribal health departments, to also include activities at local organizations funded by the PHHS Block Grant (e.g., community-based organizations). Since the initial assessment, Congress has continued to encourage CDC to enhance accountability by reporting on how the grant funding is directed to support public health needs at the local level.² Including questions on support to all types of local organizations provides a more complete accounting for the outcomes achieved through the use of PHHS Block Grant funds.

Overview of the Information Collection System

Data will be collected from a total of 61 PHHS Block Grant coordinators, or their designees, across 61 (50 states, the District of Columbia, 2 tribes, 5 U.S. territories, and 3 freely associated states) health departments (see **Attachment A – List of PHHS Block Grant Grantees**).

Data collection will be conducted biennially, in fall 2019 and fall 2021, via a web-based data collection instrument (see **Attachment D– Instrument: Word version** and **Attachment E– Instrument: Web version**). The instrument will gather information on the four measures, describe the outcomes of grantees' public health efforts, and identify how the use of PHHS Block Grant funds contributed to those results. The web-based instrument was created in collaboration with the Association of State and Territorial Health Officials (ASTHO) using Qualtrics®. This method of data collection was chosen to allow respondents to complete and submit their responses electronically, reducing the overall burden on respondents.

Items of Information to be Collected

The web-based data collection instrument (see **Attachment D – Instrument: Word version and Attachment E – Instrument: Web version**) consists of 10 main questions and 67 sub-questions (77 possible questions in total) of various types, including dichotomous (yes/no), multiple response, and open-ended questions. In an effort to minimize response burden, the instrument streamlines questions by allowing for skipping questions based on responses to previous questions. Also, questions requiring narrative responses from respondents have been limited whenever possible. The instrument will collect data on the following:

I. Respondent demographic information related to official role (1 main question)

- Grantee jurisdiction

II. Public Health Infrastructure (5 main questions, 33 sub-questions)

Measure 1.1- Information Systems Capacity Improved

- Type and number of organizations/health departments that used PHHS Block Grant funds to support information systems
- Reach of information system
- The type and number of information systems supported
- The name/title of each information system
- How the funds were used to support each information system

Measure 1.2 – Quality Improved

- Type and number of organizations/health departments that used PHHS Block Grant funds to support a quality improvement effort
- A count of operations, programs, or services for which a quality improvement was achieved
- A count of the types of improvement achieved
- A count of how the PHHS Block Grant funds were used to support the improvement
- Whether a deliberate and defined quality improvement method was used
- One example of a quality improvement achieved
- How the grantee used PHHS Block Grant funds to address national standards or conduct accreditation-related activities

III. Emerging Public Health Needs (1 main question, 10 sub-questions)

Measure 2.1. Emerging Public Health Needs Addressed

- A count of emerging public health needs addressed by organizations/health departments using PHHS Block Grant funds
- The name/title of the emerging public health need addressed
- How the emerging public health need is categorized
- How the emerging public health need was identified
- Which *Healthy People 2020* health topic area aligns with the emerging public health need
- The geographic area affected by the emerging public health need
- The size and description of the population potentially affected by the emerging public health need
- How PHHS Block Grant funds were used to address the emerging public health need

IV. Evidence-Based Public Health Practice (3 main questions, 24 sub-questions)

Measure 3.1 Evidence-Based Public Health Interventions Implemented

- Type and number of organizations/health departments that used PHHS Block Grant funds to support the implementation of public health interventions
- A count of public health interventions implemented by level of evidence, *Healthy People 2020* health topic area and how PHHS Block Grant funds were used

- How PHHS Block Grant funds were used to support building the evidence base for public health
- How the grantee used PHHS Block Grant funds to support evidence-based decision making

2. Purpose and Use of the Information Collection

The purpose of this ICR is to assess select cross-cutting outputs and outcomes of the PHHS Block Grant and demonstrate the utility of the grant on a national level. This data collection will describe the grant as a whole—not individual grantee activities or outcomes. Findings from this assessment will be used to 1) describe the outcomes and achievements of grantees' public health efforts and identify how the use of PHHS Block Grant funds contributed to those results and 2) help assess how the grant advances work of the public health system. This data collection also assesses support provided to local and tribal health departments as well as local organizations to address key outputs and outcomes.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a web-based data collection instrument (**see Attachment D – Instrument: Word version and Attachment E – Instrument: Web version**) allowing respondents to complete and submit their responses electronically. This method was chosen to reduce the overall burden on respondents. The data collection instrument was designed to collect the minimum information necessary for the purposes of this assessment (i.e., limited to a total of 77 possible questions). Skip patterns were included to allow respondents to only answer questions that apply to his/her jurisdiction, streamlining responses and further reducing burden on respondents. For select measures, respondents will report data in aggregate instead of individual details, which further reduces overall reporting burden. For example, respondents will provide the overall number of programs that made an efficiency and/or effectiveness improvement instead of reporting details on each individual program.

4. Efforts to Identify Duplication and Use of Similar Information

The information gathered through the PHHS Block Grant assessment is not available from other data sources or through other means, nor does it duplicate any information currently being collected from PHHS Block Grant coordinators. The PHHS Block Grant's grant monitoring system – BGMIS – collects data on individual grantee performance and compliance (PHHS Block Grant ICR OMB No: 0920-0106 Exp. 7/31/2019). It enables CDC to monitor grantee activities and progress towards achieving program objectives for each fiscal year of funding as well as provide appropriate technical assistance. It does not collect data on cross-cutting outputs or outcomes or demonstrate the utility of the grant at the national level, which limits accountability.

This assessment will enable analysis of the PHHS Block Grant's utility at the national level, strengthen accountability, and describe and measure select outputs and outcomes of the grant as defined by the four measures. Efforts were made to identify duplication and use of similar information, including an environmental scan to identify any other evaluations conducted on the PHHS Block Grant. The results produced no output or outcome measures that have ever been implemented and no measures implemented specifically to evaluate the PHHS Block Grant.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this information collection.

6. Consequences of Collecting the Information Less Frequently

This assessment will be conducted once every other year, or biennially. Less frequent collection of data will impede upon CDC's ability to:

- Describe and measure select cross-cutting outputs and outcomes of the PHHS Block Grant
- Demonstrate results associated with the use of PHHS Block Grant funds to address public health needs prioritized by grantee jurisdictions
- Strengthen the PHHS Block Grant's reporting and accountability

There are no legal obstacles to reduce the burden.

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

There are no special circumstances with this data collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

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

CDC published a Notice in the *Federal Register* on 09/06/2018 (Vol. 83, No. 173, pp. 45246-45247; see **Attachment F**). No public comments have been received.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

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

A Privacy Impact Assessment (PIA) was completed on 8.2.18 indicating that the Privacy Act does not apply to this data collection (**Attachment G - Privacy Impact Assessment**).

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

No information will be collected that are of personal or sensitive nature. This data collection is not research involving human subjects (**Attachment H - Non-Research Determination**).

12. Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on a pilot test of the data collection instrument by 3 grantees selected from the PHHS Block Grant evaluation workgroup. In the pilot test, the average time to complete the instrument, including time for reviewing instructions, was approximately 45 minutes (range: 40 minutes – 45 minutes). For the purposes of estimating burden hours, the higher end of the range (i.e., 45 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for Medical and Health Services Managers (http://www.bls.gov/oes/current/oes_nat.htm). Based on DOL data, an average hourly wage of \$53.69 is estimated for all 61 respondents. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents

Data collection Instrument: Form Name	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
PHHS Block Grant Assessment	PHHS Block Grant Coordinators, or designee	61	1	45/60	46	\$53.69	\$ 2,469.74
	TOTALS	61	1		46		\$ 2,469.74

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

There will be no direct costs to the respondents other than their time to participate in each data collection.

14. Annualized Cost to the Government

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff and a contractor. Contractors are being utilized to support the

development and programming of the data collection instrument and conduct the data collection activities. Specifically, the ASTHO contractor is responsible for programming the instrument in Qualtrics® and collecting data through administration of the web-based instrument. The total estimated cost to the federal government is \$25,394.60. Table A-14 describes how this cost estimate was calculated.

Table A-14: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Total Average Cost
Health Scientist – GS-13 OMB package development, pilot testing	80	\$52.69/hour	\$4,215.20
Health Scientist – GS-14 Data management and analysis (cleaning, analysis, reporting)	160	\$63.99 /hour	\$10,238.40
Association of State and Territorial Health Officials (contractor); Web-based instrument programming, data collection			\$10,941.00
Estimated Total Cost of Information Collection			\$ 25,394.60

15. Explanation for Program Changes or Adjustments

This is a new collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Once the 4-week data collection period has closed, responses will be downloaded, exported to an Excel® spreadsheet, and saved to a secure database maintained by ASTHO. ASTHO will then share the data with CDC.

Data will be analyzed using Microsoft Excel® to produce charts and data visualizations that describe cross-cutting outcomes for the PHHS Block Grant as a whole. Descriptive statistical analyses will be conducted on responses to multiple-choice questions and qualitative analyses on response to open-ended questions. Upon completion of data analysis, CDC will develop an aggregated report summarizing the results. The report will then be shared with CDC leaders, PHHS Block Grant CDC project officers, ASTHO, and PHHS Block Grant coordinators (i.e., grantees).

Project Time Schedule

- ✓ Design instrument (COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan (COMPLETE)
- ✓ Pilot test instrument (COMPLETE)
- ✓ Prepare OMB package (COMPLETE)
- ✓ Submit OMB package (COMPLETE)
- ☐ OMB approval (TBD)

- Conduct data collection (4 weeks)
- Code data, conduct quality control, and analyze data..... (4 weeks)
- Prepare summary report(s) (2 weeks)
- Disseminate results/reports (1 week)

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

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

- A. Attachment A – List of PHHS Block Grant Grantees**
- B. Attachment B – Authorizing Legislation**
- C. Attachment C – PHHS Block Grant Measurement Framework Version 1.5**
- D. Attachment D – Instrument: Word Version**
- E. Attachment E – Instrument: Web Version**
- F. Attachment F – Federal Register Notice**
- G. Attachment G – Privacy Impact Assessment**
- H. Attachment H – Non-Research Determination**

REFERENCE LIST

1. Centers for Disease Control and Prevention (CDC). "National Public Health Performance Standards Program (NPHPSP): 10 Essential Public Health Services." Available at <http://www.cdc.gov/nphpsp/essentialservices.html>. Accessed on 7/10/18.
2. 115th Congress (2017-2018). "Senate Report 115-289 - DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2019", pg. 85. Available at <https://www.congress.gov/congressional-report/115th-congress/senate-report/289>. Accessed on 7/20/18.