Preventative Health and Health Services Block Grant

OSTLTS Information Collection Request
OMB No. 0920-0106

Supporting Statement – Section A

Submitted: April 26, 2019

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- **Purpose:** to ensure that the CDC PHHS Block Grant program managers and PHHS Block Grant recipients account for funds in accordance with legislative mandates by providing information on work through work plans and annual reports. .
- **Intended use:** 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.
- **Methods to be used to collect:** Standardized web based tool.
- **Respondents:** 61 PHHS Block Grant Coordinators
- **Analysis:** System generated reports and review of application and progress reports by CDC staff and grantees to measure performance and success on program activities.

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

CDC requests OMB approval for an extension for three years to continue the Preventive Health and Health Services Block Grant (OMB No. 0920-0106, exp. 7/31/2019) information collection. No changes to data items, the number of respondents, or the estimated burden per response are proposed. 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[1] 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.

Background

The Center for State, Tribal, Local and Territorial Support (CSTLTS) continues to provide awardees with Preventive Health and Health Services Block Grant[2] 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. 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). 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).

CDC requests OMB approval for an extension to continue the information collection for three years. 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. There are no substantive changes to the information collection instruments. 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.

Value of 0920-0106 BGMIS

Awardees have had many accomplishments with the use of PHHS Block Grant funds that the BGMIS data collection system has been able to capture. For example, in Iowa, their "Making Sure Help Arrives When Residents Call 911" reported that the funds received from the PHHS

Block Grant provide initial training and continuing education for EMS providers. In addition, the Iowa Department of Health uses the PHHS Block Grant to support two EMS field coordinators, train local EMS staff, and collect data to improve EMS system performance and address the education needs of local EMS providers. The Iowa Department of Public Health's (IDPH) BETS partners with over 12,000 Iowa certified EMS providers; of which 67% are volunteers. As of April 2017, there were 934 authorized EMS services in the state; 25% of them career/paid services, 8% a combination of paid and volunteer and 67% are all volunteer services. Iowa has 118 verified trauma facilities: two Level I, four Level II, 18 Level III and 94 Level IV trauma care facilities. BETS works closely with the State Office of Rural Health to assure EMS activities are coordinated in non-urban areas. In 2016, IDPH's EMS field coordinators held workshops throughout the state, providing initial EMS training for about 200 new recruits. These new recruits will help fill gaps in the EMS volunteer workforce and replace EMS workers who are retiring. Because of the PHHS Block Grant, more Iowans will have emergency medical services when they need them the most. 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. Without the BGMIS, these examples of how PHHS Block Grant funds have been used and the impact that they have made on communities, would not be accessible.

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 that describes changes in health objectives and progress towards completing program activities. It also allows awardees to create and submit an annual Work Plan. 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

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 February 21, 2019 (Vol. 84, No. 35, pp. 5439-5441). Two non-substantive comments were received. The individuals who commented did not provide contact information; therefore CDC was unable to respond the comments.

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
The Privacy Act does not apply to this data collection.

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

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

12. Estimates of Annualized Burden Hours and Costs

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 that outlines proposed activities as well as an Annual Report 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 and Annual Report.

The estimated annualized cost is based on an average hourly wage rate of $53.69, the rate for Health Care Practitioners and Technical Workers recorded by the U.S. Department of Labor, Bureau of Labor Statistics, May 2017 National Occupational Employment and Wage Estimates (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 Cost
Work plan	PHHS Block Grant	61	1	20	1,220	$53.69	$65,501

	coordinator						
Annual report	PHHS Block Grant coordinator	61	1	15	915	$53.69	$49,126
						Total	$114,627

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

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 $76,453.60 (Table A.14-1).

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

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Total Average Cost
Technical Monitor – GS-13 Overseeing BGMIS System specifications, approving deliverables, facilitating communications with CDC Management and development of OMB package.	80	$52.69/hour	$4,215.20
Project Manager – GS-14 Oversees the budget	160	$63.99 /hour	$10,238.40
Northrop Grumman (contractor) Data collection, ongoing maintenance of BGMIS			$62,000.00
Estimated Total Cost of Information Collection			$ 76,453.60

15. Explanation for Program Changes or Adjustments

This is a request for an extension 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 Work Plan Guidance to provide further clarification.

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, monitoring and reporting, and education of Administration, Congress, and the general public. The project time schedule is as follows:

Project Time Schedule

- ✓ Design System .....(COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan .....(COMPLETE)
- ✓ Pilot test System .....(COMPLETE)
- ✓ Prepare OMB package .....(COMPLETE)
- ✓ Submit OMB package .....(COMPLETE)
- ❑ OMB approval .....(TBD)
- ❑ Conduct data collection .....(Ongoing)
- ❑ Code data, conduct quality control, and analyze data.....(Ongoing)
- ❑ Prepare summary report(s) .....(Upon completion of analysis)
- ❑ Disseminate results/reports .....(Upon completion of analysis)

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

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submission

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

REFERENCE LIST

1. U.S. Department of Health and Human Services, Healthy People 2020. Retrieved January 23, 2019 from https://www.healthypeople.gov/

2. Centers for Disease Control and Prevention.(n.d.). Retrieved January 23, 2019 from https://www.cdc.gov/phhsblockgrant/