

**Performance Improvement and Management System
(PIMS)**

Performance Data System (PDS)

**Request for Revision on a Previously Approved Collection:
Control No: 0990-0275, Expiration 1/31/2020**

Supporting Statement A

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Submitted by:

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Supporting Statement for the OMH PDS

This request for Office of Management and Budget (OMB) clearance is intended to reduce respondent burden and achieve cost efficiencies for the collection of project performance data from grantees and other recipients from programs funds of the Office of Minority Health (OMH). The revision requests approval for replacing a customized web-based system with a commercial software solution and a reduction in the amount of data collected. Grantees will use a spreadsheet template to report 30 data elements and upload the completed report to Grant Solutions – Grant Notes Module. Grant Solutions is password protected and access is limited to Authorized HHS Officials, and Grantee Principal Investigators and Project Directors. This data is used in conjunction with systematic efforts to provide evaluation training and technical assistance (T/TA) to grantees and other funding recipients as well as to monitor and promote evaluation of intervention effectiveness throughout the course of a funding period/cycle to ‘grow the science’ regarding ‘what works’ in minority health improvement and health disparities reduction. OMH is requesting revision of a previously OMB-approved data collection, i.e., the Performance Data System (PDS), formerly, the Uniform Data Set (UDS) [OMB No. 0990-0275, Expiration Date 1/31/2020], the tool used by OMH to collect standardized program management and performance data for OMH-funded projects.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

In 1985, the Report of the Secretary's Task Force on Black and Minority Health, the first comprehensive national racial and ethnic minority health study published by the HHS, documented the wide disparity in health status between racial and ethnic minorities and Whites. Although the health of all Americans has continued to improve over two and a half decades since the Report was issued, racial and ethnic health disparities persist and, in some cases, are increasing. The persistence of such disparities suggests that current approaches and strategies are not producing the kinds of results needed to ensure that all Americans are able to achieve the same quality and years of healthy life, regardless of their demographic characteristics.

Since its inception in 1985, OMH has been the organizational entity within HHS that coordinates Federal efforts to improve the health status of racial and ethnic minority populations. The office was established with the passage of the Disadvantaged Minority Health Improvement Act (P.L. 101-527, at <http://thomas.loc.gov/cgi-bin/bdquery/z?d101:HR05702:/TOM:/bss/d101query.html>) and given a broad mandate to advance efforts to improve minority health and address racial/ethnic disparities in health. Under the recently passed Patient Protection and Affordable Care Act (P.L. 111-148, at <http://democrats.senate.gov/reform/patient-protection-affordable-care-act-as-passed>) and the Health Care and Education Reconciliation Act (P.L. 111-152, at <http://www.gpo.gov/fdsys/pkg/BILLS-111hr4872EH/pdf/BILLS-111hr4872EH.pdf>), the responsibility for OMH to “establish, implement, monitor, and evaluate short-range and long-range goals and objectives and oversee all other activities within the US Public Health Service that relate to disease prevention, health promotion, service delivery, and research concerning minority groups” was recodified. In order to achieve this broad mandate, OMH supports research, demonstrations and evaluations of new and innovative programs, and strategies and

interventions that increase understanding of ways to improve the health of racial and ethnic minority communities and reduce the burden of disease, disability, and premature death that disparately impacts them.

OMH's GPRA Reporting Requirements

In response to requirements under the Government Performance and Results Act of 1993 as well as the more recent Government Performance and Results Modernization Act of 2010, in FY 2009, OMH began the development of a Performance Improvement and Management System (PIMS) built on its already completed *Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Health Disparities* (the *Framework*) (available at: <http://www.minorityhealth.hhs.gov/templates/content.aspx?lvl=1&lvlid=44&id=8842>) and its *Evaluation Protocol for Systematically Evaluating Efforts to Improve Racial and Ethnic Minority Health, Reduce Health Disparities, and Effect Systems Approaches to Racial and Ethnic Minority Health Problems* (the *Evaluation Protocol*) (available at: <http://www.minorityhealth.hhs.gov/Assets/pdf/Checked/1/EvaluationProtocol.pdf>.) The *Framework* is intended to present a vision, rationale, and systems approach for addressing OMH's mission, and the *Evaluation Protocol* is a general guide for OMH grant applicants/awardees, contractors, other funded partners, and other stakeholders on the development and implementation of evaluation plans that articulate how proposed or planned efforts will be evaluated to determine if intended results are achieved.

Both of these documents have served as the basis for development, implementation, and improvement of two major components of the PIMS: the Evaluation Technical Assistance Center (ETAC) which provides systematic T/TA throughout the course of funded programmatic efforts to promote evaluation of intervention effectiveness; and the collection of performance data heretofore collected via the customized web-based system for collecting standardized program, project, and performance data from OMH grantees and other funding recipients. Development of the PIMS and these components was completed at the end of FY 2010, and the system has been fully operational since FY 2011. Through the ETAC, OMH is able to systematically produce results of intervention effectiveness and identify 'best practices' and 'promising approaches'; and, through the PDS, quarterly, annual, and ad hoc reports can be generated to inform program managers, OMH and HHS leadership, budget personnel, and Congressional staff about the number and demographic make-up of program participants, the nature and extent of funded interventions and their impacts on program participants, efficiencies through resource leveraging and partnerships, the relationship of funded efforts to national goals and objectives, such as *Healthy People 2020 (HP2020)* and the *National Partnership for Action to End Health Disparities (NPA)*, etc. Such results enable OMH to comply with the requirements under the GPRA Modernization Act.

2. Purpose and Use of Information Collection

The overall purpose of the PDS is to enable OMH, via an easily accessible commercial software product, to collect standardized performance information from its grantees, cooperative agreement partners, and other funding recipients in order to enable generation of routine reports regarding program and project status. Grantee-level reports can be accessed and used by the respective grantees and their respective project officers; program-level reports can be generated for use by respective OMH project officers and OMH grants and cooperative agreement

coordinators; and OMH-wide and all other reports can be generated for use by OMH project officers, program and Division managers, and office leadership for performance budgeting and reporting as well as program improvement purposes.

OMH project officers and OMH's evaluation contractor, NORC, use the system to review individual grantee reports and aggregate reports on projects in their grant stream and to improve the overall management of their projects. Additionally, the PDS generates aggregate program data on program efficiency used to respond to inquiries made to OMH leadership and other policy/decision makers.

3. Use of Improved Information Technology and Burden Reduction

As noted above in Section 2 (Purpose and Use of Information Collection), the purpose of the PDS is to facilitate collection of performance data from its grantees, partners and others in order to monitor program and project status and generate results that can be reported for program management and performance budgeting purposes.

OMH is replacing the web-based portal for performance data collection with a spreadsheet template created with commercially available software (i.e., a spreadsheet) which will enable the collection of a core set of performance measures at a greatly reduced cost to the government. The PDS spreadsheet template is designed to reduce reporting burden by reducing the total number of data elements necessary for OMH to collect performance data and organizing data elements in a logical manner. The PDS spreadsheet template both minimizes respondent burden and reduces cost.

4. Efforts to Identify Duplication and Use of Similar Information

Data collection using the PDS does not duplicate other data collection efforts. Data elements included in the PDS are specific to OMH-funded grantees and cooperative partners and, therefore, are not available elsewhere. OMH does not have any other system for the collection of standardized performance information.

5. Impact on Small Businesses or Other Small Entities

The impact of this data collection will be negligible at best, since, for the most part, the grantees and cooperative agreement partners funded by OMH are public or private non-profit minority-serving community-based organizations, minority-serving institutions of higher education, and State agencies dedicated to addressing minority health concerns. With or without the PDS, these projects would have to provide project and evaluation data. The required PDS data entry represents the minimum data needed to be useful for project reporting, program monitoring, and performance measurement by OMH and its partners.

6. Consequences of Collecting the Information Less Frequently

Current PDS data are reported once every three months or quarterly in order to synchronize the data reporting with OMH's other data reporting needs for HHS GPRA and performance budgeting and reporting purposes. Less frequent collections pose challenges to obtaining data

that are requested more frequently for other departmental performance reporting needs, and increase the amount of data that the grantees and other users need to accumulate and manage prior to submission to OMH.

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

No special circumstances apply. This request complies with the information collection guidelines of 5 CFR 1320.5(d)(2).

8. Comments in Response to the Federal Register Notice/Outside Consultation

In accordance with the Paperwork Reduction Act of 1995, OMH published a notice in the Federal Register announcing the agency’s intention to request an OMB review of data collection activities. The 60-day notice for public comment was published on December 28, 2018 in volume 83 on page 62325.

9. Explanation of any Payment/Gift to Respondents

This data collection does not involve payment or gifts as incentives for respondents. OMH-funded grantees enter data into the PDS as a funding requirement to obtain their grants.

10. Assurance of Confidentiality Provided to Respondents

Only aggregate, periodic project data from OMH-funded projects is reported. There is no personally identifiable information (PII) collected. Grantees will use a spreadsheet template to report 30 data elements and upload the completed report to Grant Solutions – Grant Notes Module. Grant Solutions is password protected and access is limited to Authorized HHS Officials, and Grantee Principal Investigators and Project Directors.

11. Justification for Sensitive Questions

The PDS requests data from users specific to their OMH-funded project, including: number of individuals participating in funded activities. These data do not include any items of a personal or sensitive nature.

12. Estimates of Annualized Hour and Cost Burden

Currently, OMH grantees are entering and submitting data on quarterly basis to align with OMH and GPRA reporting requirements. The redesigned PDS spreadsheet template (Appendix A: Data Elements in the PDS) will reduce respondent burden per response. This estimate is based on four quarters of data collection from grantees. Exhibit 1 shows the current total burden hours for all four responses. Exhibit 2 shows the costs for submitting all reports which totals \$11,700.00 per year.

Exhibit 1: Changes in Estimated Burden Hours

	Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Burden	OMH Grantee	PDS	130	4	45/60	390

Exhibit 2: Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Manager or Evaluator	390	\$30.00	\$11,700

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

The data collection described in this request does not constitute an additional effort for respondents beyond regular project duties/obligations. No additional staff time or cost is anticipated other than the time/cost allocated for regular project administrative requirements. No additional materials or equipment are needed to generate a report using the PDS.

14. Annualized Cost to Federal Government

The overall annual cost to the Federal government for maintaining the PDS is \$30,000. This total includes time to design the reporting template, provide technical support to grantees, developing training materials, and training users on system navigation and data entry. Exhibit 3 presents total costs to the Federal government for making and implementing enhancements and modifications.

Exhibit 3: Costs to the Federal Government

Category	Cost
Personnel	\$68,836
Other Direct Costs (including travel, consultants, computer equipment, etc.)	\$0
Total	\$68,836

*G&A and fee included in total.

15. Explanation for Program Changes or Adjustments

This is a request for a revision to an existing, OMB-approved data collection. The revised data collection reduces the number of questions about grantee activities to the minimum necessary for OMH to monitor grantee performance across a common set of data elements.

16. Plans for Tabulation and Publication and Project Time Schedule

The purpose of the PDS, as described herein, is to serve as the regular, ongoing system of standardized data reporting for all grants, cooperative agreements, and other selected programmatic efforts funded by OMH. Data reported as part of this system are used for project management and monitoring, assessment of project implementation and results, and for performance budgeting and reporting purposes in support of OMH strategic priorities, objectives, and goals. In addition, aggregate program data are also used in periodic reports to OMH leadership, other HHS policymakers and decision makers, and Congressional staff, as needed and appropriate.

There are no specific plans to publish results from the PDS system at this time.

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

This collection of information does not seek approval to exclude the expiration date for OMB approval from any data collection instruments.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

This collection of information involves no exception to the Certification of Paperwork Reduction Act Submissions.