

Preventive Health and Health Services Block Grant

CSTLTS Information Collection Request
OMB No. 0920-0106

Supporting Statement – Section A

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- **Purpose:** to ensure that the CDC PHS Block Grant program managers and PHS 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 use the Block Grant Information System to monitor recipients' progress, identify activities and personnel supported with Block Grant funding, conduct compliance reviews of Block Grant recipients, and promote the use of evidence-based guidelines and interventions.
- **Methods to be used to collect:** Standardized web-based tool.
- **Respondents:** 61 PHS Block Grant Coordinators.
- **Analysis:** System-generated reports and review of application and progress reports by CDC staff and recipients to measure performance and success on program activities.

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

CDC requests OMB approval for a revision to an existing information collection for the Preventive Health and Health Services Block Grant (OMB No. 0920-0106, exp. 08/31/2022). A three-year approval is being sought. The revision will consist of developing a new web-based collection system and updating the information to be collected that is most relevant and useful.

The Block Grant Management Information System (BGMIS) was first developed in 2007 and launched in 2008, and now both the technology of the system and the contents of the data collection instruments need to be updated to align with current technological and program requirements. This new system will be called the Block Grant Information System (BGIS). The revised templates collect primarily the same information as the BGMIS templates did. However, they are streamlined for more efficient completion and review by shifting focus from sometimes-lengthy narrative responses to short, specific questions. Some areas of the former templates have been reduced, and some have been slightly expanded or updated in response to changing data needs and Congressional data requests; see *Attachment A, Summary of Changes Between BGMIS and BGIS Data Collection Instruments*, for a summary of the major changes in the information collected by these templates.

The HHS Healthy People (HP) framework¹ is used to define program objectives and performance measures for Block Grant recipients. Reporting elements for recipients and corresponding data items in the BGMIS are configured based on HP 2020 objectives. Beginning with the FY2021 award, recipients will use the new system to enter their reporting elements based on HP2030 objectives.

Background

The Center for State, Tribal, Local and Territorial Support (CSTLTS) administers the Preventive Health and Health Services Block Grant² funding for health promotion and disease prevention programs. Sixty-one recipients (50 states, the District of Columbia, two American Indian Tribes, five U.S. territories, and three freely associated states) receive block grant funds to address locally-defined public health needs in innovative ways; *see Attachment B for list of PHHS Block Grant Recipients*. The PHHS Block Grant allows recipients 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 recipient is required to submit a work plan with its selected health outcome objectives, as well as descriptions of the health problems, identified target populations (including portions of those populations disproportionately affected by the health problems), and activities to be addressed in the planned work.

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 several 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; 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); *see Attachment C for the legislation*.

CDC requests OMB approval for revision to an existing information collection request to accommodate the needed updates to the system and templates used to collect the information. As specified in the authorizing legislation, CDC currently collects information from Block Grant recipients to monitor their objectives and activities. Each recipient is required to submit an annual application for funding (Work Plan) that describes its objectives, activities, and the populations to be addressed, and an Annual Progress Report that describes recipient progress toward meeting those objectives. Since 2008, CDC has collected this information using a web-based electronic system, the Block Grant Information Management System (BGMIS.) Beginning with the FY2021 award, CDC will be using a new information management system, the Block Grant Information System (BGIS) to collect this information.

The BGIS will collect substantially the same information as the BGMIS, but will offer a variety of updates and improvements:

- Update of the technological infrastructure of the system, allowing for improved performance and easier future updates
- Update from Healthy People 2020 to Healthy People 2030 options for grant recipients to use in planning their programs

- Usability improvements and other refinements to the system and templates based on feedback from both CDC and recipient users
- Greater ease in making future alterations to the system, such as to add a newly-developed Healthy People objective
- Redesigned templates that will capture the data in a more normalized format, reducing the time required to input, review, and analyze it, therefore reducing the time burden for both CDC and grant recipients to fulfill mandated annual reporting tasks. (See *Attachment A for a summary of changes to the data collected between BGMIS and BGIS.*)

Transition Between Old and New Systems

The BGIS system is expected to go live in February 2021. The following transition schedule has been created to close out prior fiscal year data in the existing BGMIS system and begin new fiscal year data entry in the new BGIS system. Thus, from February until the end of FY2021, both systems will be live, but will not collect duplicate information. See transition schedule and description of which data will be entered into which system:

February 2021:

- New BGIS system is live.
 - All prospective recipient information relevant to FY 2021 and beyond will be entered into the new BGIS system after this date.
- BGMIS close-out begins
 - FY20 progress reports entered into BGMIS in February 2021 (progress reports will be entered into BGMIS for this fiscal year because original 2020 workplans were entered into BGMIS).
 - Internal and external testing of the new system February to April 2021
 - Recipient training and onboarding will start at in the fall of 2020 and will continue through the transition to the new BGIS system in 2021.

Items of Information to be Collected

BGIS is organized into three large modules, Recipient Information, Work Plan and Annual Progress Report. The Recipient Information module is completed once and then only updated if the information changes, while the other two modules must be completed annually. The data collected consists of responses to both open-ended questions with short (sentence or paragraph length) answers and to closed-ended questions with multiple choice, yes/no, and similar answers. When possible, the system will auto-populate relevant information into any other module where it is needed, and will utilize user profiles to auto-populate appropriate options for certain questions (such as automatically populating the recipient name based on the user who is creating a report).

The following modules contain the data collection instruments for the system (*See Attachments D, E and F for data collection instruments for the Recipient Information, Work Plan and Annual Progress Report, respectively*):

Recipient Information Modules

Completed by each recipient once on setup and then updated as information changes:

- User Profile
- Health Department or Agency
- Lead Health Official
- Chief Executive Officer
- Recipient Health Objectives

Annual Reporting Modules

Completed by each recipient every federal fiscal year:

- Work Plan Modules
 - Advisory Committee Members
 - Advisory Committee Meetings
 - Budget Information
 - Program
 - Objectives and Activities
- Annual Progress Report Modules
 - Annual Progress Report
 - Updated Annual Progress Report (Closeout Report)

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. BGIS will allow recipients to input data from their programs to satisfy the legislative requirement of identifying the Healthy People Objective they plan to address and identify how funds are prioritized and utilized to achieve desired outcomes.

CDC will use the BGIS to monitor recipients' progress, identify activities and personnel supported with Block Grant funding, conduct compliance reviews of Block Grant recipients, and promote the use of evidence-based guidelines and interventions. Beyond CDC's use, Block Grant recipients and their advisory committees use the information collected in the BGIS system to inform their programmatic planning.

3. Use of Improved Information Technology and Burden Reduction

The BGIS 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 Progress Report, a reduced number of revisions, and expanded inline help features.

After initial data entry for the Work Plan and Annual Progress Report is complete, fields for the next reporting period that will remain the same can be pre-populated into the next report. Recipients can thus 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.

Aggregate assessment of cross-cutting outputs and outcomes of the PHHS Block Grant to demonstrate the utility of the grant on a national level are currently collected through an alternative system and approved under a different OMB Co # (*Assessment of Outcomes Associated with the Preventive Health and Health Services Block Grant; OMB Co #: 0920-1257 expiration 04/30/2022*). The information collected through BGMIS and now BGIS are non-duplicative and serve a different, complementary purpose to the data collected within 0920-1257.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

The frequency with which information is collected varies by module. The largest sections of the BGIS system -- the Work Plan and Annual Progress Report -- are collected once per year. Reporting schedules align with federal 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.

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 05/21/2020 (Vol. 85, No. 99, pp. 30963-30964). One non-substantive public comment was received. The individual was contacted to provide clarification on his/her question and did not respond.

9. Explanation of Any Payment or Gift to Respondents

PHHS Block Grant recipients 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 (see Attachment G: Privacy Act Checklist). No personal identifying information or sensitive information is being collected. Any personal contact information collected in the system is the business information of the recipient (such as business phone number) and is collected in order to conduct standard and required grants management.

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

The estimated annualized cost is based on an average hourly wage rate of \$34.46, the rate for Social and Community Service Managers recorded by the U.S. Department of Labor, Bureau of Labor Statistics, 2019 National Occupational Employment and Wage Estimates (http://www.bls.gov/oes/current/oes_nat.htm). Based on DOL data, an average hourly wage of \$34.46 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	Type of	No. of	No. of	Average	Total	Hourly	Total
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collection instrument form name	Respondent	Respondents	Responses per Respondent	Burden per Response (in hours)	Burden Hours	Wage Rate	Respondent Cost
Recipient Information	PHHS Block Grant Coordinator	61	1	2	122	\$34.46	\$4,204
Work Plan	PHHS Block Grant Coordinator	61	1	12	732	\$34.46	\$25,225
Annual Progress Report	PHHS Block Grant Coordinator	61	1	11	671	\$34.46	\$23,123
Total							\$52,552

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 \$225,050.57 (Table A.14).

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

Staff or Other Expense	Average Hours per Collection	Average Hourly Rate	Total Average Cost
Program Liaison (FTE GS-13) <i>Overseeing BGIS System specifications, approving deliverables, facilitating communications with CDC Management and development of OMB package.</i>	250	\$58.34/hour	\$14,585
Project Manager – GS-14 Oversees the budget	160	\$63.99 /hour	\$10,238.40
Contract Staff Support <i>Development, business analysis, and other program support</i>	450.44	\$101.39/hour	\$45,727.17

Technology licenses, fees, and system administration, updates, etc.		\$154,500
Estimated Total Annual Cost of Information Collection		\$225,050.57

15. Explanation for Program Changes or Adjustments

This is a request for a revision to the Preventive Health and Health Services Block Grant information collection system. The scope of the information collected, the respondents, methods, and use of data remain consistent with what was previously approved, while the format of the questions has been changed (from primarily open-ended questions with long narrative responses to a mixture of closed-ended questions and open-ended questions with short responses). Due to the adjustment of the ways in which questions are asked, system automation, report generation, etc. the overall estimated burden for all data collection instruments is 1,525 hours, which is a decrease of 610 burden hours (down from 2,135 approved on latest iteration of the 0920-0106 ICR).

16. Plans for Tabulations and Publication and Project Time Schedule

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(May 2020-January 2021)
- ❑ Conduct data collection(Ongoing)
 - o Projected implementation of BGIS(January-July, 2021)
 - o Projected decommission of BGMIS (March-September, 2021)
- ❑ 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.

List of Attachments

Attachment A – Summary of Changes Between BGMIS and BGIS Data Collection Instruments

Attachment B – List of PHHS Block Grant Recipients

Attachment C – Block Grant Authorizing Legislation 1981 and 1992

Attachment D – Recipient Information Data Collection Instruments

Attachment E – Work Plan Data Collection Instruments

Attachment F – Annual Progress Report Data Collection Instruments

Attachment G – Privacy Act Checklist

REFERENCE LIST

1. U.S. Department of Health and Human Services, Healthy People 2030. Retrieved February 21, 2020 from <https://www.healthypeople.gov/>
2. Centers for Disease Control and Prevention.(n.d.). Retrieved February 21, 2020 from <https://www.cdc.gov/phhsblockgrant/>