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

Extension: OMB No. 0920-1257 04/30/2022

**Supporting Statement B**

**Program Official/Contact**

Carlos Zometa

Health Scientist

Center for State, Tribal, Local and Territorial Support

Centers for Disease Control and Prevention

P: 770-488-1605; Mobile: 678-447-6940

czometa@cdc.gov

4/13/2022

TABLE OF CONTENTS

[B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS 3](#_Toc93058323)

[*B1. Respondent Universe and Sampling Methods* 3](#_Toc93058324)

[*B2. Procedures for the Collection of Information* 3](#_Toc93058325)

[*B3. Methods to Maximize Response Rates and Deal with No Response* 4](#_Toc93058326)

[*B4. Tests of Procedures or Methods to be Undertaken* 5](#_Toc93058327)

[*B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data* 5](#_Toc93058328)

**[ATTACHMENTS](#_REFERENCES_(Tool_Tip:" \o "Tool Tip: You may copy and paste your list of Attachments from SSA or fill in below))**

Attachment 1. List of PHHS Block Grant Recipients

Attachment 4. Instrument: Word Version

Attachment 5. Instrument: Web Version

Attachment 9. Invitation Email

Attachment 10. Reminder Email

Attachment 11. Final Reminder Email

**B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

## *B1. Respondent Universe and Sampling Methods*

The respondent universe for this data collection includes 61 (50 states, the District of Columbia, 2 tribes, 5 U.S. territories, and 3 freely associated states) health departments (see Attachment 1 – List of PHHS Block Grant Recipients) funded under the Preventive Health and Health Services Block Grant (PHHS Block Grant).

Respondents consist of PHHS Block Grant coordinators or their designees acting in their official capacity. Designees invited to participate may hold the titles of ‘Health Program Manager’, ‘Public Health Treatment Program Administrator’, and ‘Performance Improvement Specialist’ among others. Regardless of title, the individuals invited to participate in this assessment were chosen because of their specialized knowledge and experience in managing and administering PHHS Block Grant funds within their jurisdictions.

No sampling will be used for this assessment as all 61 jurisdictions receiving PHHS Block Grant funds will be invited to participate in the assessment. There will be no duplication across the health departments included within this assessment, making 61 the respondent universe total.

## *B2.* *Procedures for the Collection of Information*

The PHHS Block Grant assessment will be conducted once every other year, or biennially. Data will be collected via a web-based data collection instrument (seeAttachment 4 – Instrument: Word version and Attachment 5 – Instrument: Web version) and respondents will be recruited through a notification email (see Attachment 9 – Invitation Email) sent to the respondent universe. The notification email will explain:

* The purpose of the data collection, and why their participation is important.
* Instructions for participating and a link to the web-based instrument.
* Method to safeguard their responses.
* That participation is voluntary.
* The expected time to complete the instrument.
* Contact information for the project team.
* Timeframe for participation in the assessment (four weeks from initial email).

Respondents will be asked to provide their responses to the data collection instrument within a 4-week period. Two weeks following the invitation email, a reminder email (see Attachment 10 – Reminder Email) will be sent to those who have not responded. A final reminder email (see Attachment 11 – Final Reminder Email) will be sent to those who have not responded during the third week indicating that the assessment will be available for one more week. Those who do not respond to the final reminder email within 1 week, or the end of the 4-week information collection period, will be considered non-responders.

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 the Association of State and Territorial Health Officials (ASTHO). ASTHO will then share the data with CDC. Data will be analyzed using Microsoft Excel® to produce charts and data visualizations that describe 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, ASTHO, and PHHS Block Grant coordinators (i.e., recipients).

## *B3. Methods to Maximize Response Rates and Deal with No Response*

Although participation in the data collection is voluntary, the project team will make every effort to maximize the rate of response. The data collection instrument was designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden.

Following the notification email (see Attachment 9 – Invitation Email), respondents will have 4 weeks to complete the instrument. Those who do not respond within 2 weeks will receive a reminder email (see Attachment 10 – Reminder Email) urging them to complete the instrument. A final reminder email (see Attachment 11 – Final Reminder Email) will be sent to non-respondents during the third week indicating that the tool will be available for one more week. Those who do not respond to the final reminder email within 1 week, or the end of the 4-week information collection period, will be considered non-responders.

## *B4. Tests of Procedures or Methods to be Undertaken*

The estimate for burden hours is based on a pilot test of the data collection instrument by 3 recipients 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.

## *B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data*

**Carlos Zometa, MSPH, PhD.**

Health Scientist, Performance Development, Evaluation, and Training Branch

Division of Performance Improvement and Field Services

Center for State, Tribal, Local, and Territorial Support

Centers for Disease Control and Prevention

czometa@cdc.gov, (678)-447-6940

**Cassandra M. Frazier, MPH**

Health Scientist, Performance Development, Evaluation, and Training Branch

Division of Performance Improvement and Field Services

Center for State, Tribal, Local, and Territorial Support

Centers for Disease Control and Prevention

bkx9@cdc.gov, (404) 498-0581

**Maggie Carlin, MPH**

Sr. Director, Evaluation

Association of State and Territorial Health Officials

2231 Crystal Drive, Suite 450, Arlington, VA 22202

mcarlin@astho.org

**Emily Peterman, MPH**

Director, Research and Evaluation
Association of State and Territorial Health Officials
2231 Crystal Drive, Suite 450, Arlington, VA 22202

epeterman@astho.org