



DATE: April 17, 2024
TO: Josh Brammer, OMB Desk Officer
FROM: Samantha Miller, Acting HRSA Information Collection Clearance Officer

Request: The Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) requests approval for changes to Attachment B Central Forms inside the Discretionary Grants Information System (DGIS) (OMB 0915-0298 expiration date 12/31/2026).

Purpose: The purpose of this request is to:

- 1) Revise the definition of Health Equity to align with the Healthy People 2030 definition of Health Equity, as per HRSA guidance.
- 2) Add optional age categories to distinguish between children and young adults (1-17 vs. 18-25 years) in the Direct and Enabling Services and Research forms.
- 3) Incorporate Part A into Part B of the Knowledge and Behavior Change forms to make it easier for respondents to complete these two forms.
- 4) Incorporate multiple grammatical changes throughout the Central Forms as identified during the form development process with the system vendor.

This memo explains the changes and supporting rationale.

Changes: **Instruments:** DGIS Health Equity, Direct and Enabling Services, Research, Knowledge Change, and Behavior Change forms. (OMB 0915-0298 expiration date 12/31/2026)

The Proposed Clarifications and Non-Substantive Changes section describes the changes and rationale in more detail. The DGIS forms with proposed changes included are attached. The requested changes are minimal and will make it easier for respondents to understand and complete the form and provide HRSA with more accurate data.

Time Sensitivity: The data collection changes must be completed in a timely manner to ensure consistent data collection from respondents as soon as the DGIS forms are implemented and used for reporting. Approval of these changes

is requested by May 31, 2024, to implement the changes in the data collection instruments and to prepare for the timely collection of data critical to HRSA.

Burden:

These changes included herein do not substantially change the estimated reporting burden for respondents. The revised definition of Health Equity will not impact respondents in completing the Health Equity form. The addition of optional age categories to distinguish between children and young adults (1-17 vs. 18-25 years) in the Direct and Enabling Services and Research forms will make it easier for respondents to identify the number of children, adolescents, and/or young adults served. Incorporating Part A into Part B of the Knowledge and Behavior Change forms will eliminate the need for respondents to select target populations, subject areas, and topic areas twice.

PROPOSED CLARIFICATIONS AND NON-SUBSTANTIVE CHANGES:

(1) Health Equity definition: Currently, the Health Equity form provides the following definition: “Health Equity means that all people, including mothers, fathers, birthing people, children, and families achieve their full health potential. Achieving health equity is an active and ongoing process that requires commitment at the individual and organizational levels, and within communities and systems. Achieving health equity requires valuing everyone equally, dismantling systemic and structural barriers including poverty, racism, ableism, gender discrimination and other historical and contemporary injustices, and targeting resources to eliminate health and health care disparities.”

Proposed Change: Revise the definition to align with Healthy People 2030 which is:

“The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Rationale: During systems development requirements gathering for the Health Equity form, HRSA and MCHB leadership requested the DGIS team to align the definition of health equity with Healthy People 2030. MCHB discretionary grantees are familiar with Healthy People 2030 and revising the definition to align with these national objectives will help promote this DHHS initiative and eliminate potential confusion.

(2) Age categories: Currently, the Direct and Enabling Services and Research forms request respondents to identify the number of children, adolescents, and/or young adults served with one category labeled “Children, Adolescents, and Young Adults (age 1-25).”

Proposed Change: Add optional age categories to distinguish between children and young adults (1-17 vs. 18-25 years).

Rationale: During systems development requirements gathering for the Direct and Enabling Services and Research forms, MCHB’s Division of Services for Children with Special Health Needs (DSCSHN) identified a programmatic need to delineate between individuals under the age of 18 and those 18 and older. Adding these optional age categories is the most efficient way to allow for this disaggregated data collection, while allowing all other MCHB discretionary programs to report using current age categories.

(3) Knowledge Change and Behavior Change forms: Currently, the OMB-approved Knowledge Change and Behavior Change forms visually depict the need for a respondent to select target populations, subject areas, and topic areas twice – once for completing Part A and again for completing Part B.

Proposed Change: Incorporate Part A into Part B of the Knowledge Change and Behavior Change forms.

Rationale: During systems development requirements gathering for the Knowledge Change and Behavior Change forms, MCHB identified an opportunity to streamline data collection and incorporate Part A into Part B of the two forms to eliminate the need for respondents to select target populations, subject areas, and topic areas twice.

(4) Grammatical changes

Proposed Change: Incorporate multiple grammatical changes throughout the Central Forms.

Rationale: During systems development requirements gathering for the Central Forms, multiple grammatical changes were identified. The changes allow the OMB package to match what will be visible in the system to grantees and attempt to provide clarity. For example, instead of saying “umbrella topic,” in our instructions for multiple Central Forms, we plan to say, “general topic.”

Attachments:

Attachment B Central Forms (OMB 0915-0298 expiration date 12/31/2026) showing all proposed revisions in tracked changes.