

OT21-2103 Success Stories

(2024-2026)

PHIC Generic Information Collection Request

OMB No. 0920-0879

Supporting Statement – Section A

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- **Purpose of the data collection**

Success stories help highlight achievements and progress of a program or activity. They can document program improvement over time and demonstrate the value of related efforts.

The purpose of this project is to collect information related to activities implemented during the COVID-19 pandemic that successfully addressed health disparities and advanced health equity.

- **Intended use of the resulting data**

The creation and dissemination of success stories allow grant recipients to share program impact. The data will be used to:

- improve state, local, territorial, and freely associated state health department capacity to develop and implement successful activities and programs that advance health equity,
- build the evidence base around promising and best practices and
- demonstrate the value of the OT21-2103 grant.

- **Methods to be used to collect data**

OT21-2103 grant recipients (108 state, local, territorial, and freely associated state health departments) will be invited in an email from the Grant mailbox to submit success stories through use of a REDCap form. The Grant mailbox will distribute reminders about the email invitation.

- **Respondent Universe**

OT21-2103 grant recipient points of contact will be invited to submit stories. The 108 grant recipients include 50 state, 50 local, 5 US territories, and 3 freely associated state health departments.

- **How data will be analyzed**

OT21-2103 leadership will lead the review of success stories to learn about and identify implementation successes. As success stories are collected, the OT21-2103 team will review data qualitatively, observe and identify themes, and filter for selected topics (i.e., filter and key word search for topics of data calls) through Power BI functionalities and dashboard. The Power BI dashboard will be used to report on and visualize topics and themes.

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This information collection is being conducted using OMB No. 0920-0879 “Information Collections to Advance State, Tribal, Local and Territorial Governmental Agency System Performance, Capacity, and Program Delivery” nicknamed the “PHIC STLT Generic.” The OT21-2103 Success Stories data collection was initially approved in May 2023 for one year of data collection (2023-2024). Since then, recipients have received a two-year, no-cost extension to

complete their work. CDC is therefore requesting OMB approval to continue collecting Success Stories for two years (2024-2025 and 2025-2026). Upon receipt of OMB approval the information collection instrument will be updated with current expiration date of the PHIC STLT Generic (8/31/2026). There are no other changes.

The respondent universe for this information collection aligns with that of the PHIC STLT Generic. Data will be collected from a total of 108 respondents across 50 state, 50 local, 5 US territories and 3 freely associated state health departments and their delegate organizations (e.g., partners and subcontractors) (**See Attachment A**— OT21-2103 Recipient List). Respondents acting in their official capacities include grant recipient staff supporting OT21-2103 implementation (e.g., Principal Investigators, program managers, health equity directors).

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service(s) of

- 1. Assess and monitor population health status, factors that influence health, and community needs and assets
- 2. Investigate, diagnose, and address health problems and hazards affecting the population
- 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- 4. Strengthen, support, and mobilize communities and partnerships to improve health
- 5. Create, champion, and implement policies, plans, and laws that impact health
- 6. Utilize legal and regulatory actions designed to improve and protect the public's health
- 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
- 8. Build and support a diverse and skilled public health workforce
- 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- 10. Build and maintain a strong organizational infrastructure for public health¹

In March 2021, CDC/CSTLTS released a plan to invest \$2.25 billion over two years to address COVID-19-related health disparities and advance health equity among populations that are at high-risk and underserved, including racial and ethnic minority groups and people living in rural areas. This funding represents CDC's largest investment to date to support communities affected by COVID-19-related health disparities. This grant is funded through the Coronavirus Response and Relief Supplemental Appropriations Act, 2021. The grant outcomes are: 1) reduce COVID-19-related health disparities, 2) improve and increase testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities, and 3) improve state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

Public health departments use these funds to implement grant strategies that expand existing and/or develop new mitigation and prevention resources; increase/improve data collection and reporting; build, leverage, and expand infrastructure support; and mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19. This data collection effort will create new knowledge related to grant implementation successes.

The CDC OT21-2103 Team developed a tool to help OT21-2103 grant recipients cultivate success stories that can be used to tell the story of grant implementation. This data collection will enable CDC to highlight sample achievements of grant recipients expending awarded funds and performing their proposed activities in accordance with this funding opportunity. Participation is optional and is not required as part of their grant funding agreement.

The success story form (**see Attachment B**— OT21-2103 Success Stories Form- REDCap and **Attachment C**—OT21-2103 Success Stories Form- Word) allows a respondent to share how they are leveraging the grant resources to address COVID-19 related health disparities and advance health equity by expanding state, local, US territorial, and freely associated state health department capacity and services. Information collected will promote the use of evidence-based and/or promising practices to advance health equity. Specifically, this project will assist health departments with infrastructure development by highlighting program progress and success targeting different populations. Information collected will also be used to demonstrate program impact by providing examples of successful approaches for improving public health infrastructure and developing meaningful partnerships to support public health activities. In addition, the information will be used by CDC to improve and tailor technical assistance and support provided to grant recipients.

Overview of the Information Collection System

Data will be collected from 108 respondents via a fillable form using the web-based platform REDCap (**see Attachment B**— OT21-2103 Success Stories Form- REDCap and **Attachment C**—OT21-2103 Success Stories Form- Word). Respondents may choose to collaborate with their partners and subcontractors to ease completion of the form regarding their achievements and work on the grant.

The information collection instrument was pilot tested by 2 public health professionals. Feedback from this group was used to refine questions as needed, and establish the estimated time required to complete the information collection instrument.

Items of Information to be Collected

The data collection instrument consists of 14 questions of various types, including open text fields for respondents to name their success story (i.e., success story title) and describe their challenge, solution, and impact. Information fields include recipient name, recipient category (state health department, US territories and freely associated states, or local health

department), OT21-2103 grant strategies (multi-select), populations of focus (multi-select), and activity focus areas (multi-select). The instrument will collect data on the following:

- What COVID-19 related health disparity(ies) did the OT21-2103 recipient target to improve capacity and services that address COVID-19 health disparities and advance health equity?
- How has the recipient addressed COVID-19 related health disparity(ies) and/or advanced health equity through use of OT21-2103 resources?
- What is the impact of the recipient's efforts addressing COVID-19 health disparities and/or advancing health equity?

Respondents can upload files, submit hyperlinks, and enter additional text content for support. CDC will monitor submissions for stories that highlight innovative approaches to building infrastructure or partnerships and/or relate to high priority topics nationally (e.g., emerging needs for health departments) and will publish stories on the CDC website on a rolling basis.

2. Purpose and Use of the Information Collection

The CDC OT21-2103 Team worked to develop a capacity building tool for the data collection to help OT21-2103 grant recipients cultivate success stories that can be used to tell the story of grant implementation. Collecting success stories enables CDC to highlight sample achievements of grant recipients expending awarded funds and performing their proposed activities to understand what is working well and how CDC and recipients can improve programs. This effort is optional and is not required as part of the grant funding agreement.

Currently, recipients are asked to submit information on performance measures associated with this funding ("Performance Measures to Address COVID-19-Related Health Disparities" OMB CO# 0920-1282). However, the information collected by the performance measures is quantitative and provides limited to no insight into project activities being implemented. The success story form (**see Attachment B**—OT21-2103 Success Stories Form- REDCap and **Attachment C**—OT21-2103 Success Stories Form- Word) allows a respondent to share how they are leveraging the grant resources to address COVID-19 related health disparities and advance health equity by expanding state, local, US territorial, and freely associated state health department capacity and services. The CDC OT21-2103 Team will use success stories to complement the performance information and build on this routine reporting to demonstrate the value and impact of OT21-2103 grant. Information collected will allow CDC to

- Tailor guidance, resource documents and technical assistance provided to OT21-2103 grant recipients to assist them in developing and implementing successful activities and programs that advance health equity
- Provide insight into and describe successful activities as defined by the outcomes of the performance measures
- Build the evidence-base around successful activities addressing health disparities

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via REDCap Platform. This method was chosen to reduce the overall burden on respondents by using the REDCap platform that CDC already uses for program management for the grant. The respondents will not need to learn to use another platform and the interface will be familiar. Using this optional REDCap form reinforces that this is a capacity building tool to support program improvement. The data collection instrument was designed to collect the minimum information necessary for the purposes of this project (e.g., limited to 14 success story telling and respondent information questions).

4. Efforts to Identify Duplication and Use of Similar Information

This funding represents CDC's largest investment to-date to support communities affected by COVID-19-related health disparities. This grant was a significant effort to create more flexible funding for health departments across jurisdictional types (i.e., more directly funded locals and freely associated states).

Currently, recipients are asked to submit information on performance measures associated with this funding ("Performance Measures to Address COVID-19-Related Health Disparities" OMB CO# 0920-1282). These performance measures are used by recipients and CDC to

- Monitor implementation and progress toward achieving intended outcomes
- Demonstrate accountability and
- Maximize learning opportunities associated with the implementation of the grant.

Under the performance measure data collection, recipients are asked to report quantitative information related to any of the six OT21-2103 performance measures that align with the strategies implemented by the recipient. The success stories will build upon this routine reporting. This data collection activity compliments the performance measure data and does not include any duplicative reporting.

In addition, the CDC OT21-2103 Team consulted with other CDC Subject Matter Experts who have worked with other capacity building grants to learn about their success story efforts and maximize utility and efficiency in the process for respondents. Collection of success stories will provide meaningful information and will not duplicate other data collection activities previously taken by the agency.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this information collection.

6. Consequences of Collecting the Information Less Frequently

This request is for a one-time data collection. There are no legal obstacles to reduce the burden. If no data are collected, CDC will be unable to:

- Respond to requests for information or to provide robust examples demonstrating the impact and value of the OT21-2103 grant
- Provide technical assistance tailored to jurisdictional needs through the provision of successful examples
- Share the impact of OT21-2103 activities across grant recipients and their partners, community and decision makers
- Learn from individual respondent experiences to inform future programs
- Build the evidence-base related to activities addressing health disparities

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

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

This data collection is being conducted using the Generic Information Collection (“GENIC”) mechanism of an approved generic – OMB No. 0920-0879, exp. August 31, 2026. A 60-day Federal Register Notice was published in the Federal Register on January 23, 2023, pp. 3991-3992. No substantive comments were received and no changes were made. Additional comment periods are not required for GENICs submitted under this generic approval.

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The Privacy Act does not apply to this data collection. STLT governmental staff and / or delegates will be speaking from their official roles. The information will be kept private to the extent allowable by law.

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

No information will be collected that are of personal or sensitive nature. This data collection is not research involving human subjects.

12. Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on a pilot test of the data collection instrument by 2 public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 370 minutes (range: 140 – 600). For the purposes of estimating burden hours, the average (i.e., 370 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for Social and Community Service Managers. Based on DOL data (http://www.bls.gov/oes/current/oes_nat.htm), an average hourly wage of \$35.58 is estimated for all 108 respondents. Table A-12 shows estimated burden and cost information.

There will be a total of 108 respondents. While respondents may provide as many stories as they desire, 10 stories per respondent per year is estimated based on feedback from pilot testing and past experiences with success story efforts. CDC is requesting approval for two years of data collection (2024-2025 and 2025-2026), therefore, the burden estimates in the table below are based on 20 stories (10 stories/year x 2 years) per respondent.

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 Costs
OT21-2103 Success Stories	Social and Community Service Managers (i.e., OT21-	108	20	370/ 60	13,320	\$35.58	\$473,925.6

	2103 grant recipients)						
	TOTALS	108	20		13,320		\$473,925.6

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

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff and contractors to develop the data collection instrument, collect data, and perform data analysis. The annualized estimated cost to the federal government is **\$158,803.60**. Table A-14 describes how this cost estimate was calculated. Over a two-year period the total estimated cost is \$317,607.20.

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

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Total Average Cost
Public Health Advisor – GS-13, Step 2 Develop the OMB package; advise and contribute to planning and implementation of data collection, performing data analysis, and developing any summary reports/presentations	320	\$52.31/hour	\$16,739.20
Public Health Advisor – GS-14, Step 7 Develop the OMB package; advise and contribute to planning and implementation of data collection, performing data analysis, and developing any summary reports/presentations	240	\$67.67/hour	\$16,240.80
Public Health Advisor – GS-15, Step 6 Serve as Program Official; develop the OMB package; advise and contribute to planning and implementation of data collection, performing data analysis, and developing any summary reports/presentations	240	\$77.39/hour	\$18,573.60
Senior Associate/Slalom- Develop data collection instrument, draft	825	n/a	\$107,250

communications related to the instrument, support the collection of data and review process, support respondents technical assistance			
Estimated Annualized Cost of Information Collection			\$158,803.60

15. Explanation for Program Changes or Adjustments

In 2023 CDC received a one-year approval for the Success Stories GENIC. Since that time, recipients have been awarded a two-year no-cost extension to complete their work. CDC is requesting two additional years of approval for data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

CDC requests OMB approval to continue a previously approved information collection for two additional years. The expiration date of this GENIC request will align with the currently assigned expiration date of the generic: August 31, 2026. Data analysis will begin with OT21-2103 leadership leading the review of success stories to learn about and identify implementation successes. When a respondent submits a success story, OT21-2103 leadership will receive an automated email notification letting them know that the success story is ready for review. Simultaneously, a folder will be created in the OT21-2103 SharePoint page including all the attachments and content that respondents have submitted.

The OT21-2103 Team may share a success story to respond to requests for information or to provide examples. Respondents will also be encouraged to share their success stories with their partners, decision makers, etc. The team will use the information submitted to analyze and visualize (through the use of a Power BI dashboard) what themes respondents are most submitting about and help pull success stories as requested based on those themes.

Success stories will be collected and maintained through REDCap. The OT21-2103 grant has a REDCap project on CDC’s dashboard. Respondents will not need any log-in or permissions. Respondents will only have access to their stories and will have the option to share a unique URL of the draft success story with chosen collaborators and reviewers. CDC OT21-2103 grants administration and program staff will have access to the stories submitted by respondents. Consultant leads with Slalom Inc. developed the REDCap form; they will have access to maintain the form and assist with use of the stories.

The CDC OT21-2103 Team will follow current CDC records management protocols. Storage of information will be in the REDCap OT21-2103 Success Story Project and the 2103 SharePoint site. Both systems have access restricted to authorized Slalom consultants and internal CDC team members.

Project Time Schedule

- ✓ Design instrument (COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan (COMPLETE)
- ✓ Pilot test instrument (COMPLETE)
- ✓ Prepare OMB package (COMPLETE)
- ✓ Submit OMB package (COMPLETE)
- OMB approval (TBD)
- Conduct data collection (ongoing through August 2026)
- Conduct quality control and review stories.....(ongoing through August 2026)
- Disseminate stories (ongoing as needed)

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

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

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

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

- A. Attachment A** – OT21-2103 Recipient List
- B. Attachment B** – OT21-2103 Success Stories Form- REDCap
- C. Attachment C** – OT21-2103 Success Stories Form- Word

REFERENCE LIST

1. Centers for Disease Control and Prevention (CDC). "National Public Health Performance Standards Program (NPHPSP): 10 Essential Public Health Services." Available at <http://www.cdc.gov/nphpsp/essentialservices.html>. Accessed on 8/14/14.