Cover Page

Second Submission of an Approved GenIC Package that Contains Revised Information Collection Instruments to Improve the Quality of Data Received under the approved Generic ICR:

Centers for Disease Control and Prevention (CDC)

Program Performance and Evaluation Office (PPEO)
Performance Measures Project (PMP)

OMB Control Number for current performance measures 0920-1282 ~~(expires 01/31/2023)~~

Sub-Collection CDC Center, Institute, or Office: Center for State, Tribal, Local, and Territorial Support (CSTLTS)/Division of Performance Improvement and Field Services (DPIFS)

Project Title: Performance Measures to Address COVID-19-Related Health Disparities

Number and Title of Notice of Funding Opportunity (NOFO): OT21-2103 National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

Sub-Collection Point of Contact CSTLTS: Kim Castelin qec1@cdc.gov

Included in this application

- Cover Letter Outlining Changes to Performance Measures

- Second Submission of an Approved GenIC Package Under the Approved Generic ICR : Performance Measures Project (PMP)

- Appendix A–Modified PMP Technical Specifications: CDC OT21-2103 COVID-19 Health Disparities Program Performance Measures Guidance

- Appendix B–Modified PMP Reporting Template: Offline Collaboration Aid and Screenshots of Performance Measures REDCap Data Entry Fields for OT21-2103 COVID-19 Health Disparities Program Quarterly Reports

Second Submission of an Approved GenIC Package that Contains Revised Information Collection Instruments to Improve the Quality of Data Received Under the Approved Generic ICR: Performance Measures Project (PMP)

OMB Control Number 0920-1282 (expires 01/31/2023)

CIO: Center for State, Tribal, Local, and Territorial Support (CSTLTS)/Division of Performance Improvement and Field Services (DPIFS)

PROJECT TITLE: Updated Performance Measures to Address COVID-19-Related Health Disparities in Support of the Implementation of the OT21-2103 COVID-19 Health Disparities Grant

PURPOSE AND USE OF COLLECTION:

This is a second submission of an approved GenIC package (OMB Control Number 0920-1282, approved 01/14/2022, expires 01/31/2023) requesting revised information collection instruments to improve the quality of data received.

The National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (OT21-2103 COVID-19 Health Disparities Program) provides funding to address COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) in racial and ethnic minority groups and rural populations within state, local, US territorial, and freely associated state health jurisdictions. The Consolidated Appropriations Act, 2021 (P.L. 116-260), which contained the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260, Section 2, Division M), provided funding for strategies to improve testing capabilities and other COVID-19 response activities in populations that are disproportionately affected and underserved.

The purpose of this new funding initiative is 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 intended outcomes are to 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 and community capacity and services to prevent and control COVID-19 infection or transmission. Recipient work plans and funded activities focus on one or more of four strategies that align with performance measures:

> Strategy 1: Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19-related disparities among populations at higher risk and that are underserved [three performance measures]
>
> Strategy 2: Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic [one performance measure]

Strategy 3: Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved [one performance measure]

Strategy 4: Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved [one performance measure]

The performance measures associated with this funding are intended to be used by CDC and recipients to

- Monitor implementation and progress toward achieving intended outcomes
- Demonstrate accountability to interested parties (e.g., funders, the public) by showing how funds are being spent
- Maximize learning opportunities associated with the implementation and impacts of this grant

Recipients are not required to work in all four strategy areas and are therefore expected to report only on those performance measures that align with their selected strategies. The OT21-2103 COVID-19 Health Disparities Program uses performance measures data to work with jurisdictions to improve strategy implementation. The performance measures data will also be triangulated with qualitative progress reporting, work plan data, and other data sources at CDC to generate periodic program updates. Program updates based on performance measures are disseminated to internal and external CDC audiences.

NUMBER AND TITLE OF NOFO: OT21-2103 National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

NUMBER OF PARTICIPATING RECIPIENTS: 108 public health jurisdictions (50 state, 50 local, 8 territorial/freely associated state) or their bona fide agents.

DESCRIPTION OF NOFO (check all that apply):

X_ Funds all 50 states

X_ Has budget higher than $10 million per year

X_ Has significant stakeholder interest (e.g., partners, Congress)

Please elaborate:

The OT21-2103 COVID-19 Health Disparities Program is a two-year, $2.25 billion non-research grant program funded as part of the Coronavirus Response and Relief Supplemental Appropriations Act, 2021, through the US Department of Health and Human Services. Eligible awardees are state, District of Columbia, local, US territorial, and/or freely associated state health departments (or their bona fide agents). Local (health departments) governments or their bona fide agents are eligible if they serve a county population of 2,000,000 or more or a city population of 400,000 or more.

The program provides flexible funding and technical assistance to eligible state, territorial, and local public health jurisdictions. The award ceiling for any single jurisdiction is $50 million, and the award floor is $500,000. Funds were awarded to a total of 108 recipient jurisdictions—50 state, 50 local, and eight territorial public health jurisdictions or their bona fide agents. Notably, this program has 44 recipient jurisdictions that have not previously received direct funding from CDC. The OT21-2103 COVID-19 Health Disparities Program team responded to requests to make the program as flexible as possible for recipients and chose to use a grant mechanism instead of a cooperative agreement. This decision allows recipients to better meet the unique and varied needs and burdens in each jurisdiction to respond to the COVID-19 pandemic. The grant mechanism fit this need for flexibility better than a cooperative agreement. Progress, lessons, and successes from this program are of high interest to internal CDC collaborators, senior CDC leaders, and external leaders and partners.

The OT21-2103 COVID-19 Health Disparities Program is complementary and non-duplicative of the following CDC program activities, public health priorities, and strategies: CDC-RFA-CK19-1904: 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Enhancing Detection Emerging Issues (E) Project: Funding for the Enhanced Detection, Response, Surveillance, and Prevention of COVID-19—Supplement (ELC COVID-19 Supplement) and CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health.

PERFORMANCE METRICS USED & JUSTIFICATIONS:

CDC has already received approval from OMB to collect aggregate data on performance measures from OT21-2103 COVID-19 Health Disparities Program-funded jurisdictions for the purpose of performance monitoring. We are requesting OMB approval for updates we plan to make to performance measures. The OT21-2103 COVID-19 Health Disparities Program currently collects quarterly data under the OMB Control number: 0920-1282 (expires 01/31/2023).

The program requests OMB to approve planned updates to the current performance measures. We are adjusting performance measures to: respond to feedback from recipients and partners, adjust to evolutions in the pandemic and guidance to U.S. public health jurisdictions, and better align measures to the infrastructure and capacity building intent of the grant. The updates maintain alignment with CDC's Monitoring and Accountability Approach. Performance monitoring of activities contribute to routine and ongoing communication between CDC and recipients. Performance monitoring data track recipient progress toward desired outcomes, which helps inform recipient adjustments to work plans.

The quarterly reporting on performance measures is needed to adequately monitor progress and adjust activities in a dynamic emergency response context. Additionally, quarterly data collection for this program is warranted due to the program's high visibility (both internally and externally to CDC), the large total funding amount of $2.25 billion, the short two-year period of performance, and the administration of funds to 44 first-time recipient jurisdictions.

Sixty-four recipients (50 state, 6 local, and 8 territorial and freely associated states) of the OT21-2103 COVID-19 Health Disparities Program also receive funds from the ELC COVID-19 Supplement. Coordination between these two funding streams happened in part through OT21-2103 COVID-19 Health Disparities Program's use of two ELC COVID-19 Supplement performance

measures that were further disaggregated by racial and ethnic group. In the update these two measures will no longer be required but, recipients can still report on them if they choose.The OT21-2103 Health Disparities Program also uses the same platform as ELC for data collection, Research Electronic Data Capture (REDCap). The ELC program has effectively used the secure REDCap platform to streamline collection and use of performance measures and progress-reporting data. OT21-2103 COVID-19 Health Disparities Program recipients submit aggregated performance measures data and administrative reports to CDC by completing uniform data collection forms in the REDCap platform. Attached to this application (Appendix B: Reporting Template) are samples of the data-entry forms recipients use to report performance measures.

The OT21-2103 COVID-19 Health Disparities Program took proactive steps to reduce the data collection burden on recipients. The REDCap platform reduces the burden on the 64 overlapping ELC COVID-19 Supplement recipients as they are already familiar with the platform. The OT21-2103 COVID-19 Health Disparities Program also limits the maximum number of required performance measures to six. The program has only one performance measure required for all recipients, which aligns with Strategy 4: Mobilize partners and collaborators. The program asks recipients to report on the remaining performance measures that align with strategies jurisdictions have selected. This flexibility means that some recipient jurisdictions may report on fewer than the six required performance measures each quarter.

The OT21-2103 COVID-19 Health Disparities Program followed a collaborative, iterative process with input from both internal interested parties at CDC and a subset of recipients participating in the OT21-2103 COVID-19 Health Disparities Program's Evaluation Recipient Collaborative. This process supported the creation of a flexible, overarching logic model. Input from internal CDC parties informed the selection of the six required performance measures. The OT21-2103 COVID-19 Health Disparities Program and ELC COVID-19 Supplement recipient jurisdictions avoid double-counting on the two optional, shared performance measures by reporting only OT21-2103 Health Disparities Program activities to the OT21-2103 COVID-19 Health Disparities Program and by further disaggregating reported data by racial and ethnic populations served. Full information on alignment between program strategies and performance measures is provided in the attached Appendix A: Technical Specifications. This updated performance measures guidance will be shared with recipient jurisdictions and posted to the website for the OT21-2103 COVID-19 Health Disparities Program.

Full details on the updated OT21-2103 COVID-19 Health Disparities Program performance measures, rationale, and their alignment with each strategy are presented in detail in the attached performance measures guidance (Appendix A: Technical Specifications). The six required and two optional OT21-2103 COVID-19 Health Disparities Program performance measures are as follows:

1.1 Number of COVID-19 mitigation and prevention resources and services delivered in support of populations that are underserved and disproportionately affected by type

1.2 OPTIONAL Number of COVID-19/SARS-CoV-2 tests completed by test type, result, and race and ethnicity*

1.3 OPTIONAL Caseload, number of cases per case investigator, and number of contacts per contact tracer during the data collection period*

1.4 NEW Delivery and access to testing resources and services in support of populations that are underserved and disproportionately affected

1.5 NEW Delivery and access to vaccination resources and services in support of populations that are underserved and disproportionately affected

2.1 Number of improvements to data collection, quality, and reporting capacity for recipients, partners, and agencies related to COVID-19 health disparities and inequities UPDATED REPORTING GUIDANCE

3.1 Number of improvements to infrastructure to address COVID-19 health disparities and inequities UPDATED REPORTING GUIDANCE

4.1 Number and proportion of new, expanded, or existing partnerships mobilized to address COVID-19 health disparities and inequities

**Note: OT21-2103 Health Disparities Program measures 1.2 and 1.3 align with ELC Enhancing Detection Measures. More information can be found in the ELC Performance Measures Guidance for Project E: Enhancing Detection.*

CERTIFICATION:

I certify the following to be true:

1. The collection is non-controversial and does not raise issues of concern to other federal agencies.
2. Information gathered is meant primarily for program improvement and accountability; it is not intended to be used as the principal basis for policy decisions

Name: Theresa L. Armstead -S Digitally signed by Theresa L. Armstead -S Date: 2022.08.19 12:23:16 -04'00'

To assist review, please answer the following questions:

BURDEN HOURS

CDC estimates the average public reporting burden for this collection of information as 140 hours annually per response from each recipient, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1282).

We based estimates for burden hours on the highest possible burden—reporting on all eight performance measures each quarter. The table below shows estimated quarterly and annual reporting burden for annual reporting on all eight measures. This includes recipient time to collect and aggregate data from partners, build and manage reporting systems in jurisdictions, and enter data into REDCap. For new measures, we assumed that all recipients would have to adjust current reporting and collection systems. Therefore, we estimate an additional 150 minutes per reporting period (quarter) for each new measure for a total of 8,400 minutes (approximately 140 hours) for all eight measures for each recipient each year. This is because new measures expand on data already being reported through performance measures and progress reports. For updated requirements to further disaggregate measures 2.1 and 3.1 we expect minimal additional burden as recipients should be tracking disaggregated improvements already in order to report totals. We anticipate disaggregating further will only require recipients to add a step to categorize these improvements before reporting if they are not doing so already.

Category of Respondent	**Form Name**	**Participation Time per Quarterly Reporting Period** (minutes)	**Participation Time per Year** (minutes)	**No. of Respondents**	**Total Annual Burden (hours)**
State public health agencies or bona fide agents	REDCap Performance Measures Report	2,100 per recipient (35 hours)	8,400 per recipient (140 hours)	50	7,000
Territorial or Freely Associated States public health agencies or bona fide agents	REDCap Performance Measures Report	2,100 per recipient (35 hours)	8,400 per recipient (140 hours)	8	1,120
Local public health agencies or bona fide agents	REDCap Performance Measures Report	2,100 per recipient (35 hours)	8,400 per recipient (140 hours)	50	7,000
Total		2,100 minutes per recipient per quarter	8,400 minutes per recipient per year	108 recipients	15,120 hours

FEDERAL COST:

This cost estimate includes the contractors' estimated costs and costs for CDC FTE Technical Monitor. Estimated cost includes coordination with CDC, data collection**,** analysis, and reporting for all eight Performance Measures.

The estimated annual cost to the federal government is _$153,001.73_____

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

    [X] Web-based

    [ ] Email

    [ ] Postal Mail

    [ ] Other, Explain

Please make sure all instruments, instructions, and scripts are submitted with the request.