OMB Control Number 0920-1282

Performance Measures Project

Request for genIC Approval (for data collection in 2023, 2024, 2025)

Date: 11/07/2024

CIO: National Center for STLT Public Health Infrastructure and Workforce

PROJECT TITLE: Performance Measures for Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant (Revision)

PURPOSE AND USE OF COLLECTION: This is a non-substantive revision to the aforementioned project, which will maintain its original title. The sole change will be adding five data points that represent targets for four of the five performance measures: Retention (two targets), Hiring Timeliness, Procurement Timeliness, and Accreditation Involvement and Readiness. This revision does not affect the estimated burden hours. Supported in part by the American Rescue Plan Act, the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant (OE22-2203, the Public Health Infrastructure (PHI) Grant Program) provides funding to support the critical public health infrastructure needs of jurisdictions across the United States (U.S.). The Centers for Disease Control and Prevention (CDC) awarded $3.2 billion under Component A to 107 public health agencies from state, local, and territorial and freely associated states (Component A recipients). The purpose of Component A funding is to provide disease-agnostic funding to support investments in workforce and foundational capabilities, with the goal of strengthening the public health workforce and infrastructure of Component A recipient jurisdictions. Under Component A, the three grant strategies are:

A1. Workforce: Recruit, retain, support, and train the public health workforce,
A2. Foundational Capabilities: Strengthen systems, processes, and policies, and
A3. Data Modernization: Deploy scalable, flexible, and sustainable technologies.

There are several key outcomes under Component A that recipient jurisdictions are expected to achieve by the end of the five (5)-year period of performance. In the short term, expected outcomes include: (1) Increased hiring of diverse public health staff and (2) Improved organizational systems and processes, among other outcomes. In the long term, expected outcomes include: (1) Increased size and capabilities of the public health workforce; (2) Stronger public health foundational capabilities; (3) Increased availability and use of public health data; and (4) Improved sharing of lessons learned.

This request for genIC approval is applicable to all 107 Component A recipients for performance measures under Component A for Strategy A1, Workforce, and Strategy A2, Foundational Capabilities. No performance measure data will be collected for Strategy A3, Data Modernization, through this project.

The Component A, Strategy A1 and Strategy A2 performance measures associated with this grant are intended to be used by CDC and partners to:

- Track and report progress consistently across recipients on priority outcomes
- Inform CDC and Partners' technical assistance activities such as site visits, training opportunities, and peer-to-peer sharing activities, to support recipients with advancing their work through this grant
- Inform partners and CDC on progress and gaps to ultimately identify actions to improve performance over time
- Stimulate discussions between CDC Project Officers and recipients

CDC plans to leverage other methods of information that are collected via Notice of Funding Opportunity (NOFO) grant reporting requirements to demonstrate performance more robustly (e.g., work plan updates, annual progress reports, progress calls, and focused evaluation projects). CDC will rely on a combination of these sources, along with these performance measure data, to assess progress throughout the period of performance.

NUMBER AND TITLE OF NOFO: CDC-RFA-OE22-2203 Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant Program

NUMBER OF PARTICIPATING RECIPIENTS: 107 public health jurisdictions (50 states, Washington, D.C., 48 local, 8 territories/freely associated states), 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 PHI grant program provides $3.2 billion under Component A to help state, local, and territorial and freely associated health agencies across the U.S. strengthen their public health workforce and infrastructure. CDC awarded Component A grant funding to 107 recipient jurisdictions, including public health agencies in all 50 states, Washington D.C., 8 territories/freely associated states, and 48 large localities (cities serving a population of 400,000 or more and counties serving a population of 2,000,000 or more based on the 2020 U.S. Census). Recipient award amounts were based on a funding formula that included population size and community resilience.

PERFORMANCE METRICS USED & JUSTIFICATIONS:

CDC and its partners developed a set of performance measures designed to reflect priority outcomes for the grant under Component A, Strategy A1, Workforce, and Strategy A2, Foundational Capabilities (see Appendix A: OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant Program Component A Recipient Performance Measure Guidance Document). These measures reflect priority outcomes for the grant. They were selected to

serve as meaningful markers of program outcomes; to inform actions to drive improvements for achieving intended outcomes; to keep recipient reporting burden low; and to contribute to a meaningful set of measures overall for this grant.

The process for developing and selecting these performance measures included a review and prioritization of logic model outcomes, determination of criteria to inform prioritization of performance measures, and discussions with key partners and a self-selected sample of recipients. Discussions with partners, internal program staff, and recipients elicited feedback on both importance of monitoring these data and feasibility for reporting these data that informed the final list of performance measures. A draft technical specifications document for these measures was further shared with all 107 recipients for comment. This comment period allowed all recipients to provide feedback on the measures to help ensure that the measures and terms were clearly operationalized, that reporting on these data would not be overly burdensome, and to understand what additional assistance recipients would need for reporting on these data, if applicable.

There are five performance measures to be reported to CDC by Component A recipients. Three of the measures are to be reported twice a year (6 month reporting frequency), while two of the measures are to be reported once per year (12 month reporting frequency), on a similar timeframe. This cadence of reporting was determined based on the extent to which CDC anticipates there being opportunities to engage recipients on performance improvement and provide technical assistance on these topics. There are three (3) measures for Strategy A1: Workforce and two (2) measures for Strategy A2: Foundational Capabilities. The measures address the topics of Hiring, Retention, Hiring Timeliness, Procurement Timeliness, and Accreditation Involvement and Readiness.

- A1.1. Hiring: Number of PHI grant-funded positions filled by job classification and program area (6 month reporting frequency)
- A1.2. Retention: Overall agency staff retention rate (12 month reporting frequency)
- A2.1. Hiring Timeliness: Time-to-fill position (6 month reporting frequency)
- A2.2. Procurement Timeliness: Procurement cycle time from approval to move forward with procurement to contract execution (6 month reporting frequency)
- A2.3. Accreditation Involvement and Readiness: Level of engagement with PHAB accreditation (12 month reporting frequency)

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: Christina L. Chung -S Digitally signed by Christina L. Chung -S Date: 2024.11.07 16:45:26 -05'00'

To assist review, please answer the following questions:

ANNUALIZED BURDEN HOURS:

This table calculates the total estimated burden per year for all recipients. Estimates are based on the highest possible burden expected for recipients to report on measures. The first row of the table is for measures reported twice a year and the second row is for the measures reported once a year. The estimates include recipient time to collect and aggregate data from internal and external partners, manage reporting systems in jurisdictions, and enter data into the web-based reporting system, the Public Health Infrastructure Virtual Engagement (PHIVE), a Salesforce Platform (see Appendix B: Screenshots of Component A Recipient Performance Measures Salesforce Data Entry Fields for OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant Program).

Type of Respondent	**Form Name**	**No. of Respondents**	**No. of Responses per Respondent**	**Avg. Burden Per Response**	**Total Annualized Burden Hours**
Public health agency (state, local, territorial/freely associated state) or bona fide agents	PHIVE	107	2 (3 measures reported every 6 months)	56 hours	11,984 hours
Public health agency (state, local, territorial/freely associated state) or bona fide agents	PHIVE	107	1 (2 measures reported every 12 months)	22 hours	2,354 hours
Totals				78 hours	**14,338 hours**

TOTAL BURDEN HOURS FOR THIS GENIC:

This table specifies the calendar years in which information will be collected and calculates the total burden hours requested over the approved timeframe of the generic.

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2023, 2024, 2025	3	14,338 hours	43,014 hours

FEDERAL COST: The estimated annual cost to the Federal government is $123,284

The cost estimate reflects salaries of CDC FTEs and contractors during data collection and analysis activities, including building and maintaining the data reporting tool, data cleaning and quality assurance, data analysis, and reporting of data. Estimated costs for CDC FTEs and contractors are:

- GS13, Step 1: $99,595 x 0.10 FTE x 1 staff = $9,595 (building/maintaining data reporting tool)
- GS13, Step 10: $129,472 x 0.10 FTE x 1 staff = $12,947 (building/maintaining data reporting tool)
- GS13, Step 6: $121,342 x 0.50 FTE x 1 staff = $60,671 (data management)
- GS11, Step 1: $74,950 x 0.20 FTE x 1 staff = $14,990 (data cleaning, quality assurance)
- GS13, Step 10: $129,472 x 0.10 FTE x 1 staff = 12,947 (stats support, developing code, formatting tables)
- GS13, Step 6: $121,342 x 0.10 FTE x 1 staff = $12,134 (data cleaning and analysis oversight)

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.

Attachments:

- Appendix A: OE22-2203: Performance Measures Guidance (Revision)
- Appendix B: OE22-2203: Salesforce Data Entry (Revision)
- Appendix C: OE22-2203: Recipient Notification Email (Revision)