

**Request for genIC Approval
Performance Measures Project**

OMB Control Number 0920-1282 (expires 1/31/2023)

CIO: National Center for Environmental Health (NCEH)/Division of Environmental Health Science and Practice (DEHSP)

PROJECT TITLE: Building Resilience Against Climate Effects (BRACE) Performance Measures

PURPOSE AND USE OF COLLECTION:

The purpose of this information collection (IC) is to monitor the Climate and Health Program (CHP) recipient programs' planning and delivery of public health activities and adaptation strategies under a new cooperative agreement Building Resilience Against Climate Effects: Implementing and Evaluating Adaptation Strategies that Protect and Promote Human Health (CDC-RFA-EH21-2101). CDC collects information related to each recipient's strategies and activities through performance measures (PMs) outlined by the cooperative agreement. A new PM electronic reporting tool has been developed, which will allow recipients to report PM information in a streamlined way that will also enhance CHP's ability to analyze and use the information quickly to help support the program.

Since its inception, the National Center for Environmental Health's (NCEH) CHP has funded state and local health departments or their agents as they prepare for and respond to the health effects that a changing climate will bring to the communities they serve. The primary funding mechanism for building climate resilience has been the Climate Ready States and Cities Initiative.

We propose to collect performance measure (PM) data from up to 39 cooperative agreement recipients (state, local, and territorial health departments, or programs). The information will be used for multiple purposes:

- 1) to demonstrate program achievements, including positive effects in community or population health;
- 2) to build a stronger evidence base for adaptations to climate change;
- 3) to demonstrate adaptation applicability and effectiveness across different populations, settings, and contexts; and
- 4) to support continuous improvement of the funded adaptation actions and their implementation.

Recipients will submit standardized PM data on an annual basis via a newly developed electronic reporting tool, a CDC-supported secure data collection and management system called REDCap.

NUMBER AND TITLE OF NOFO: Building Resilience Against Climate Effects: Implementing and Evaluating Adaptation Strategies that Protect and Promote Human Health (CDC-RFA-EH21-2101)

NUMBER OF PARTICIPATING RECIPIENTS: up to 39

DESCRIPTION OF NOFO (check all that apply):

Funds all 50 states

Has budget higher than \$10 million per year (if additional funding is provided by Congress)

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

Please elaborate:

This Notice of Funding Opportunity (NOFO) describes a systematic approach for recipients to identify their climate-related challenges and subsequent opportunities to facilitate social system reorganization, changes, and learning, e.g., implementing and evaluating adaptation actions (Cutter, 2008). In implementing and evaluating adaptation actions, this NOFO intends to develop health department and community resilience, advance health equity, and generate evidence for use in larger-scale and more widespread adaptation actions designed to protect health from climate-related hazards. Recipients will collaborate with the stakeholders necessary to identify and effectively implement adaptation actions responsive to local needs. This cooperative agreement currently funds 11 recipients but may be expanded to 39 recipients.

This NOFO supports several objectives of Healthy People 2030, including reducing heat-related morbidity and mortality, reducing the number of days people are exposed to unhealthy air, reducing fatal injuries, improving respiratory health, improving mental health, improving emergency preparedness and response by building community resilience, reducing indoor allergen levels, and promoting healthier environments to improve health.

This NOFO aligns with CDC priorities to support state, local, and tribal health departments, advance evidence-based health policies, and prevent illness, injury, disability, and premature death. It aligns with the following other National Public Health Priorities:

1. The Guide to Community Preventive Services
2. The Institute of Medicine's Primary Care and Public Health: Exploring Integration to Improve Population Health
3. National Stakeholder Strategy for Achieving Health Equity; specifically
 - a. Strategy 2. Develop and support partnerships among public, nonprofit, and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan
 - b. Strategy 13. Support and implement policies that create the social, environmental, and economic conditions required to realize healthy outcomes

This NOFO also aligns with the goals of the United States Global Change Research Program.

PERFORMANCE METRICS USED & JUSTIFICATIONS:

This information collection supports a cornerstone funding opportunity for CDC's Climate and Health Program (CHP). Climate change intensifies existing climate-sensitive health threats and creates new challenges by exposing more people in more places to hazardous weather and climate conditions. Increasing temperatures, frequency and intensity of heat waves, heavy precipitation, and flooding affect health in several ways. Regions of the United States experience climate change and

its impacts on health differently, due to the location-specific climate exposures. The changing climate also interacts with demographic and social determinants of health to influence the extent of consequences; that is, not everyone is affected equally. Groups disproportionately burdened by climate change hazards include those with low income, some communities of color, immigrant groups (including those with limited English proficiency), Indigenous peoples, children and pregnant women, and people who are older, work outdoors workers, have disabilities, or have preexisting or chronic medical conditions (National Climate Assessment).

Since its inception, the CDC's CHP has funded state and local health departments or their agents as they prepare for and respond to the health effects that a changing climate will bring to communities they serve. The primary funding mechanism for building climate resilience has been the Climate Ready States and Cities Initiative. The latest notice of funding opportunity for the initiative is titled CDC RFA-EH21-2101, Building Resilience Against Climate Effects: Implementing and Evaluation Adaptation Strategies that protect and Promote Human Health.

The information from performance measures (PMs) are necessary to monitor and facilitate progress of this funding announcement. Performance measurement will help demonstrate program achievements, including positive effects on community or population health; build a stronger evidence base for adaptations to climate change; demonstrate adaptation applicability and effectiveness across different populations, settings, and contexts; and drive continuous improvement of adaptation actions and implementation.

There are a total of 21 performance measures developed through an interactive process to measure adaptation action progress and strategy. These performance measures streamline 4 distinct strategies: 1) Enhance and Expand Partnerships, 2) Compile Evidence and Best Practices to Develop Adaptation Plan, 3) Build Climate Resilience through Implementation of Adaptation Actions, and 4) Identify, Use, and Disseminate Lessons Learned on Effective Adaptation Actions. Data collection approval for these required performance measures is being requested in this GenIC (**See Appendix A – EH21-2101 Technical Specifications**).

The EH21-2101 performance measure reporting tool (**See Appendix B**) provides a systematic format to collect these data consistently across all recipients. Having all this information in a single and secure REDCap database will allow CDC to analyze and synthesize information across multiple recipients, help ensure consistency in documenting progress and technical assistance, enhance accountability of the use of federal funds, and provide timely reports as requested. CDC will then have the capacity to respond in a timely manner to requests for information about the program, improve real-time communications between CDC and recipients, and strengthen CDC's ability to monitor and evaluate recipients' progress and performance. Data collection will be initiated by an email (**See Appendix C**) requesting the annual submission of the recipient's performance measures.

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: Heather Joseph 7/7/2022

To assist review, please answer the following questions:

BURDEN HOURS

Category of Respondent	Form Name	No. of Respondents	Participation Time (minutes)	Burden in Hours
BRACE Cooperative Agreement Recipients	Performance Measures Reporting Tool	Up to 39	300 minutes or 5 hours per response	195
Totals				195

FEDERAL COST: The estimated annual cost to the Federal government is \$17,160 annually

Administration of the Instrument

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

- Web-based
- Email
- Postal Mail
- Other, Explain

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

List of Appendices:

- Appendix A (EH21-2101 PM Technical Specifications)
- Appendix B (EH21-2101 Performance Measures Reporting Tool)
- Appendix C (sample email)