

## PROJECT TITLE: OE22-2203 TEP CHANGE REQUEST

Reference: Notice of Funding Opportunity OE22-2203, “Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems”

Approved: In 2023, CDC obtained approval to collect performance measures for OE22-2203 recipients for 3 years (2023-2025) [3-year total of 963 responses, 43,014 burden hours]; [View Information Collection \(IC\) \(reginfo.gov\)](#)

Approved: In 2023, CDC obtained approval for a one-time data collection to create an inventory of Targeted Evaluation Projects (TEP) planned or initiated by OE22-2203 recipients as part of their performance plan [1-year total of 107 responses, 214 burden hours]; [View Information Collection \(IC\) \(reginfo.gov\)](#)

Requested Changes: In 2024, CDC is requesting approval to modify the TEP template. Information will be collected to monitor the status (in progress and/or completed) of TEPs reported in 2023. This Change Request incorporates two additional collections in the TEP template to respectively monitor progress and completion of the TEPs through 2024 and 2025. These two collections are found in Appendix A, sections 2 and 3. The total change in burden over 2 cycles of data collection (2024 and 2025) is 214 hours and 214 responses, or 107 additional hours of annualized burden.

**OMB Control Number 0920-1282**

**Performance Measures Project**

**Request for genIC Approval (for data collection in 2023 to 2025)**

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**CIO:** National Center for STLT Public Health Infrastructure and Workforce

**PROJECT TITLE:** OE22-2203 TEP CHANGE REQUEST (to the Performance Measures for Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant (PHIG) (2023)

**PURPOSE AND USE OF COLLECTION:** The purpose of this collection is to provide oversight of Targeted Evaluation Project (TEP) reporting requirements established for funding recipients under CDC Notice of Funding Opportunity (NOFO) OE22-2203, Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems (the “Public Health Infrastructure (PHI) Grant Program”). The PHI grant program currently provides cross-cutting support to 107 public health agencies (recipients) for critical infrastructure needs. Recipients are units of government in state and local jurisdictions, special districts, U.S. territories, and Freely Associated States. Funding from this multi-component grant will help ensure that recipients have the people, services, and systems needed by their jurisdictions to promote and protect health.

Background: In 2023, CDC obtained approval for 3 years to monitor recipient performance of activities funded under NOFO Component A (see OMB No. 0920-1282, [OADPS / NCSTLTPHIW] Performance Measures for Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant OE22-2203 2023-2025), [View Information Collection \(IC\) \(reginfo.gov\)](#). CDC is currently collecting information needed to describe and monitor activities in the following areas of emphasis:

- Strategy A1: Workforce (Recruit, retain, support, and train the public health workforce).
- Strategy A2. Foundational Capabilities (Strengthen systems, processes, and policies).

No performance measure data are being collected for Strategy A3: Data Modernization (Deploy scalable, flexible, and sustainable technologies) through the PHI grant.

Recipient jurisdictions are expected to achieve a number of key outcomes by the end of the 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.

CDC and public health partners use the performance measures collected under Component A: Strategy A1 and Strategy A2 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.

**This revision describes the incremental burden of adding Progress and Completion sections to the original form:**

Revision to Supplemental TEP Data Collection: This is a change request to a previous package that includes an approved supplemental for TEP Data Collection (see OMB No. 0920-1282/0920-24AJ - PHIG TEP supplement, [OPPE/ NCSTLTPHIW] TARGETED EVALUATION PROJECTS (TEPs)- SUPPLEMENT to Performance Measures for Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant OE22-2203 [2023, 2024]), [View Information Collection \(IC\) \(reginfo.gov\)](#). As noted below, we received approval in 2023 to collect Supplemental TEP Data for recipients to describe their evaluation approaches and performance measures(s) they have selected for their targeted evaluation. This is a request to expand the previously approved form to incorporate two additional collections: a TEP Progress Report for programs with ongoing projects (Appendix A Worksheets 2-A through 2-C) and a Completion Report for programs who have completed their project (Appendix A Worksheet 3-A). This revision does not change the burden estimate for the original TEP Project Plan form, but the added sections on recipients' TEP Progress and Completion do add additional burden. Those changes are reflected in the Annualized Burden Hours table below.

CDC will use the supplemental TEP Progress and Completion information to:

- Continue to ensure appropriate stewardship of PHI grant funds by monitoring recipient progress and completion on a key grant requirement, i.e., the progress and barriers associated with the implementation of a Targeted Evaluation Project selected from the recipient's overall performance measures.
- Continue to facilitate continuous quality and program improvement throughout the period of performance and determine the applicability of evidence-based approaches to different populations, settings, and contexts.
- Inform the provision of programmatic support and proactive training and technical assistance.
- Identify recipients' activities and strategies that have been effective at achieving the grant's key outcomes and performance measures and share these widely with recipients, Federal Partners, and partner organizations working on improving public health infrastructure.

The deadline for reporting the Progress section of the form to CDC is August 1, 2024. The Completion section of the form will be submitted in 2025, on a rolling basis to CDC (60 days within the completion of a TEP.)

Supplemental TEP Data Collection: The PHI grant requires each recipient to choose 1-2 specific funded activities or strategies – aligned with their priority performance measures – for further evaluation. CDC instituted this requirement to stimulate focused approaches to infrastructure investment and evaluation that can ultimately be shared and inform future investments. The definition of what constitutes a Targeted Evaluation Project is broad and may encompass process evaluations, outcome evaluations, or quality improvement initiatives pertaining to expected

outcomes. TEPs are recipient-driven, i.e., recipients should propose TEPs that are useful and meaningful within the context of their infrastructure enhancement goals. Recipients are encouraged to use the findings from their TEPs to improve the implementation and/or understand the effectiveness of their activities. CDC does not determine the recipients' individualized infrastructure goals, evaluation priorities, or the methods for conducting targeted evaluations, and CDC is not collecting the data described in the recipients' TEPs. However, CDC is requiring recipients to report which performance measure(s) they have selected for targeted evaluation and to describe their evaluation approaches, as outlined in the attached template (see **Appendix A**).

CDC will use the supplemental TEP information to:

- Ensure appropriate stewardship of PHI grant funds by monitoring recipient progress on a key grant requirement, i.e., the development and implementation of a Targeted Evaluation Project selected from the recipient's overall performance measures.
- Facilitate continuous quality and program improvement throughout the period of performance and determine the applicability of evidence-based approaches to different populations, settings, and contexts.
- Inform the provision of programmatic support and proactive training and technical assistance.
- Create an inventory of TEPs that can be used to
  - Facilitate communication and collaboration among recipients and public health partners regarding the scope of recipient-driven approaches to evaluating investments in public health infrastructure;
  - Understand what other recipients are planning to evaluate which will be helpful in making peer-to-peer connections to facilitate learning and cross-collaboration;
  - Facilitate discussions with HHS and Federal partners regarding recipients' perspectives, expressed in their evaluation priorities and strategies, about the public benefit of Federal investment in public health infrastructure.

The deadline for reporting the first TEP to CDC is **November 15, 2023**. If recipients make sufficient progress on implementing their TEPs in 2023-2024, CDC may request submission of an additional TEP in 2025-2026.

The information to be collected in the TEP is related to, but distinct from, the performance measures currently reported under CDC generic 0920-1282.

**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 \$3.685 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:**

**The revisions in the updated template will provide information about a recipient's progress on their TEP and their findings.** The Targeted Evaluation Project (TEP) template provides detailed information about a recipient's selection and approach to evaluating one of the activities described in its overall performance measures. The template is organized into sections:

- 1-A. Background Details (date submitted, recipient name, and evaluation POC)
- 1-B. Evaluation Users and Focus (project description, purpose, intended users, applicable strategies, type of evaluation, and evaluation product)
- 1-C. Evaluation Questions, Methods, and Implementation Plan (evaluation questions, methods, and timeline)
- 1-D. Optional Activities (technical assistance, community of practice, and participation in the PHIG National Evaluation Plan)
- **2-A. Progress (status of implementation, barriers)**
- **2-B. Revisions (changes in previously submitted TEPs, if applicable)**
- **2-C. Preliminary Findings (evaluation results, if applicable)**
- **3-A. Completion (completion status, evaluation results)**

CDC is not requiring submission of TEP evaluation data. CDC is requiring submission of the TEP template in order to monitor recipient progress and completion on a key performance requirement of the grant, to describe activities and outcomes funded under the PHI grant and respond to inquiries, and to provide technical assistance to recipients, as requested.

### **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: \_\_\_\_\_

**ANNUALIZED BURDEN HOURS:**

Reporting requirements for the Targeted Evaluation Projects (TEPs) capture the three phases of the project: 1) development, 2) implementation, and 3) completion. For each year of progress reporting, respondents will submit the [one] TEP form that aligns with their project phase:

- TEP Template – This form aligns with the project development phase and collects descriptive information about the TEP planned by each recipient. The total burden for this form reflects an estimated amount of 2 hours for completion by 107 recipients (estimated total = 214 hours). This reporting form will be completed and submitted once by each recipient. *Please NOTE: This form (included in the original request) was submitted by recipients in 2023 and does not change/impact the original burden estimate.*
- TEP Template: Annual Progress Report – This section of the form aligns with the project implementation phase. It is estimated that completion will require 1 hour.
- TEP Template: Completion Report – This section of the form aligns with the project completion phase. This section will be submitted by those recipients who have completed their TEP during the performance period and are reporting final achievements. It is estimated a total of 1 hour will be required to complete this section.

Accordingly, each recipient will submit the following:

- 1) By August 2024, each of the 107 recipients will submit the Progress Report worksheet
- 2) In 2025, each of the 107 recipients will submit a second form: either another Progress Report worksheet OR they will submit a Completion Report worksheet.

In total, there will be 214 responses, each response taking an estimated 1 hour for completion. The total burden for these collections, adding burden for both 2024 and 2025, is 214 hours. Without knowing how many recipients will have completed their project by the 2025 deadline, we are unable to provide a precise number of responses for each of the two distinct forms. Instead, the entries in the burden table below are intended to represent the cumulative burden of the two forms, with an assumption for simplicity’s sake that each recipient will have completed their project by the 2025 deadline and will be submitting a completion report.

**2024 Annualized Burden Table**

Type of Respondent	Form Name	No. of Respondents	No. of Responses	Avg. Burden Per Response	Total Annualized

			<b>per Respondent</b>		<b>Burden Hours</b>
Public health agency (state, local, territorial/freely associated state) or bona fide agents	TEP Template: Worksheets (1-A through 1-D)	107	1	2 hours	214 hours
	TEP Template: Annual Progress Report Worksheets (2-A through 2-C)	107	1	1 hour	107 hours
	TEP Template: Completion Report Worksheet (3-A)	0	0	1 hour	0 hours
				Total burden in this request for 2024	107 hours

2025 Annualized Burden Table

<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Avg. Burden Per Response</b>	<b>Total Annualized Burden Hours</b>
Public health agency (state, local, territorial/freely associated state) or bona fide agents	TEP Template: Completion Report Worksheet (3-A)	107	1	1 hour	107 hours

				Total burden in this request for 2025	107 hours
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**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 – TEP Template	1	214 hours	214 hours
2024 – TEP Template: Annual Progress Report	1	107 hours	107 hours
2025 – TEP Template: Completion Report	1	107 hours	107 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$92,426

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 6: \$121,342 x 0.50 FTE x 1 staff = \$60,671 (data management, cleaning, quality assurance, data analysis)
- GS11, Step 1: \$74,950 x 0.20 FTE x 1 staff = \$14,990 (data cleaning, quality assurance)
- GS14, Step 6: \$143,390 x 0.05 FTE x 1 staff = \$7,170 (oversight of process, including data collection and analysis)

**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.**

**Attachments:**

- Appendix A: TEP Template
- Appendix B: Notification Email