

Control Number 0920-1282

Performance Measures Project

Request for genIC Approval (for data collection in 2025, 2026, 2027)

Date: October 31, 2024

CIO: Office of Readiness and Response (ORR), Division of State and Local Readiness (DSLRL)

PROJECT TITLE: Public Health Emergency Preparedness (PHEP) Program

PURPOSE AND USE OF COLLECTION: The Public Health Emergency Preparedness (PHEP) program aims to strengthen the capacity and capability of state, tribal, local, and territorial (STLT) public health systems to prepare for, respond to, and recover from public health threats and emergencies. The goal is to enhance readiness to save lives and prevent morbidity and mortality during emergencies that exceed the day-to-day capacity of public health agencies. Funding through the Public Health Emergency Preparedness (PHEP) Cooperative Agreement provides a roadmap for PHEP recipients to design, develop, and implement strategies and activities that will improve their readiness to execute plans, respond to public health threats and emergencies, and recover from them. To do this, the PHEP program uses CDC's Response Readiness Framework (RRF), which describes 10 program priorities, 34 activities, and 13 exercises that recipients must complete over the 5-year period of performance. These program priorities, along with the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health, provide the framework to support advancement of preparedness, response, and recovery operations. The purpose is to strengthen STLT public health preparedness, response, and recovery capacity and capability through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions.

NUMBER AND TITLE OF NOFO: Public Health Emergency Preparedness (PHEP) Cooperative Agreement, CDC-RFA-TU24-0137

NUMBER OF PARTICIPATING RECIPIENTS: 62

DESCRIPTION OF NOFO (check all that apply):

- Funds all 50 states
- Has budget higher than \$10 million per year
- Has significant stakeholder interest (e.g. partners, Congress)

Please elaborate: The projected total program funding, subject to the availability of funds, over the five-year performance period is approximately \$3.3B, awarded to 62 recipients. This includes 50 state governments; eight territorial governments and freely associated states: American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and U.S. Virgin Islands; as well as Chicago, Los Angeles County, and New York City.

PERFORMANCE METRICS USED & JUSTIFICATIONS: CDC developed a set of performance measures designed to reflect priority outcomes related to three key strategies for carrying out the activities of the funding program.

Strategy 1 (ST1). Use CDC's established national preparedness and response capabilities, as applicable, to prioritize a risk-based approach to all-hazards planning and improve readiness, response, and recovery capacity for existing and emerging public health threats and modernized laboratory and electronic data systems.

Strategy 2 (ST2). Use CDC's established national preparedness and response capabilities, as applicable, to improve whole community readiness, response, and recovery through enhanced partnerships and improved communication systems for timely situational awareness and risk communication.

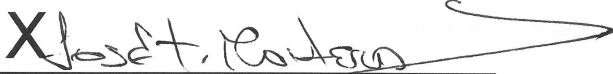
Strategy 3 (ST3). Use CDC's established national preparedness and response capabilities, as applicable, to improve capacity to meet jurisdictional administrative, budget, and public health surge management needs and to improve public health response workforce recruitment, retention, resilience, and mental health.

Performance measures 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 award (see attachment: OMB Control Number 0920-1282_Codebook for Data Entry and Reporting_NOFO CDC-RFA-TU-24-0137_103124). 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 individuals in the PHEP program. Discussions elicited feedback on both importance of monitoring these data and feasibility for reporting these data that informed the final list of performance measures. The evaluation measures will include data for 34 activities and 13 exercises.

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.



Jose Montero
Acting Director

Name: **Acting Director, Jose Montero**

To assist review, please answer the following questions:

ANNUALIZED BURDEN HOURS:

This table calculates the total estimated burden per year for all recipients.

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Annualized Burden Hours
State Public health agency or bona fide agents	Performance Monitoring	50	1	40	2000
Local Public health agency or bona fide agents	Performance Monitoring	4	1	40	160
Territorial/freely associated state Public health agency or bona fide agents	Performance Monitoring	8	1	40	320
Totals		62	1	40	2480

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Annualized Burden Hours
State Public health agency or bona fide agents	Performance Evaluation	50	0.20	40	400
Local Public health agency or bona fide agents	Performance Evaluation	4	0.20	40	32
Territorial/freely associated state Public health agency or bona fide agents	Performance Evaluation	8	0.20	40	64
Totals		62	0.20	40	498

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Annualized Burden Hours
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State Public health agency or bona fide agents	Training Survey & Technical Assistance Survey and Feedback	50	18	0.17	128
Local Public health agency or bona fide agents	Training Survey & Technical Assistance Survey and Feedback	4	18	0.17	10
Territorial/freely associated state Public health agency or bona fide agents	Training Survey & Technical Assistance Survey and Feedback	8	18	0.17	20
Totals		62	18	0.17	190

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
2025, 2026, 2027	3	3168	9504

FEDERAL COST: The estimated annual cost to the Federal government is \$123,951

The cost estimate reflects salaries of CDC FTEs 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:

- GS15, Step 10: \$191,900 x .25 FTE = \$47,975 (developing performance measure strategy and implementation plan, staff management and oversight for evaluation)
- GS14, Step 05: \$146,352 x .15 FTE = \$21,952 (oversight for TA and Training evaluation strategy and data collection, analysis and translation)
- GS14, Step 08: \$159,267.00 x .25 FTE = \$39,816.75 (building/maintaining data reporting tool)
- GS13, Step 10: \$142,065 x .10 FTE = \$14,206.50 (data management, data cleaning, quality assurance, stats support, developing code, formatting tables)

ADMINISTRATION OF THE INSTRUMENT:

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

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