

Performance and Evaluation Measurement System (PEMS)

**Request for a New Collection:
Control No: 0990-XXXX, Expiration 9/30/2027**

Supporting Statement A

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Supporting Statement for the OMH PEMS

This request for Office of Management and Budget (OMB) clearance for a new information collection, Performance and Evaluation Measurement System (PEMS), to collect data from Office of Minority Health (OMH) grant recipients. This data is used to monitor performance and promote evaluation of intervention effectiveness throughout the course of a funding period/cycle to ‘grow the science’ regarding ‘what works’ in minority health improvement and health disparities reduction. This information collection includes two new web-based data collection tools: OMH Performance Progress Report and Disparity Impact Statement. Recipients will submit responses for these tools through GrantSolutions, a web-based platform. GrantSolutions is password protected and access is limited to Authorized HHS Officials, and Grantee Principal Investigators and Project Directors.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

In 1985, the Report of the Secretary's Task Force on Black and Minority Health, the first comprehensive national racial and ethnic minority health study published by the HHS, documented the wide disparity in health status between racial and ethnic minorities and Whites. Although the health of all Americans has continued to improve over two and a half decades since the Report was issued, racial and ethnic health disparities persist and, in some cases, are increasing. The persistence of such disparities suggests that current approaches and strategies are not producing the kinds of results needed to ensure that all Americans are able to achieve the same quality and years of healthy life, regardless of their demographic characteristics.

Since its inception in 1985, OMH has been the organizational entity within HHS that coordinates Federal efforts to improve the health status of racial and ethnic minority populations. The office was established with the passage of the Disadvantaged Minority Health Improvement Act (P.L. 101-527) (**Appendix A**) and given a broad mandate to advance efforts to improve minority health and address racial/ethnic disparities in health. Under the Patient Protection and Affordable Care Act (P.L. 111-148) (**Appendix B**) and the Health Care and Education Reconciliation Act (P.L. 111-152) (**Appendix C**), the responsibility for OMH to “establish, implement, monitor, and evaluate short-range and long-range goals and objectives and oversee all other activities within the US Public Health Service that relate to disease prevention, health promotion, service delivery, and research concerning minority groups” was recodified. To achieve this broad mandate, OMH supports research, demonstrations and evaluations of new and innovative programs, and strategies and interventions that increase understanding of ways to improve the health of racial and ethnic minority communities and reduce the burden of disease, disability, and premature death that disparately impacts them.

The proposed information collection activity will allow OMH to collect grant management and performance data and disparity impact information for all OMH-funded projects. The clearance is needed to support data collection using GrantSolutions, a system that enables OMH to comply with Federal reporting requirements and monitor and evaluate performance by enabling the efficient collection of performance-oriented data tied to OMH-wide performance reporting needs.

Data gathered through PEMS will also be used to inform program managers, OMH and HHS leadership, budget personnel, and Congressional staff about the number and demographic make-up of program participants, the nature and extent of funded interventions and their impacts on program participants, efficiencies through resource leveraging and partnerships, the relationship of funded efforts to national goals and objectives, such as *Healthy People 2030 (HP2030)*. Such results enable OMH to comply with the requirements under the GPRA Modernization Act (**Appendix D**).

2. Purpose and Use of Information Collection

The overall purpose of PEMS is to enable OMH, via GrantSolutions, to collect standardized performance information from its grantees, cooperative agreement partners, and other funding recipients to enable generation of routine reports regarding performance metrics and disparity impact through the use of two data collection tools:

The OMH Performance Progress Report (PPR) (Appendix E) for Grants and Cooperative Agreements is a tool for tracking and reporting the progress, outcomes, and broader impacts of OMH funded projects. It helps project officers document achievements, evaluate project activities, and report significant accomplishments, collaborations, and dissemination efforts. The PPR ensures compliance with evaluation and IRB requirements, supports quality improvement and sustainability planning, and collects performance measure data to assess progress towards project goals. This comprehensive reporting mechanism promotes transparency, accountability, and continuous improvement of funded projects. The OMH PPR is a supplement to the Office of the Assistant Secretary for Health periodic Performance Progress Report, and it will allow OMH to collect additional data to assess performance and outcomes of OMH-funded projects.

The **Disparity Impact Statement (DIS) (Appendix F)** includes standardized elements for recipients to meet a funding requirement to provide information on how they will systematically identify and address health disparities within specific populations experiencing or at increased risk for disparities. Disparity Impact Statement information will allow OMH to assess, and monitor the implementation of, recipient plans for using data and quality improvement processes to address health disparities.

Data collected through these tools will be used to generate individual recipient and aggregate reports that can be used by recipients, OMH project officers, program and Division managers, and office leadership for performance monitoring, budgeting, reporting, and program improvement purposes.

3. Use of Improved Information Technology and Burden Reduction

As noted above in Section 2 (Purpose and Use of Information Collection), the purpose of the PEMS is to facilitate collection of performance data from OMH grant recipients to monitor program and project status and generate results that can be reported for program management and performance budgeting purposes. The required PEMS data entry represents the minimum data

needed to be useful for project reporting, program monitoring, and performance measurement by OMH and its partners.

PEMS data tools are web-based modules integrated into GrantSolutions. This integration ensures easy accessibility for all recipients, as they are already required to submit other reports through GrantSolutions. As a result, the process becomes more efficient and timely, providing a systematic approach to collecting and storing data.

4. Efforts to Identify Duplication and Use of Similar Information

Data collection using the PEMS does not duplicate other data collection efforts. Data elements included in the PEMS are specific to OMH-funded grantees and cooperative partners and, therefore, are not available elsewhere. OMH does not have any other system for the collection of standardized performance information.

5. Impact on Small Businesses or Other Small Entities

The impact of this data collection will be negligible at best, since, for the most part, OMH grant recipients are public or private non-profit minority-serving community-based organizations, minority-serving institutions of higher education, and State or local agencies dedicated to addressing minority health concerns. With or without the PEMS, these projects would have to provide project and evaluation data. The required PEMS data entry represents the minimum data needed to be useful for project reporting, program monitoring, and performance measurement by OMH and its partners.

6. Consequences of Collecting the Information Less Frequently

OMH PPR data will be collected once every three months or quarterly to synchronize the data reporting with OMH's other data reporting needs for HHS GPRA and performance budgeting and reporting purposes. DIS data will be collected one time during the recipient's period of performance. Less frequent collections pose challenges to obtaining data that are requested more frequently for other departmental performance reporting needs and increases the amount of data that the recipients need to accumulate and manage prior to submission to OMH.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

No special circumstances apply. This request complies with the information collection guidelines of 5 CFR 1320.5(d)(2).

8. Comments in Response to the Federal Register Notice/Outside Consultation

In accordance with the Paperwork Reduction Act of 1995, OMH published a notice in the Federal Register announcing the agency's intention to request an OMB review of data collection activities. The 60-day notice for public comment was published on July 31, 2024, in volume 89, no 147 on page 61488. There were no comments received.

9. Explanation of any Payment/Gift to Respondents

This data collection does not involve payment or gifts as incentives for respondents. OMH grant recipients enter data into GrantSolutions as a funding requirement to obtain their grants.

10. Assurance of Confidentiality Provided to Respondents

Only aggregate, periodic project data from OMH-funded projects is reported. There is no personally identifiable information (PII) collected. Grant Solutions is password protected and access is limited to Authorized HHS Officials, and Grantee Principal Investigators and Project Directors. This will be kept private to the extent allowed by law.

11. Justification for Sensitive Questions

The PEMS requests data from users specific to their OMH-funded project, including number of individuals participating in funded activities. These data do not include any items of a personal or sensitive nature. SPD-15 Directive is being followed by collecting race and ethnicity aggregate data on project reach. The proposed information collection activity will allow OMH to collect grant management and performance data and disparity impact information for all OMH-funded projects.

12. Estimates of Annualized Hour and Cost Burden

Exhibit 1 shows the estimated total burden hours for the information collection, including recordkeeping. Exhibit 2 shows the costs associated with those burden hours.

Exhibit 1: Estimated Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
OMH grant recipient	Disparity Impact Statement	125	1	1	125
OMH grant recipient	OMH Performance Progress Report (Quarterly)	125	4	1.5	750
	Total	250	5	2.5	875

Exhibit 2: Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Business Operations Specialists	875	\$42.85	\$37,467.5

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

The data collection described in this request does not constitute an additional effort for respondents beyond regular project duties/obligations. No additional staff time or cost is anticipated other than the time/cost allocated for regular project administrative requirements. No additional materials or equipment are needed to generate a report using the PEMS.

14. Annualized Cost to Federal Government

The overall annual cost to the Federal government is \$250,000. This total includes GrantSolutions operations and maintenance costs, as well as costs associated with technical

support to recipients, training materials development, and user training on system navigation and data entry. Exhibit 3 presents total costs to the Federal government.

Exhibit 3: Costs to the Federal Government

Category	Cost
Operations, Maintenance and Technical Support	\$250,000
Total	\$250,000

15. Explanation for Program Changes or Adjustments

This is a request for a new OMB-approved data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The purpose of the PEMS, as described herein, is to serve as the regular, ongoing system of standardized data reporting for all grants, cooperative agreements, and other selected programmatic efforts funded by OMH. Data reported as part of this system are used for project management and monitoring, assessment of project implementation and results, and for performance budgeting and reporting purposes in support of OMH strategic priorities, objectives, and goals. In addition, aggregate program data are also used in periodic reports to OMH leadership, other HHS policymakers and decision makers, and Congressional staff, as needed and appropriate.

There are no specific plans to publish results from PEMS at this time.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

This collection of information does not seek approval to exclude the expiration date for OMB approval from any data collection instruments.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

This collection of information involves no exception to the Certification of Paperwork Reduction Act Submissions.