

# Preventive Health and Health Services Block Grant

OMB No. 0920-0106; Exp. 02/29/2024

## Supporting Statement – Section A

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## ATTACHMENTS

Attachment A – List of PHHS Block Grant Recipients  
Attachment B – Block Grant Authorizing Legislation 1981 and 1992  
Attachment C – Work Plan Start and Advisory Committee Questions\_Word Version  
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## JUSTIFICATION SUMMARY

**Goal of the project:** to ensure that the CDC PHHS Block Grant program managers and PHHS Block Grant recipients account for funds in accordance with legislative mandates by providing information on work through work plans and annual reports.

**Intended use of the resulting data:** CDC will use the Block Grant Information System to monitor recipients' progress, identify activities and personnel supported with Block Grant funding, conduct compliance reviews of Block Grant recipients, and promote the use of evidence-based guidelines and interventions.

**Methods to be used to collect:** Standardized web-based tool.

**The subpopulation to be studied:** 61 PHHS Block Grant Coordinators.

**How data will be analyzed:** System-generated reports and review of application and progress reports by CDC staff and recipients to measure performance and success on program activities.

### A. Justification

#### *A1. Circumstances Making the Collection of Information Necessary*

CDC requests OMB approval for a revision to an existing information collection for the Preventive Health and Health Services (PHHS) Block Grant (OMB No. 0920-0106, exp. 02/29/2024). A three-year approval is being sought.

The Block Grant Information System (BGIS) approved in the previous revision request has proven to be an effective and sustainable system for the required collection and assessment activities for the PHHS Block Grant. This system has saved recipients time entering and updating their data and information. Anecdotal evidence received from recipients and CDC program staff indicate that this system is easier to use and more efficient for completing many reporting and program activities. Specifically, this system has saved the recipients time in entering and updating their information. Additionally, this system has made reporting on program activities much easier and more efficient for CDC program staff. Considering these successes and the importance of maintaining reporting on the PHHS Block Grant, a three-year approval is requested.

The HHS Healthy People (HP) framework<sup>1</sup> is used to define program objectives and performance measures for the block grant recipients. Reporting elements for recipients and corresponding data items in the BGIS are configured based on HP 2030 objectives.

## **Background**

The National Center for State, Tribal, Local and Territorial Public Health Infrastructure and Workforce (NCSTLTPIW) administers the PHHS Block Grant<sup>2</sup> funding for health promotion and disease prevention programs. Sixty-one recipients (50 states, the District of Columbia, two American Indian Tribes, five U.S. territories, and three freely associated states) receive block grant funds to address locally defined public health needs in innovative ways; *see Attachment A for the list of PHHS Block Grant Recipients*. The PHHS Block Grant allows recipients to prioritize the use of funds to fill funding gaps in programs that deal with leading causes of death and disability, as well as the ability to respond rapidly to emerging health issues, including outbreaks of food-borne infections and water-borne diseases. Each recipient is required to submit a work plan with its selected health outcome objectives, as well as descriptions of the health problems, identified target populations (including portions of those populations disproportionately affected by the health problems), and activities to be addressed in the planned work.

The Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35) established the PHHS Block Grant, Sections 1901-1907 of the Public Health Service Act (currently cited as 42 USC Sections 300w – 300w8). The PHHS Block Grant program allows states to carry out several programs that had been previously authorized separately. Originally, block grants were organized by categorical program areas. The organization changed in 1992 when P.L. 102-531 was enacted; the new legislation mandated that PHHS Block Grant be solely devoted to the national health objectives published by the Department of Health and Human Services (HHS); *see Attachment B for the legislation*.

As specified in the authorizing legislation, CDC currently collects information from Block Grant recipients to monitor their objectives and activities. Each recipient is required to submit an annual application for funding (Work Plan) that describes its objectives, activities, and the populations to be addressed, and an Annual Progress Report that describes recipient progress toward meeting those objectives. Since February of 2021, the BGIS platform has proven itself to be integral to the proper collection and assessment of block grant recipient activities. This request is meant to support ongoing maintenance of the BGIS platform and collections/reporting associated with the PHHS Block Grant.

### ***Annual Reporting Modules***

Completed by each recipient every federal fiscal year:

- Work Plan Modules
  - Advisory Committee Members
  - Advisory Committee Meetings
  - Budget Information
  - Program
  - Objectives and Activities
- Annual Progress Report Module
  - Annual Progress Report (Interim Progress Report)
  - Updated Annual Progress Report (Final Progress Report)

## ***A2. Purpose and Use of the Information Collection***

The primary purpose of collecting data is to ensure that the CDC PHHS Block Grant program managers and PHHS Block Grant recipients account for funds in accordance with legislative mandates. BGIS enables recipients to continue to input data from their programs to satisfy the legislative requirement of identifying the Healthy People Objectives they plan to address and identify how funds are prioritized and utilized to achieve desired outcomes. The mandated reporting requirements for PHHS Block Grant programs have not changed and this data collection system helps recipients meet those requirements.

CDC uses BGIS to monitor recipients' progress, identify activities and personnel supported with Block Grant funding, conduct compliance reviews of Block Grant recipients, and promote the use of evidence-based guidelines and interventions. CDC has been able to use the data in BGIS to effectively address questions and requests from policy makers about the outcomes from PHHS Block Grant funding. Beyond CDC's use, Block Grant recipients and their advisory committees use the information collected in the BGIS system to inform their programmatic planning.

## **Items of Information to be Collected**

BGIS is organized into two main modules: 1) the Work Plan which includes the "Workplan start and advisory committee questions worksheet" and the "Workplan program questions worksheet" and 2) the Annual Progress Report; *see Attachments C, E and G for data collection instruments for the Work Plan Start and Advisory Committee, Workplan Program details and Combined Annual Progress Report, respectively*. The data collected consists of responses to both open-ended questions with short (sentence or paragraph length) answers and closed-ended questions with multiple choice, yes/no, and similar answers. When possible, the system auto-populates relevant information into any other module where it is needed and utilizes user profiles to auto-populate appropriate options for certain questions.

## ***A3. Use of Improved Information Technology and Burden Reduction***

Features such as streamlined software installation and expansive inline help features are included in BGIS to increase ease of use and minimize burden. In addition, auto-population features decrease burden on recipients. For example, after initial data entry for the Work Plan and Annual Progress Report is complete, fields for the next reporting period that will remain the same are pre-populated into the next report. Recipients can thus prepare upcoming submissions by modifying information already entered into the system only as needed, thus reducing the burden to respondents over time.

## ***A4. Efforts to Identify Duplication and Use of Similar Information***

The information submitted by PHHS Block Grant recipients to CDC is unique. There are no alternative sources for the information.

Aggregate assessment of cross-cutting outputs and outcomes of the PHHS Block Grant to demonstrate

the utility of the grant on a national level are currently collected through an alternative system, OMB No. 0920-1257 (expiration 06/30/2025), *Assessment of Outcomes Associated with the Preventive Health and Health Services Block Grant*. The information collected through BGIS is non-duplicative and serves a different, complementary purpose to the data collected through 0920-1257.

***A5. Impact on Small Businesses or Other Small Entities***

No small businesses will be involved in this data collection.

***A6. Consequences of Collecting the Information Less Frequently***

Reporting schedules align with federal budgeting and funding cycles and satisfies legislative requirements. Therefore, information in the Work Plan and Annual Progress Report modules is collected once per year. To support timely monitoring by CDC, some items in the annual progress report are submitted as an interim report and some items are submitted as the end-of-year report. The revised burden table reflects this schedule of reporting. Less frequent information collection would not satisfy the requirements established by Block Grant legislation.

***A7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.05***

There are no special circumstances with this data collection package. This request fully complies with the regulation 5 CFR 1320.5.

***A8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency***

CDC published a Notice in the *Federal Register* on 05/01/2023 (Vol. 88, No. 83, pp. 26549-26551); see *Attachment I*. One non-substantive public comment was received; see *Attachment J*. There was no response provided and no changes were made as a result of this comment, as it was not specific to BGIS or this data collection.

***A9. Explanation of Any Payment or Gift to Respondents***

PHHS Block Grant recipients do not receive any payments or gifts.

***A10. Protection of the Privacy and Confidentiality of Information Provided by Respondents***

The Privacy Act does not apply to this data collection; see *Attachment K: Privacy Act Checklist*. No personal identifying information or sensitive information is being collected. Any personal contact

information collected in the system is the business information of the recipient (such as business phone number) and is collected to conduct standard and required grants management.

***A11. Institutional Review Board (IRB) and Justification for Sensitive Questions***

IRB approval is not required. This data collection does not involve research with human subjects; see *Attachment L for the project determination.*

***A12. Estimates of Annualized Burden Hours and Costs***

Estimates of burden are based on prior experience with grant recipient reporting. A slight reduction in burden is proposed for this request. As shown in Table A-12A, the total estimated annualized burden to respondents is 1,403 hours; this reflects a slight reduction when compared to the 1,525 burden hours estimated in the previously approved information collection request.

**Table A-12A: Estimated Annualized Burden Hours**

<b>Type of Respondents</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
PHHS Block Grant Coordinator	Workplan Start and Advisory Committee Questions	61	1	2	122
PHHS Block Grant Coordinator	Work Plan Program Questions	61	1	10	610
PHHS Block Grant Coordinator	Annual Progress Report (subset of Interim Progress questions)	61	1	7	427
PHHS Block Grant Coordinator	Annual Progress Report (subset of Final Progress questions)	61	1	4	244
<b>Total</b>					<b>1,403</b>

The estimated annualized cost is based on an average hourly wage rate of \$39.31, the rate for State Government Social and Community Service Managers recorded by the U.S. Department of Labor, Bureau of Labor Statistics, 2022 National Occupational Employment and Wage Estimates ([Social and Community Service Managers \(bls.gov\)](https://www.bls.gov)). Table A-12B shows the total estimated cost.

**Table A-12B: Estimated Annualized Burden Costs**

Type of Respondents	Form Name	Total Annual Burden Hours	Average Hourly Wage Rate	Total Burden Cost
PHHS Block Grant Coordinator	Work Plan Start and Advisory Committee	122	\$39.31	\$4,796
PHHS Block Grant Coordinator	Work Plan Program Questions	610	\$39.31	\$23,979
PHHS Block Grant Coordinator	Annual Progress Report (subset of Interim Progress questions)	427	\$39.31	\$16,785
PHHS Block Grant Coordinator	Annual Progress Report (subset of Final Progress questions)	244	\$39.31	\$9,592
<b>Total</b>				<b>\$55,152</b>

**A13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers**

There will be no direct costs to the respondents other than their time to participate in each data collection.

**A14. Annualized Cost to the Government**

Costs to the government include costs for software maintenance and development (conducted by a contractor), and costs for oversight of the project by CDC personnel. As shown in Table A-14, the total annualized cost to the government for the requested three-year clearance period is \$288,219.

**Table A-14: Estimated Annualized Cost to the Federal Government**

Cost Category	Annualized Cost
Federal personnel:	\$12,460



- Program Liaison (12% FTE, GS-13)	
- Project Manager (8% FTE, GS-14)	\$9,421
Contract Staff Support	\$251,793
Technology licenses, fees, and system administration, updates, etc.	\$14,545
<b>Total Annualized Cost</b>	<b>\$288,219</b>

#### ***A15. Explanation for Program Changes or Adjustments***

In this Revision, CDC requests OMB approval to subdivide the previously approved annual Workplan (12 hours) into two sections: the “Workplan Start and Advisory Committee Questions Worksheet” (2 hours) and the “Workplan Program Questions Worksheet” (10 hours). There are no changes to the previously approved questions or the net annualized burden estimate for the Workplan (732 hours), however, questions have been regrouped to improve logical flow, and selected instructions to respondents have been revised for clarity and ease of use. An overview of minor wording changes and changes to the sequence of questions is provided in Attachment N. The Annual Progress Report will be continued without changes in total burden hours (671 annualized burden hours), though the burden table is revised to describe how programs collect two different sets of questions within the Annual Progress Report (Interim progress questions and Final progress questions). These revisions to the burden table enable programs to better monitor and provide technical assistance to respondents. The Recipient Information Collection has been deleted from the burden table (-122 annualized burden hours). The BGIS will retain this information, however, the one-time burden of entering the Recipient Information was accounted for in the previous approval period. The revised total annualized burden is 1,403 hours, reflecting the decrease of 122 hours (1,525 hours [previously approved] - 122 hours [adjustment for the Recipient Information Collection] = 1,403 hours).

#### ***A16. Plans for Tabulations and Publication and Project Time Schedule***

The project time schedule is as follows:

##### Project Time Schedule

- ✓ Design System . . . . . (COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan . . . . . (COMPLETE)
- ✓ Pilot test System . . . . . (COMPLETE)
- ✓ Prepare OMB package . . . . . (COMPLETE)
- ✓ Submit OMB package . . . . . (COMPLETE)
- ❑ OMB approval . . . . . (November 2023-February 2024)
- ❑ Conduct data collection . . . . . (Ongoing)
- ❑ Analyze data . . . . . (Ongoing)
- ❑ Prepare summary report(s) . . . . . (Upon completion of analysis)

- ☐ Disseminate results/reports . . . . . (Upon completion of analysis)

**A17. Reason(s) Display of OMB Expiration Date is Inappropriate**

We are requesting no exemption.

**A18. Exceptions to Certification for Paperwork Reduction Act Submission**

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

**REFERENCE LIST**

1. U.S. Department of Health and Human Services, Healthy People 2030. Retrieved February 21, 2020 from <https://www.healthypeople.gov/>
2. Centers for Disease Control and Prevention.(n.d.). Retrieved February 21, 2020 from <https://www.cdc.gov/phhsblockgrant/>