**Non-substantive Change Request, E.O. 14168**

**OMB Control Number:** **0920-0106**, exp. 3/31/2027

**Title:** **Preventive Health and Health Services Block Grant**

**Date Submitted:** **March 28, 2025**

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**SUMMARY**.  In response to E.O. 14186 and OMB’s Statistical Policy Directive 15, CDC has completed the changes listed below to the [PHIC] Preventive Health and Health Services Block Grant (OMB# 0920-0106, Exp. 3/31/2027). This submission is provided as documentation of these changes to ensure compliance.

1. **Revised questions to align with E.O. 14168, *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*.**  These changes affect 1 form.
	1. Attachment E, Workplan Program Questions
2. **Revised questions to align with OMB Statistical Policy Directive 15, revised March 2024*: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity*.**  These changes affect 1 form.
	1. Attachment E, Workplan Program Questions

**DESCRIPTION OF CHANGES TO BURDEN.** The proposed changes do not alter the previous burden estimate for the modified form or the overall burden for this information collection request.

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| --- | --- | --- | --- | --- | --- | --- |
| **Type of Respondents** | **Form Name** | **No. of Respondents** | **No. of Responses per Respondent** | **Average Burden per Response** **(in hours)** | **Total Burden Hours** | **Change in Burden Estimate** |
| PHHS Block Grant Coordinator | Workplan Start and Advisory Committee Questions | 61 | 1 | 2 | 122 | None |
| PHHS Block Grant Coordinator | Work Plan Program Questions  | 61 | 1 | 10 | 610 | None |
| PHHS Block Grant Coordinator | Annual Progress Report (subset of Interim Progress questions) | 61 | 1 | 7 | 427 | None |
| PHHS Block Grant Coordinator | Annual Progress Report (subset of Final Progress questions) | 61 | 1 | 4 | 244 | None |
| **Total** | **1,403** | **None** |

**TABLE A. ITEMIZED DESCRIPTION OF CHANGES**

|  |  |  |  |
| --- | --- | --- | --- |
| Form  | Type of Change  | Question/Item  | Change  |
| Attachment E. Workplan Program Questions  | Question Revision  | Q. 50, (Program Data Collection Instrument section, page 7).Q. 28, (Objectives and Activities Data Collection Instrument section, page 11).Gender Identity: *\*Select all* *that apply** Female
* Male
* Transgender
* Additional gender category (or other); please specify \_\_\_
 | Revised question and response options to:Sex* + Male
	+ Female
 |
| Attachment E. Workplan Program Questions | Question Revision | Q. 49, (Program Data Collection Instrument section, page 7).Q. 27, (Objectives and Activities Data Collection Instrument section, page 11).Sexual Orientation: \*Select all that apply* Straight, that is not gay (or lesbian or gay)
* Gay (lesbian or gay)
* Bisexual
* Something else; please specify \_\_\_
 | Revised response options to:Sexual Orientation: \*Select all that apply* Straight or heterosexual
* Gay
* Lesbian
* Bisexual
 |
| Attachment E. Workplan Program Questions   | Question Deletion | Q. 46, (Program Data Collection Instrument section, page 6.)Q. 24, (Objectives and Activities Data Collection Instrument section, page 10.)Ethnicity: *\*Select all that apply** Hispanic or Latino
* Not Hispanic or Latino
 |  |

**Table A (continued)**

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| Attachment E. Workplan Program Questions   | Question Revision  | Q. 47, (Program Data Collection Instrument section, page 6.)Q. 25, (Objectives and Activities Data Collection Instrument section, page 10.)Race: \**Select all that apply** American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* White
 | Revised question and response options to:Race/Ethnicity: \**Select all that apply*.* American Indian or Alaska Native
* Asian
* Black or African American
* Hispanic or Latino
* Middle Eastern or North African
* Native Hawaiian or Pacific Islander
* White
 |

**ATTACHMENTS**

Attachment E, Workplan Program Questions (with changes in tracked-changes)

Attachment E, Workplan Program Questions (revised, clean)