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

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.
 - a. 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.
 - a. 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.

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						None

TABLE A. ITEMIZED DESCRIPTION OF CHANGES

Form	Type of Change	Question/Item	Change	
Attachment E. Question Workplan Revision Program Questions		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	Revised question and response options to:	
		 Female Male Transgender Additional gender category (or other); please specify 	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).	Revised response options to:	
		Sexual Orientation: *Select all that apply	Sexual Orientation: *Select all that apply	
		 Straight, that is not gay (or lesbian or gay) Gay (lesbian or gay) Bisexual Something else; please specify 	 Straight or heterosexual Gay Lesbian Bisexual 	
Attachment E. Workplan Program	Question Deletion	Q. 46, (Program Data Collection Instrument section, page 6.)		
Questions		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)

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
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ATTACHMENTS

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

Attachment E, Workplan Program Questions (revised, clean)