

Assessment of Outcomes Associated with the Preventive Health and Health Services Block Grant

OMB No. 0920-1257; Exp.

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Supporting Statement A

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ATTACHMENTS

- Attachment 1. List of PHHS Block Grant Recipients
- Attachment 2. Authorizing Legislation Public Health Service Act [42 U.S.C. 241]
- Attachment 3. PHHS Block Grant Measurement Framework Version 1.5
- Attachment 4. Instrument: Word Version
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Justification Summary

- **Goal of the project:** To collect information on a range of cross-cutting outputs and outcomes of the Preventive Health and Health Services Block Grant (PHHS Block Grant) that will provide data to demonstrate the utility of the grant on a national level.
- **Intended use of the resulting data:** Data will be used to 1) describe the outcomes and achievements of recipients’ public health efforts and identify how the use of PHHS Block Grant funds contributed to those results and 2) help assess how the grant advances work of the public health system and provide evidence to support future budgetary requests. Data will be used to describe the grant as a whole—not individual recipient activities or outcomes.
- **Methods to be used to collect:** Data will be collected using a web-based data collection instrument using Qualtrics®.
- **The subpopulation to be studied:** Respondents include 61 PHHS Block Grant coordinators, or their designees, across 61 health departments funded under the PHHS Block Grant, acting in their official capacities. These respondents represent 50 states, the District of Columbia, 2 tribes, 5 U.S. territories, and 3 freely associated states.
- **How the data will be analyzed:** Descriptive statistics will be used to analyze quantitative data. Qualitative analyses will be performed on open-ended questions. Responses will be analyzed using Microsoft Excel®.

A. JUSTIFICATION

A1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention requests approval to continue information collection under OMB No. 0920-1257, “Assessment of Outcomes Associated with the Preventive Health and Health Services Block Grant” (exp. 06/30/2025) for three years. The purpose of this collection of data is to assess cross-cutting outputs and outcomes of the Preventive Health and Health Services Block Grant (PHHS Block Grant) and to demonstrate the utility of the grant on a national level. The respondent universe for this information collection consists of 61 PHHS Block Grant coordinators, or their designees, acting in their official

capacities, across 61(50 states, the District of Columbia, 2 tribes, 5 U.S. territories, and 3 freely associated states) health departments, funded under the PHHS Block Grant (see Attachment 1 – List of PHHS Block Grant Recipients).

The authorizing legislation for the PHHS Block Grant posted in the US House of Representative's website

(<http://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter6A/subchapter17/partA&edition=prelim>), is authorized by the Public Health Service Act and codified through Title 42 USC, Chapter 6A, Subchapter VVII, Part A § 300w-300w-9 (see Attachment 2. Authorizing Legislation Public Health Service Act [42 U.S.C. 241). This information collection falls under the National Public Health Performance Standard's essential public health service #5: "Create, champion, and implement policies, plans, and laws that impact health"; and essential public health service #9: "Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement".¹

For more than 40 years, the PHHS Block Grant has provided funding for all 50 states, the District of Columbia, two American Indian tribes, five U.S. territories, and three freely associated states to address the unique public health needs of their jurisdictions in innovative and locally defined ways. First authorized by Congress in 1981 through the Public Health Service Act (Public Law 102-531), the fundamental and enduring purpose of the grant has been to provide recipients with localized control to address their priority public health needs. In 1992, Congress amended the law to align PHHS Block Grant funding priorities with the 22 chapters specified in *Healthy People 2000*, a set of national objectives designed to guide health promotion and disease prevention efforts. Additional amendments included set-aside funds specifically dedicated to sex offense prevention and victim services, thus requiring that recipients receiving this support include related objectives and activities as part of their PHHS Block Grant-funded local programs.

Since its inception in 1981, aggregate achievements of PHHS Block Grant-funded recipients were never assessed nor quantified until 2017. Several governing and advisory entities encourage CDC to demonstrate outcomes and increase accountability of the PHHS Block Grant. Their recommendations are as follows:

1. CDC is urged to enhance reporting and accountability for the PHHS Block Grant. (*Congress*)
2. CDC is encouraged to focus the PHHS Block Grant evaluation (e.g., on the most important outcomes). The evaluation should collect data on priority outcomes that will demonstrate the impact of PHHS Block Grant funding. (*Office of Management and Budget*)
3. To improve the accountability and transparency of the PHHS Block Grant, CDC should (a) develop a plan to measure progress and impact and (b)

communicate current accomplishments. (*STLT Subcommittee of the Advisory Committee to the Director of CDC*)

The Block Grant Information System (BGIS) (Preventive Health and Health Services Block Grant, OMB No. 0920-0106, exp. 03/31/2027) serves as the only consistent, systematic method of collecting information on the grant. However, the BGIS is designed to monitor individual recipient performance and compliance with the requirements of the grant for each fiscal year, such as alignment of recipient activities to *Healthy People* objectives. The system lacks the functionality to collect data that are intended to measure the achievement of cross-cutting outputs and outcomes on an aggregate, national level. As a result, CDC has established a method to collect data to demonstrate the utility of the grant, describe select outputs and outcomes, and strengthen overall grant accountability—the PHHS Block Grant Measurement Framework (see Attachment 3 - PHHS Block Grant Measurement Framework Version 1.5).

The PHHS Block Grant Measurement Framework (also referred to as the Measurement Framework) is an innovative approach to assessing cross-cutting outputs and outcomes resulting from the use of grant funds. The framework defines a set of measures that enable CDC to standardize the collection of data. The Measurement Framework, including the four measures, have been vetted extensively with grantees serving on the PHHS Block Grant Evaluation Workgroup as well as with CDC leaders and PHHS Block Grant project officers within the National Center for STLT Public Health Infrastructure and Workforce (NCSTLTPHIW). The four measures capture aspects of three cross-cutting outcomes considered to be most important, relevant, measurable, and feasible:

1. Public Health Infrastructure

- Measure 1.1. (Information Systems Capacity Improved): Number of state, territorial, tribal, and local agencies whose capacity to collect or enhance data that provide information of public health importance was improved or maintained through the use of PHHS Block Grant funds.
- Measure 1.2. (Quality Improved): Number of state, territorial, tribal, and local agencies in which the efficiency or effectiveness of operations, programs, or services was improved through the use of PHHS Block Grant funds.

2. Emerging Public Health Needs

- Measure 2.1. (Emerging Public Health Needs Addressed): Number of emerging public health needs that were addressed through the use of PHHS Block Grant funds.

3. Evidence-Based Public Health Practice

- Measure 3.1. (Evidence-Based Public Health Interventions Implemented): Number of evidence-based public health interventions implemented through the use of PHHS Block Grant funds.

Overview of the Information Collection System

Data is collected from a total of 61 PHHS Block Grant coordinators, or their designees (see Attachment 1 – List of PHHS Block Grant Recipients). The next data collection is proposed for October 2025 via a web-based data collection instrument (see Attachment 4 – Instrument_Word version and Attachment 5 – Instrument_Web version). The same instrument approved in 2022, with changes, will be used to gather information on the four measures, describe the outcomes related to public health efforts, and identify how the use of PHHS Block Grant funds contributed to those results.

The legislative authority for the PHHS BG aligns recipient activities to *Healthy People* objectives, which are coordinated by HHS. The Block Grant program does not have authority to edit *Healthy People* 2030 objectives and topic areas. Our intent is to ensure compliance with Executive Order 14168 while maintaining alignment with *Healthy People* 2030. As of the time of this ICR submission, guidance regarding changes to *Healthy People* Topic Area 25 to comply with the Executive Order has not been released and CDC is submitting this ICR without changes to the questions and response options relating to *Healthy People* Topic Area 25. Upon receipt of HHS guidance for revisions to *Healthy People* Topic Area 25 to comply with Executive Order 14168, and prior to administering the 2025 assessment, CDC will submit a Change Request to OMB.

This Revision request includes minor changes for questions five and eight to reduce errors. The new prompt informs respondents that the number of items should equal the value from a previous question in which they input total values. A piped-text entry based on the value input is used to provide the actual total provided by the respondent.

Information to be Collected

The web-based data collection instrument (see Attachment 4 – Instrument_Word version and Attachment 5 – Instrument_Web version) consists of 10 main questions and 67 sub-questions (77 possible questions in total) of various types, including dichotomous (yes/no), multiple response, and open-ended questions. The instrument collects data on the following:

I. Respondent demographic information related to official role (1 main question)

- Recipient jurisdiction.

II. Public Health Infrastructure (5 main questions, 33 sub-questions)

Measure 1.1- Information Systems Capacity Improved

- Type and number of organizations/health departments that used PHHS Block Grant funds to support information systems.
- Reach of information system.
- The type and number of information systems supported.
- The name/title of each information system.
- How the funds were used to support each information system.

Measure 1.2 – Quality Improved

- Type and number of organizations/health departments that used PHHS Block Grant funds to support a quality improvement effort.
- A count of operations, programs, or services for which a quality improvement was achieved.
- A count of the types of improvement achieved.
- A count of how the PHHS Block Grant funds were used to support the improvement.
- Whether a deliberate and defined quality improvement method was used.
- One example of a quality improvement achieved.
- How recipients used PHHS Block Grant funds to address national standards or conduct accreditation-related activities.

III. Emerging Public Health Needs (1 main question, 10 sub-questions)

Measure 2.1. Emerging Public Health Needs Addressed

- A count of emerging public health needs addressed by organizations/health departments using PHHS Block Grant funds.
- The name/title of the emerging public health need addressed.
- How the emerging public health need is categorized.
- How the emerging public health need was identified.
- *Healthy People 2030* health topic area that aligns with an emerging public health need.
- The geographic area affected by the emerging public health need.
- The size and description of the population potentially affected by the emerging public health need.
- How PHHS Block Grant funds were used to address the emerging public health need.

IV. Evidence-Based Public Health Practice (3 main questions, 24 sub-questions)

Measure 3.1 Evidence-Based Public Health Interventions Implemented

- Type and number of organizations/health departments that used PHHS Block Grant funds to support the implementation of public health interventions.

- A count of public health interventions implemented by level of evidence, *Healthy People 2030* health topic area and how PHHS Block Grant funds were used.
- How PHHS Block Grant funds were used to support building the evidence base for public health.
- How recipients used PHHS Block Grant funds to support evidence-based decision making.

A2. Purpose and Use of the Information Collection

The purpose of this ICR is to assess select cross-cutting outputs and outcomes of the PHHS Block Grant and demonstrate the utility of the grant on a national level. The data collection is necessary to describe the grant as a whole and not individual grantee activities or outcomes. Findings from this assessment will be used to 1) describe the outcomes and achievements of recipients' public health efforts and identify how the use of PHHS Block Grant funds contributed to those results and 2) help assess how the grant advances work of the public health system and provide evidence to support future budgetary requests.

The utility and design of the Preventive Health and Health Services Block Grant's assessment were reviewed by CDC after each data collection in 2017, 2019, and 2022. Findings from the previous assessments were valuable because they described cross-cutting outputs and outcomes of the grant as well as enhanced the accountability of the grant. Furthermore, the results of the assessment have practical components that serve to guide CDC's ability to support PHHS Block Grant's recipients through development of relevant guidance, progress reports, facilitating connections with internal CDC categorical programs, targeted technical assistance, and creating opportunities for recipients' peer-to-peer learning.

In September 2022, the measures survey was fielded to 61 recipients. The analysis provided information on the funding cycle of July 2021 to June 2022 and demonstrated the PHHS Block Grant's role in strengthening the public health system by enabling state, tribal, local, and territorial agencies to use grant funds to improve public health infrastructure (information systems capacity and quality improvement), address emerging public health needs, and practice evidence-based public health. The report was posted on the CDC website (<https://www.cdc.gov/phhsblockgrant/evaluation.htm>). Lastly, CDC's National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (NCSTLTPHIW) and the Association of State and Territorial Health Officials (ASTHO) successfully disseminated the 2022 report to the 61 Block Grant recipients, CDC Leaders, CDC Project Officers, public health professionals, public health organizations, ASTHO members, and the general public.

A3. Use of Improved Information Technology and Burden Reduction

Data will be collected via a web-based data collection instrument (see Attachment 4 – Instrument: Word version) allowing respondents to complete and submit their responses electronically. The web-based instrument was created in collaboration with the Association of State and Territorial Health Officials (ASTHO) using Qualtrics®. This method of data collection was chosen to allow respondents to complete and submit their responses electronically, reducing the overall burden on respondents. The data collection instrument was designed to collect the minimum information necessary for the purposes of this assessment (i.e., limited to a total of 77 possible questions). To minimize response burden, the instrument streamlines questions by skipping questions based on responses to previous questions. Also, questions requiring narrative responses from respondents have been limited whenever possible. Skip patterns were included to allow respondents to only answer questions that apply to his/her jurisdiction and responses were streamlined to reduce burden. For select measures, respondents will report data in aggregate instead of individual details, which further reduces overall reporting burden. For example, respondents will provide the overall number of programs that made an efficiency and/or effectiveness improvement instead of reporting details on each individual program. Decreasing the burden is expected to increase the response rate.

A4. Efforts to Identify Duplication and Use of Similar Information

The information gathered through the PHHS Block Grant assessment is not available from other data sources or through other means, nor does it duplicate any information currently being collected from PHHS Block Grant coordinators. The PHHS Block Grant's grant monitoring system – BGIS – collects data on individual recipient performance and compliance (OMB No. 0920-0106). It enables CDC to monitor recipient activities and progress towards achieving program objectives for each fiscal year of funding as well as provide appropriate technical assistance. It does not collect data on cross-cutting outputs or outcomes or demonstrate the utility of the grant at the national level, which limits accountability.

A search of the scientific literature and an environmental scan conducted in March 2025 did not identify duplicate collection of data or use of similar information. Specifically, a search of the grey literature in the world wide web using Google and of the scientific literature via PubMed and OVID found no duplication of similar data collection. The environmental scan of government and non-government websites did not find similar information related to the PHHS Block Grant. There were no published evaluations of the PHHS Block Grant, nor published studies that utilized

similar instruments to assess the identified output or outcome measures. Therefore, there are no existing instruments or similar measures to evaluate the PHHS Block Grant.

A5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this information collection.

A6. Consequences of Collecting the Information Less Frequently

This assessment was originally approved to be conducted once every other year, or biennially. Less frequent collection of data will impede upon CDC's ability to:

- Describe and measure select cross-cutting outputs and outcomes of the PHHS Block Grant.
- Demonstrate results associated with the use of PHHS Block Grant funds to address public health needs prioritized by recipient jurisdictions.
- Strengthen the PHHS Block Grant's reporting and accountability.
- Support future budgetary requests.

A7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

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

A8. Comments in Response to the FRN and Efforts to Consult Outside the Agency

Part A: PUBLIC NOTICE

The 60-day Federal Register Notice (see Attachment 6a. Federal Register Notice-60 day) was published on December 6, 2024, pages 97006-97007. One public comment was received (see Attachment 6b. Public Comment). No changes were made to the information collection plan in response to the comment.

Part B: CONSULTATION

External and internal stakeholders were consulted to determine the viability of collection elements and suitability of procedures (see table below). Experience with the form has not identified any major problems. Suggestions to improve data validation and reduce errors were addressed by adding prompts with piped text for question series five and eight. The October 2025 data collection instrument will use the same instrument fielded in 2022.

Table 1. External Consultations

Name	Title	Affiliation	Email	Role
Suzanne Forkner	Program Manager II	Nebraska Department of Health and Human Services	suzanne.forkner@nebraska.gov	PHHS Block Grant evaluation workgroup member
Isla McLemore	Preventive Health and Health Services Block Grant Coordinator	Kansas Department of Health and Environment	Isla.McLemore@ks.gov	PHHS Block Grant evaluation workgroup member

Table 2. Internal Consultations

Name	Title	Affiliation	Phone	Email	Role
Dianne Strozier	Lead Public Health Advisor	National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce	404.498.3037	Dtq1@cdc.gov	PHHS Block Grant Team Lead
Harneyca Hooper	Project Officer	National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce	404.639.2923	hjh8@cdc.gov	PHHS Block Grant project officer

A9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

A10. Protection of the Privacy and Confidentiality of Information Provided by Respondent

A Privacy Impact Assessment (PIA) was completed on 08/02/2018 indicating that the Privacy Act does not apply to this data collection (see Attachment 7- Privacy Impact Assessment). Activities do not involve the collection of personally identifiable information.

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

No information will be collected that are of personal or sensitive nature. This data collection is not research involving human subjects as defined by the US Code of Federal Regulations (45 CFR 46.102) (see Attachment 8- Non-Research Determination).

A12. Estimates of Annualized Burden Hours and Costs

The respondent universe for this information collection consists of 61 PHHS Block Grant coordinators, or their designees. OMB approval is requested for three years and information collection will be conducted biennially in 2025 and 2027. The annualized number of respondents is 41 ($61 + 61 / 3$).

The estimate for burden hours is based on a pilot test of the data collection instrument by 3 recipients selected from the PHHS Block Grant evaluation workgroup. In the pilot test, the average time to complete the instrument, including time for reviewing instructions, was approximately 45 minutes.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for Medical and Health Services Managers (<https://www.bls.gov/oes/current/oes119111.htm>). Based on DOL data, an average hourly wage of \$64.64 is estimated for all 61 respondents.

Table A-12 shows estimated annualized burden and cost information..

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents

Data collection Instrument: Form Name	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
PHHS Block Grant Assessment	PHHS Block Grant Coordinators , or designee	41	1	45/60	31	\$64.64	\$ 2,004
	TOTALS	41	1		31		\$ 2,004

A13. Estimates of Other Total Annual Cost Burden to Respondents and 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 Federal Government

There are no equipment or overhead costs. The total estimated cost to the federal government is \$41,366. Table A-14 describes how this cost estimate was calculated. The cost to the federal government will be the salary of CDC staff and the funds provided to ASTHO to pay contractors and the Qualtrics license (\$9,988). The contractors are being utilized to support the development and programming of the data collection instrument and conduct the data collection activities. Specifically, the ASTHO contractor is responsible for programming the instrument in Qualtrics® and collecting data through administration of the web-based instrument.

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

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Total Average Cost
Health Scientist - GS-14 OMB package development, pilot testing; Data management and analysis (cleaning, analysis, reporting)	240	\$73.62/hour	\$17,669
Public Health Advisor- GS-09 Data management and analysis (cleaning, analysis, reporting)	120	\$32.46/hour	\$3,895

Association of State and Territorial Health Officials (contractor); Web-based instrument programming, data collection			\$19,802
Estimated Total Cost of Information Collection			\$ 41,366

A15. Explanation for Program Changes or Adjustments

The previous survey instrument launched in 2022 will be used. No questions have been added or deleted. Prompts were added to the Q5 and Q8 series to reduce errors. The prompt informs respondents that the number of items should equal the value from a previous question in which they input total values. A piped-text entry based on the value input is used to provide the actual total provided by the respondent.

Changes to the Healthy People 2030 Topic Area 25 are expected to ensure compliance with Executive Order 14168. Because the legislative authority for the PHHS BG aligns recipient activities to *Healthy People* objectives and guidance regarding changes to *Healthy People* Topic Area 25 to comply with the Executive Order had not been released at the time of submission, the questions and response options for the assessment remain the same at this time. The program will submit a change request upon receipt of HHS guidance for revisions to *Healthy People* Topic Area 25 to comply with Executive Order 14168.

There is no change to the estimated average burden per response (45 minutes), but the total estimated annualized burden will decrease from 46 hours to 31 hours. The decrease is a result of a change in the method for calculating the annualized burden hours. The previous ICR calculated burden hours based on 61 (non-annualized) respondents and overestimated total burden. In this ICR submission, total burden is calculated on the annualized number of respondents for two cycles of survey administration over a three-year period. The annualized number of respondents is 41 ($61 + 61 / 3$).

A16. Plans for Tabulation, Publication and Project Time Schedule

Once the 4-week data collection period has closed, responses will be downloaded, exported to an Excel® spreadsheet, and saved to a secure database maintained by ASTHO. ASTHO will then share the data with CDC. Data will be analyzed using Microsoft Excel® to produce charts and data visualizations that describe cross-cutting outcomes for the PHHS Block Grant as a whole. Descriptive statistical analyses will be conducted on responses to multiple-choice questions and qualitative analyses of open-ended questions. Upon completion of data analysis,

CDC will develop an aggregated report summarizing the results. The report will then be shared with CDC leaders, PHHS Block Grant CDC project officers, ASTHO, and PHHS Block Grant coordinators (i.e., recipients). Two data collection cycles will be completed over 3 years.

Project Time Schedule

- ✓ Train to implement 2025 protocol, instructions, and analysis plan(COMPLETE)
- ✓ Prepare OMB package(COMPLETE)
- ✓ Submit OMB package(COMPLETE)
- ❑ OMB approval(TBD)
- ❑ Conduct data collection(4 weeks)
- ❑ Code data and conduct quality control..... (5 weeks)
- ❑ Analyze data.....(4 weeks)
- ❑ Prepare summary report(s)(4 weeks)
- ❑ Disseminate results/reports(4 weeks)

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

The display of the OMB expiration date is appropriate. 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.

References

1. Centers for Disease Control and Prevention (CDC). "10 Essential Public Health Services" Available at <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>. Accessed on 11/1/2021.
2. 115th Congress (2017-2018). "Senate Report 115-289-Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriation Bill, 2019", pg. 85. Available at <https://www.congress.gov/congressional-report/115th-congress/senate-report/289>. Accessed on 7/20/18.