

Performance Measures Project

Request for genIC Approval (for data collection in 2024, 2025, 2026)

CIO: National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)/Division of Diabetes Translation (DDT)/Translation, Health Education, and Evaluation Branch (THEEB)

PROJECT TITLE: Performance Measures to Address the DP23-0020 Cooperative Agreement Program: A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes.

PURPOSE AND USE OF COLLECTION:

This NOFO seeks to decrease risk for type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among people with diabetes. Additionally, this NOFO will support implementation of evidence-based, family-centered childhood obesity interventions as a type 2 diabetes risk reduction strategy. All work supported under this NOFO will focus on reducing health disparities for priority populations, defined as those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

This NOFO seeks to address health disparities by reducing SDOH-related barriers impacting priority populations' successful access to and participation in evidence-based diabetes management, evidence-based approaches to type 2 diabetes prevention and risk reduction services and programs, and policy and systems-level support for diabetes management and type 2 diabetes prevention. This NOFO will fund 77 awards for three components, specifically 51 awards (1 located in each state and the District of Columbia) for Component A, up to 22 awards (organizations that work in US counties identified as "high need" based on diabetes burden and social vulnerability) for Component B, and up to 4 awards (multisectoral partnership networks) for Component C. The total period of performance funding for the five-year period is \$411,000,000. Additionally, outcomes reported by recipients will be used to respond to Congressional policy requests, federal, state, and local partners, and other stakeholders.

A menu of strategies related to diabetes management, type 2 diabetes prevention, and childhood obesity management is provided for each component. Strategies are based on interventions grounded in scientific and practice-based evidence. These include 1) diabetes self-management education and support (DSMES), which improves health outcomes and quality of life and is cost effective; 2) the National Diabetes Prevention Program (National DPP), which supports a lifestyle intervention founded on the science of the DPP research study that confirmed type 2 diabetes can be prevented in adults at high risk; and 3) four family-centered weight management interventions for children proven effective in low-income populations. Other strategies are aligned with recommendations in the 2021 National Clinical Care Commission Report to Congress on preventing and controlling diabetes and its complications.

Component A and B Strategies include:

- I. Evidence-based Approaches to Diabetes Management
- II. Evidence-based Approaches to Type 2 Diabetes Prevention and Risk Reduction
- III. Policy and Systems Level Support for Diabetes Management and Type 2 Diabetes Prevention

Component C Strategies include:

- I. Administrative Infrastructure
- II. Participant Referral Processes
- III. Program Delivery and Participant Support
- IV. Payer and Employer Partners Payment/Coverage

Recipients will select a minimum number of strategies, based on their selected component, that they are best equipped to implement, achieve significant progress, and evaluate based on their organization's mission, capacity, expertise, partner connections, and other related factors.

Component A recipients will select a minimum of 6 of the 13 strategies from the Components A and B: Menu of Strategies. Component B recipients will select a minimum of 4 of the 13 strategies from the Menu of Strategies. Component C recipients will work on all 4 strategies from the Component C Strategies Menu. Recipients will report on the Performance Measures for all selected strategies on an annual basis during the evaluation reporting period.

NUMBER AND TITLE OF NOFO: A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes (DP23-0020)

NUMBER OF PARTICIPATING RECIPIENTS: 77

The NOFO includes 3 components and recipients will only be awarded for 1. Component A will fund 51 organizations (1 located in each state and the District of Columbia). Component B will fund 22 organizations to work in US counties identified as "high need" based on diabetes burden and social vulnerability. Component C will fund 4 multisectoral partnership networks.

DESCRIPTION OF NOFO (check all that apply):

- X Funds all 50 states
- X Has budget higher than \$10 million per year
- X Has significant stakeholder interest (e.g. partners, Congress)

Please elaborate:

PERFORMANCE METRICS USED & JUSTIFICATIONS:

CDC has already received approval from OMB to collect aggregate data on performance measures from CDC-RFA-DP18-1815, Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke. We are requesting OMB approval for updates we plan to make to performance measures. The CDC-RFA-DP18-1815, Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke program, currently collects annual data the OMB Control Number: 0920-1312 (expired 12/31/2023).

The program requests OMB to approve updates to the current performance measures. We are adjusting performance measures to account for the differences in type of respondents per Component; to better align planned measures to the intent of this funding opportunity; and based on feedback received from recipients and partners. Performance measure data allow recipients to track progress toward desired outcomes, which helps inform recipient adjustments to activity development and implementation in work plans. Annual reporting on performance measures is needed to monitor progress and adjustment of activities. Attached to this application (Appendices D, E, F: Component A Data Reporting; Component B Data Reporting; Component C Data Reporting) are samples of the data entry forms recipients use to report performance measures for the strategies they selected.

Recipients will use the secure Award Management Platform (AMP) to submit their Performance Measure reports on an annual basis. Use of this platform ensures that recipients are submitting performance measure data in a uniformed manner. Additionally, CDC will provide recipients with the OMB-approved Performance Measure Plan Reporting Template to assist in their data collection and reporting process. Information on alignment between program strategies and performance measures is provided in (Appendices A, B, C: Component A Performance Measure Guidance; Component B Performance Measure Guidance; Component C Performance Measure Guidance). Updated performance measure guidance, including reporting guidance, will be shared with recipients via AMP.

CERTIFICATION:

I certify the following to be true:

1. The collection is non-controversial and does not raise issues of concern to other federal agencies.
2. Information gathered is meant primarily for program improvement and accountability; it is not intended to be used as the principal basis for policy decisions

Name: Kimberly D. Farris March 14, 2024

To assist review, please answer the following questions:

ANNUALIZED BURDEN HOURS:

This table calculates the total estimated burden per year for all recipients.

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Annualized Burden Hours
States	Component A Performance Measure Guidance	51	1	8 hours	408
Non-Governmental	Component B	22	1	8 hours	176

Organizations	Performance Measure Guidance				
Private Sector	Component C Performance Measure Guidance	4	1	8 hours	32
Totals					616

TOTAL BURDEN HOURS FOR THIS GENIC:

This table specifies the calendar years in which information will be collected and calculates the total burden hours requested over the approved timeframe of the generic.

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2024, 2025, 2026	3	616	1848

FEDERAL COST: The estimated annual cost to the Federal government is **\$3,812,333.00**.

Cost Category	Total Cost Over 3-Year Period	Total Annualized Cost
CDC - DDT Personnel • 50% GS-13 @\$ 104,008/year = \$52,004 • 50% GS-13 @ \$ 104,008/year = \$52,004 • 50% GS-13 @ \$ 104,008/year = \$52,004 • 25% GS-14 @ \$ 110,231/year = \$30,642 <i>Total, CDC Personnel</i>	<i>\$559,962.00</i>	<i>\$186,654.00</i>
Data Collection Contractor • DDT THEEB Contractors <i>Total, Category A Contractor</i>	<i>\$3,252,371.00</i>	<i>\$1,084,124.00</i>

ADMINISTRATION OF THE INSTRUMENT:

1. How will you collect the information? (Check all that apply)

☒ Web-based

☐ Email

☐ Postal Mail

☐ Other, Explain

Please make sure all instruments, instructions, and scripts are submitted with the request.

Attachments:

- Appendix A: Component A: OPPE-NCCDPHP-DDT-Component A Performance Measure Guidance-PS23-0020-new-2024-2026-02-05-2024
- Appendix B: Component B: OPPE-NCCDPHP-DDT-Component B Performance Measure Guidance-PS23-0020-new-2024-2026-02-05-2024
- Appendix C: Component C: OPPE-NCCDPHP-DDT-Component C Performance Measure Guidance-PS23-0020-new-2024-2026-02-05-2024
- Appendix D: Data Reporting: OPPE-NCCDPHP-DDT-Component A Data Reporting -PS23-0020-new-2024-2026-02-05-2024
- Appendix E: Data Reporting: OPPE-NCCDPHP-DDT-Component B Data Reporting -PS23-0020-new-2024-2026-02-05-2024
- Appendix F: Data Reporting: OPPE-NCCDPHP-DDT-Component C Data Reporting -PS23-0020-new-2024-2026-02-05-2024
- Appendix G: Email to recipients: OPPE-NCCDPHP-DDT-recipient email-PS23-0020-new-2024-2026-02-05-2024