

**Request for Clearance of Proposed Form
Supporting Statement for the
Title X Family Planning Annual Report**

Submitted to

Office of Management and Budget
Office of Information and Regulatory Affairs

Submitted by

Department of Health and Human Services
Office of Public Health and Science
Office of Population Affairs
Office of Family Planning

May 11, 2007

Request for Clearance of Proposed Form

Title X Family Planning Annual Report

A. JUSTIFICATION

This is a request for Office of Management and Budget (OMB) approval of the Office of Population Affairs (OPA) Family Planning Annual Report (FPAR). This annual reporting requirement is for family planning service delivery projects authorized and funded under the Population Research and Voluntary Family Planning Programs (Section 1001 Title X of the Public Health Service Act, 42 USC 300). The current OMB number is 0990-0221 with an expiration date of April 30, 2007.

Attachment A to this statement contains the 83-I form and the Certification for Paperwork Reduction Act Submission. Copies of the authorizing legislation and regulation are provided in Attachment B and a copy of the *Title X Family Planning Annual Report: Forms and Instructions* (2005 Revision) is included as Attachment C.

The Title X program is the only Federal program dedicated solely to family planning and related preventive health services with a mandate to provide a broad range of acceptable and effective family planning methods and services. By statute, low income families are given priority for services. The program's purpose is to help couples space births and plan intended pregnancies, which are important elements in ensuring a positive birth outcome and a healthy start for infants. Title X services also assist individuals in avoiding sexually transmitted diseases (STDs), including HIV/AIDS, and concomitant complications. The program supports a nationwide network of more than 4,400 clinics that provide family planning and related preventive care to an estimated 5 million persons each year.¹

Over the last 30 years the Title X network has served as a critical safety net by ensuring access to a broad range of high-quality and affordable family planning services for millions of low-income or uninsured women and men. For many of these women and men, Title X clinics are an entry point to the health care system and their ongoing source for important primary care services, including breast and cervical cancer screening and STD/HIV prevention education and testing. The Title X family planning program works in partnership with a variety of Federal and external partners, including state and local governments, national professional organizations, community-based organizations, and minority organizations. Collaboration with the Centers for Disease Control and Prevention (CDC) on strategies to reduce STDs, HIV transmission, and infertility is just one example of this programmatic collaboration.

OPA is committed to ensuring that the Title X program fulfills its mandate in a manner that contributes to Department of Health and Human Services' (HHS) strategic management and program objectives. To this end, OPA has consulted with staff in a number of agencies on issues related to the feasibility, quality, and compatibility of FPAR data elements with current data collection instruments. Within HHS, OPA has

consulted with staff in the Bureau of Primary Health; the National Center for Health Statistics; and the National Center for HIV, Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP). A description of these consultations is presented in Section A.8 of this request.

Finally, as the lead agency for coordinating the family planning focus area of the Healthy People 2010 (HP2010) agenda, OPA is responsible for monitoring the progress of the Title X program in family planning and related focus areas. The FPAR allows OPA to track program progress, as well as in such HP2010 focus areas as health access, cancer, HIV, and STDs. The FPAR tables that provide the data to measure HP2010 indicators are highlighted in Section A.2 of this request.

1. Importance of the Information

The FPAR is the only source of annual, uniform reporting by all Title X family planning service grantees. The FPAR provides consistent, national-level data on program users, service providers, the range of family planning and related preventive health services offered, and sources of revenue that complement Title X funds. Information from the FPAR is important to OPA for several reasons. First, FPAR data are used to monitor compliance with statutory requirements, which include:

- a. ensuring compliance with legislative mandates, such as giving priority in the provision of services to low-income persons [Section 1006(c)],
- b. ensuring that Title X grantees and their subcontractors provide a broad range of family planning methods and services [Section 1001(a)], and
- c. monitoring and reporting on program performance and accomplishments [45 CFR Part 74].

Second, OPA uses FPAR data to ensure accountability of the Title X program. The 1993 Government Performance and Results Act (GPRA) and the Office of Management and Budget (OMB) Performance Assessment Rating Tool (PART) require each Federal agency to develop annual performance plans with goals and objectives, and to report annually on performance toward those goals. The FPAR provides program-specific data needed to monitor the current (FY2007) GPRA and PART performance goals for the Title X Family Planning Program. These performance goals are:

- a. **Goal II.A.1.** Increase the total number of unduplicated clients served in Title X clinics by 5% over five years. (Outcome)
- b. **Goal II.A.2:** Maintain the proportion of clients served who are at or below 200% of the Federal poverty level at 90% of total unduplicated family planning users. (Outcome)
- c. **Goal II.A.3:** Increase the number of unintended pregnancies averted by providing Title X family planning services, with priority for services to low-income individuals. (Outcome)

- d. **Goal II.B.1.** Reduce Infertility among women attending Title X family planning clinics by identifying Chlamydia infection through screening of females ages 15-24 (Outcome).
- e. **Goal II.C.1.** Increase the number of unduplicated female clients who receive a Pap test.
- f. **Goal II.C.2.** Reduce invasive cervical cancer among women attending Title X family planning clinics by providing Pap tests. (Outcome)
- g. **Efficiency Measure:** Maintain the actual cost per Title X client below the medical care inflation rate

In addition, in the FY2007 performance plan OPA committed to working with grantees and health providers to identify and examine ways to improve program performance measures and data collection. The FPAR for which OPA is requesting OMB to extend clearance is the result of this commitment.

Third, OPA staff rely on FPAR data to guide strategic program and financial planning, as well as to respond to inquiries from policymakers and Congress about the program. The FPAR allows OPA to assemble comparable and relevant program data to answer questions about the characteristics of the population served by Title X projects, utilization of services offered, and the composition of revenues that complement the program funding. In the FPAR, use of standard definitions for key data elements—for example, unduplicated number of family planning users, user age, and user income—have resulted in valid and reliable estimates of key indicators, which allow for comparisons across regions and over time at all levels of the program.

Fourth, the FPAR is the only ongoing, annual mechanism for collecting information on the numbers and characteristics of individuals obtaining family planning services in Title X clinics. While the National Survey of Family Growth (NSFG) is an important source of detailed information about family planning and reproductive health knowledge, attitudes, and behaviors among reproductive-aged individuals in the United States, the survey is designed to be representative of the reproductive-aged population (15-44 years) nationally and not of Title X clients. Due to the survey's current design and periodic time frame, the NSFG is an inappropriate data source for monitoring and managing the Title X program because NSFG data cannot be used to generate reliable estimates of the numbers of Title X clients, their social and demographic characteristics, and their contraceptive behaviors.

Finally, assessing the impact of the Title X program is critical to both OPA and policymakers. Over the past 25 years (1980-2004), Title X-funded clinics have helped to prevent over 20 million unintended pregnancies, and contributed to the early detection of as many as 55,000 cases of invasive cervical cancer by taking an estimated 57.3 million Pap tests.² Estimates of program impact would be impossible without FPAR data. Given the increased need for indicators to assess impact and program performance, FPAR data will become even more important.

2. Purpose and Uses of the Data

FPAR data are used to comply with statutory requirements, including accountability and Federal performance requirements, for Title X family planning funds. Central and Regional OPA staff use the data to set priorities for the program, to inform strategic planning and budget efforts, and to develop and justify efforts to expand and increase access to family planning and related health services. FPAR data are also necessary for performance planning within the Title X program, and are an important complement to data from site visits and program audits. The information requested in the FPAR is unique to the Title X program and is unavailable elsewhere. Furthermore, grantee agencies use these data to monitor their programs and those of their contractors, as well as to solicit additional public and private funds to augment their Title X projects.

The FPAR consists of a grantee profile form and 14 tables in which grantees report data on user demographic characteristics, user social and economic characteristics, primary contraceptive use, utilization of family planning and related health services, utilization of health personnel, and the composition of project revenues. New data elements that were added in 2005 included information on the following:

- user health insurance coverage status,
- number of users with limited English proficiency (LEP),
- contraceptive use among male family planning users,
- number of abnormal Pap results and number of women referred for follow-up on the basis of their clinical breast exam,
- Chlamydia testing data by age and gender, and
- number of positive HIV test results.

The grantee profile cover sheet and tables are described below.

Grantee Profile Cover Sheet

No change is requested for the Grantee Profile Cover Sheet.

Information on the Grantee Profile Cover Sheet identifies the grantee organization, person(s) responsible for overseeing the Title X grant and preparation of the report, and the time period covered by the report. The Cover Sheet also collects information on the total number of family planning service sites funded by the grantee and provides a box that can be checked if the number of sites differs from the grantee's grant application.

User Demographic Profile

Table 1. Unduplicated Number of Family Planning Users by Age and Gender

Table 2. Unduplicated Number of Female Family Planning Users by Ethnicity and Race

Table 3. Unduplicated Number of Male Family Planning Users by Ethnicity and Race

No change is requested for these tables.

Tables 1 through 3 provide age- and gender-disaggregated demographic data on the clients served in Title X-funded clinics. The categories for ethnicity and race in Tables 2 and 3 conform to the OMB 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*, and age, race, and ethnicity categories are similar to those used by compilers of such national data sets as the NSFG. The data collected permit OPA to answer such questions as:

- How many female and male users are served by Title X clinics (HP 2010 Ref 9-6)?*
- What is the age distribution of family planning users?*
- What is the ethnic and racial composition of users served by Title X clinics?*
- How do user demographic characteristics compare with National or State data?*

User Economic and Social Profile

Table 4. Unduplicated Number of Family Planning Users by Income Level

No change is requested for this table.

By statute, persons from low-income families are to be the primary recipients of Title X-supported services [Sec. 1006(c)]. Data collected in Table 4 will help OPA monitor compliance with the statutory requirement for giving priority to persons from low-income families. The data collected in Table 4 permit OPA to answer such questions as:

- What percent of users of Title X clinics are from families with incomes less than 100 percent of poverty?*
- What percent of users have income levels between 100 and 250 percent of poverty?*

Table 5. Unduplicated Number of Family Planning Users by Principal Health Insurance Coverage Status

No change is requested for this table.

Health insurance coverage is a key indicator of an individual's access to regular health care and a determinant of timely and appropriate care. According to data from the March 2000 Current Population Survey, 25% of women 18-29 years of age and 16% of women 30-44 years are uninsured. Among selected subgroups of women—single with or without children, Hispanic, or poor—the proportion uninsured is even higher, ranging from 24% to 40%.³ For many clients, especially those who are low-income and uninsured, Title X clinics provide the only continuing source of preventive health care and health education. OPA is interested in continuing to pursue the collection of data on client health insurance coverage using the FPAR. Without these data, it is increasingly difficult for Title X agencies and OPA to determine and describe what proportion of Title X clients are uninsured or underinsured for family planning care.

Further, the numbers of uninsured and underinsured clients receiving family planning and related preventive health care in Title X clinics have important service delivery and financing implications. Title X agencies are experiencing the financial strain of providing a broad range of family planning services to an increasingly uninsured client base while

revenue from third-party insurers declines. The data collected in Table 5 permit OPA to answer questions such as:

How many family planning users are uninsured (i.e., have no insurance covering primary medical care) (HP 2010 Ref 1-1)?

In addition to general information on health insurance coverage, OPA is also interested in understanding the extent to which privately insured clients have coverage for the family planning and reproductive health services that they receive in Title X clinics. Grantees that choose to collect and report this information (these data are optional) in Rows 2a to 2c will provide information that OPA needs to better understand the scope of inadequate insurance coverage among Title X clients. Data reported in Rows 2a to 2c of Table 5 permit OPA to answer the question:

How many family planning users are insured, but lack coverage for family planning services?

Table 6. Unduplicated Number of Family Planning Users with Limited English Proficiency (LEP)

No change is requested for this table.

On August 8, 2003, HHS published revised guidance for HHS-funded recipients in fulfilling their responsibilities to LEP individuals to ensure their meaningful access to HHS-funded services. The Guidance applies to both Title X grantees and their delegates/subcontractors. The “*Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*” describes the four factors that recipients should apply in assessing the adequacy of language assistance measures that they have implemented in their programs. These same four factors serve as the basis for evaluating recipient compliance with Title VI of the Civil Rights Act of 1964 and the Title VI regulations. The four factors include (1) the number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP individuals come in contact with the program; (3) the nature and importance of the recipient program activity or service; and (4) the resources available to the recipient and cost of implementing language assistance measures.⁴

The data collected in Table 6 allow OPA to monitor the extent to which Title X grantees and their delegates comply with the guidance, and to identify grantee technical needs in the area of language assistance. More specifically, Table 6 data require that Title X agencies establish mechanisms for identifying and counting LEP individuals who need language assistance (i.e., Guidance Factor #2). These data, combined with data on language characteristics of the community served (i.e., Guidance Factor #1), form the basis for developing and assessing the adequacy of grantee language assistance plans. The data obtained from this table allow OPA to answer the question:

How many family planning users are LEP and best served in a language other than English?

Family Planning Method Use

Table 7. Unduplicated Number of Female Family Planning Users by Primary Method and Age

Table 8. Unduplicated Number of Male Family Planning Users by Primary Method and Age

No change is requested for these tables.

Tables 7 and 8 provide gender- and age-specific information on the types of family planning methods that clients have adopted to prevent unintended pregnancy. Title X projects are required to provide “a broad range of acceptable and effective medically approved family planning methods...” [42 CFR Part 59.5(a)(1)].⁵ Data on family planning method use provide OPA with information needed to monitor patterns of client use and method availability among Title X providers, including the availability and use of newly FDA-approved methods and the program’s contribution to such Healthy People 2010 objectives as condom use among female and male family planning users. Further, the types of family planning methods that are offered and adopted have implications for overall project costs because of method-specific cost variations in supply and service delivery. Patterns of contraceptive use by method, gender, and age can also be compared with national data from the NSFG.

The collection of information on male family planning method use was a new data element in 2005. Although men play a vital role in decision-making around sexual relationships, contraception, childbearing, and childrearing, an overwhelming majority of family planning clients in the United States and in Title X clinics are women. In response to public health issues, including the increasing rates of STDs, Title X clinics are under increasing pressures to reach out and expand services to males. While research shows that men recognize unintended pregnancy, STDs, and HIV/AIDS as serious problems, and acknowledge that prevention is a joint responsibility, experience has shown that drawing men into family planning/reproductive health information and service programs requires approaches that focus on their needs. In the past 10 years, OPA/OFP has placed increased emphasis on programs that focus on delivery of male contraceptive and reproductive health information and service needs. While males comprise just 5% (262,793 male users) of total Title X clients, between 1996 and 2005, the number of male users more than doubled.⁶ Data from Table 8 complement existing gender-specific data and allow OPA to monitor the extent to which male users utilize the range of Title X family planning and reproductive health services. The data collected from these tables permit OPA to answer such questions as:

Which family planning methods are offered in Title X clinics?

Which family planning methods do female and male users adopt?

How many female and male clients use condoms (HP 2010, Ref 13-6)?

How many clients <18 years of age use condoms or other barrier methods (HP 2010, Ref 9-10)?

How many female and male clients use no family planning method?

Use of Related Preventive Health Services

Table 9. Cervical Cancer Screening Activities

Table 10. Clinical Breast Exams and Referral

Table 11. Unduplicated Number of Family Planning Users Tested for Chlamydia by Age and Gender

Table 12. Number of Gonorrhea, Syphilis, and HIV Tests

No change is requested for these tables.

As noted in the Title X program regulations [42 CFR 59.5(a)(1)],⁷ projects are required to provide (onsite or through referral) a range of preventive health services related to family planning care. Preventive health services related to family planning include screening for cervical cancer, breast cancer, and STDs. Tables 9 through 12 provide OPA with information on the utilization of related preventive health services and the level of pathology among Title X family planning users. Further, data from these tables permit OPA to track the program's contribution to national health objectives (i.e., Healthy People 2010) related to early cancer detection, disease prevention (e.g., STDs and HIV), and health promotion, as well as permit OPA to answer such questions as:

How many female users have a Pap test?

How many Pap tests are abnormal and require further followup or management?

How many female users have a clinical breast exam?

How many female users <25 years of age are tested for Chlamydia (HP 2010 Ref 25-16)?

How many family planning users know their HIV sero-status (HP 2010 Ref 13-7)?

How many female and male users are tested for HIV, gonorrhea, and syphilis (HP 2010 Ref 13-12)?

Encounters and Utilization of Family Planning Clinical Services Providers

Table13. Number of Family Planning Encounters by Type of Provider

No change is requested for this table.

OPA uses the data collected in Table 13 to respond to frequently asked questions about the types of health personnel (e.g., physicians, nurse practitioners, certified nurse midwives, physician assistants, or other clinical personnel) that provide clinical family planning services at Title X service sites. Data from Table 13 also provide OPA with information on the number of family planning encounters (i.e., visits) that take place with clinical and nonclinical services providers. The data collected in Table 13 permit OPA to answer such questions as:

What is the ratio of physician FTEs to nonphysician clinical services provider FTEs?

What percent of family planning encounters are attended by a clinical services provider? What percent are attended by nonclinical services provider?

Title X Project Revenues

Table14. Revenue Report

OPA requests a correction to this table. Line 14 will be corrected to report project revenue from "State government." This was inadvertently excluded from the 2005

version of FPAR forms and instructions. See Attachment E for memo to grantees explaining how to report revenue from State government.

Title X grantees must maintain a financial management system that meets the standards for administering grants as specified in 45 CFR Part 74⁸ and 45 CFR Part 92,⁹ and document and keep records of all income and expenditures. Table 14 identifies the sources and amounts of financial support for the grantees' Title X project, including revenue collected from appropriate third parties and individuals. The data collected from Table 14 permit OPA to answer such questions such as:

What is the composition of Title X project revenues (e.g., other Federal, State, local government, third-party, or private)?

What percent of total program revenue is Title X funds? State or local government funds? Third-party payer funds?

What percent of Title X grantees report revenues from third-party payers?

3. Improved Information Technology

During calendar year 2007, the Federal electronic grants management system (GrantSolutions) was used for Title X grantees, allowing them to submit their 2006 FPAR reports using the electronic system. OPA expects that almost all grantees will submit their 2007 FPAR using the electronic system. If a grantee is unable to use the electronic system, regional office staff will enter the grantee's FPAR data into the system so that all FPAR data will be in an electronic form.

An electronic version of the FPAR form will continue to be available on the GrantSolutions site (formerly e-Grants) after OMB clearance has been extended. To reduce errors and ensure consistency from table to table, row and column totals of the electronic FPAR version will calculate automatically, and there will be automatic checks for internal consistency across tables. The system will not accept a report if there are inconsistencies across tables, thus forcing the grantee to identify and correct the source of the error prior to its submission. This electronic verification mechanism is expected to reduce the amount of time spent by grantee and OPA staff to verify accuracy.

OPA and grantee staff provide ongoing technical support to Title X agencies to ensure collection of high-quality and uniform data. OPA continues to support region- and grantee-based efforts to improve the quality of FPAR data and the efficiency of data collection and tabulation.

4. Efforts to Identify Duplication

The data obtained from the FPAR are not collected by any other source. This form does not duplicate items from any other OPA data collection efforts for this program. The FPAR is the only uniform report on clients and services of the Title X Family Planning Services Program. The FPAR is unique to Title X projects and is needed to report on the services provided by Title X grantees.

5. Methods Used to Minimize Burden on Small Entities

No small entities will be part of this data collection.

6. Consequences of Not Collecting the Information

The lack of annual FPAR data will severely hamper OPA's ability to manage the Title X program. These data are used for such key management tasks as monitoring compliance with statutory requirements, allocating funds among grantees, determining grantee eligibility for continued funding, and strategic program and financial planning. In the absence of FPAR data, there is no other source or mechanism for collecting timely and uniform data that OPA relies on to guide program decisions and strategies.

7. Departures from Guidelines in 5 CFR 1320.5

The proposed data collection is consistent with guidelines set forth in 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Consultations Outside of the Office of Population Affairs

A. The agency's 60-day notice appeared in the Federal Register Wednesday, April 11, 2007, Vol. 72, No. 69, pp. 18253-18254, as required by 5 CFR 1320.8(d). No public comments were received in response to this notice.

B. OPA has continued consultation outside of the agency primarily with RTI, Inc., a non-profit research firm. RTI is responsible for compiling the National family planning annual summary report and ten (10) regional reports. In addition, RTI has developed a SAS-based system for editing, cleaning, recoding, and verifying data submitted by grantees. This process has identified the sources or errors in the data and made corrections easier.

Other Consultations: Individuals from other agencies will be consulted about the content of reporting tables. Consultations regarding the race and ethnicity reporting tables include OMB, National Center for Health Statistics, HRSA, ASPE, University of North Carolina Carolina Population Center, Add Health Data Manager, and Statistical Data Management Branch, CDC. Bureau of Primary Health Care will be consulted about collection of insurance coverage data, and NCHHSTP, Division of Sexually Transmitted Disease Prevention, CDC, will be consulted about CDC Chlamydia screening guidelines and age reporting.

9. Payments or Gifts to Respondents

No payments or gifts will be provided to respondents.

10. Assurances of Confidentiality

Consistent with the program regulations (42 CFR 59.15),¹⁰ all data reported on the FPAR consist of aggregate numbers. No individual identifiers are collected on the FPAR and no person can be identified based on the aggregate totals.

11. Sensitive Questions

Although the FPAR contains several questions of a sensitive nature (i.e., number of family planning users, users by type of contraceptive method) these data will be reported as aggregate numbers. Individuals cannot be identified based on aggregated totals and no individual identifiers are collected on the FPAR.

12. Estimates of Hour Burden to Respondents

12 A. Burden Hours

This submission requests the extension of OMB approval for a single annual data collection. Annually each Title X grantee is asked to complete the FPAR which consists of a Grantee Profile form and 14 data tables. In FY 2006, 88 grantees were funded under Section 1001 of Title X: 57 State/territorial and local health departments and 31 non-profit organizations. The burden hours for one annual report are summarized in the table below.

Based on 2003 post-pilot study revisions to the FPAR instrument, OPA estimates that the hour-burden to the respondents of collecting FPAR data is reduced from 33 to 20 per year. With the implementation of the revised FPAR in 2005 grantees completed up-

¹ Family Planning Annual Report (FPAR): 2005 National Summary. (November 2006). Research Triangle Park, NC: RTI International, pp. 8-9.

² The Alan Guttmacher Institute. October 2000. *Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics* (New York: The Alan Guttmacher Institute).

³ Beckerman, Z., Hawkins, M., Misra, D., Salganicoff, A., and Wyn, R. (December 2001). Chapter 8: Access, Utilization, and Quality of Health Care in *The Women's Health Data Book: A Profile of Women's Health in the United States, 3rd edition* (Washington, DC: Jacobs Institute for Women and The Henry J. Kaiser Family Foundation, pp. 165-190).

⁴ U.S. Department of Health and Human Services. "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," *Federal Register*, August 8, 2003, 68(153), 47311-47323. Accessed 8/16/03, from http://www.hhs.gov/ocr/lep/lep_guidance080403.pdf.

⁵ See http://www.access.gpo.gov/nara/cfr/waisidx_99/42cfr59_99.html.

⁶ Family Planning Annual Report (FPAR): 2002 Summary (Part I). (July 2003). Washington, DC: The Alan Guttmacher Institute.

⁷ Ibid.

⁸ See http://www.access.gpo.gov/nara/cfr/waisidx_99/45cfr74_99.html.

⁹ See http://www.access.gpo.gov/nara/cfr/waisidx_00/45cfr92_00.html.

¹⁰ See http://www.access.gpo.gov/nara/cfr/waisidx_99/42cfr59_99.html.

grading data systems and training staff. The estimated average number of hours per response is reduced to 20 hours. As shown in the pilot study, OPA expects this hour burden will continue to vary based on the systems used to collect and compile FPAR data. This estimate includes the time required by each grantee to review instructions, aggregate data, and complete and review the form.

Number of direct respondents (Title X grantees)	88
Number of responses per respondent	1
Average hours per response (in hours)	20
Total burden hours	1760

12 B. Burden Cost

Based on the pilot study, the labor cost to respondents per hour required to complete the form is estimated to be \$30. This cost represents the average, fully loaded wage rate (i.e., includes pretax cash wages, fringe benefits, and overhead support), for four different classes of agency labor ranging from clerical or service labor to executive labor. The average wage rate accounts for the amount of time that different types of agency personnel (i.e., clerical, unskilled, service or production labor; skilled or technical labor; managerial or professional labor; and executive labor) expend in preparing the response.

Total burden hours	1760
Hourly wage rate	\$ 30
Total respondent costs	\$ 52,800

OPA believes that the estimated total hour burden has changed substantially from 2937 to 1760. A number of grantees have moved to electronic medical records and more automated processes for capturing and aggregating FPAR data. A more thorough review of burden will be completed in 2007.

13. Estimate of Total Annual Cost Burden to Respondents

There will be no new annual capital or maintenance costs to the respondent resulting from the collection of information for this project.

14. Estimate of Annualized Cost to the Federal Government

The annualized cost to the Federal government for collecting FPAR data is estimated to be \$241,200. A breakdown of this total is presented below.

Print limited number of hard copies of FPAR form and instructions (100 copies x \$8/copy)	\$ 800
Contractor for preparation of national data report	\$ 199,200
Verification and problem resolution by Regional Office Staff (720 hours x \$35/hour)	\$ 25,200
Review by Central Office Staff, including FPAR Coordinator and GrantSolutions staff (400 hours x \$40/hour)	\$ 16,000
Total cost for 12 months	\$ 241,200

These figures take into account OPA's recent experience of processing FPAR reports and the complete implementation of FPAR data collection through the GrantSolutions system. Federal staff labor estimates account for time spent by Regional and Central OPA staff to verify and approve FPAR submissions and to coordinate preparation of the national FPAR with the OPA contractor. The labor estimate also includes the cost of GrantSolutions staff that will provide technical assistance to OPA, as needed, to manage and retrieve the FPAR data.

15. Changes in Burden

On average, OPA estimates that the FPAR requires 13 hours less per grantee to complete than when the form was first introduced in 2005. This estimate in the hour burden in this the third year of use will be lower than in initial years as agencies and their staff become familiar with the new reporting formats and have made the necessary modifications to their existing information systems to speed retrieval of the necessary data. This decrease does not take into account grantee use of the GrantSolutions system to enter, verify, and submit the FPAR. OPA expects that the use of GrantSolutions will further reduce this burden, as well as substantially reduce the cost to the Federal government due to pre-submission verification of the FPAR report.

16. Tabulation and Analysis Plan and Schedule

Annually, a contractor compiles, verifies, and tabulates the FPAR data to allow for state and regional comparisons, as well as regional and national trends in program performance. The annual report contains information on the methodology used in the collection and tabulation of grantee reports and the definitions provided by OPA for grantee use in preparing the FPAR. The annual report yields regional and national frequencies, state-level statistics, cross-tabulations, charts, and a discussion of changes (trends) reported in prior years. An appendix to the report contains detailed notes, by FPAR table, on any discrepancies between OPA-requested data and what individual grantees were able to provide, how those data inconsistencies were resolved, and the effect, if any, on data analysis. This information is useful in identifying problems grantees encounter in collecting and reporting FPAR data so the process can be improved in subsequent years.

The 2005 National FPAR Report includes a description of program initiatives as well as charts and graphs of data displaying trends from 1997 to 2005. The report is distributed to regional program staff and grantees. A copy of the *Family Planning Annual Report (FPAR): 2005 National Summary* is presented in Attachment D.

This request is for a 3-year clearance. Data collection is ongoing by Title X grantees. Calendar year data are compiled and submitted by grantees on February 15 of the following year. The timetable for key activities for the 2007 data submission is as follows:

5/2007	Receive OMB clearance
7/2007	Distribute data reporting materials to grantees
12/2007	End of data year
2/15/2008	Grantees submit FPAR data
4/2008	Export data file to contractor
7/2008	Distribute National and Regional Data Reports

17. Display Expiration Date for OMB Approval

The 3-year expiration date for OMB approval will be displayed on all versions of the form (i.e., electronic, web-based, and hard-copy). A copy of the Notice of OMB Action for the current (2004) FPAR is contained in Attachment F.

18. Exceptions to Certification Statement

There are no exceptions to the certification.

B. STATISTICAL METHODS

Statistical methods are not used in this activity.

ENDNOTES