

Supporting Statement
Office of Rural Health Policy: Black Lung Clinics Program Database

A. JUSTIFICATION

1. Circumstances of Information Collected

The Office of Rural Health Policy (ORHP), Health Resources and Services Administration (HRSA), is requesting a revision of the OMB approval for the Black Lung Clinics Program Database. This database first received OMB review and approval in September 2004 under OMB Number 0915-0292, and has a current expiration date of September 30, 2007.

We are requesting approval for an extension of the current database without changes for the 2007 calendar year data collection, and approval for revisions to the database for the 2008 and 2009 calendar year data. Grantees will continue to use the existing data collection tool through the end of the 2007 calendar year without making any changes to the information currently reported. Starting in January 2008, the Black Lung Clinics Program (BLCP) grantees will have the revised data collection tool available for the full 2008 collection period. The revised database consists of the 9 tables in the currently approved database, with an additional 4 new tables that will add performance measures to the report.

The BLCP was authorized by the Federal Mine Safety and Health Act of 1977 as amended by the Black Lung Benefits Reform Act of 1977 (Pub. L. 95-239). The Black Lung Database is the reporting system for the Black Lung Clinic Program grantees. The purpose of the Black Lung Clinics Program is to improve the health status of coal workers by providing services to minimize the effects of respiratory and pulmonary impairments of coal miners. Grantees provide specific diagnostic and treatment procedures required in the management of problems associated with black lung disease that improve the quality of life of the miner and reduce economic costs associated with morbidity and mortality arising from pulmonary diseases. Programs are expected to provide outreach to encourage participation in the much needed yet often times unsolicited services. Through education and benefits counseling the programs help individuals learn of various federal, state, and local programs that help in the disease management and possibly even compensation associated with their condition. A total of 15 grantees provide services across 13 states. These 15 grantees have met the needs of approximately 27,745 clients during calendar year 2006.

Although the number of active coal miners has decreased because of mechanization, there has been an increase in the number of retired coal miners with the disease. The BLCP remains a vital program, and the database is the tool that allows ORHP to measure the impact of the grant funding.

2. Purposes and Use of Information

The ORHP conducts an annual data collection of user information for the Black Lung Clinics Program. The purpose of this data collection is to provide HRSA with information on how well each grantee is meeting the needs of active and retired miners in their communities.

Data from the annual report provides quantitative information about the programs, specifically: (a) the characteristics of the patients they serve (gender, age, disability level, occupation type), (b) the characteristics of services provided (medical, non-medical, or counseling), and (c) the number of patients served and visits conducted (encounters). This assessment will provide useful information on the BLCP program and will enable HRSA to provide data required by Congress under the Government Performance and Results Act of 1993. It will also ensure that funded organizations have demonstrated a need for services in their communities and that federal funds are being effectively used to provide services to meet those needs.

The type of information requested in the Black Lung Database enables ORHP to assess the following characteristics about its programs:

1. The total number of users served by ORHP Black Lung Clinics Programs;
2. The users of the BLCP: the services they use and their diagnoses; and
3. The types of services offered by BLCP projects.

As required by the Government Performance and Results Act (GPRA), ORHP has developed an annual program goal related to performance indicators. The Black Lung database provides data for this performance indicator.

The overall program goal objective as stated in HRSA's annual Performance Plan is to: Improve Access to Health Care: Expand the capacity of the health care safety net.

The indicators for this program goal are:

- The Total Number of individuals provided medical services
- Total Number of medical encounters from Black Lung

Additionally, the Black Lung Database provides an opportunity to collect data around the long term performance goal established as part of the OMB Performance Assessment Rating Tool (PART) process.

The indicator that has been recommended in the PART process to assess the long term performance goal is:

- The percentage of coal miners that show improvement after the completion of a pulmonary rehabilitation program.

The revised Black Lung Database provides the data necessary to evaluate one of the OMB common measures of productivity and efficiency.

The Black Lung Database is capable of identifying and responding to the needs of the Black Lung community. The Black Lung Database:

- Provides uniformly defined data for major ORHP grant programs.
- Yields information on patient characteristics in an area that lacks sufficient national and state data.
- Facilitates the electronic transmission of data by the grantees, through use of standard formats and definitions.

The proposed Black Lung Database adds 4 new tables to the existing database. These new tables are proposed in order to address long term performance goals of the program and respond to PART review requirements.

3. Use of Improved Technology

This database is fully electronic. Grantees submit the data electronically via a HRSA managed website at <https://grants.hrsa.gov/webexternal>. This reduces the paper burden on the grantee and on the BLCP program staff.

4. Efforts to Identify Duplication

Although there are State data on the number of existing and retired miners, there is no other data source available that tracks the number of patients served by the BLCP. The Department of Labor's Division of Coal Mine Workers' Compensation collects data on the number of applications and approvals for benefits, but the BLCP serves many more clients than would be eligible under the strict definitions for DOL. The National Coalition of Black Lung and Respiratory Disease Clinics does not collect its own data, but relies on the data collected through the BLCP program.

5. Involvement of Small Entities

Every effort has been made to ensure the data requested is the minimum necessary to answer basic questions necessary to determine user population and appropriate use of grant funds. This does not have a significant impact on small entities.

6. Consequences if Information Were Collected Less Frequently

Grant dollars are awarded annually. This information is needed by the program in order to measure effective use of grant dollars consistently among all the grantees.

7. Consistency with Guidelines in 5 CFR 1320.5(d)(2)

The data are collected in a manner consistent with guidelines contained in 5 CFR 1320.5(d)(2)

8. Consultation Outside of the Agency

The notice required by 5 CFR 1320.8(d) was published in the *Federal Register* on March 7, 2007 (Vol. 72, No.44, pages 10225-10226). No comments were received. The following grantees have participated outside of the agency to advise on completion times and assure there are no problems with the database.

Kim Vender Muhlenberg Community Hospital Coal Miners Respiratory Clinic 440 Hopkinsville Street PO Box 387 Greenville, KY 42345 Phone: 270-338-8389	Linda Naylor NOWCAP PO Box 6021 723 North Main Sheridan, WY 82801 Phone: 307-672-0046	Anthony Warlick Respiratory Clinics of Eastern Kentucky 226 Medical Plaza Lane Whitesburg, KY 41858 Phone: 606-633-4871
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The grantees have been consulted on the proposed changes to the database, including a conference call to discuss the proposed database on June 26, 2007. Grantees reviewed the proposed revisions, and provided feedback and suggestions for enhancing the data collected.

9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

The data system does not involve the reporting of information about identifiable individuals. The BLCP database requests only the aggregate data on users and encounters.

11. Questions of a Sensitive Nature

The BLCP Database does not contain any questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

Form Name	Number of Respondents	Hours per Response	Total Burden Hours	Wage Rate	Total Hour Cost
Database	15	20	300	\$25	\$7500

Basis for the estimates:

Estimates of burden for the BLCF Database were obtained from consultations with the grantees.

It should also be noted that the burden is expected to vary across the grantees. This variation is tied primarily to the type of data system(s) used by the grantees. Some grantees have their own MIS systems that track the information, whereas others rely on the hard copy medical records.

For the database counts some grantees have mid level staff entering the data, whereas others have their project coordinator entering the data, for an average wage rate of \$25.

13. Estimates of Annualized Cost Burden to Respondents

All grantees currently have the appropriate equipment and internet access to the HRSA website, so there are no capital or startup costs associated with this database system.

14. Estimated Cost to the Federal Government

The BLCF Database is rolled into the duties of the program staff working on the Black Lung Program. One FTE at a GS (13) at 2% time (\$1,588) annually is necessary to provide TA to the grantees, collect the summary reports, and compile to final totals for all of the BLCF.

15. Changes in Burden

The OMB inventory for this activity currently contains approval for a total of 150 hours. This request is for a program change of an increase of 150 hours due to the proposed revisions to the database. The changes in burden reflect the need to better track the performance of the BLCF grantees and respond to the performance goals established in the program's PART review. This is a program change of 150 hours, as the burden per respondent is estimated to increase from 10 hours to 20 hours for the 15 respondents.

16. Time Schedule, Publication and Analysis Plans

The grantees are required to submit the reports 30 days after the end of the calendar year. ORHP staff receives, enters data, and produces the final report. The reports will be available March of each year. An attachment is provided that contains examples of the final report that the grantee submits to the ORHP. The final report will use the same format, reporting aggregate data on all 15 grantees.

17. Exemption for Display of Expiration Date

The expiration date will be displayed.

18. Certifications

This project fully complies with CFR 1320.9. The certifications are included in this package.