The Uniform Progress Report (UPR)
for HRSA Training Grants

SUPPORTING STATEMENT

A. Justification

1. Circumstances of Information Collection

This is a request for OMB approval of a revision to the information collection required for progress reporting for the Health Resources and Services Administration (HRSA) Training Grants, under OMB No. 0915-0061, which expires 1/31/2008.

Titles VII and VIII of the Public Health Service Act (42 USC 292 et seq.) provide authorization for the training grants which are awarded to educational institutions to increase the supply of primary medical and dental providers, nurses, behavioral and mental health professionals, and public and allied health personnel. Title VII authorizes a variety of grants for funds that are used to train health professionals in primary medical and dental care and public health and allied health, and to support the diversity of medical students. Title VIII programs provide funding for basic and advanced nursing education and nursing workforce diversity.

Legislative Background

The initial legislative purpose of the Title VII, created in 1963, was to increase the general supply of physicians. In successive reauthorizations, the focus of the Program shifted to the education and training of primary care providers, later to addressing geographic distribution problems of healthcare providers and, more recently, to education and training of primary care providers to serve medically and dentally underserved communities. Thus, the legislative intent for Title VII, section 747 has evolved over the years in response to changing healthcare workforce needs and demands.

The initial legislative purpose of the programs was to increase the general supply of physicians and to ensure the financial viability of health professions schools as specified by the 1963 Health Professions Education Assistance Act (Public Law 88-129).

Under the 1968 Health Manpower Act (Public Law 90-490), the Program expanded to fund additional initiatives to strengthen, improve, or expand programs to train health professionals.

The 1971 Comprehensive Health Manpower Training Act (Public Law 92-157) increased support for training primary care medical and dental providers, including for the first time physician assistants, improving the geographic maldistribution, and increasing the number of minorities in health professions. It also provided for start-up and conversion grants, financial distress grants, student loans, health professions scholarships, special projects, health manpower education initiative awards, family medicine training grants, postgraduate training of physicians and dentists, and health professions faculty development.

The 1976 Health Professions Education Assistance Act (Public Law 94-484) represented a major redesign in primary care training funding and was designed to address specialty and geographic distribution problems.

In 1992, the Health Professions Education Extension Amendments (Public Law 102-408) redefined training in primary care to include increasing the number of primary care providers for medically underserved communities (MUCs), increasing the number of students entering family medicine, and exposing students to primary care in ambulatory settings. This Act added to Title VII, section 747 a focus for providing for MUCs and targeting primary care providers to fill this need. It continued training in family medicine pre-doctoral, graduate, departmental, and faculty development programs; general internal medicine and general pediatrics graduate training and faculty development programs; dentistry graduate programs; and physician assistant programs.

In 1998, the Title VII, section 747 programs were reauthorized under the Health Professions Education Partnerships Act of 1998 (Public Law 105-392). The 1998 Act made programmatic changes including allowing BHPr additional flexibility in allocating funds among disciplines and in modifying grant programs. In addition, the Advisory Committee on Training in Primary Care Medicine and Dentistry was authorized under section 748 of Title VII.

For a variety of funding opportunities offered under the legislative activities described above, the Uniform Progress Report (UPR) serves as the application for continuation funding for Grantees. The UPR provides HRSA's Bureau of Health Professions (BHPr) with information on grantee activities and progress in meeting approved grant objectives. It contributes to data that BHPr uses to report success achieving programmatic and crosscutting goals, and in setting new goals for the future. The report also gives program officers information that helps them to provide technical assistance to individual projects as well as to aid them in measuring the progress of grantees in meeting the objectives of their specific grant projects to determine continuing support.

Minor revisions have been made to the data collection tables in UPR Parts II and III so grantees report data on race/ethnicity according to the OMB Standards. In addition, other revisions allow for improved GPRA reporting and for tracking of new measures to address the Program Assessment Rating Tool (PART). Most of the Health Professions' Title VII and Title VIII programs received a PART review, and the new measures were developed to meet the requirements of that review.

The list of revisions/new measures to the UPR is provided as an attachment, and a list of programs using the UPR is also provided.

The UPR collects the following information:

General Program Information: Collects information on the progress of specific approved grant objectives, budget and future funding.

Program-Specific Information: Collects information on activities specific to the project.

Core Performance Measures (CPM) : Collects data on overall project performance related to the

BHPr's strategic goals, objectives, outcomes and indicators. The CPM's purpose is to incorporate accountability and measurable outcomes into the BHPr's programs, and projects. CPM also provides a framework for collection of data to measure workforce quality, supply, diversity and distribution of the health professions workforce for BHPR's Titles VII and VIII programs.

2. Purpose and Use of Information:

The progress report is standardized for all Title VII and VIII education and training programs and is designed to determine whether sufficient progress has been made on the approved project objectives to warrant continuation funding (achieved objectives, barriers/problems experienced and activities undertaken to overcome them, changes required from the originally approved projects, activities planned for the next reporting period, and related information).

The general program information collected consists of the following:

- An assessment of how well the project objectives were accomplished and a description of these accomplishments during the reporting period.

- A description of barriers/problems that impeded the ability of the project to implement the approved plan and activities that have been undertaken to minimize the effect of these barriers/problems.

- An assessment of project strengths related to project objectives and a description of activities (technical assistance, training) that would assist in meeting objectives.

- Detailed information on budget and funding as well as re-budgeting of funds.

- Information on future activities planned for project objectives.

- Summaries of actual and planned activities on topics of special interest for the project.

Program specific data are also collected in the UPR. The programs requiring additional data are listed in a separate attachment.

Data collection for a number of performance indicators is also included in the UPR. These indicators support the goals for geographic distribution, supply, racial and ethnic diversity and are included in the Annual Performance Plan for BHPr programs subject to the CPMS. These data are critical to reporting on the actual outcomes of BHPr programs.

The indicators in the UPR are listed below, and are arranged by major Bureau goal listed in italics:

--- *to promote a health care workforce with a mix of the competencies and skills needed to improve access to cost-effective, quality care* ---

1) Number of enrollees, graduates and/or program completers of primary care tracks by discipline

2) Number of enrollees, graduates and/or program completers of health professions programs that may support primary care by discipline

--- *to improve cultural diversity in the health professions* ---

3) Number of under-represented minorities serving as faculty
4) Number of minority/disadvantaged graduates and/or program completers

5) Number of minority/disadvantaged enrollees

--- *to support educational program's ability to meet the needs of vulnerable populations* ---

6) Number of graduates entering residencies that serve underserved areas
7) Number of graduates and/or program completers who enter practice in underserved areas

The entire UPR package contains general instructions and definitions, tables for entering general program information, tables for entering program-specific information and tables for entering core performance measures information. The sections on general instructions and definitions, general program information are exactly the same for all grantees. However, the section on program-specific information and core performance measures contains tables which are unique to each of the grant programs.

To reduce the burden on grantees, BHPr ensures that the electronic system customizes reports to only the reporting requirements of each grant program. For instance, after the system displays the common elements like general instructions, definitions, and general program information, it displays the one or two program-specific tables required for the specific program. The system then displays only the Core Performance Measure tables appropriate for the specific program. Customized program-specific reports greatly reduce time and the grantee cost of inputting and processing the data.

3. Use of Improved Information Technology

The UPR is fully automated through an Electronic Data Collection Instrument that enables grantees to obtain, complete and submit reports electronically. The Bureau's goals are to: 1) make the reporting process less burdensome for the grantee; 2) have the data be more consistent, aggregate and responsive to Congress' performance requirements; and 3) make the data collection more cost effective for the Government in managing and improving our programs.

HRSA's Electronic Handbook (EHB) provides an integrated system for grantee reporting, allowing grantees access to reports from previous years, current report status, and editing/correcting administrative information. The system automatically displays for grantees the tables and instructions that are specific to their program and continuation request.

4. Efforts to Identify Duplication

These data are not available elsewhere.

5. Involvement of Small Entities

This project does not have a significant impact on small business or other small entities.

6. Consequences if Information is Collected Less Frequently

Progress reports must be submitted annually as a condition of receiving Federal funding. There is no other basis for compliance to receive benefits. Awards may not be made in any year in which a collection of information does not occur.

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

The collection is conducted in a manner consistent with 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

The notice required by 5 CFR 1320.8(d) was published in the Federal Register on July 13, 2007 (72 FR 38605-38606). No comments were received.

The following schools were contacted by program staff regarding the format, content of data to be collected, and time to complete the application. There were no problems reported.

David Solomon, Ph.D.
Michigan State University
A -202 E-Fee Hall
E. Lansing, MI 48824
(517) 353-2037

J. Dennis Blessing
University of Texas Health Science Center
at San Antonio
7703 Floyd Curl Drive
San Antonio, TX 78829-3900
(210) 567-8810

Carmelle M. Bellefleur, Ph.D.
Nassau Community College
Nursing Department
One Education Drive
Garden City, NY 11530-6793
(516) 572-9937

9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

Data collected from the grantees are aggregate for all of the UPR tables except the Disadvantaged Assistance Tracking and Outcome Report (DATOR). The DATOR table, DHCDD-3 collects participant level data from two programs: the Centers of Excellence (COE) program and the Health Careers Opportunity Program (HCOP). These tables are used to track program participants regarding their status (current student, pre-professional, workforce status) in health professions schools. Only aggregate data are compiled for summary reports.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

The total respondent burden is estimated below:

Annual Number of Respondents	Hours Per Response	Total Hour Annual Burden	Dollar Wage Rate	Total Hour Cost
1500	7 hours	10,500 hours	$20	$210,000

Basis for Estimates:

■ The number of annual respondents (**1500)** was based upon committed FY 2007 competing awards that will use the UPR in FY 2008.

■ Each grantee must submit a progress report annually. The average burden estimate for reviewing instructions, compiling necessary information, and completing the progress report includes providing information for the standardized elements, program specific data, and CPMS data. The total response burden for progress reporting per grantee is **7** hours, and the total annual response burden is 10,500 (1500 respondents x 7 hours per response = **10,500 hours**)

■ Twenty dollars is a generally accepted wage rate for school personnel responsible for completing the UPR. The total hour cost to the respondents is $210,000 **(10,500** burden hours x $20 per hour = **$210,000).**

13. Estimates of Annualized Cost Burden to Respondents

There are no capital and start-up costs to the respondents. Records used for this data collection will be from the previous academic year and generally are already available.

14. Estimates of Annualized Cost to the Government

Monitoring of the data base system is maintained within the Agency. Staff time is required (program staff and grants management personnel) to review the progress reports. Annual total cost of staff time is $123,908 as follows:

■ **Program staff** evaluate the grantee's accomplishments on the program's objectives of the project. Experience indicates that this effort will require one full-time program staff at a GS 13 level for a total of **$**79,397**.**

■ **Grants management staff** evaluate the grantee's accomplishments based on the budget requests of the project. It is estimated that this will require **33**% of time for two staff at a GS 12 level for a total of $44,511**.**

15. Changes in Burden

There are currently 33,325 total burden hours approved by OMB for this activity. This request is for a total of 10,500, a reduction of 22,825. The reduction in total burden hours is a program adjustment due to the following: (1) Since grantees are aware of the types of data that are being collected, some have automated their data collection activities and are able to gather information quicker and complete their application faster. (2) The revised electronic system is "program-driven;" grantees are only shown tables, including columns and rows that are applicable to their program. (3) Some data in the tables are pre-populated requiring less time for typing in data and information, and (4) instructions and definitions are currently automated and do not require the grantee to spend time searching for them.

16. Time Schedule, Publication and Analysis Plans

There are no plans for publication of the data. Descriptive statistics and analysis of missing data will be conducted annually. The results will be published in the HRSA Performance Report as is required by GPRA. GPRA requires the report by March 31 of each year, but HRSA plans to incorporate its annual Performance Report with data for the fiscal year ending September 30 into the Performance Budget it submits to the Congress in early February of the following year.

17. Exemption for Display of Expiration Date

The expiration date will be displayed.

18. Certification

This information collection fully complies with the guidelines set forth in 5 CFR 1320.9.
The required certifications are included in the package.