Supporting Statement Office of Rural Health Policy State Offices of Rural Health Grant (SORH) Program

A. JUSTIFICATION

1. <u>Circumstances of Information Collection</u>

The Health Resources and Services Administration (HRSA), Office of Rural Health Policy (ORHP), is requesting OMB approval for a new Technical Assistance Data Form for the State Offices of Rural Health Grant (SORH) program. In it's authorizing language (SEC. 711. [42 U.S.C. 912]), Congress charged ORHP with "administering grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas." The mission of the Office of Rural Health Policy (ORHP) is to sustain and improve access to quality health care services for rural communities. This one page form will collect information from SORH grantees on technical assistance provided to States and communities.

SORH began in 1991and is a matching (3:1) grant program that has resulted in the establishment of state offices of rural health in all 50 states. The mission of each office is to help strengthen and improve rural health care delivery systems in rural communities. To accomplish this mission, each office collects and disseminates information; provides technical assistance; helps coordinate rural health interests state-wide; strengthens state, local and Federal partnerships; and supports efforts to improve recruitment and retention of health professionals. Grantees have provided narrative information on their accomplishments; however, this general information is not standardized and does not provide quantitative detail on the provision of technical assistance.

ORHP is requesting approval of this data form to capture GPRA data measures starting with the FY 2009 grant year (July 1, 2009 – June 30, 2010).

2. Purposes and Use of Information

The purpose of this data collection is to provide HRSA/ORHP with standardized information on how well each grantee is meeting the needs of their States and communities. Data from this form will provide quantitative information about the SORH program. Currently, the two GPRA measures that this form will address are: 1) to report the total number of unduplicated communities that received technical assistance during the grant period; and, 2) whether or not the State has a focal point for rural recruiting and retention.

In 2007, ORHP and representatives from the National Association of State Offices of Rural Health (NOSORH) collaborated to revise and improve the existing GPRA measures. The revised performance measures more precisely capture the outcome of the SORH element related to providing technical assistance. The revised elements are: 1)

report the total number of technical assistance (TA) encounters provided directly to clients within State by SORH; and 2) report the total number of clients within State that received technical assistance directly from SORH.

Responses will provide useful information on the SORH program and will enable HRSA/ORHP to provide data required by Congress under the Government Performance and Results Act of 1993. It will also ensure that grantees have a demonstrated need for services in their communities and document that Federal funds are being effectively used to provide services to meet those needs.

Instructions

The SORH data form consists of one table and is completed by all grantees. The table provides data on the number of technical assistance encounters provided and the number of clients that received technical assistance. Definitions for *technical assistance* and *client* are provided to grantees on the form to assist them in filling out the table. The information can be submitted on the HRSA Electronic Handbook (EHB) website, and grantees can call the Helpdesk with any technical questions.

3. <u>Use of Improved Technology</u>

This database is fully electronic. Grantees submit the data electronically via a HRSA managed website. This reduces the paper burden on the grantee and on the SORH program staff.

4. Efforts to Identify Duplication

The information on technical assistance provided by grantees is unique to the SORH program.

5. <u>Involvement of Small Entities</u>

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 activity does not have a significant impact on small entities.

6. Consequences if Information Were Collected Less Frequently

Grant dollars are awarded annually; therefore, this information is needed annually 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 in 4 CFR 1320.8(d) was published in the *Federal Register* on March 11, 2008 (Vol. 73, No. 48, page 13005-13006). No comments were received. The following grantees provided consultation and review of the form:

RURAL HEALTH OFFICE	OFFICE OF RURAL HEALTH AND	CENTER FOR RURAL HEALTH	
Mel & Enid Zuckerman	PRIMARY CARE	AND HEALTH SCIENCES	
College of Public Health	Minnesota Dept. of Health	School of Medicine, Univ. of	
University of Arizona	PO Box 64882	North Dakota	
P.O. Box 245210	St. Paul, MN 55164-0882	501 North Columbia Rd., Box	
Tucson, AZ 85724-5210	651-201-3859	9037	
520-626-5823	fax 651-201-3830	Grand Forks, ND 58202-9037	
fax 520-626-3101	Mark Schoenbaum, Director	701-777-3848	
Lynda Bergsma, SORH	mark.schoenbaum@health.state.mn.us	fax 701-777-6779	
Program Coordinator		Lynette Dickson, SORH Project	
lbergsma@U.Arizona.edu		Director	
		ldickson@medicine.nodak.edu	

9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

No individual level data are collected on the TA form, and the data system does not involve the reporting of personally identifiable information about individuals. The SORH program requests only **aggregate data** on total number of technical assistance encounters provided by the grantee and the total number of clients receiving the assistance.

11. Questions of a Sensitive Nature

The SORH program does not contain any questions of a sensitive nature.

12. <u>Estimates of Annualized Hour Burden</u>

Form Name	Number of	Responses	Total	Burden	Total
	Respondents	per	Responses	Hours per	Burden
		Respondent		Response	Hours
TA Form	50	1	50	12.5	625.0
Total	50		50		625.0

Basis for the estimates: Estimates of burden for the information were obtained from consultations with the grantees.

It should 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.

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 activity.

14. Estimated Cost to the Federal Government

Preparation and tallying the information is rolled into the duties of the ORHP SORH program staff. A 0.02 FTE at a GS-13 (\$1,600) annually is necessary to provide TA to the grantees, collect the information, and compile to final totals for all of the 50 SORH Grantees.

15. Changes in Burden

This is a new activity.

16. <u>Time Schedule, Publication and Analysis Plans</u>

There are no plans for statistical analysis or publication of the information. Summary totals will be calculated for the two GPRA measures.

17. Exemption for Display of Expiration Date

The expiration date will be displayed.

18. <u>Certifications</u>

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