DRAFT Pending Approval of HRSA/MCHB Associate Administrator Approval

21 July 2009

TO: Karen Matsuoka

FROM: Amanda Cash

SUBJECT: HRSA Maternal and Child Health Bureau Performance Measures for Discretionary Grants

HRSA **DRAFT** Response to OMB Questions & Comments:

OMB Comment: While we are not grantees and therefore do not have direct experience with the time and burden associated with this ICR, 6 hours does—even on its face—seem to be low. The instrument/instructions, for example, are hundreds of pages long and took us more than 6 hours just to read them (much less gather the information that would be necessary to fill out the forms). This is not the first time we've reviewed this ICR and it still took us a long time.

HRSA Response: *HRSA understands this ICR is robust with instruments and instructions; however, the measures, instruments and instructions do not all apply to each grantee. The measures are very often grantee-specific and the grantee receives instructions on the measures specific to their programs. The grantees have been an integral part of building these program-specific measures and are intimately familiar with them and therefore do not require several hours to familiarize themselves with the measures, the instructions or reporting on the measures. Attached for your review are screen shots of the Discretionary Grants Information System housed at HRSA's website (https://perfdata.hrsa.gov/MCHB/DGISReports/default.aspx). This system is not what grantees report to, but a product of the system to which they report. You can see from the screen shots that each grantee has specific measures to which they report. The screen shots show first the measure and the grantees (programs) that utilize that measure and then once a program is chosen, the result is shown in the second screen shot. HRSA is able to provide more explanation for this issue if necessary.*

OMB Comment: We wouldn't have been as concerned if no one contested the burden estimate, but HRSA received at least one comment that does. As noted by the Hemophilia Alliance in its comments on this proposed revision, these measures place a very large time burden on grantees that must first seek out and gather information from their customers/clients, and then compile it all in their reports to MCHB. Also, many of these forms require extensive record-keeping abilities (which would seem to necessitate adequate technology and/or organizational systems, many labor hours, and record-keeping costs).

HRSA Response: *HRSA/MCHB grantees have a long history of reporting on these measures and reporting has become part of routine business for these grantees. The Hemophilia Alliance also has a history of specific issues related to reporting. The Hemophilia Alliance has commented in previous ICRs and these comments are currently being addressed with HRSA's Office of General Counsel and leadership at the Maternal and Child Health Bureau.*

In reference to The Hemophilia Alliance's comment on the 6 hour burden estimate, we do not believe that MCHB has underestimated the burden based on an earlier pilot study (explained below). Also, much of the financial information requested on the forms are already required as part of HRSA's grant process.

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OMB Comment: We really appreciate that HRSA went to great lengths to pilot test the forms to get an accurate estimate. Most agencies simply "guess" and so it is great that HRSA went to the trouble to actually trial run the forms. So our question is really why one commenter would believe that the burden estimate is so much greater than 6 hours, when the pilot testers said 6 hours was accurate. Was there something about the way the pilot tests were conducted that would decrease its generalizability? (e.g. were the pilot testers "experienced" grantees who will therefore require less time to fill out the forms than newer grantees? Is the Hemophilia Alliance a "newer" grantee?)

We would be interested to know more about the pilot testing that MCHB has conducted with these forms, specifically:
(a) Which forms/measures were filled out by the various pilot grantees?
(b) Was information from customers/clients and other relevant sources already compiled and easily available? If so, was the time required to obtain this information included as part of the burden estimate?
(c) Did these grantees have record-keeping abilities (e.g. computers, available staff) that other grantees may not have? (What do the record-keeping abilities of most MCHB-funded programs include?)
(d) Do the pilot testers differ in other important ways from the rest of the grantees?

HRSA Response: *Regarding the pilot study, this study was conducted for our original 2002 submission of this clearance package. As we did for our 2006 submission, we left the reference to the pilot study in the supporting statement because it provided the original support for the 6 hour burden estimate. MCHB works collaboratively with its grantees on a rotating three year basis to improve and revise measures as they come up for OMB approval. A major part of MCHB's current efforts to revise this ICR were the focus of a January 2009 Subject Matter Expert Panel Meeting that included 5 MCHB grantees. These grantees hold expertise in such areas as child development, adolescent medicine, and population, family and reproductive health. Except for the recent comment by The Hemophilia Alliance, the burden estimate of 6 hours was not questioned by grantees or by MCHB program staff and found to remain accurate.*

Regarding your comment that it took OMB staff more than 6 hours to read through the package, grantees do not read through the entire package. Grantees only read the information pertaining to the measures and forms that they need to report on and complete by utilizing HRSA's Electronic Handbook. This is explained in more detail in our response to question 2 below.

OMB Comment: MCHB also notes that grantees are only required to fill out forms relevant to their programs and projects. How are these forms selected? Is it clear to grantees which forms they are and are not responsible for filling out?

HRSA Response: *Because grantees work collaboratively with MCHB to determine the program-specific measures, once the measures are determined the programs are made aware of the measures that will be assigned to them upon the initial application process.*

The measures and forms for the grantees to report on and complete are pre-assigned through the grant-making process. Potential grantees are aware of these selections when they apply for the grants. Once grant applicants become grantees, HRSA's Electronic Handbook makes it clear to the grantees what measures and forms they are responsible for reporting on and completing.

OMB Comment: Would it be possible for MCHB to compile different packages of these forms/measures based on type of grantee program (or other applicable classification system)? That might make it possible to better determine burden hours for various grantees.

HRSA Response: *MCHB's goal is to have a number of programs report on the same measures. This will make the data much more meaningful. Compiling different packages of the measures and forms based on the type of grantee program would be contrary to this goal since many grantees report on the same measures. For example, you may notice from the screen shots that only two grantees report on Performance Measure 6; however, 31 grantees report on Performance Measure 7 and 11 grantees report on Performance Measure 9.*

OMB Comment: Also, just a reminder that burden should include time needed to seek out and solicit information from customers/clients and other relevant parties (not just the time needed to complete the forms). Were all these burdens taken into account by the pilot testers?

HRSA Response: *As mentioned above, the pilot study was conducted for our original 2002 submission of this clearance package. Except for the recent comment by The Hemophilia Alliance, the burden estimate of 6 hours has not been questioned by grantees through the collaborative process of performance measure development and revision. As a reminder, the grantees work with MCHB to revise, change and update measures every three years. Through this process, MCHB and grantees determine which measures are the most effective for all MCHB programs.*

OMB Comment: We understand that HRSA is not requesting an exemption from displaying the standard PRA blurbage. Yet, some forms include the OMB control # and expiration date, and others don't. Also, the standard PRA blurb does not appear to be on any of the forms. Can HRSA clarify or add the appropriate language?

HRSA Response: *You are correct that HRSA is not requesting an exemption from displaying the standard Paperwork Reduction Act language. We will ensure that the appropriate Paperwork Reduction Act language is included in the electronic versions of the forms.*

OMB Comment: The stated goal of many of the measures is to increase or improve an area of MCHB-funded programs. How will the measurement of different factors (e.g. the percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups) actually fulfill the goal of increasing or improving such areas?

HRSA Response: *Long-term training programs typically train health care professionals and providers in MCHB core competencies. One of those competencies is cultural competence. MCHB and its grantees strive to improve upon the cultural competence of its trained health professionals and providers and one method of ensuring cultural competence of providers is to recruit and train health professionals from diverse backgrounds. Long-term training programs are considered those programs over 40 hours of training. Grantees who train health professionals over 40 hours a year will report on the percentage of participants from underrepresented racial and ethnic groups. Overall, diversity in the training programs is increasing with our goal being that MCH-funded trainees ultimately reflect the U.S. population. Trainees cover a wide range of disciplines including but not limited to public health, social work,*

medicine, developmental behavioral pediatricians, dieticians, nursing, physical therapy, occupational therapy and education.