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

A. JUSTIFICATION

1. Circumstances of Information Collection

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 its authorizing language (SEC. 711. [42 U.S.C. 912]), Congress charged ORHP with "administering grants, cooperative agreements, and contracts to provide technical assistance (TA) 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 the amount of direct TA assistance they provide to clients within their State.

SORH began in 1991 and 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 submit an annual progress report narrative that includes their TA outreach activities. However, the information is not standardized and does not provide detail on the provision of technical assistance.

In 2007, ORHP and representatives from the National Association of State Offices of Rural Health (NOSORH) collaborated to revise and improve the existing Government Performance Results Act (GPRA) measures pertaining to TA. The old measure counted only the number of unduplicated communities that received TA and failed to capture both the volume of TA activities and the varied entities (or clients) that received the TA. In addition, there was no universally accepted definition of TA. Definitions for TA encounters and unduplicated clients were created and revised performance measures were developed to more precisely measure the impact of the SORH element related to provision of technical assistance. The revised measures are:

- 1) The total number of TA encounters provided directly to clients within State by SORH; and
- Total number of unduplicated clients within State that received TA directly from SORH. For the first grant year of data collection SORHs provided 58,937 TA encounters to 32,330 unduplicated clients. In addition, states provide additional / optional examples of the different types of TA provided and type of clients that received TA.

ORHP received approval in 2008 to use data form to collect revised GPRA data measures starting with 2009 grant year. Pilot year data has been collected but the follow-on 2010 grant

year data will not be available until *after* the end of the approved 18 month collection period. Consequently, ORHP requests a three year extension of the collection period.

2. Purpose and Use of Information

The purpose of this data collection is to provide HRSA/ORHP with standardized information on how well each SORH grantee is meeting the technical assistance needs of their States and rural communities. Consolidated data from the form provides quantitative information about technical assistance provided directly by the SORH grant program.

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 technical assistance services in their communities and document that Federal funds are being effectively used 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 unduplicated 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. Use of Improved Technology

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. Involvement of Small Entities

Every effort has been made to ensure the data requested is the minimum necessary to answer basic questions about the appropriate use of grant funds for the provision of technical assistance. 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 December 23, 2009 (Vol. 77, No. 245, page 68270). 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. The grantees were contacted a second time after submission of pilot data and again stated no problems with submission to the database.

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
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Tucson, AZ 85724-5210	651-201-3859	9037
520-626-5823	fax 651-201-3830	Grand Forks, ND 58202-9037
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Program Coordinator		Lynette Dickson, SORH
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		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. Estimates of Annualized Hour Burden

Form	Number of	Responses per	Burden Hours per	Total Burden
	Respondents	Respondent	Response	Hours
Technical	50	1	12.5	625
Assistance				
Report				
Total	50			625

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 paper systems.

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 grantees, collect the information and compile to final totals for all of the 50 SORH grantees.

15. Changes in Burden

There are no changes to the previous burden estimate.

16. Time Schedule, Publication and Analysis Plans

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. Certifications

This project fully complies with CFR 1320.9.