Supporting Statement for the
Rural Health Community-Based Grant Programs
Data Collection Tool

A. JUSTIFICATION

1. Circumstances of Information Collection

The Health Resources and Services Administration (HRSA)'s Office of Rural Health Policy (ORHP) is requesting a revision of the OMB approval for the Rural Health Community-Based Grant Programs Database. The database first received OMB review and approval in 2008 and has a current expiration date of May, 2011.

This activity will collect information for six rural health community-based grant programs to provide HRSA with information on grant activities funded under these programs, as well as information to meet requirements under the Government Performance and Results Act of 1993 (GPRA).

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 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.

In 1991, the Health Care Services Outreach Grants were first appropriated under the authority of section 301 of the Public Health Service Act. In 1996, the Health Centers Consolidation Act of 1996 added the section 330A Rural Health Care Services Grant Program. Appropriations under this section were amended and reauthorized again in 2002. The six rural health, community-based grant programs created under this authority are: (a) the Rural Health Care Services Outreach Grant Program (Outreach), (b) the Rural Health Network Development Program (Network Development), (c) the Delta States Rural Development Network Grant Program (Delta), (d) the Small Health Care Provider Quality Improvement Grant Program (Quality) and (e) the Rural Health Network Development Planning Grant Program (Network Planning) and (f) Rural Health Workforce Development Grant Program (Workforce).

These community based grants provide funds for activities covering a wide range of subject areas representing areas of need in their communities. Each grant is somewhat unique in the strategies and measures proposed; however, all of the grants are predicated upon a defined underserved population and a commitment to providing quality care. In their grant applications, grantees may propose a variety of activities and strategies for funding.

This request for approval is for information to be collected from the recipients of these six grant programs. Grantees will provide information from their electronic records *only* on those activities for which their project received funds.

The Rural Health Care Services Outreach Grant Program authority provides funding to support rural health care providers with providing access to quality health care. Funding for grantees includes projects pertaining to electronic health systems and tracking specific health indicators using nationally accepted performance measures.

A brief description of each program follows:

Rural Health Care Services Outreach Grant Program: The Rural Health Care Services Outreach Grant Program encourages the development of new and innovative health care delivery systems in rural communities that lack essential health care services. The emphasis of this grant program is on service delivery through collaboration, requiring the grantee to form a consortium with at least two additional partners. Programs funded have varied greatly and have brought care that would not otherwise have been available to at least two million rural citizens across the country. Grant funds support projects that demonstrate creative or effective models of outreach and service delivery in rural communities. Applicants may propose projects to address the needs of a wide range of population groups including, but not limited to, low-income populations, the elderly, pregnant women, infants, adolescents, rural minority populations and rural populations with special health care needs.

Rural Health Network Development Program: The grant program provides resources to help rural-based health care providers jointly address problems that could not be solved by any single entity working alone. The program ultimately strengthens rural health care providers and rural health care systems by providing better coordination. The goal is to strengthen rural health care systems at the community, regional and State levels by funding these formal, horizontally or vertically integrated networks. Grant funds typically are used to acquire staff, contract with technical experts, and purchase other resources to 'build' the network and complete needs assessment or develop strategic and business plans. Grants support rural providers for up to three years who work together in formal networks, alliances, coalitions, or partnerships to integrate administrative, clinical, financial, and technological functions across their organizations. This program does <u>not</u> support direct patient care services.

Delta States Rural Development Network Grant Program: The purpose of the Delta States Rural Development Grant Program (Delta) is to fund organizations located in the eight designated Delta States to address unmet local health care needs and prevalent health disparities through the development of new and innovative project activities in rural Delta communities. In practice, the Delta Program provides resources to help rural communities develop partnerships to jointly address health problems that could not be solved by single entities working alone. The emphasis of this grant is to foster collaboration among multi-county networks and other partnering organizations with the purpose of engaging in a series of health implementation projects through creative strategies requiring the grantee to form a consortium of additional partners.

Small Health Care Provider Quality Improvement Grant Program: The purpose of this grant program is to provide support to assist rural providers with the implementation of quality improvement strategies and enhanced chronic disease management in rural health

care settings. Awarded grantees have electronic systems to track measures specific to their project activities. Funded grantees will report nationally accepted performance measures following implementation of quality improvement activities for chronic diseases, i.e., diabetes mellitus and cardiovascular disease.

Rural Health Network Development Planning Grant Program: These grants are designed to support development of collaborative relationships among health care organizations by funding rural health networks that focus on integrating clinical, information, administrative, and financial systems across members. A formative rural health network should identify the greatest needs of the participating providers and serve to benefit them by jointly solving problems or addressing needs that cannot be adequately solved by working in isolation. The ultimate goal of the grant program is to strengthen the rural health care delivery system at the community, regional, and State level by improving the viability of the individual providers in the network. Grant funds typically may be used to for a variety of activities, such as, acquiring staff, contracting with technical experts, and purchasing resources to 'build' the network.

Rural Health Workforce Development Grant Program: The purpose of the Rural Health Workforce Development Program is to support the development of rural health networks that focus on activities relating to the recruitment and retention of primary and allied health care providers in rural communities. This Program will provide support to established and sustainable rural health networks that can develop innovative community-based educational and clinical health training programs to encourage the recruitment and retention of emerging health professionals (students and residents) in rural communities to train and eventually practice. This can, in turn, help reduce recruitment costs, creating a potential revenue stream for continuing the network after Federal funding

2. Purpose and Use of Information

The purpose of the performance measures and the tabular data is to provide standardized useful information about funded activities, to monitor grantee progress. ORHP currently collects this information on an annual basis and the data has helped to determine the impact of the programs in rural communities. This report provides data on program users, encounters and user demographic information. In addition, the report provides aggregated data by program and data across programs

The measures presented in this document cover key topics of interest to HRSA's ORHP and will provide quantitative information about the grant program performance. The measures include: (a) the number of patients served and encounters, (b) the demographics of patients served, (c) the types of services provided (primary care, mental or behavioral health, oral health, telehealth or telemedicine, etc.), (d) the rural network characteristics (number and type of member organizations), (e) workforce and recruitment efforts (number and type of new staff hired and people trained), (f) sustainability efforts (project revenue, planning, and additional sources of funding), (g) types of health information technology implementation and expansion, (h) quality care efforts (use of clinical guidelines and benchmarks), and (i)

clinical measures. Grantees report on measures applicable to their awarded project; all measures will speak to the goals and objectives set forth in the HRSA and ORHP strategic plans.

As required by GPRA, HRSA's ORHP has developed an annual program objective related to performance indicators. The information collected will provide the appropriate data necessary for the objective and indicators listed below.

Objective:

Reduce Health Disparities: Expand the availability of rural health care resources to underserved, vulnerable, and special-needs populations.

Indicators:

- Total number of direct unduplicated encounters
- Total number of people in the target population

Grantees will only provide information on the performance measures that are applicable to the activities funded through the grant program for which they are reporting.

3. Use of Improved Information Technology

This activity is fully electronic. Data will be collected through and maintained in a database in HRSA's Electronic Handbook (EHB). 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 program staff.

4. Efforts to Identify the Duplication

These data will be collected for the purposes of this program and are not available elsewhere. Some grantees receive funding from multiple programs and they would have to report measures for each program. However, it is important to note that each program's purpose is very different from each other. Although some of the measures are the same for some programs and grantees will report on multiple programs, the data that they will provide will be serving a different purpose and will be analyzed differently.

5. Involvement of Small Entities

Every effort has been made to ensure the data requested are the minimum necessary to answer basic questions useful in determining whether grantee awarded goals and objectives are being met. Data requested are currently being collected by the projects or can be easily incorporated into normal project procedures. The data collection activities will not have a significant impact on small entities.

6. Consequences If Information Collected Less Frequently

Data in response to these performance measures will be collected on an annual basis. Grant dollars for these programs are awarded annually. This information is needed by the programs, ORHP and HRSA in order to measure effective use of grant dollars to report on progress toward strategic goals and objectives.

7. Consistency With the Guidelines of 5 CFR 1320.5

This project is consistent with the guidelines in 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

The original notice required in 4 CFR 1320.8(d) was published in the *Federal Register* on December 8, 2010 (Vol. 75, No. 235, page 76473). No comments were received.

In order to create a final set of performance measures after the revisions that are useful for all program grantees, a large set of measures was vetted with nine or less participating organizations from the programs. The following is a list of grantees that were consulted:

Program	Grantee Name / Contact
Delta	Loretta Wilson Tomigbee Healthcare Authority (AR) 334-287-2610
Delta	Nancy Coleman Health Resources from Arkansas (AR) 870-793-8900 ext. 1161
Quality	Joanne Lopinski Panhandle Area Health Network (FL) 229-558-9763
Network Planning	Marianne Nix Community Health Alliance Of Humboldt-Del Norte, Inc (CA) 707-445-2806
Network Development	Linda Barrett Community Hospital of Bremen (IN) 574-546-8005
Network Development	Kendra I. Siler-Marsiglio, Ph.D. Rural Health Partnership of North Central Florida, Inc. (FL) 352.313.6500 x109
Workforce Development	Joleen Huneke Rural Comprehensive Care Network of Nebraska (NE) 402-826-3737
Outreach	Cy Naumoff Orville Hospital Foundation (OH) 330-684-4711
Outreach	Cheryl Dye Clemson University (SC) 464-656-4442

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; therefore, the Privacy Act is not applicable to this activity. The proposed performance measures will be used only in aggregate data form for program activities.

11. Questions of a Sensitive Nature

There are no sensitive questions.

12. Estimates of Annualized Hour Burden

Grant Program	Number of Respondents	Frequency of Responses	Total Responses	Hours per Response	Total Hour Burden
Rural Health Care Services Outreach Grant Program	111	1	111	3.25	360.75
Rural Health Network Development	49	1	49	2.75	134.75
Delta States Rural Development Network Grant Program	12	1	12	3.12	37.5
Small Health Care Provider Quality Improvement Grant Program	59	1	59	8	472
Network Development Planning Grant Program	30	1	30	1	30
Rural Health Workforce Development Program	20	1	20	3	60
Total	281	.....	281	.....	1095

These estimates were determined by consultations with up to nine current program grantees from the six programs. These grantees were sent a draft of the questions that pertain to their program. They were asked to estimate 1) how much time it would take and 2) how much it would cost to report program activities.

It should also be noted that the burden is expected to vary across the grantees. This variation is tied primarily to the type of program activities specific to the grantee's project and current data collection system.

Grant Program	Total Hour Burden	Average Wage Rate	Total Hour Cost
Rural Health Care Services Outreach Grant Program	360.75	$33.00	$11,905.00
Rural Health Network Development	134.75	$38.00	$5,121.00
Delta States Rural Development Network Grant Program	37.5	$28.00	$1,050.00
Small Health Care Provider Quality Improvement Grant Program	472	$29.00	$13,688.00
Network Development Planning Grant Program	30	$45.00	$1,350.00
Rural Health Workforce Development Program	60	$58.00	$3,480.00
Total	1095	.....	$36,594.00

To enter information, some grantees have mid-level staff to enter the data, whereas others may have their project director enter the data. All program grantees currently use the HRSA EHB to submit requested information as part of the annual non-competitive continuation application process required by HRSA. Submission of these data by program grantees can be incorporated into existing project activities without adding a large burden on project staff.

13. Annualized Cost to Respondents

There is no capital or start-up cost component for this collection.

14. Estimates of Annualized Cost to the Government

Data collection for the six rural health, community-based grant programs is expected to be carried out at a cost to the Federal Government of $10,000. Staff at ORHP monitor the contracts and provide guidance to grantee project staff at a cost of $3,240 per year (72 hours per year at $45 per hour at a GS-13 salary level). The total annualized cost to the government for this project is $13,240

15. Changes in Burden

The burden estimate has changed due to the fact that ORHP has now tailored and refined the measures towards the specific programs and has added some additional components within those measurements. ORHP now provides technical assistance to the grantees on reporting. This has helped ease the burden on ORHP grantees. However, with the addition of a new program, the Rural Health Workforce Development Program, the overall burden estimate has resulted in a burden increase. Finally, ORH has increased the number of grants awarded, which has resulted in an increase in respondents.

16. Time Schedule, Publication and Analysis Plans

At this time, there are no plans to publish the data. This information will be collected to comply with GPRA and PART requirements. The data may be used on an aggregate program level to document the impact and success of rural health, community-based grant programs. This information might be used in the ORHP Annual Report produced internally for the agency. The ORHP Annual Report is produced in February, reporting the prior fiscal year's activities.

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.