

Supporting Statement
Health Resources and Services Administration/Office of Health Equity
Cultural and Linguistic Competency and Health Literacy Data Collection
Checklist

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

This is a request for Office of Management and Budget (OMB) approval to encourage HRSA bureaus and offices to incorporate the Cultural and Linguistic Competency and Health Literacy Data Collection Checklist into their funding opportunity announcements, as a stand-alone or integrated measure. This request has been initiated by the Office of Health Equity (OHE), within the Office of Special Health Affairs (OSHA) within HRSA. This checklist is needed to assure that HRSA grantees, serving a highly culturally, racially and ethnically diverse patient and student population deliver prevention, treatment and educational services that yield the highest attainable outcomes for these populations in keeping with the Department of Health and Human Services [National Standards for Culturally and Linguistically Appropriate Services](http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15). (<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>). Respondents will complete the subject checklist annually to satisfy the legislative requirement in section 4302 of the Patient Protection and Affordable Care Act, which requires annual reporting to Congress by HRSA.

2. Purpose and Use of Information

The purpose of this checklist is to increase the number of HRSA-funded programs that have integrated cultural and linguistic competence and health literacy into their policies, guidelines, contracts and training. There is substantial evidence that effective communication between healthcare providers and their patients significantly improves health outcomes. The three elements that comprise effective communication include cultural competency, linguistic appropriateness and health literacy. In addition, variations of the proposed tool have proven useful for grantees' self-assessment.

HRSA will use the information gathered by the checklist to offer insights into technical assistance challenges and opportunities. More specifically, this checklist will identify potential deficiencies and gaps affecting a grantee's delivery of quality, culturally and linguistically appropriate and health literate services. Such information is essential for program managers and Government Project Officers to collaborate in identifying ameliorative action ultimately resulting in improved services.

3. Use of Improved Information Technology and Burden Reduction

Every effort was taken to design the tool to collect the least, but appropriate, amount of data needed to reconcile number of FTE positions. From discussions with project officer in HRSA Bureaus and Offices, the data requested are not perceived to be burdensome and are readily available to the awardees.

4. Efforts to Identify Duplication and Use of Similar Information

The information gathered to determine the extent of grantees adherence to effective healthcare communication practices between providers and patients is not collected by other HHS agencies or data collection systems.

5. Impact on Small Business or Other Small Entities

HRSA-supported grantees may be small entities such as federally qualified health centers (FQHC), community health centers, HIV/AIDS clinics, or rural health clinics. In order to minimize the burden to these grantees, the tool only requests information that is easy to obtain and report. The tool is short and concise.

6. Consequences If Information Collected Less Frequently

There are legal consequences to collecting the information less frequently. Respondents will complete the subject checklist annually to satisfy the legislative requirement in section 4302 of the Patient Protection and Affordable Care Act, which requires annual reporting to Congress by HRSA. If collection of the data is not conducted or is conducted less frequently than annually HRSA will not be in compliance with the law.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

All guidelines relating to 5 CFR 1320.5 are met. The request for reporting of activities relation to effective healthcare communication between providers and patients fully complies with the regulation.

8. Comments in Response to the Federal Register Notice/Outside Consultation

8A. The notice required in 5 CFR 1320.5 was published in the *Federal Register* on September 26, 2011, vol.76 No. 186; page 59410 (attachment 3). There was one comment from the public.

There were approximate five experienced high-ranking HRSA project officers consulted on the availability of the data requested, frequency of the collection, burden and the clarity of the instructions for reporting information. None of these staff (who are intimately familiar with the operations of grantees under their aegis), indicated, when queried, any perceived burden on the part of HRSA grantees whatsoever.

9. Explanation of any Payment/Gift to Respondents

No remuneration was given to the respondents.

10. Assurance of Confidentiality Provided to Respondents

The information collected will be kept secure and protected. Information containing personal identifiers will not be requested.

11. Justification for Sensitive Questions

Not Applicable.

12. Explanation of how the hour burden estimates were derived.

The hour burden estimates were derived by survey of award recipients. A select number of respondents were shown a draft of the Checklist and instructions. They were asked to estimate the amount of time it would take to complete the tool annually within their institution. Respondents agreed that an administrative assistant would typically perform the task. The sum of the estimates was divided by the number of responses to arrive at 1 hour.

12 A. Estimated Annualized Burden Hours

Instrument Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours
Data Collection Checklist	900	1	900	1	900
Total	900	1	900	1	900

12. B. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Grants Representative/ Administrative Representative	900	\$18.00/hr	\$16200
Total	900		\$16200

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers/Capital Costs

There are no costs outside of the customary and usual business practices. HRSA grantees are required to collect and maintain data on programs to maintain funding status.

14. Estimates of Annualized Cost to the Government

An estimated 0.1 FTE at the GS 11 level is needed to serve as the coordinator for data evaluation and to provide technical assistance to grantees regarding the data collection process and subsequent evaluation at an estimated cost of \$8,903.30 annually.

15. Explanation for Program Changes or Adjustments

This is a new collection. There are no changes or adjustments requested of the program required to report these data.

16. Plans for Tabulation and Publication and Project Time Schedule

Authorizing legislation for HAS-funded programs provides for a reporting of grantee data. These data will be used in HRSA's annual reports to Congress. Tabulation will be conducted as needed to complete an internal review sufficient to satisfy an OMB audit.

17. Reason Display of OMB Expiration Date is Inappropriate

Not applicable.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.