Supporting Statement
Revision and Update to the Request for Approval for Data Collection by the Health Resources and Services Administration's Bureau of Health Professions' (BHPr)

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

This request is for approval from the Office of Management and Budget (OMB) to continue data collection activities with current and prospective grantees of the Health Resources and Services Administration's (HRSA) Bureau of Health Professions (BHPr). The current approval (OMB #0915-0061) expires on 06-30-2013 and covers data collection efforts through progress reports, as well as annual performance reports for grants and cooperative agreements (PRGCA).

BHPr seeks approval from OMB to continue these efforts over the next three years. The supporting statement for this request has been significantly revised and contains discussion about the utility of data collected during the FY 2011 cycle (July 12011 through June 30, 2012); lessons learned from data collection efforts during this time; as well as details regarding BHPr's proposed strategies for reducing the overall burden associated with its data collecting efforts (i.e. progress reports and the PRGCA).

2. Purpose and Use of Information Collection

BHPr is statutorily tasked with responding to issues specific to the training and supply of the current and future US healthcare workforce (see 42 USC 292 et seq). Currently, BHPr funds over 40 different health professions training and loan programs that aim to increase the diversity, quality, and distribution of the current and future US healthcare workforce. Generally, these programs fall into three distinct categories[1]:

- Infrastructure: refers to programs that are designed to enhance the scope and/or quality health professions training programs. These programs do not provide direct financial support to students; rather, grantees use funds in a variety of ways including enhancing curriculum and clinical training opportunities, as well as offer faculty development opportunities.

- Direct Financial Support: refers to programs that are designed to provide students of health professions training programs with a financial award to cover costs associated with tuition and/or allowable living expenses. Depending on the nature of the program, grantees of these programs provide scholarships, stipends, or loans to students pursuing health profession-related training or degrees.

- Multipurpose or Hybrid programs: refers to programs that, in accordance with their authorizing statute, may fund a variety of activities to include enhancing training infrastructure, providing direct financial support to health professions students, or support enhancements to clinical rotations and training.

In order to carry out its functions, BHPr has historically collected data from funded grantees at two specific phases of a grant cycle:

- Phase I: Mid-Year Progress Reports

[1] See Appendix A for a complete listing of BHPr-funded programs by category.

- Data collected in the form of progress reports serve as the official record of communication between government project officers and grantees and highlight grantees' successes and challenges in meeting the goals of each program. Information provided through progress reports are reviewed by government project officers in BHPr and are used to determine progress toward implementing required grant activities; as well as technical assistance needs. In addition, information provided through progress reports also assists BHPr in understanding fluctuations in program outcomes reported through the PRGCA.

- This request seeks approval to collect information through progress reports from BHPr-funded grantees on a semi-annual basis. Currently, grantees submit one mid-year progress reports for review and approval by the government project officer; however, in an effort to implement a stronger performance management strategy throughout the Bureau, BHPr is requesting approval to implement a semi-annual progress reporting schedule using a system that will pre-populate data previously reported (Table 2). Submission of progress reports will not coincide with the submission of the PRGCA and will afford government project officers and grantees additional opportunities for dialogue regarding progress toward program requirements and goals, as well as respond in a timelier fashion to technical assistance needs. Measures to be used in progress reports can be found in Appendix C.

Table 2.

	Performance Period	Progress Report Due Date
Current Reporting Schedule	July 1 through January 31	Feb 28
New Reporting Schedule*	July 1 through September 30**	October 31
	January 1 through March 30**	April 31

*Note: New Reporting Schedule would be implemented for the FY 2013 reporting cycle.
** Periods not covered by progress reports will be covered through semi-annual submission of the PRGCA.

- Phase II: End-of-Year Performance Reports

  - Data collected through the end-of-year performance reports for grants and cooperative agreements (PRGCA) serve a number of critical functions including:

    - Informing program management decisions. For example, data collected form grantees of the Primary Care Training Enhancement program are being used to compare planned expansion reported in applications versus actual expansion reported through the PRGCA. Results from these comparisons are being used to inform a dialogue with grantees regarding program-level performance targets, as well as compliance with grant requirements.

    - Monitoring the types of activities implemented by grantees. For example, initial results from the analysis of data reported by grantees for the FY 2011 reporting cycle provided detailed information about program activities that were, to that point, unknown. For example, measures used in the enhanced PRGCA captured, for the first time, program- and individual-level characteristics associated with field placements of public health students through the Public Health Training Centers Program. BHPr staff and scientists are now able to geographically map field placements, as well as identify core competencies addressed through field placements in FY 2011.

- Enhancing the agency's understanding about the diversity and distribution of individuals receiving direct financial assistance. For example, as a result of individual-level data collection efforts, BHPr has been able to compare diversity rates across its programs to the current workforce. As indicated in the latest Congressional Justification, Title VII and Title VIII programs providing direct financial support to trainees are producing graduates who are underrepresented minorities at higher rates than are currently in the workforce. For example, according to the most recent data on diversity in the physician workforce published by the American Association of Medical Colleges[2], 5.5% of active physicians are Hispanic, 12.6% are Non-Hispanic Asian, and 6.3% are Non-Hispanic African American or Black. Individual-level data reported on graduates and completers of Title VII-funded medical residency programs showed that, in Academic Year 2011-2012, 9.3% of graduates were Hispanic, 21.3% were Non-Hispanic Asian, and 6.5% were Non-Hispanic African American or Black.

In summary, data collected through the PRGCA serve a number of critical functions and are essential for responding to federal reporting requirements (e.g., GPRAMA and ARRA); understanding emerging issues in the health professions; ensuring compliance with grant and statutory requirements; strengthening overall program performance; and responding to congressional and public inquiries regarding outcomes associated with health professions training and loan programs.

This request seeks approval to collect information through the PRGCA from BHPr grantees on a semi-annual basis. Currently, grantees submit one end-of-year PRGCA for review and approval by the government project officer; however, in an effort to implement a stronger performance management strategy throughout the Bureau, BHPr is requesting approval to implement a semi-annual PRGCA reporting schedule (Table 3).The current end-of-year performance reporting cycle has many disadvantages including imposing a significant burden on grantees by requiring the reporting of a year's worth of information at one time. In addition, the current end-of-year performance reporting cycle continues to act as a barrier to the implementation of an effective performance management strategy. Historically, BHPr has not had the ability to gauge mid-year program performance and, as a result, has not been able to systematically identify programs and/or grantees that need additional support and resources to meet their goals and performance targets. Instead, BHPr has depended on end-of-year reporting that inherently inhibits the Bureau's ability to proactively and systematically respond to program performance throughout the fiscal year. Changing the reporting schedule for the PRGCA has a number of benefits that are described in subsequent sections of this request. Measures to be used in the PRGCA can be found in Appendix D and are presented separately for each BHPr-funded program.

Table 3.

	Performance Period	PRGCA Due Date
Current Reporting Schedule	July 1 through June 30	September 30
New Reporting Schedule*	July 1 through December 31	January 31
	January 1 through June 30	July 31

*Note: Due to the timing of this submission, grantees would report as usual for the FY 2012 reporting schedule (July 1, 2012 through June 30, 2013). New Reporting Schedule would take effect for the FY 2013 reporting cycle.

[2] Diversity in the Physician Workforce: Facts and Figures 2010. Retrieved from https://members.aamc.org/eweb/upload/Diversity%20in%20the%20Physician%20Workforce%20Facts%20and%20Figures%202010.pdf

Due to a growing need and demand for information associated with health professions training and loan programs, BHPr sought approval from OMB to implement enhanced data collection efforts beginning with the FY 2011 grant and performance reporting cycle (July 1, 2011 through June 30, 2012). Data collected through these efforts were designed to assist BHPr in funding-related decisions, as well as to monitor program- and individual-level trends across the various types of health professions training and loan programs through progress reports and the PRGCA. Due to concerns from OMB regarding the total burden associated with these efforts, approval for data collection activities was obtained for only a 12-month period—with the understanding that BHPr would submit a new request for approval that would contain fewer measures and a discussion about the utility of and lessons learned from data collected for the FY 2011 reporting cycle. In accordance with this understanding, the present request reflects significant revisions to the breadth and depth of BHPr's data collection efforts and includes discussion about strategies BHPr has identified for reducing burden and increasing the accuracy of data collected from prospective and current grantees.

3. Use of Improved Information Technology and Burden Reduction

Consistent with the previous reporting cycle, BHPr will continue to use HRSA' Electronic Handbook as the portal for data collection. As a technological enhancement to previous years, several of the revised forms will have the option to update previous information reported—reducing the need to re-report information which does not vary during the life of a specific grant. For example, demographic information about individuals receiving direct financial support (e.g., stipends, loans, or scholarships) will only have to be reported once. Using grantee-developed unique identifiers, each grantee will only be required to update specific fields—such as financial award amounts, attrition status, graduation status, and 1-year follow-up.

4. Efforts to Identify Duplication and Reduce Burden

BHPr has engaged in a thorough analysis of its tools to identify redundancy and/or duplication of measures across its various data collection activities. Below are summaries of strategies used with each data collection activities to eliminate duplication and reduce burden.

Reducing duplication and burden associated with progress reports

To date, grantees have been required to submit qualitative information describing program activities, as well as successes and barriers to meeting program goals and performance targets. In addition, grantees have also been required to submit quantitative aggregate data through the progress report on numbers trained, numbers receiving training in a medically underserved community, and number of completers—all of which are captured through the PRGCA.

BHPr has significantly revised these progress reports to eliminate duplication of measures between the progress report and the PRGCA. The revised progress report (Appendix C) contains no duplicative measures and focuses on assessing activities implemented; achievements and barriers encountered for each activity; as well as technical assistance needs of grantees.

Reducing duplication and burden associated with the PRGCA

Based on feedback from grantees, staff, evaluators, and public comment, BHPr has significantly revised the PRGCA to eliminate duplicative measures across forms and increase the saliency and utility of data collected. For example, direct financial support programs had been required to complete the individual-level data form for each student receiving BHPr funds. In addition, grantees were also required to

complete aggregate-level data forms—all of which contained measures that were duplicative of those found in the individual-level data form. Moving forward, grantees of these programs will only provide individual-level data and BHPr scientists will calculate aggregate-level estimates for each program—automatically reducing the number of tables reported by grantees of direct financial support programs by 6.

Similarly, BHPr has conducted an extensive analysis to identify other areas of duplication among forms that capture program-level characteristics for infrastructure and multipurpose or hybrid programs. BHPr has eliminated a number of forms that were comprised of entirely duplicative measures. In addition, BHPr has revised the breadth and depth of measures in each form to ensure that only measures that are most salient to program management and performance reporting are captured in a manner that is appropriate to the purpose, design and impact of each program. Appendix D contains measures and related instructions for each of BHPr's health professions training and loan programs.

5. Impact on Small Businesses or Other Small Entities

This project does not involve small businesses or other small entities.

6. Consequences of Collecting the Information Less Frequently
Progress Reports

Data collected in the form of progress reports is a key element of BHPr's performance management strategy and serves as an official record of communication between government project officers and grantees. These data provide time-sensitive information about the successes and challenges encountered by grantees in implementing required activities. Progress reports also serve as an instrument for determining grantee-specific technical assistance needs. Collecting data less frequently would inhibit BHPr's ability to provide a timely response to grantee-specific concerns and technical assistance needs, as well respond to emerging issues across the health professions.

Performance Reports for Grants and Cooperative Agreements (PRGCA)

Historically, data have been collected from grantees on an annual basis to meet federal reporting requirements; respond to congressional inquiries; and strengthen program performance. However, lessons learned from during the FY 2011 reporting cycle suggest that collecting data on an annual basis imposes a significant burden on grantees at the end of the academic year and, in turn, poses significant threats to the accuracy of the data. Further, collecting data on an annual basis limits the amount of time government project officers have to request corrections from grantees and resolve any discrepancies. The implementation of a semi-annual reporting schedule for PRGCA is critical for reducing overall burden; reducing threats to the accuracy of data; and facilitating the implementation of a stronger performance management strategy across the Bureau.

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

The proposed data collection is consistent with guidelines set forth in 5 CFR 1320.5(d) (2).

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

Section 8A: Federal Register Notice

The 60-day formal notice was published in the Federal Register on January 7, 2013, vol. 78, No. 4; pg. 953 (Attachment E). Notification was sent to all grantees regarding the posting of the federal register

notice and an overview of the proposed revisions to performance measurement activities. During the 60-day notice period, twenty-one comments were received to the 60-day notice. BHPr provided responses to all comments in a prompt manner.

There were three requests for copies of the proposed revisions with general inquiries regarding the level of burden associated with individual-level data that will be continue to be required of grantees that provide direct financial support (e.g., loans, scholarships, or stipends) to individuals enrolled in health professions training programs. Grantees who requested copies of the measures were provided with a detailed table that informed them of the revised measures, as well as the alignment between performance measurement activities and programs' legislative requirements.

Eighteen comments were received specifically from current Geriatric Education Center grant recipients. The comments focused on the collection of baseline data at the grant application and award stages, the burden associated with individual level data collection and the burden generally. This program does not does not provide direct financial support to individuals; and as a result, these grantees were informed that programs that do not provide direct financial support to individuals will not be required to provide individual-level data collection in the revised system. After receiving BHPr's clarification about individual-level data requirements, the concerned grantees returned positive responses to BHPr about the reduction in burden and revisions to the measures.

Section 8B: Outside Consultation

In developing the proposed revisions to BHPr's data collection activities, scientists from BHPr's Office of Performance Measurement (OPM) met with government project officers in BHPr during the first and second week of February to obtain feedback about the proposed revisions to each form, as well as the proposed changes to the current reporting schedule. Government project officers provided critical feedback that assisted OPM in further streamlining measurement activities, as well as reducing redundancy and burden. Initially, government project officers expressed concern over changes to the historically reporting schedule. However, after clarifying how the system will be modified to allow for updates, as well as minimize the need for grantees to upload a census of information each reporting cycle, project officers recognized the value and need for more timely information in order to improve program performance and better respond to grantees' technical assistance needs.

OPM staff also met grantees of the Area Health Education Centers Program (multipurpose); the Graduate Psychology Education Program (direct financial support); and the Public Health Training Centers Program (multipurpose) during the second week of February to discuss the proposed revisions. Grantees responded positively to BHPr's efforts to streamline all measurement activities and reduce burden and redundancy. Similar to project officers, several grantees expressed concern over changes to the reporting schedule. Grantees were provided with clarification regarding the purpose, value, and expectations associated with semi-annual reporting—which, to a large degree, addressed many of the concerns raised during these meetings. Overall, grantees reiterated their willingness to provide the required information, as well as the terms and conditions of their grants.

In addition to meeting with government project officers and groups of grantees, OPM also consulted with the following individuals about the instruments, burden, and the reporting schedule.

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Consulted 2012/2013
Kathleen White Associate Professor Johns Hopkins School of Nursing 410-614-4664 Email: kwhite2@jhu.edu Consulted 2012/2013
Kenneth Miller, PhD, RN Associate Dean School of Nursing The Catholic University of America Ph: (202) 319-6536 Email: millerkp@cua.edu Consulted 2013
Barbara F. Brandt, Ph.D. Director, National Center for Interprofessional Practice and Education Associate Vice President for Education, Director, Minnesota Area Health Education Center Professor, Pharmaceutical Care and Health Systems University of Minnesota Academic Health Center 612-625-3972 Email: brandt@unm.edu Consulted 2013

9. Explanation of any Payment/Gift to Respondents

No payments or gifts are to be provided to respondents. Data collection activities are required as part of the cooperative agreement with grantees and are authorized under 45 CFR Part 74.

10. Assurance of Confidentiality Provided to Respondents

All data collected by BHPr grantees (i.e. program level and/or individual level) will be reported through BHPr's PRGCA system that is built on a secure web-based enterprise framework. Program-level data reported by BHPr grantees are aggregate in nature. Individual-level data reported by grantees are de-identified by the grantee and reported to BHPr using grantee-specific unique identifiers. To ensure confidentiality, grantees are not asked or required to provide a list that corresponds unique identifiers with actual student names; rather, data is reported and will always remain de-identified.

11. Justification for Sensitive Questions

Data collection efforts through progress reports and the PRGCA do not obtain information of a sensitive nature. Demographic-related data (e.g., race, ethnicity, age, and gender) will be collected in accordance with standards authorized under Section 4302 of the Patient Protection and Affordable Care Act. Veteran status will be measured in a manner that is consistent with the Veteran's Administration while disadvantaged status will continue to capture financial disadvantaged status, as well as educational disadvantaged status.

12. Estimates of Annualized Hour and Cost Burden

The estimated annualized burden for the proposed data collection activities vary by activity, as well as the types of grantees providing the required information. Table 4 summarizes the estimated burden by fiscal

year, data collection activity, and type of grant program. (Note: Data collected through the PRGCA for the FY 2012 cycle will remain on the a once-a-year cycle, while data collected for the FY 2013 cycle and beyond will change to a semi-annual basis).

12A. Estimated Annualized Burden Hours

Table 4a. Response for Grantees of Infrastructure Programs

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Grantee (Infrastructure Program)	Grant Purpose Form	58*	2	.15	17
Grantee (Infrastructure Program)	Program Characteristics Form	283	2	.25	140
Grantee (Infrastructure Program)	LR-1	283	2	.25	140
Grantee (Infrastructure Program)	LR-2	283	2	.25	140
Grantee (Infrastructure Program)	DV-1	283	2	.25	140
Grantee (Infrastructure Program)	DV-2	283	2	.25	140
Grantee (Infrastructure Program)	DV-3	283	2	.25	140
Grantee (Infrastructure Program)	EXP	115*	2	.25	40
Grantee (Infrastructure Program)	CE	115*	2	3	690
Grantee (Infrastructure Program)	Curriculum Development & Enhancement Form	50*	2	.15	15
Grantee (Infrastructure Program)	Faculty Development, Instruction & Recruitment Form	50*	2	.25	25
Grantee (Infrastructure Program)	Evidence-based Practice	45*	2	.25	22
Grantee (Infrastructure Program)	Progress Report	283	2	.25	140
SUB-TOTAL		283	2	3.16	1,789

*Note: Total number of respondents for Grantee Infrastructure Programs is 283; however, not all grantees are required to complete all forms due to the nature and purpose of their programs. Number of respondents may be equal to or less than 283 for any form. The completion of all required forms is considered a response to this data collection activity.

Table 4b. Response for Grantees of Direct Financial Support Programs

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Grantee (Direct Financial Support Program)	Program Characteristics Form	1,000	2	.25	500
Grantee (Direct Financial Support Program)	IND-GEN	1,000	2	1.25	1,250
Grantee (Direct Financial Support Program)	EXP	1,000	2	.25	500
Grantee (Direct Financial Support Program)	Faculty Development, Instruction & Recruitment Form	100*	2	.25	50
Grantee (Direct Financial Support Program)	Progress Report	1,000	2	.25	500
SUB-TOTAL		1,000	2	1.4	2,800

*Note: Total number of respondents for Grantee Direct Financial Support Programs is 1,000; however, not all grantees are required to complete all forms due to the nature and purpose of their programs. Number of respondents may be equal to or less than 1,000 for any form. The completion of all required forms is considered a response to this data collection activity.

Table 4c. Response for Grantees of Multipurpose/Hybrid Programs

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Grantee (Multipurpose or Hybrid Program)	Grant Purpose Form	285*	2	.15	85
Grantee (Multipurpose or Hybrid Program)	Program Characteristics Form	480	2	.25	240
Grantee (Multipurpose or Hybrid Program)	LR-1	480	2	.25	240
Grantee (Multipurpose or Hybrid Program)	LR-2	480	2	.25	240
Grantee (Multipurpose or Hybrid Program)	DV-1	480	2	.25	240
Grantee (Multipurpose or Hybrid Program)	DV-2	480	2	.25	240
Grantee (Multipurpose or Hybrid Program)	DV-3	480	2	.25	240
Grantee (Multipurpose or Hybrid Program)	IND-GEN	480	2	.50	480
Grantee (Multipurpose or Hybrid Program)	EXP	480	2	.25	240
Grantee (Multipurpose or Hybrid Program)	CE	180*	2	.25	90
Grantee (Multipurpose or Hybrid Program)	Curriculum Development & Enhancement Form	480	2	.15	144
Grantee (Multipurpose or Hybrid Program)	Faculty Development, Instruction & Recruitment Form	480	2	.25	240
Grantee (Multipurpose or Hybrid Program)	State Oral Health Activities	35*	2	.5	35
Grantee (Multipurpose or Hybrid Program)	RET	125*	2	.25	63
Grantee (Multipurpose or Hybrid Program)	PCI	95*	2	.25	47
Grantee (Multipurpose or	Progress Report	480	2	.25	240

Hybrid Program)					
Grantee (Multipurpose or Hybrid Program)	Needs Assessment	37*	1	.50	18.5
Grantee (Multipurpose or Hybrid Program)	State Primary Care Offices	52*	2	.25	26
SUB-TOTAL		480	2	3.28	3,148

*Note: Total number of respondents for Grantee Multipurpose/Hybrid Programs is 480; however, not all grantees are required to complete all forms due to the nature and purpose of their programs. Number of respondents may be equal to or less than 480 for any form. The completion of all required forms is considered a response to this data collection activity.

		Number of Respondents	Number of Responses per Respondent	Total Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
TOTAL		**1,763**	**2**	**3,526**	**2.1942711**	**7,737**

12B. Estimated of Annualized Cost to Respondents

Based on the estimated total number of burden hours, it is estimated that the annualized cost to respondents is approximately $164,334 (Table 5). This result was obtained by multiplying the number of burden hours by the average hourly wage rate of an individual employed in an academic setting. (Note: Wage rates were obtained from the Department of Labor. Average Hourly Rate for this labor category is $21.24). Data collection and reporting activities are a grant requirement authorized under 45 CFR Part 74.

Table 5.

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Grantee (Infrastructure Program)	1,789	21.24	**$37,998**
Grantee (Direct Financial Support Program)	2,800	21.24	**$59,472**
Grantee (Multipurpose or Hybrid Program)	3,148	21.24	**$66,864**
Total	**7,737**		**$164,334**

(Hourly rate determined using Labor Category ID CES6500000008).

13. Estimates of Capital Costs and Operations & Maintenance to Respondents or Recordkeepers.

There will be no capital costs or costs associated with operations and maintenance to respondents as all data are reported through a web-based enterprise system owned by and maintained at HRSA.

14. Annualized Cost to Federal Government

The systems used to collect information in the form of progress reports and the PRGCA are maintained by HRSA. It is estimated that the amount of staff time needed for the review and approval of progress reports and PRGCA submitted on a semi-annual basis is equivalent to 3 FTEs at the GS-13 level—for a total of $270,000. Collectively, the estimated annualized cost to the government in staff time is estimated to be $270,000.

15. Explanation for Program Changes or Adjustments

There are currently over 26,000 total burden hours approved by OMB for this activity. This request is for approval of roughly 7,737 burden hours, a significant decrease of over 18,000 hours. The decrease in burden is due to 1) a significant reduction in forms which were collecting duplicative data and 2) an increase in efficiency of the electronic reporting system.

BHPr has improved the electronic reporting process by providing user-friendly templates. The new web-based reporting system features reduce the need for manual data entry thus reducing burden. The system is designed to pre-populate fields with previously entered data thus reducing date re-entry by the user; automates the calculation of total counts; and allows grantees the ability to enter data into spreadsheets that are available in the web-based reporting system. As a technological enhancement to previous years, several of the revised forms will have the option to update previous information reported—reducing the need to re-report information which does not vary during the life of a specific grant. For example, demographic information about individuals receiving direct financial support (e.g., stipends, loans, or scholarships) will only have to be reported once. Using grantee-developed unique identifiers, each grantee will only be required to update specific fields—such as financial award amounts, attrition status, graduation status, and 1-year follow-up.

There were approximately 80 different forms that were being used across the bureau for various grant programs. The number of forms being used for reporting has been reduced to approximately 20 forms. The reduction in forms has resulted in significantly decreasing the burden, but more importantly they have improved the quality and accuracy of data reported. Application instructions have been revised to provide clarity in the instructions in order to reduce the amount of data entry time when submitting the performance data. The PRGCA manual will be divided into sections that represent each division in BHPr and each division will have the forms that are specific to each grant program as well as directions for completing each form.

16. Plans for Tabulation, Publication, and Project Time Schedule

Data collected in the form of progress reports will serve as the official record of communication between government project officers and grantees, and will be used to respond to grantee-specific concerns and technical assistance needs.

Data collected in the form of PRGCA serves a number of important purposes including strengthening program performance; responding to federal reporting requirements (e.g., GPRA, ARRA); responding to congressional inquiries. Since programs are publicly-funded, data collected through the PRGCA may be showcased in peer-reviewed articles, conferences, and/or reports published through and/or sponsored by HRSA. The process for cleaning, analyzing, and reporting data will consist of the following steps[3]:

> Step 1: Data cleaning. Data reported by grantees will be cleaned using a series of predetermined analytic rules within 30 days of receipt. Errors or discrepancies in data will be flagged and the government project officers will be notified. Grantees will have approximately 14 days to correct discrepant data and submit a revised PRGCA.

[3] Steps apply to each reporting period (FY 2012: Annual; FY 2013 and Beyond: Semi-Annual). Please see Table 3 for an overview of beginning and ending periods of reporting.

Step 2: Analysis[4] & Reporting. The analysis of all PRGCA-related data will be conducted by doctoral-level scientists in BHPr's Office of Performance Measurement according to the following priority-based schedule:

a. Priority I. Data that is essential for performance management will be analyzed with the highest priority. Results from these analyses will be provided to government project officers and BHPr leadership in the form of briefs and/or reports within 30 days of OPM completing the data cleaning process.
b. Priority II. Data that can be used to respond to inquiries from Congress, stakeholders, and/or the public will be analyzed and reported in accordance with the urgency of the request (usually 1 to 3 days).
c. Priority III. Data that can enhance the agency's understanding of emerging trends in the health professions will be analyzed and provided to BHPr leadership in the form of briefs or presentations within 60 days of OPM completing the data cleaning process.
d. Priority IV. Data that can be used to inform the development of articles or conferences will be analyzed and abstracts of findings will be provided to the requesting staff within 90 days of the request.

17. Exemptions for Not Displaying OMB Expiration Date

No exemption is requested. Respondents will see the OMB number and expiration date on each table that exists in the system.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

This information collection fully complies with the guidelines set forth in 5 CFR 1320.9. There are no exceptions to the certification statement.

Attachments

- APPENDIX A: BHPr-funded Health Professions Training and Loan Programs by Program Type
- APPENDIX B: Measures to Be Collected from Funded Grantees through Progress Reports
- APPENDIX C: Measures to Be Collected from Funded Grantees through the PRGCA
- APPENDIX D: 60-day Federal Register Notice

[4] The analyses of PRGCA data have historically been primarily descriptive in nature (e.g., frequencies, percentages, ratios).

APPENDIX A
BHPr-funded Health Professions Training and Loan Programs by Program Type

Type of Program	Name of BHPr-funded Program
Direct Financial Support	Advanced Nursing Education Expansion Advanced Education Nursing Traineeship Dental Faculty Loan Repayment Program Expansion of the Physician Assistant Training Geriatric Academic Career Awards Geriatric Training Program for Physicians, Dentists and Behavioral and Mental Health Professions Nurse Anesthesia Traineeship Nurse Faculty Loan Program Primary Care Residency Expansion Scholarships for Disadvantaged Students Teaching Health Centers Graduate Medical Education Physician Assistant Training in Primary Care Public Health Traineeships Mental and Behavioral Health Education and Training Children's Hospital Graduate Medical Education Residency Training in Primary Care National Research Service Award in Primary Care Bureau of Clinician Recruitment and Service
Infrastructure Programs	Advanced Nursing Education Area Health Education Centers Faculty Development: Integrated Technology into Nursing Education and Practice Geriatric Education Centers Integrative Medicine Program and National Coordinating Center Nurse Managed Health Clinics Personnel and Home Health Aide State Training
Multipurpose or Hybrid Programs	Academic Administrative Units in Primary Care Centers of Excellence Comprehensive Geriatric Education Program Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene Graduate Psychology Education Health Careers Opportunity Program Interdisciplinary and Interprofessional Joint Degree Nursing Assistant and Home Health Aide Program Nurse, Education, Practice, Quality and Retention Nursing Workforce Diversity Physician Faculty Development in Primary Care Post-Doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene Pre-Doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene Pre-Doctoral Training in Primary Care Preventive Medicine Residencies Public Health Training Centers State Oral Health Workforce Activities State Primary Care Offices

OMB Number 0915-0061
Expiration date XX/XX/201X

APPENDIX B
Revised Progress Report

FORM NAME: **PROGRESS REPORT**
TYPE OF RESPONDENT:
☒ **Grantees of Infrastructure Programs**
☒ **Grantees of Direct Financial Support Programs**
☒ **Grantees of Multipurpose or Hybrid Programs**

SECTION I. PROJECT OBJECTIVES AND ACCOMPLISHMENTS[5]

Objective A

Description of Objective

Accomplishments

Objective B

Description of Objective

Accomplishments

Objective C

Description of Objective

Accomplishments

[5] Note: grantees will have the ability to list up to 9 objectives and related accomplishments.

SECTION II. BARRIERS & RESOLUTIONS[6]

Barrier A

Description

Activities Taken to Resolve

Barrier B

Description

Activities Taken to Resolve

SECTION III. TECHNICAL ASSISTANCE NEEDS

Please identify any technical assistance needs that will assist your organization in meeting project objectives and/or improve performance.

APPENDIX C
PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

See attached document.

[6] Note: grantees will have the ability to list up to 9 barriers and related solutions.

APPENDIX D
60-day Federal Register Notice

Federal Register / Vol. 78, No. 4 / Monday, January 7, 2013 / Notices

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

ACTION: Notice.

Summary: In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft

instruments, email *paperwork@hrsa.gov* or call the HRSA Reports Clearance Officer at (301) 443–1984.

HRSA especially requests comments on: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Information Collection Request Title: Bureau of Health Professions (BHPr) Performance Data Collection (OMB No. 0915–0061)—Revision

Abstract: Over 40 BHPr programs award grants to health professions schools and training programs across the United States to develop, expand, and enhance training, and to strengthen the distribution of the health workforce. Many of these programs are governed by the Public Health Service Act (42 U.S.C. 201 *et seq.*), specifically Titles III, VII, and VIII. Performance information is collected in the HRSA Performance Report for Grants and Cooperative Agreements (PRGCA). Data collection activities at application, progress, and annual performance satisfy statutory and programmatic requirements for performance measurement and evaluation (including specific Title III, VII, and VIII requirements), as well as Government Performance and Results Act (GPRA) requirements. The Affordable Care Act impacted a broad range of health workforce programs administered by BHPr. It reauthorized many of these programs and, in some cases, expanded eligibility, modified program activities, and/or established new requirements. The Affordable Care Act also created new health professions programs. Therefore, it was necessary to reexamine BHPr's existing performance measures to ensure that they address these changes, meet evolving program management needs, and respond to emerging workforce concerns.

The purpose of the proposed revised data collection is to enhance analysis and reporting of grantee training activities and education, identify intended practice locations, and report outcomes of funded initiatives. Data collected from these grant programs will also provide a description of the program activities of more than 1,600 reporting grantees to better inform policymakers on the barriers, opportunities, and outcomes involved in health care workforce development. The proposed measures focus on five key outcomes: (1) Increasing the workforce supply of diverse well- educated practitioners, (2) influencing the distribution of practitioners to practice in underserved and rural areas, (3) enhancing the quality of education, (4) diversifying the pipeline for new health professionals, and (5) supporting educational infrastructure to increase the capacity to train more health professionals.

Revisions to the current reporting will require the collection of baseline data at the grant application and award stages and will include improved performance reporting at three levels of measurement: individual-level, program-specific, and program cluster- level.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

The annual estimate of burden is as follows:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Application	2,500	1	2,500	8	20,000
Program Aggregate Data Collection *	500	1	500	10	5,000
Individual-level Data Collection	800	1	800	5	4,000
Total					29,000

* Program aggregate data collection will only be required for programs that do not provide direct financial support to students.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Reports Clearance Officer, Room 10–29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

Deadline: Comments on this Information Collection Request must be received within 60 days of this notice.

Dated: December 26, 2012.
Coordination.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2013–00033 Filed 1–4–13; 8:45 am]

BILLING CODE 4165–15–P