

## Supporting Statement

### State Offices of Rural Health Grant (SORH) Program Technical Assistance

OMB Control No. 0915-0322 / Expiration XX/XX/201X

#### A. JUSTIFICATION

##### **1. Circumstances of Information Collection**

The Health Resources and Services Administration (HRSA), Office of Rural Health Policy (ORHP), is requesting OMB approval to continue use of a 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 electronic form will be used 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; helps coordinate state-wide rural health interests and activities in order to avoid duplication and provides technical TA to rural clients. Grantees submit an annual progress report narrative that includes their TA outreach activities. However, the information was not standardized and did not provide quantitative detail on the provision of technical assistance.

In 2007, ORHP and representatives from the National Organization of State Offices of Rural Health (NOSORH) collaborated to revise and improve the existing GPRA measures pertaining to TA. The old measure counted only the number of unduplicated communities that received TA and failed to capture the volume of TA activities and the number of 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 two 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 2) the total number of unduplicated clients within state that received TA directly from SORH. In addition, states can provide additional / optional examples of the different types of TA provided and types of clients that received TA.

ORHP received approval in 2008 to collect revised GPRA data measures. Data has been collected electronically for the past four grant years ending with grant year 2011 which ended June 30, 2012. For the 2011 grant year SORHs provided 86,140 TA encounters to 25,541 unduplicated rural clients. The 2012 grant year ends June 30, 2013. ORHP requests a three year extension of the collection period.

## **2. Purposes 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 electronic data form consists of one table and is completed by all 50 grantees. Definitions for technical assistance and unduplicated client are long standing and have been provided to grantees. The table provides data on the number of technical assistance encounters provided and the number of unduplicated clients that received technical assistance. The information is then entered into the Performance Information Management System (PIMS) database via the HRSA Electronic Handbook (EHB) website. Grantees can call the HRSA Contact Center 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 of Collecting the Information 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. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

The data are collected in a manner consistent with guidelines contained in 5 CFR 1320.5(d)(2).

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

The notice required in 4 CFR 1320.8(d) was published in the Federal Register on April 17, 2013 (Vol. 78, No. 74, page 22889). 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 following grantees were contacted in May 2013 and responded that they had no problems with submission to the PIMS database.

<p><b>OFFICE OF PRIMARY CARE &amp; RURAL HEALTH</b>  <b>Delaware</b>  <b>Division of Public Health</b>          Jessee Cooper Bldg.417          Federal Street          Dover, DE 19901          (302)744-4555          Fax: (302) 739-3313          Kathy Collison, Director  <a href="mailto:katherine.collison@state.de.us">katherine.collison@state.de.us</a></p>	<p><b>OFFICE OF RURAL HEALTH AND PRIMARY CARE</b>  <b>Minnesota Dept. of Health</b>          PO Box 64882          St. Paul, MN 55164-0882          651-201-3859          fax 651-201-3830          Mark Schoenbaum, Director  <a href="mailto:mark.schoenbaum@health.state.mn.us">mark.schoenbaum@health.state.mn.us</a></p>	<p><b>STATE OFFICE OF RURAL HEALTH</b>  <b>Georgia Dept. of Community Health</b>          502 Cordele, GA          31015-1443          229-401-3090          fax 229-401-3084          Charles F. Owens,          Executive Director  <a href="mailto:cowens@dch.ga.gov">cowens@dch.ga.gov</a></p>
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**9. Explanation of any Payment /Gift to Respondents**

Respondents will not be remunerated.

**10. Assurance of Confidentiality Provided to Respondents**

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. Justification for Sensitive Questions**

The SORH program does not contain any questions of a sensitive nature.

**12. Estimates of Annualized Hour and Cost Burden**

Form	Number of Respondents	Responses per Respondent	Burden Hours per Response	Total Burden Hours
Technical Assistance Report	50	1	12.5	625
Total	50	1	12.5	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. However, many more grantees are now using a customized commercially available MIS system to track the information, whereas others still rely on paper systems.

**13. Estimates of other Annual Cost Burden to Respondents or Recordkeepers/Capital Costs**

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. Annualized 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. Explanation for Program Changes or Adjustments**

The burden has not changed from the burden shown in the current inventory.

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

There are no plans for statistical analysis or publication of the information. Summary totals will be calculated for the two GPRA measures.

**17. Reasons (s) Display of OMB Expiration Date is Inappropriate**

The expiration date will be displayed.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

This project fully complies with CFR 1320.9. The certifications are included in this package.