

**Supporting Statement:
Data Element Survey for the Title X Family Planning
Annual Report (FPAR) 2.0**

Submitted to

Office of Management and Budget
Office of Information and Regulatory Affairs

Submitted by

Department of Health and Human Services
Office of the Assistant Secretary for Health
Office of Population Affairs

1/27/2021

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Title X Family Planning Annual Report (FPAR) 2.0 Data
Element Survey**

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A. BACKGROUND

The Title X Family Planning Program (“Title X program” or “program”) is the only Federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services (e.g., screening for breast and cervical cancer, sexually transmitted diseases (STDs), and human immunodeficiency virus [HIV]). The program’s purpose is to assist individuals in determining the number and spacing of their children, thereby contributing to positive birth outcomes and healthy families. The program is designed to provide access to contraceptive services, supplies, and information to all who want and need them. By law, priority is given to persons from low-income families (Section 1006[c] of Title X of the Public Health Service Act, 42 USC 300).¹ The Office of Population Affairs (OPA) within the Office of the Assistant Secretary for Health administers the Title X program.

In fiscal year 2014, Congress appropriated approximately \$286 million for Title X family planning activities. In accordance with the statute and regulations (42 Code of Federal Regulations [CFR] Part 59),² at least 90% of the appropriation is used for clinical family planning services.³ In 2012, 93 Title X grantees provided family planning services to five million women and men through a network of approximately 4,200 community-based clinics that include state and local health departments, tribal organizations, and other public and private nonprofit agencies. There is at least one clinic that receives Title X funds and provides services as required under the Title X statute in 73% of U.S. counties.⁴

All Title X service grantees are required to collect and report data for the Family Planning Annual Report (FPAR), the program’s only source of annual, uniform data. Annual submission of the FPAR is required of all Title X family planning services grantees for purposes of monitoring and reporting program performance (45 CFR Part 74 and 45 CFR Part 92).⁵ FPAR provides information on program users, service providers, utilization of family planning and

¹ 42 USC 300 Section 1006 [300a-4], Regulations and Payments. Retrieved March 1, 2013, from <http://www.hhs.gov/opa/pdfs/title-x-statute-attachment-a.pdf>; 1970.

² 42 Code of Federal Regulations (CFR) Part 59, Grants for Family Planning Services (October 1, 2000). Retrieved March 1, 2013, from <http://www.hhs.gov/opa/pdfs/42-cfr-59-b.pdf>.

³ 42 USC 300 Section 1006 [300a-4], Regulations and Payments. Retrieved March 1, 2013, from <http://www.hhs.gov/opa/pdfs/title-x-statute-attachment-a.pdf>; 1970.

⁴ Frost JJ, Frohwirth L, Purcell A. The Availability and Use of Publicly Funded Family Planning Clinics: U.S. Trends, 1994–2001. *Perspectives on Sexual and Reproductive Health* 2004;36:206-15.

⁵ 45 CFR Part 74, Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Certain Grants and Agreements with States, Local Governments and Indian Tribal Governments. Retrieved March 1, 2013, from <http://www.hhs.gov/opa/grants-and-funding/grant-forms-and-references/45-cfr-74.html>. 45 CFR Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments. Retrieved March 1, 2013, from <http://www.hhs.gov/opa/pdfs/45-cfr-92.pdf>. FY13 Announcement of Anticipated Availability of Funds for Family Planning Services Grants (CFDA: 93.217). 2013. Retrieved March 27, 2013, from <https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=15585>.)

related preventive health services, and sources of Title X and other program revenue. The data are aggregated at the grantee level through the web-based FPAR Data System, and national and regional reports are generated annually for the previous year. Specifically, OPA and Title X-funded agencies use FPAR data to:

- monitor program performance and compliance with statutory requirements;
- comply with accountability and federal performance requirements for Title X family planning funds;
- guide strategic and financial planning and respond to inquiries from policy makers and Congress about the program; and
- estimate the impact of Title X-funded activities on key reproductive health outcomes, including prevention of unintended pregnancy, infertility, and invasive cervical cancer.

It has been 9 years since the last major overhaul of FPAR. Since then, technology has changed, OPA has adopted new quality-based clinical guidelines⁶, and both internal and external studies, such as the Title X Performance Information & Monitoring System Project and the Institute of Medicine's Comprehensive Review of the Title X Program⁷, have demonstrated the need and potential for a more robust data system. The health care landscape has also dramatically changed. The Affordable Care Act has placed an increased emphasis on clinical outcomes and performance measurement. Meaningful data will be essential for Title X-funded agencies to prove their value in the new health care environment, adapt to new models of care, seek new health insurance contracts, and partner with primary care providers.

In 2012, OPA engaged an FPAR Expert Work Group consisting of Regional Program Consultants, grantee representatives, and other federal and federally-funded stakeholders to assess the feasibility of revising the data elements and transitioning FPAR reporting to an enhanced encounter-level system. This next generation of FPAR, or FPAR 2.0, will have a range of benefits at the service delivery level. Grantees will be able to more accurately measure their performance and compare themselves to each other and industry standards or benchmarks. At the national level, the revised system will contribute to the growing culture of quality improvement, allowing the program to capitalize on high performers' practices and more accurately target training and technical assistance to agencies most in need. An enhanced encounter-level system would also bolster OPA's efforts to monitor Title X funding and to report on the use and impact of this funding to Congress and other national stakeholders and show the program's progress on national health objectives.

JUSTIFICATION

This is a request to the Office of Management and Budget (OMB) for approval of a new data collection form (data element survey) to collect feedback from the Title X network regarding feasibility, alignment, and potential workflow issues related to encounter-level

⁶ Gavin L, Moskosky S, Carter M, et al. Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention and the US Office of Population Affairs. *Morbidity and Mortality Weekly Report*, 63 (4), April 25, 2014. <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>

⁷ Institute of Medicine. *A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results*. Washington, DC: The National Academies Press, 2009.

data collection and the proposed new FPAR 2.0 data elements (the data dictionary). This voluntary form will occur at most annually and allow the Title X network to offer feedback and guidance that will inform OPA's development of FPAR 2.0. OPA will solicit feedback from Title X agencies to better inform the 2.0 data dictionary, and proposes to make this data collection form available for up to 3 years so that OPA can accept feedback from the network regarding any version changes that might be made to the dictionary.

1. Circumstances Making the Collection of Information Necessary

As OPA progresses through this FPAR 2.0 revision process, the office wishes to provide Title X grantees and stakeholders with an opportunity to offer their opinions and concrete feedback on the proposed revised data elements and data collection procedures since it will likely alter their current data collection processes and burden. Collecting feedback via this data element survey will allow agencies to weigh in on the new direction FPAR 2.0 will take, which will lead to a better and more acceptable final product.

2. Purpose and Use of Information Collection

The survey will focus on the new and modified data elements for FPAR 2.0 and assess the ease of:

- Data collection
- Data storage (modification of data systems)
- Data reporting

The survey will use Likert scales to assess the clarity of data element definitions (from very unclear to very clear) and the degree to which they can be collected accurately at the encounter-level (from very difficult to very easy). The survey will include open text fields for specific data elements so respondents can provide detailed comments and explanations for their ratings. This rich, qualitative data will help to contextualize and compliment the quantitative findings.

This information collection provides Title X grantees and other stakeholders an opportunity to inform the FPAR 2.0 revision process. It will allow OPA to gain insight into service delivery at a local level, thereby enabling OPA to take on-the-ground clinical concerns into account. Further, this collection facilitates OPA's efforts to be both inclusive and transparent in the FPAR revision process.

The data will be used to refine and finalize FPAR 2.0 data dictionary, inform implementation efforts, identify problematic elements and the reason(s) for the problem(s), and tailor data collection and training efforts in order to tackle problematic elements.

3. Use of Improved Information Technology (IT) and Burden Reduction

To minimize reporting burden, OPA will collect the data at most annually. OPA's current contractor tasked with assisting with the FPAR 2.0 revision is John Snow, Inc. (JSI). JSI will create a web-based feedback form, collect, and analyze the data. JSI staff will also present a webinar to orient people to the survey and how to complete it.

4. Efforts to Identify Duplication and Use of Similar Information

This is a new initiative therefore there is no risk of duplication.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this collection.

6. Consequences of Not Collecting the Information or Less Frequent Collection

It is essential for OPA to include its stakeholders in the FPAR 2.0 revision process. Forcing a “top-down” approach, especially into a clinical setting, can have unintended negative consequences in terms of workflow disruption and other burdens. Title X grantees have expressed a desire to be involved in the process, which OPA finds to be reasonable and necessary. A one-time collection of feedback is necessary, at minimum. However, annual collection for up to 3 years would be even more informative, as this revision process will be an iterative one. There are no legal obstacles to reduce the burden.

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

The proposed data collection will be consistent with guidelines set forth in 5 CFR 1320.5.

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

Comments in Response to the Federal Register Notice.

The 60-day Federal Register Notice was published in the Federal Register on August 25, 2014, Vol. no. 79, pg. 50649. There were no comments received.

9. Explanation of Any Payment/Gift to Respondents

No payments or gifts will be provided to respondents.

10. Assurance of Confidentiality Provided to Respondents

No Personal Health Information (PHI) will be collected with the survey. The survey will be configured to protect the anonymity of respondents. Should a grantee accidentally disclose any PHI, it will not be used or analyzed. Data will not be collected at the client level to protect the confidentiality of individuals who receive Title X-funded services (42 CFR Part 59).⁸ No individual identifiers will be collected on the survey, and no person can be identified based on the aggregate totals.

⁸ 42 Code of Federal Regulations (CFR) Part 59, Grants for Family Planning Services (October 1, 2000). Retrieved March 1, 2013, from <http://www.hhs.gov/opa/pdfs/42-cfr-59-b.pdf>.

11. Justification for Sensitive Questions

There are no sensitive questions on the survey.

12. Estimates of Annualized Burden Hours (Total Hours and Wages)

12A. Estimated Annualized Burden Hours

The estimated annualized hour burden of responding to this information collection is **409 hours**, or a weighted average of **0.5 hours per respondent** (see **Exhibit 1**). The hour-burden estimates include the time spent by staff to retrieve, compile, verify, and report the data and exclude any hour burden associated with customary and usual practices that the grantee would carry out in the absence of the reporting requirement (for example regular communications with service sites).

Exhibit 1–Estimated Hour Burden

| Type of Respondent | Form Name | Number of Respondents | Number of Responses per Respondent | Average Annualized Burden per Response (Hours) | Annualized Total Burden (Hours) |
|--|-----------|-----------------------|------------------------------------|--|---------------------------------|
| Grantees, Subrecipients, and Service Sites | | 818 | 1 | 0.5 | 409 |

Note: These burden estimates are based on the clinic census contained within the OPA Family Planning database (<https://opa-fpclinicsdb.icfwebsites.com/>) as of November 2013 and the response rates from the Family Planning National Training Centers 2013 Training Needs Assessment sent to these clinics. The proposed survey will be distributed to all grantees, subrecipients, and service sites.

12B. Estimated Annualized Respondent Cost Burden

The estimated total annualized labor cost to respond to the feedback form is **\$16,409** or an average of **\$40.12** an hour per respondent (see **Exhibit 2**). The estimated hourly wage rate (\$40.12) is a weighted average based on the distribution of the hour burden across four different categories of grantee labor (i.e., clerical/unskilled, skilled/technical, managerial or professional, and executive). This hour burden across labor categories is based on findings from the *2009 FPAR Burden Study*⁹ which was conducted for a larger data collection effort by an OPA contractor. The average wage rate for each labor category was obtained from the U.S. Bureau of Labor Statistics 2011 wage rates for the health care and social assistance sector.¹⁰

Exhibit 2–Estimated Annualized Cost to Respondents for Information Collection

| Type of Respondent | Total Burden Hours | Average (Weighted) Hourly Wage Rate | Total Respondent Cost |
|--|--------------------|-------------------------------------|-----------------------|
| Grantees, Subrecipients, and Service Sites | 409 | \$40.12 | \$16,409 |

⁹ RTI International. Family Planning Annual Report Burden Study. Research Triangle Park, NC: RTI; 2009.

¹⁰ Bureau of Labor Statistics. May 2011 National Industry-Specific Occupational Employment and Wage Estimates: Sector 62-Health Care and Social Assistance; March 2012.

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|--|--|--|--|
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13. Estimated Annualized Respondent Nonlabor Cost Burden

The estimated total annualized non-labor cost of this reporting is negligible because grantees are already expected to collect data for reporting to the Family Planning Annual Report (FPAR) (OMB No. 0990-0221, expiration Sept 30, 2016) and have the infrastructure (computers, phone lines etc.) to do so.

14. Annualized Cost to Federal Government

The estimated annualized cost to the federal government for performing this data collection is **\$19,910**. **Exhibit 2** presents a breakdown of this total. The estimate includes costs by federal staff at central office and by a contractor for the following activities:

- **Central OPA Staff (2)**–To review and final submissions, oversee and coordinate the work of the contractor, analyze and report collected data.
- **Data Contractor**–To develop a web-based survey for data entry; provide TA for survey takers; extract, clean, and analyze data; and compile results.

Exhibit 3–Annualized Cost of FPAR Reporting to Federal Government

| Source | Amount (\$) |
|--|-----------------|
| Data Element Survey approval by OPA Central Office Staff (40 hours x \$40/hour) | \$1,600 |
| Development, programming, and dissemination of a web-based survey; data cleaning, analysis and compilation of results. | \$18,310 |
| Total Annualized Cost | \$19,100 |

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Tabulation will occur after the survey is closed, and results will not be published.

This request is for a three-year clearance, which is needed to further revise the survey and solicit ongoing input from the Title X network as FPAR 2.0 is being tested and built.

Exhibit 6–Timetable for Data Collection, Analysis, and Publication

| Activity | Expected Date of Completion |
|---|-----------------------------------|
| Program surveyt in online form software and test survey | 1 month following OMB approval |
| Data collection period | 1-3 months following OMB approval |
| Clean and analyze data | 3-4 months following OMB approval |
| Develop report | 4-5 months following OMB approval |

17. Reason(s) Display of OMB Expiration Date Is Inappropriate

The 3-year expiration date for OMB approval will be displayed on all versions of the survey (i.e., electronic, Web-based, and hard-copy).

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

B. Collection of Information Employing Statistical Methods. If statistical methods will not be used to select respondents and item 17 on Form 83-I is checked “No”, use this section to describe data collection procedures.

Quantitative data will be analyzed using descriptive statistics. Frequencies and percentages will be calculated for categorical variables, and means and standard deviations will be calculated for continuous variables. Qualitative data will be analyzed using thematic analysis. No statistical sampling methods will be used because participation will be open to all Title X agencies.