

Supporting Statement
Revision and Update to the Request for Approval for Data Collection by the Health Resources and Services Administration's Bureau of Health Workforce (BHW)
0915-0061 Revision

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 Workforce (BHW). The current approval (OMB #0915-0061) expires on 05-31-2016 and covers data collection efforts through progress reports, as well as annual performance reports for grants and cooperative agreements (PRGCA).

BHW seeks approval from OMB to continue these efforts over the next three years. The supporting statement for this request has been updated and contains discussion about the utility of data collected during July 1, 2012 through June 30, 2015; lessons learned from data collection efforts during this time; as well as details regarding BHW'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

BHW 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, BHW funds over 40 different health professions training and loan programs that aim to increase the supply, diversity, and distribution of the current and future US healthcare workforce. Generally, these programs fall into three distinct categories¹:

- 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, BHW 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 BHW funded programs by category.

- o 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 BHW 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 BHW in understanding fluctuations in program outcomes reported through the PRGCA.
- o This request seeks approval to collect information through progress reports from BHW-funded grantees on an annual basis (Table 2). Submission of progress reports will not coincide with the submission of the PRGCA and will afford government project officers and grantees an additional opportunity 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 B.

Table 2.

	Performance Period	Progress Report Due Date
Reporting Schedule	July 1 through February 28	March

*Actual due date will vary, but it is typically the second week of March.

- Phase II: End-of-Year Performance Reports
 - o Data collected through the PRGCA serve a number of critical functions and are essential for responding to Federal reporting requirements (e.g., GPRAMA); 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. For example:
 - **Informing program management decisions.** For example, data collected over the last 3 years from the Scholarships for Disadvantaged Students (SDS) program were analyzed and used to make significant improvements to the program. These improvements were implemented in the current funding opportunity announcement for FY 16.
 - **Monitoring the types of activities implemented by grantees.** For example, a retrospective case study design was used to evaluate 3 years of performance data to determine the types of programming offered by grantee institutions to meet the legislative purposes of the Centers of Excellence (COE) program. The implementation of the new performance measures significantly increased BHWs capacity to gauge compliance with legislative requirements, the need to assess outcomes of activities implemented by institutions that are awarded a COE grant. At the conclusion of the evaluation it remained unclear how summer programs ultimately contributed to a larger applicant pool of underrepresented minority (URM) individuals or how faculty-student projects supported retention efforts for URM students and faculty. As a result of these findings, a longitudinal evaluation of the COE program is underway to assist BHW in gauging long-term outcomes associated with its investments and build the

evidence behind recruitment and retention-related efforts for URM students and faculty.

- **Enhancing the agency's understanding about the diversity and distribution of individuals receiving direct financial assistance.** As a result of the new performance measures being collected at the individual level, BHW has been able to more accurately compare diversity rates across its programs. In addition, we are able not only to identify a student’s intent to practice in an underserved area, but have been able to collect counts/percentages of students who are actually practicing in underserved, rural and primary care areas.

This request seeks approval to collect information through the PRGCA from BHW grantees on an annual basis. We have been collecting data on a semi-annual basis for the past 3 years and after assessing the cost and burden versus the benefit it was determined we should move to annual reporting. While BHW thought it would be a benefit to have the ability to gauge mid-year program performance to assist grantees in meeting performance targets it has turned out to increase burden on the staff and grantees and is an increased expense with little gain. We were not able to report mid-year findings as we had expected because, in most cases, grantees continued to recruit students during the first reporting period and by mid-year reporting, the outputs were too low to gauge progress and to include in any mid-year inquiries from internal and external stakeholders. The majority of graduations occur in the spring and project outcomes are reported more accurately and comprehensively in the second reporting period. However, the semi-annual reporting had a major benefit in that it allowed us to identify inconsistencies in reporting and make needed system changes to prevent these inconsistencies from occurring. We made several system changes and were able to put multiple verifications in place to increase accuracy and decrease burden on the grantees when reporting.

In an effort to implement a stronger performance management strategy throughout the Bureau, BHW is requesting approval to implement an annual PRGCA reporting schedule (Table 3). As a result of lessons learned and multiple conversations with grantees and staff, BHW upgraded the reporting system and these upgrades have led to an effective performance management strategy and will increase accuracy in reporting. BHW will utilize technical assistance calls, quarterly calls, and progress reports to proactively and systematically respond to program performance throughout the fiscal year. In addition, BHW has implemented a process called Rapid Cycle Quality Improvement in their Funding Opportunities. The RCQI process requires applicants to use quality improvement techniques to ensure grant activities achieve their intended purposes, and promote continuous assessment and improvement of activities as needed over the grant periods. Measures to be used in the PRGCA can be found in Appendix C and are presented separately for each BHW-funded program.

Table 3.

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

3. Use of Improved Information Technology and Burden Reduction

Consistent with the previous reporting cycle, BHW will continue to use HRSA's Electronic Handbook as the portal for data collection. As a technological enhancement, several of the forms 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

BHW 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

Over the last 3 years, BHW has used the revised progress report and this has provided programs with valuable information and has streamlined reporting for grantees. In 2012, BHW eliminated the duplication of measures between the progress reports and the PRGCA. Grantees and government project officers have been very pleased with this reduction in burden and progress reports are being used more frequently to assess program performance. The progress report in Appendix B has not been changed since the last OMB submission, it does not contain any 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, BHW continues to revise the PRGCA to eliminate duplicative efforts. Migrating from semi-annual to annual reporting significantly reduces burden on grantees and government project officers. In addition, technological enhancements have been made to the reporting system where values are automatically totaled for the grantee. In the past, the grantees had to enter individual values and totals, but with the enhancements the system automatically totals and auto-populates cells for the grantees.

One of the major changes over the past 3 years was the ability to have the grantees only report individual level data instead of also reporting aggregate data, BHW scientists have been calculating aggregate-level estimates for each program. This process automatically reduces the number of tables being required for the grantees of direct financial support programs to complete thus significantly reducing burden for the grantees and government project officers who are required to review all the forms submitted by grantees.

Similarly, over the last 3 years BHW 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. BHW 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 C contains measures and related instructions for each of BHW'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 BHW'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 annually will allow BHW to provide a timely response to grantee-specific concerns and technical assistance needs, as well as respond to emerging issues across the health professions.

Performance Reports for Grants and Cooperative Agreements (PRGCA)

Over the past 3 years, data have been collected from grantees on a semi-annual basis to meet Federal reporting requirements; respond to congressional inquiries; and strengthen program performance. The implementation of a semi-annual reporting schedule for PRGCA was a critical step in improving BHW's performance management strategy across the bureau. However, lessons learned over the past 3 years suggest that collecting data on a semi-annual basis imposes additional burden on grantees, government project officers and social scientists. During this period, BHW scientists have improved the reporting processes in the EHB system and have updated performance measures to enable a reduction in burden by moving to an annual reporting process. After the updates to the EHB system and performance measures we have not identified any consequences to moving to annual reporting.

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 notice was published in the Federal Register on December 17, 2015, vol. 80, No. 242; pg. 78748 (Appendix D). 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, no comments were received.

Section 8B: Outside Consultation

In developing the proposed updates to BHW's data collection activities, scientists from BHW's National Center for Health Workforce Analysis (NCHWA) met with government project officers in BHW to discuss updates to the measures, as well as the proposed change to the current reporting schedule. Government project officers provided critical feedback that assisted NCHWA in updating measurement activities, as well as reducing redundancy and burden. Government project officers are very pleased with the change in the reporting schedule.

In collaboration with government project officers, NCHWA staff held TA sessions to discuss the performance reporting change to annual reporting. Overall, grantees responded positively to BHW's efforts to update measurement activities and reduce burden and redundancy. Some grantees were relieved that we were moving to annual reporting because it was very difficult for schools to report in the first reporting period due to school closures for the holidays.

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

John Snyder, MD, MS, MPH (FACP) Senior Medical Officer OS/ASPE/Office of Health Policy/Division of Public Health Services Department of Health and Human Services Ph: 202.690.8384 Email: John.Snyder@hhs.gov Consulted 2015
Kathleen White, PhD, RN, FAAN Associate Professor Johns Hopkins School of Nursing Ph: 410-614-4664 Email: kwhite2@jhu.edu Consulted 2015
Patricia McMullen, PhD, RN, FAAN Dean School of Nursing The Catholic University of America Ph: (202) 319-6500 Email: mcmullenp@cua.edu Consulted 2015
Sheila Norris, CAPT, Pharm.D. Director, Division of Health Careers and Financial Support Health Resources and Services Administration Ph: (301) 443 3709 Email: snorris@hrsa.gov Consulted 2015

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 BHW grantees (i.e. program level and/or individual level) will be reported through BHW's PRGCA system that is built on a secure web-based enterprise framework. Program-level data reported by BHW grantees are aggregate in nature. Individual-level data reported by grantees are de-identified by the grantee and reported to BHW 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 2016 cycle will be on an annual cycle.)

12A. Estimated Annualized Burden Hours

Table 4a. 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)	Training Program Form	618	1	.15	93
Grantee (Direct Financial Support Program)	Program Characteristics Form	618	1	.50	309
Grantee (Direct Financial Support Program)	IND-GEN	618	1	1.25	773
Grantee (Direct Financial Support Program)	EXP	618	1	.50	309
Grantee (Direct Financial Support Program)	Curriculum Development & Enhancement Form	100*	1	.25	25
Grantee (Direct Financial Support Program)	Program Curriculum Changes	58*	1	.50	29
Grantee (Direct Financial Support Program)	Hospital Data	58*	1	.50	29
Grantee (Direct Financial Support Program)	Faculty Development, Instruction & Recruitment Form	100*	1	.50	50
Grantee (Direct Financial Support Program)	Progress Report	618	1	.50	309
SUB-TOTAL		618	1	3.117	1,926

*Note: Total number of respondents for Grantee Direct Financial Support Programs is 618; 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 618 for any form. The completion of all required forms is considered a response to this data collection activity.

Table 4b. 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	57*	1	.15	9
Grantee (Infrastructure Program)	Training Program Form	149	1	.15	22
Grantee (Infrastructure Program)	Program Characteristics Form	149	1	.50	75

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Grantee (Infrastructure Program)	LR-1	149	1	.25	37
Grantee (Infrastructure Program)	LR-2	149	1	.25	37
Grantee (Infrastructure Program)	DV-1	149	1	.25	37
Grantee (Infrastructure Program)	DV-2	149	1	.25	37
Grantee (Infrastructure Program)	DV-3	149	1	.25	37
Grantee (Infrastructure Program)	EXP	149	1	.50	75
Grantee (Infrastructure Program)	CE	57*	1	3	171
Grantee (Infrastructure Program)	Curriculum Development & Enhancement Form	91*	1	.25	23
Grantee (Infrastructure Program)	Faculty Development, Instruction & Recruitment Form	91*	1	.50	46
Grantee (Infrastructure Program)	Progress Report	149	1	.50	75
SUB-TOTAL		149	1	4.57	681

*Note: Total number of respondents for Grantee Infrastructure Programs is 149; 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 149 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*	1	.15	43
Grantee (Multipurpose or Hybrid Program)	Training Program Form	790	1	.15	119
Grantee (Multipurpose or Hybrid Program)	Program Characteristics Form	790	1	.50	395
Grantee (Multipurpose or Hybrid Program)	LR-1	790	1	.25	198
Grantee (Multipurpose or Hybrid Program)	LR-2	790	1	.25	198
Grantee (Multipurpose or Hybrid Program)	DV-1	790	1	.25	198
Grantee (Multipurpose or Hybrid Program)	DV-2	790	1	.25	198
Grantee (Multipurpose or Hybrid Program)	DV-3	790	1	.25	198
Grantee (Multipurpose or Hybrid Program)	IND-GEN	790	1	.50	395
Grantee (Multipurpose or Hybrid Program)	EXP	790	1	.50	395
Grantee (Multipurpose or Hybrid Program)	CE	123*	1	.25	31
Grantee (Multipurpose or Hybrid Program)	Curriculum Development & Enhancement Form	790	1	.25	198
Grantee (Multipurpose or Hybrid Program)	Faculty Development, Instruction & Recruitment Form	790	1	.50	395
Grantee (Multipurpose or Hybrid Program)	State Oral Health Activities	30*	1	.5	15
Grantee (Multipurpose or Hybrid Program)	Progress Report	790	1	.50	395
Grantee (Multipurpose or Hybrid Program)	State Primary Care Offices	56*	1	.25	14
SUB-TOTAL		790	1	4.285	3,385

*Note: Total number of respondents for Grantee Multipurpose/Hybrid Programs is 790; 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 790 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	1,557	1	1,557	3.84843	5,992

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 \$133,082 (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 \$22.21). Data collection and reporting activities are a grant requirement authorized under 45 CFR Part 74.

Table 5. Annualized Cost by Grantee Program

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Grantee (Direct Financial Support Program)	1,926	22.21	\$42,776
Grantee (Infrastructure Program)	681	22.21	\$15,125
Grantee (Multipurpose/Hybrid Program)	3,385	22.21	\$75,181
Total	5,992		\$133,082

(Hourly rate determined using Labor Category ID CES6500000008, Education and Health Services).

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 an annual basis is equivalent to 2 FTEs at the GS-13 level—for a total of \$184,290. Collectively, the estimated annualized cost to the government in staff time is estimated to be \$184,290.

15. Explanation for Program Changes or Adjustments

There are currently 7,737 total burden hours approved by OMB for this activity. This request is for approval of roughly 5,992 burden hours, a decrease of over 1,700 hours. The decrease in burden is due to 1) the transition to annual reporting and 2) an increase in efficiency of the electronic reporting system.

BHW has improved the electronic reporting process by providing user-friendly templates on certain forms as well as pre-populated data fields on forms that do not utilize 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. Cumulative financial award amounts for individuals are automatically calculated by academic year and over multiple years. Additionally, program financial disbursement totals are also provided to grantees so they may compare this amount with the amount they provide on their Federal financial forms.

There are approximately 20 different forms being used for reporting. These forms were redesigned in 2012, and they have provided BHW with exceptional results. More importantly they have improved the quality and accuracy of data reported. Over the last 3 years, BHW has developed and updated PRGCA manuals and revised the instructions for reporting in order to reduce the amount of grantee data entry time when submitting the performance data. BHW has written and updated a PRGCA manual for each of its programs that contain screenshots of HRSA's Electronic Handbook (EHB) as well as specific instructions for grantees of each program. As each manual is tailored to the specific program reporting needs, grantees only see forms and items they must complete and are not confused by forms or fields they do not have to complete. The grantees have provided very positive feedback on the user-friendliness of the manuals and the improved efficiency when they are reporting performance data. The manuals as well as the applicable performance measures are available on line at <http://bhw.hrsa.gov/grants/reporting/index.html>. These manuals serve to increase reliability and accuracy of the performance data and serve an important role in BHW's performance management strategy.

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

Phase I: Mid-Year Progress Reports - 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.

Phase II: End-of-Year Performance Reports - Data collected in the form of PRGCA serves a number of important purposes including strengthening program performance; responding to Federal reporting requirements (e.g., GPRAMA); 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 steps²:

Step 1: Data completeness and accuracy. BHW utilizes a multi-level approach to ensure that data/information used for performance measures is complete. Grantees enter required data according to an established data reporting process which, for the majority of its workforce programs, includes reporting through HRSA's grant system, Electronic Handbooks (EHB). During data entry in EHB, validation checks on data ensure report completeness and consistency across related measures. The grantee is notified during report completion of any errors that must be resolved prior to submission. Following report submission, POs review the performance report for accuracy and completeness. If the information is incomplete, the PO will request changes from the grantee and the report is sent back to the grantee. The grantee will then

² Steps apply to each reporting period (FY 2016 and beyond). Please see Table 3 for an overview of beginning and ending periods of reporting.

resubmit a report after addressing the PO's concerns. Lastly, the data are reviewed again for completeness and accuracy by scientists in the National Center for Health Workforce Analysis who maintain the performance measures and are knowledgeable about program requirements. Deadlines for reporting are consistent with the Uniform Guidance (45 CFR 75) and shown in Table 3.

Data collected through performance reports serve a number of critical functions such as informing program management decisions, monitoring the types of activities implemented by grantees, and enhancing HRSA's understanding about the diversity and distribution of the individuals receiving direct support from HRSA programs. In addition, performance reports are essential for:

- responding to Federal reporting requirements;
- understanding emerging issues in the health professions;
- ensuring compliance with statutory requirements, applicable regulations, and terms and conditions of award.
- Identifying potential promising or best practices;
- strengthening overall program performance; and
- responding to congressional and public inquiries regarding outcomes associated with health professions training and loan programs.

The programs receive and review raw data from grantees, aggregate these data for HRSA-level reporting, have ongoing oversight of reporting entities and have direct contact with them to resolve potential data problems. Specifically, program grantees are required to submit performance data annually. These data are reviewed by project officers (PO) who engage grantees to discuss performance trends and anomalies. For instance, if a grantee is missing its performance targets, the PO will work to understand why and may work with the grantee to develop a corrective action plan. These data are also reviewed by the National Center for Health Workforce Analysis (NCHWA) who use their data and evaluation expertise to assess how the data relate to national trends. In addition, these measures are entered into the HHS Program Performance Tracking System (PPTS). It is this system (PPTS) that is used to produce information for the HHS Annual Performance Report.

Step 2: Analysis³ & Reporting. The analysis of all PRGCA-related data will be conducted by doctoral-level scientists in NCHWA according to the following priority-based schedule:

- a. Priority I. Data that is essential for performance management and budgeting will be analyzed with the highest priority. Results from these analyses will be provided to government project officers and BHW leadership in the form of briefs and/or reports within 30 days of NCHWA 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).

³ The analyses of PRGCA data have historically been primarily descriptive in nature (e.g., frequencies, percentages, ratios).

- c. Priority III. Data that can enhance the agency's understanding of emerging trends in the health professions will be analyzed and provided to BHW leadership in the form of briefs or presentations within 60 days of NCHWA 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: BHW-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

