

**Supporting Statement A**  
**Black Lung Clinics Program Performance Measures**  
**OMB Control No. 0915-0292**  
**Extension Request**

**Terms of Clearance:** None

**A. Justification**

**1. Circumstances Making the Collection of Information Necessary**

The Health Resources and Services Administration (HRSA)'s Federal Office of Rural Health Policy (FORHP) is requesting continued OMB approval to collect information on grantee activities and performance measures electronically through the Performance Improvement and Measurement System (PIMS). This activity collects information for the Black Lung Clinics Program (BLCP) to provide HRSA with information on grant activities funded under this program, as well as information to meet requirements under the Government Performance and Results Act of 1993 (GPRA). These measures first received OMB review and approval in September 2004, under OMB Number 0915-0292, and has a current expiration date of September 30, 2016. The current approved measures will continue to be used by the grantees.

In its authorizing language (SEC. 711. [42 U.S.C. 912]), Congress charged FORHP with "administering grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas." FORHP's mission is to sustain and improve access to quality health care services for rural communities.

The Black Lung Clinics Program is authorized by Sec. 427(a) of the Federal Mine Safety and Health Act of 1977, as amended, (30 U.S.C. 937). The Black Lung PIMS is the reporting system for the Black Lung Clinic Program grantees. The Black Lung Clinics Program supports projects that demonstrate a clear target population, community need, and provision of the following services, in consultation with a physician who has training/experience in the diagnosis and treatment of pulmonary and respiratory diseases: primary care, patient and family education and benefits counseling; outreach; U.S. Department of Labor disability exams in accordance with the authorizing legislation; patient care coordination (including individual care plans for patients); and smoking cessation and other treatments that may relieve symptoms of the pulmonary and respiratory diseases. A total of 15 grantees provide services across 14 states. These 15 grantees have met the needs of approximately 11,843 miners in FY 2014.

Although the number of active coal miners has decreased because of mechanization, there has been an increase in the number of coal miners with the disease. The BLCP remains a vital program, and PIMS is the tool that allows FORHP to measure the impact of the grant funding.

## **2. Purpose and Use of Information Collection**

FORHP conducts an annual data collection of user information for the Black Lung Clinics Program. The purpose of this data collection is to provide HRSA with information on how well each grantee is meeting the needs of active and retired miners in their communities.

Data from the annual report provides quantitative information about the programs, specifically: (a) the characteristics of the patients they serve (gender, age, disability level, occupation type), (b) the characteristics of services provided (medical, non-medical, or counseling), and (c) the number of patients served and visits conducted (encounters).

This assessment will provide useful information on the BLCP and will enable HRSA to provide data required by Congress under the Government Performance and Results Act of 1993. It will also ensure that funded organizations have demonstrated a need for services in their communities and that federal funds are being effectively used to provide services to meet those needs.

The type of information requested in the Black Lung PIMS enables FORHP to assess the following characteristics about its programs:

- The total number of coal miners served by FORHP-funded black lung clinics;
- The types of services the coal miners use and the BLCP clinics provide;; and
- The characteristics of the coal miners the BLCP clinics serve.

As required by the Government Performance and Results Act (GPRA), FORHP has developed an annual program goal related to performance indicators. The Black Lung PIMS provides data for this performance indicator.

The measures support HRSA's Strategic Plan goal to improve access to quality health care and services by strengthening health systems to support the delivery of quality health services to care and expanding the capacity of the health care safety net. The indicators for this program goal are:

- Total number of miners served each year; and
- Total number of medical encounters from Black Lung each year

Additionally, the database provides an opportunity to collect data addressing the efficiency of the program.

The indicator used to assess the efficiency of the BLCP is:

- The number of medical encounters per \$1 million in federal funding.

The database is capable of identifying and responding to the needs of the Black Lung community. The database:

- Provides uniformly defined data for major FORHP grant programs;
- Yields information on patient characteristics in an area that lacks sufficient national and state data; and

- Facilitates the electronic transmission of data by the grantees, through use of standard formats and definitions.

The database collects data in order to address long-term performance goals of the program and respond to GPRA requirements.

### **3. Use of Improved Information Technology and Burden Reduction**

This activity is fully electronic. Data are collected through and maintained in a database in HRSA's Electronic Handbook (EHB). The EHB is a website that all HRSA grantees, including those for the program covered in this approval request, are required to use when applying electronically for grants using OMB approved Standard Forms. The EHB has a helpdesk feature that includes a toll-free number and e-mail address for any technical questions from grantees. As this database is fully electronic and grantees submit the data electronically via a HRSA managed website, burden is reduced for the grantee and program staff. The time burden is minimal, since there is no data entry element for program staff due to the electronic transmission from grantee systems to the PIMS; additionally, there is less chance of error in translating data and analysis of the data.

### **4. Efforts to Identify Duplication and Use of Similar Information**

There is no other data source available that tracks the number of patients served by the BLCP. The Department of Labor's (DOL) Division of Coal Mine Workers' Compensation collects data on the number of applicants and benefit recipients; however, the BLCP serves many more clients than would be eligible under the definitions for DOL. The DOL's Mine Safety and Health Administration collects information on number of miners, the number of mines and injuries/deaths related to mining, while the National Institute of Occupational Safety and Health within the Centers for Disease Control and Prevention provides medical testing and surveillance for active coal miners.

### **5. Impact on Small Businesses or Other Small Entities**

Every effort has been made to ensure the data requested are the minimum necessary to answer basic questions useful in determining whether grantee awarded goals and objectives are being met. Data requested are currently being collected by the projects or can be easily incorporated into normal project procedures. The data collection activities will not have a significant impact on small entities.

### **6. Consequences of Collecting the Information Less Frequently**

Data in response to these performance measures are collected on an annual basis. Grant dollars for these programs are awarded annually. This information is needed by the program, FORHP, and HRSA in order to measure effective use of grant dollars to report on progress toward strategic goals and objectives. There are no legal obstacles to reduce the burden

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

This project is consistent with the guidelines in 5 CFR 1320.5(d)(2).

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

### **Section 8A:**

A 60-day Federal Register Notice was published in the *Federal Register* on April 18, 2016, vol. 81, No. 74, pp. 22621. There were no public comments.

### **Section 8B:**

The following grantees were consulted in finalizing the performance measures:

Stacy Redinger  
Program Director/Health Center Manager  
Shawnee Health Services  
Phone: (618) 457-8520 ext. 9785

Nancy Cook  
Program Director  
Coal Miners' Respiratory Clinic  
Phone: (270) 338-8300 Ext. 301

Lynda Glagola  
Alveoli Corporation  
Program Director  
Phone: (724) 941-1650

## **9. Explanation of any Payment/Gift to Respondents**

Respondents will not receive payment or gifts and will not be remunerated.

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

The data system does not involve the reporting of information about identifiable individuals; therefore, the Privacy Act is not applicable to this activity. The proposed performance measures will be used only in aggregate data form for program activities.

## **11. Justification for Sensitive Questions**

There are no sensitive questions.

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

### **12A. Estimated Annualized Burden Hours**

<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. Responses per Respondent</b>	<b>Total Responses</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
<b>Black Lung Clinic Personnel</b> (project directors, health practitioners, technical workers etc.)	Black Lung Clinics Program Measures	15	1	15	10	150
<b>Total</b>		<b>15</b>		<b>15</b>		<b>150</b>

These estimates were determined by consultations with three (3) grantees from the program. These grantees were sent a draft of the questions that pertain to their program. They were asked to estimate 1) how much time it would take and 2) how much it would cost to report program activities.

It should also be noted that the burden is expected to vary across the grantees. This variation is tied primarily to the type of program activities specific to the grantee's project and current data collection system.

**12B. Estimated Annualized Burden Costs**

<b>Type of Respondent</b>	<b>Total Burden Hours</b>	<b>Hourly Wage Rate</b>	<b>Total Respondent Cost</b>
Project Directors, Health Practitioners, Technical Workers, etc.	150	\$25.78	\$3,867
<b>Total</b>	<b>150</b>		<b>\$3,867</b>

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

There is no capital or start-up cost component for this collection.

**14. Annualized Cost to Federal Government**

Annual data collection for this program is expected to be carried out at a cost to the Federal Government of \$34,843.20. Staff at FORHP monitor the contracts and provide guidance to grantee project staff at a cost of \$1,843.20 per year (72 hours per year at \$25.60 per hour at a GS-9 salary level) with the contract supporting the performance data software/infrastructure estimated to cost \$33,000.

**15. Explanation for Program Changes or Adjustments**

The estimated burden is the same as the currently approved burden estimate.

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

There are no plans to publish the data. The data may be used on an aggregate program level to document the success of the program. This information might be used in the FORHP Annual Report produced internally for the agency.

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

The expiration date will be displayed.

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

There are no exceptions to the certification.