

Supporting Statement A

Delta States Rural Development Network Grant Program

OMB Control No. 0915-0386

Highlighted text is the information changed from the last request.

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) is requesting Office of Management and Budget (OMB) approval to collect information on grantee activities and performance measures electronically through the Performance Improvement and Measurement System (PIMS). This activity will collect information for the Delta States Rural Development Network Grant Program (Delta States) to provide HRSA with information on grant activities funded under this program. These measures last received OMB review and approval under OMB Number 0915-0386 and have an expiration date of July 31, 2017.

This current information collection request is a revision to the previously approved measures. Several revisions to the performance measures are proposed and include reducing the number of reported measures and showing annual progress compared to baseline data submitted in the grant applications.

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 Delta States Rural Development Network Program is authorized by Section 330A(e) (see Attachment A), of the Public Health Service (PHS) Act, 42 U.S.C. 254c. This program supports projects that demonstrate evidence-based and/or promising approaches around diabetes, cardiovascular disease, obesity, or acute ischemic stroke in order to improve health status in rural communities throughout the Delta Region. Key features of programs are collaboration, adoption of an evidence-based approach, demonstration of health outcomes, program replicability, and sustainability.

2. Purpose and Use of Information Collection

The FORHP conducts an annual data collection of user information for the Delta States Program through the Performance Improvement and Measurement System (PIMS). The purpose of this data collection is to provide HRSA with information on how well each grantee is meeting the needs of improving health outcomes in their Delta communities, and on how well they are doing in planning and developing an integrated healthcare network.

Data is collected annually and provides quantitative information about the programs, specifically the characteristics of: a) demographics of the population served, b) health promotion/services activities, c) sustainability, and d) clinical outcomes.

This assessment will provide useful information on the Delta States Program and will enable HRSA to assess the success of the program. It will also ensure that funded organizations have demonstrated a need for services in their communities and those federal funds are being effectively used to provide services to meet those needs.

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

- The characteristics of the population served through Delta funding
- The types of services funded through the program
- The types of sustainability efforts initiated to maintain services
- The degree to which funding has affected clinical outcomes amongst the population served.

The database is capable of identifying and responding to the needs of the Delta States Program community. The database:

- Provides uniformly defined data for major FORHP grant programs.
- Yields information areas that may lack sufficient national and state data.
- Facilitates the electronic transmission of data by the grantees, through use of standard formats and definitions.

3. Use of Improved Information Technology and Burden Reduction

This activity is fully electronic. Data will be 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 characteristics of Federal funding in the rural counties of the Delta region.

5. Impact on Small Businesses or Other Small Entities

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

6. Consequences of Collecting the Information Less Frequently

Respondents will respond to this data collection on an annual basis. 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.

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 24, 2017, vol. 82, No. 77; p. 18917 (see Attachment B).

There were no public comments.

Section 8B:

In order to create a final set of performance measures that are useful for all program grantees, a set of measures was vetted to nine or less participating grantee organizations in 2017. The following grantees were consulted:

Lynn Caldwell Hawkins
Delta States Project Director
Greater Delta Alliance for Health
Lake Village, Arkansas 71653
dlchawkins@gmail.com
501-588-3938

Loretta Wilson, M.B.A., H.C.M.
Project Manager Director
Rural Alabama Prevention Center
Eutaw, Alabama 35462
Lowwebb9@aol.com
205-372-3514

Bethany Reynolds, BSHA/HM, CHW
Project Director
Missouri Highlands Health Care
Van Buren, Missouri 63965
breyonlds@mohigh.org
(573) 323-4253

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

10. 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 for program activities.

11. Justification for Sensitive Questions

There are no sensitive questions.

12. Estimates of Annualized Hour and Cost Burden

The estimated burden represents a decrease in total burden hours from the previously approved information clearance request. Several revisions to the performance measures are proposed and include reducing the number of reported measures and showing annual progress compared to baseline data submitted in the grant applications. Examples of the measures that will be removed include the number of people reached through indirect services and the number of quality improvement clinical guidelines/benchmarks adopted. By removing these measures, the estimated total burden hours decrease from 72 to 20. However, the number of respondents (12) remains the same.

12A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Delta States Grantee Key personnel (Project Director)	Delta States Rural Development Network Grant Program Performance Improvement and Measurement System Measures	12	1	12	1.66	20
Total		12		12		20

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

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

The hourly wage rate is taken from the Bureau of Labor Statistics, Occupational Employment Statistics, Occupational Employment and Wages May 2016 national estimates. The hourly wage rates includes the 25th percentile for Administrative Service Managers.

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Director	1.66	\$31.82*	\$52.82
Total	1.66	\$31.82*	\$52.82

* <http://www.bls.gov/oes/current/oes113011.htm>

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

Other than their time, there is no cost to respondents.

14. Annualized Cost to Federal Government

Staff at FORHP monitor the contracts and provide guidance to grantee project staff at a cost of \$1,896.48 per year (72 hours per year at \$26.34 per hour at a GS-09 Step 1 salary level).

15. Explanation for Program Changes or Adjustments

The proposed revisions to the performance measures include reducing the number of reported measures and showing annual progress compared to baseline data submitted in the grant applications. Examples of the measures that will be removed include the number of people reached through indirect services and the number of quality improvement clinical guidelines/benchmarks adopted.

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 impact and success of the program. This information might be used in the FORHP Annual Report produced internally for the agency. The FORHP Annual Report is produced in February, reporting the prior fiscal year's activities.

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

The OMB number and expiration date will be displayed on every page of every form/instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.