

## **Supporting Statement A**

### **Rural Health Network Development Program**

**OMB Control No. 0906-0010**

#### **Revision**

**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 continued 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 Rural Health Network Development (RHND) Program to provide HRSA with information on grant activities funded under this program.

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 RHND Program is authorized by Section 330A(f) of the Public Health Service Act, 42 U.S.C. 254c f), as amended by section 201, P.L. 107-251 of the Health Care Safety Net Amendments of 2002. This program brings together key parts of a rural health care delivery system, including traditional and non-traditional healthcare network members, to work together to establish and improve the delivery of healthcare within the targeted community. This grant program provides funding for three years to support formal integrated health care networks that have combined the functions of the entities participating in the network in order to achieve efficiencies; expand access to, coordinate, and improve the quality of essential health care services; and strengthen the rural health care system as a whole. The RHND Program PIMS will be the reporting system for the RHND Program grantees. PIMS is a 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 RHND Program. The purpose of this data collection is to provide HRSA with information on how well each grantee is meeting the goals of the grant program, network infrastructure and benefits of network collaboration derived by network members, network and program sustainability, community impact, and improved access and quality of healthcare.

FORHP collects data annually to provide quantitative information about the programs, specifically the characteristics of: (a) network infrastructure; (b) sustainability, (c) target population demographics; (d) program activities; (e) community impact; (f) sustainability; and (g) quality improvement.

This assessment provides useful information for the RHND Program and enables HRSA to assess the success of the program. It also ensures that awarded programs are effectively using funds to meet the proposed health needs of the community.

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

- The types of organizations that make up the network
- Benefits of network membership realized by the members
- Achieved attributes of the network that would indicate sustainability after this grant funding
- Sustainability
- Program impact, including the number of people with new services and types of new services created through this funding
- Population health management, as indicated by improved clinical quality measures

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

- Provides uniformly defined data for major FORHP grant programs.
- Yields information on network characteristics in an area that lacks sufficient national and state data.
- Facilitates the electronic transmission of data by the grantees, through use of standard formats and definitions.

Without collection of this data, it would be difficult to ascertain the collective impact of this program across all RHND grantees and if this funding has improved the characteristics and outcomes mentioned above. Lack of such data would also hamper future efforts to create resources and funding opportunities to address gaps and healthcare needs presented in the data. *A list of the revisions to this package are included in an attachment.*

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

This activity is fully (100 percent) 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 utilized routinely by the grantee, 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 a network that is in its initial planning and development phase.

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

Every effort has been made to ensure the data requested are data that are currently being collected by the projects or can be easily incorporated into normal project procedures. Data being requested by projects are 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 to measure effective use of grant dollars and progress toward strategic goals and objectives in a timely manner. 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 November 27, 2017 (Vol 82, No 226, page 56038). There were no 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 three participating grantee organizations in 2017. The following grantees were consulted:

Karen Nichols, MBA  
Executive Director  
Upper Midlands Rural Health Network  
P.O. Box 1537

Chester, SC 29706  
803-377-8026  
[knichols@umrhn.org](mailto:knichols@umrhn.org)  
<http://www.umrhn.org>

Regina F. Smith  
Bleckley County BOE – RHDN Project Director  
242 E Dykes Street, Cochran, Georgia 31014  
PH: 478.934.4300 Ext. 3  
Email: [regina\\_smith@cisfccochochanbleckley.org](mailto:regina_smith@cisfccochochanbleckley.org)  
Website: [www.cisfccochochanbleckley.org](http://www.cisfccochochanbleckley.org)

Cassalyn David, MPH  
Community-Clinic Linkages Manager  
Adolescent Wellness Network Director  
Mariposa Community Health Center  
1852 N. Mastick Way  
Nogales, Arizona 85621  
[cdavid@mariposachc.net](mailto:cdavid@mariposachc.net)  
520.375.6050 ext. 1370

**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 for program activities.

**11. Justification for Sensitive Questions**

There are no sensitive questions.

## 12. Estimates of Annualized Hour and Cost Burden

### Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Rural Health Network Development Program (RHND) Grantee Key Personnel (Project/Network Director)	Rural Health Network Development Program Performance Improvement and Measurement System	51	1	6	306

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

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Director	306	105.16	\$32,178.96
Total			\$32,178.96*

Hourly Wage Rate based on the United States Department of Labor, Bureau of Labor Statistics: (<https://www.bls.gov/oes/2016/may/oes119111.htm>)

\*This amount includes the total respondent costs of 51 Network Development grantees and doubles the \$52.58 hourly wage rate to account for fringe benefits and overhead costs.

**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**

Annual data collection for this program is expected to be carried out at a cost to the Federal Government of \$1,184.73. Staff at FORHP monitor the contracts and provide guidance to grantee project staff at a cost of \$1,184.73 per year (25.5 hours per year at \$46.46 per hour at a [GS-13, Step 1 salary level](#)). The total annualized cost to the government for this project is \$1,184.73.

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

The current inventory for this ICR is 362 hours with this revision requesting 306 hours. This decrease is due to a slight decrease in the number of respondents and estimated average burden per response.

**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 program. This information might be used in the HRSA Annual Performance Report produced for the agency and may also be included in presentations used for rural stakeholders.

**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.