

Supporting Statement

State Offices of Rural Health Grant (SORH) Program Technical Assistance

OMB Control No. 0915-0322 Revision / Expiration 1/31/2020

A. JUSTIFICATION

1. Circumstances of Information Collection

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP), is requesting OMB approval to continue use of a Technical Assistance Data Form for the State Offices of Rural Health Grant (SORH) 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 (TA) and other activities as necessary to support activities related to improving health care in rural areas.” The mission of FORHP is to sustain and improve access to quality health care services for rural communities. This electronic form is used collect information from SORH grantees on the amount of direct TA assistance they provide to clients within their State.

SORH began in 1991 and is a matching (3:1) grant program that has resulted in the establishment of state offices of rural health in all 50 states. The mission of each office is to help strengthen and improve rural health care delivery systems in rural communities. To accomplish this mission, each office collects and disseminates information, helps coordinate state-wide rural health interests and activities in order to avoid duplication and provides technical TA to rural clients. Grantees submit an annual progress report narrative that includes their TA outreach activities. However, the information was not standardized and did not provide quantitative detail on the provision of technical assistance.

For the 2017 grantee year, SORHS provided 69,303 TA encounters to 22,467 unduplicated rural clients. In 2018, FORHP convened a working group of SORH grantees for input on measures that more closely align with all three objectives of the SORH Program. Based on the input of this group, SORH grantees will continue to submit a Technical Assistance Report that includes: (1) the total number of technical assistance encounters provided directly by the grantee; and, (2) the total number of unduplicated clients that received direct technical assistance from the grantee. *These measures will continue with proposed additional measures reorganized into three categories: (1) information disseminated, (2) information created, and (3) collaborative efforts by a) topic area and b) type of audience. These proposed new measures will be added to obtain a more accurate depiction of the breadth of SORH work, based on recommendations from the grantees.* Submission of the Technical Assistance Report is submitted via the HRSA Electronic Handbook no later than 30 days after the end of each twelve month budget period.

2. Purposes and Use of Information

The purpose of this data collection is to provide HRSA/FORHP with standardized information on how well each SORH grantee is meeting the technical assistance needs of their States and rural communities. Consolidated data from the form provides quantitative information about

technical assistance provided directly by the SORH grant program.

Responses provide useful information on the SORH program and will enable HRSA/FORHP to provide data required by Congress under the Government Performance and Results Act of 1993. It also ensures that grantees have a demonstrated need for technical assistance services in their communities and document that Federal funds are being effectively used to meet those needs.

Instructions

The SORH electronic data form consists of one table and is completed by all 50 grantees. Definitions for technical assistance and unduplicated client are long standing and have been provided to grantees. The table provides data on the number of technical assistance encounters provided and the number of unduplicated clients that received technical assistance. *Once approved by OMB, grantees will submit answer "yes/no" on the following (1) information disseminated, (2) information created, and (3) collaborative efforts by a) topic area and b) type of audience.* The information is then entered into the Performance Information Management System (PIMS) database via the HRSA Electronic Handbooks (EHB) website. Grantees can call the HRSA Contact Center with any technical questions.

3. Use of Improved Technology

This database is fully electronic. Grantees submit the data electronically via a HRSA managed website. This reduces the paper burden on the grantee and on the SORH program staff.

4. Efforts to Identify Duplication

The information on technical assistance provided by grantees is unique to the SORH program.

5. Involvement of Small Entities

Every effort has been made to ensure the data requested is the minimum necessary to answer basic questions about the appropriate use of grant funds for the provision of technical assistance. This activity does not have a significant impact on small entities.

6. Consequences of Collecting the Information Less Frequently

Grant dollars are awarded annually; therefore, this information is needed annually by the program in order to measure effective use of grant dollars consistently among all the grantees.

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

The data are collected in a manner consistent with guidelines contained in 5 CFR 1320.5(d)(2).

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

The notice required in 4 CFR 1320.8(d) was published in the Federal Register on June 28, 2019 (Vol. 84, No. 125, page 31073). No comments were received. The following grantees (outside of the agency) have advised on completion times and assure that there are no problems with the database. The following grantees were contacted in January 2018 and responded that they had no complaints or issues with submission to the PIMS database.

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9. Explanation of any Payment /Gift to Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality Provided to Respondents

No individual level data are collected on the TA form, and the data system does not involve the reporting of personally identifiable information about individuals. The SORH program requests

only **aggregate data** on total number of technical assistance encounters provided by the grantee and the total number of clients receiving the assistance.

11. Justification for Sensitive Questions

The SORH program does not contain any questions of a sensitive nature.

12. Estimates of Annualized Hour and Cost Burden

Total Estimated Annualized burden hours:

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Technical Assistance Report	50	1	50	13.5	675
Total	50		50		675

Basis for the estimates: Estimates of burden for the information were obtained from consultations with the grantees.

It should be noted that the burden is expected to vary across the grantees. This variation is tied primarily to the type of data system(s) used by the grantees. However, many more grantees are now using a customized commercially available MIS system to track the information whereas others still rely on paper systems.

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

All grantees currently have the appropriate equipment and internet access to the HRSA website, so there are no capital or startup costs associated with this activity. Based on the average SORH Director salary of \$40.00 per hour times 675 hours, the cost burden estimate is \$27,000.

(Source: <https://nosorh.org/wp-content/uploads/2019/03/Compensation-Survey-Final-3-4-2019.pdf>)

14. Annualized Cost to the Federal Government

Preparation and tallying the information is rolled into the duties of the FORHP SORH program staff. A 0.02 FTE at a GS-13 (\$1,800) annually is necessary to provide TA to grantees, collect the information and compile to final totals for all of the 50 SORH grantees.

15. Explanation for Program Changes or Adjustments

The burden request is 675 hours annually from the currently approved 625 hours due to the proposed revisions.

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

There are no plans for statistical analysis or publication of the information. Summary totals will be calculated for the two GPRA measures.

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

The expiration date will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

This project fully complies with CFR 1320.9. The certifications are included in this package.

FORHP seeks to continue gathering information from grantees on their efforts to provide technical assistance to clients within their State. SORH grantees submit a Technical Assistance Report that includes: (1) the total number of technical assistance encounters provided directly by the grantee, and (2) the total number of unduplicated clients that received direct technical assistance from the grantee. These measures will continue with additional measures being added in the following three categories: (1) information disseminated; (2) information created; and (3) collaborative efforts by topic area and type of audience. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is **0915-0322** and it is valid until 01/31/2020. This information collection is voluntary in accordance with the Public Health Service Act, Section 338J (42 U.S.C. 254r Public reporting burden for this collection of information is estimated to average 13.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.