

Supporting Statement A

Rural Health Care Services Outreach Program Performance Improvement Measurement System (PIMS)

OMB Control No. 0906-0009

Revision

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 on performance measures electronically through the HRSA Electronic Handbook (EHB). The EHB is a web-based portal that grantees use to submit information to HRSA. The Rural Health Care Services Outreach Performance Measures form is a tool that allows FORHP to measure the effectiveness of the grant funding.

It should be noted that in its authorizing language, Section 330A(e) of the Public Health Service (PHS) Act (42 U.S.C. 254c(e)) and Public Law 116-136, 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.

This activity collects information for the Rural Health Care Services Outreach Program ("Outreach"). The Outreach program is funded under Section 330A (e) of the Public Health Service (PHS) Act (42 U.S.C. 254c(e)) to promote rural health care services outreach by expanding the delivery of health care services to include new and enhanced services in rural areas. The goals for the Outreach Program are the following: (1) expand the delivery of health care services to include new and enhanced services exclusively in rural communities; (2) deliver health care services through a strong consortium, in which every consortium member organization is actively involved and engaged in the planning and delivery of services; (3) utilize and/or adapt an evidence-based or promising practice model(s) in the

delivery of health care services; and (4) improve population health, demonstrate health

outcomes and sustainability.

2. Purpose and Use of Information Collection

The PIMS measures for the Outreach Program are utilized by FORHP to capture and gauge awardee-level and aggregate data for funded program activities. This information is used to illustrate the impact and scope of HRSA's FORHP funding on rural communities. The data collected help inform the Outreach Program and helps identify additional areas for technical assistance.

Historically, PIMS data has been utilized to assess the facilitators and barriers to the consortium-based work of Outreach grantees. Both awardee-level and aggregate data has been used to identify the nuances of a successful Outreach grantees (e.g. strong consortium leadership, engagement from multiple aspects of a community, etc.) and has been used to incorporate the inclusion of those identified elements into program and accompanying technical assistance provided by HRSA.

PIMS data is also used to inform the practices of rural communities outside of funded HRSA grants through supporting and further substantiate the evidence-based and promising practice models used by Funded Outreach grants for project implementation. These models are subsequently shared among HRSA partners, being made available to rural communities.

Failure to collect this information would impede the ability of HRSA and FORHP to adequately monitor and substantiate the focus and objectives of the federal funding awarded under this grant program are in accordance with the program's legislative authority. In the absence of this data collection, HRSA and FORHP would also not have a means of measuring the effectiveness of Outreach funding and cannot further share information regarding best practices with rural communities.

3. Use of Improved Information Technology and Burden Reduction

The PIMS measures are only collected electronically through the Electronic Handbooks. The measures are collected electronically in an effort to reduce burden on Outreach grantees, keeping in mind their competing priorities and additional deliverables.

4. Efforts to Identify Duplication and Use of Similar Information

There are no other data sources available that track the characteristics of rural entities implementing outreach and service delivery activities.

5. Impact on Small Businesses or Other Small Entities

Every effort has been made to ensure that the data requested currently being collected by the projects or can be easily incorporated into normal project procedures. The data requested from 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 complete the PIMS measures on an annual basis, at the end of each project year, for each year of the four year funding cycle. Reporting annual data ensures a standard reporting period uniform across all Outreach grantees that is able to provide HRSA real-time data regarding the effectiveness of HRSA funding.

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. If the information is collected less frequently, HRSA will not have up-to-date data regarding the effectiveness of HRSA funding.

There are no legal obstacles to reduce the burden.

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

This request fully complies with the regulation 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*, [86 Fed. Reg. 38725](#) (July 22, 2021). There were no public comments.

Section 8B:

In order to ensure the proposed revision to the Outreach Program's performance measures are useful for all program award recipients, a set of measures was vetted to six or less participating grantee organizations in 2021. The following grantees were consulted:

Greg Roeback, CEO-LPC
groeback@gmhcenter.org / (573) 438-9355
Great Mines Health Center, Potosi, MO

Helen Labun, Program Manager
hlabun@bistatepca.org / (802) 229-0002
Bi-State Primary Care Association, Bow, NH

Karen McCraw, Vice President of Advocacy and Development
karen.mccraw@fhccp.org / (717) 686-4269
Family Health Council of Central Pennsylvania, Inc., Camp Hill, PA

No major problems were identified that could not be resolved during consultation.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

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 performance measures are used only in aggregate data form for program activities.

11. Justification for Sensitive Questions

Race and ethnicity is the only sensitive information collected for the Outreach Program PIMS measures. HHS requires that race and ethnicity be collected on all HHS data collection instruments. Information for this section is collected in a way in which patient identity remains anonymous.

The collection of this information aids in informing the programmatic population demographics in order to appropriately identify and maintain culturally sensitive and competent approaches to services and activities are conducted by funded Outreach Program grant projects.

12. Estimates of Annualized Hour and Cost Burden

12A. 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 Care Services Outreach Program Grantee key personnel (Project Director)	Rural Health Care Services Outreach Performance Improvement Measurement System (PIMS)	61	1	7.5	457.5
Total		61	61		457.5

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	7.5	\$57.12	\$428.40
Total			\$26,132.40

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

Annual data collection for this program is expected to be carried out at an average annual cost to the Federal Government of \$55,619.65 for each year of the Outreach Program’s four year funding cycle.

This cost includes the total annualized cost for staff at FORHP to monitor the grants and provide guidance to grantee project staff at a cost of \$1,477.98 per year (25.5 hours per year at \$57.96 per hour at a [GS-13 Step 6 salary level](#)). This cost is also inclusive of the estimated \$54,141.68 total annualized cost anticipated for the time and effort spent by HRSA contractors on the development and maintenance-related tasks associated with the functionality of the PIMS reporting system.

15. Explanation for Program Changes or Adjustments

Changes, in the form of revisions to some measures which were previously reviewed and approved under OMB Number 0906-0009, have been made. The revision to the measures seeking OMB review and approval were completed to improve alignment of collected information to the current competitive cohort and healthcare environment. The proposed revisions specifically include the following:

- (1) Addition of project-specific measures:
 - Addition of measures related to the program’s new Rural Healthy Hometown

Initiative (HRHI) (includes 17 required and 20 optional measures for a total of 37 additional measures). These measures are applicable only to Outreach awardees who apply to be part of the HRHI track (anticipated total of 16 out of 61 awardees) to focus on one or more of the five causes of excess death in rural communities (heart disease, cancer, unintentional injury/substance use, chronic lower respiratory disease, and stroke).

- New project-specific measures (3 additional measures) applicable to Outreach Awardees with a focus on telehealth (anticipated total of 15 out of 61 awardees);
- New social determinants of health measures (3 additional measures) applicable to Outreach Awardees addressing social determinants of health as part of their grant funded activities (anticipated total of 15 out of 61 awardees);

(2) Consolidation of previous singular measures focused on access to care to composite measure format (currently 14, previously 16) applicable to all awardees.

(3) Removal of 3 outdated measures:

- Removed 1 project specific measure applicable to awardees focused on childhood obesity;
- Removed 1 project specific applicable to awardees providing clinical services (currently 7, previously 8) related to Healthy People 2020 and;
- Removed 1 project specific measure applicable to the program's former Health Improvement Special Project (HISP) track.

In total, proposed changes reflect the addition of 43 measures and the removal of 5 measures for change reflecting a total increase of 38 measures. Added measures are project specific and will not be applicable to all 61 respondents (only applicable to anticipated total ranging from 15-16 out of 61 awardees).

A change in the total number of respondents (61 total currently, previously 25) is expected to increase the total hour burden hours.

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