Supporting Statement A

Alliance for Innovation on Maternal Health (AIM) Biannual Report

OMB Control No. 0915-XXXX

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

HRSA is requesting OMB approval for a new information collection request, the Alliance for Innovation on Maternal Health (AIM) Biannual Report (Attachment A), which will collect information on the program reach and technical assistance needs of the program participants. The AIM program is the national, cross-sector commitment designed to lead in the identification, development, implementation, and dissemination of maternal (patient) safety bundles for the promotion of safe care for every U.S. birth and assist with addressing the complex problem of high maternal mortality and severe maternal morbidity rates within the United States. The mission of AIM is to support best practices that make birth safer, improve the quality of maternal health care and outcomes, and save lives. Maternal patient safety bundles address topics commonly associated with health complications or risks related to prenatal, labor and delivery, and postpartum care. The AIM program is authorized by Public Health Service Act, Title III Section 330O (42 U.S.C. 254c-21) as added by P.L: 117-103 - Consolidated Appropriations Act, 2022. Beginning in FY 23, HRSA is directly funding 28 States and jurisdictions (such as territories and the District of Columbia) to implement AIM patient safety bundles through AIM Capacity awards, in addition to funding the American College of Obstetricians and Gynecologists (ACOG) to provide AIM technical assistance. Previously, HRSA only provided funding to the technical assistance provider (ACOG) and did not directly fund States.

The increase in funding provided for this program and shift to directly funding States and jurisdictions for the work make the collection of information about the reach of the program, participation by birthing facilities, and technical assistance needs necessary. States and jurisdiction-based teams make their own decisions about which safety bundles to implement and how many to implement at a time. Birthing facilities (hospitals that provide labor and delivery services and freestanding birth centers) decide whether to participate in State/jurisdiction-level bundle implementation cycles, and participation by facilities changes over time. The AIM Biannual Report will be administered to all States and jurisdictions participating in AIM, including those that do not receive HRSA funding to implement AIM. HRSA will require funded States to complete the Biannual Report. The technical assistance provider will request that

unfunded States participating in AIM also complete the report in order to gauge the full extent of participation. The information collected as part of the Biannual Report provides essential information on program functioning and needs not available from other data sources. It will allow HRSA to measure and track State and facility participation in the program and identify technical assistance needed to support the continued participation of States and facilities in AIM and meet the expectations in the legislation.

2. Purpose and Use of Information Collection

The information will be used by the HRSA program team to understand and report on program reach and potential growth, inform development of resources and types of technical assistance offered, and develop program targets. The Biannual Report will provide the data to report on the measure of AIM program reach in the FY 25 congressional justification "Number of participating birthing facilities implementing AIM patient safety bundles" and to meet the reporting requirements in the appropriation legislation related to the AIM program (P.L: 117-103 - Consolidated Appropriations Act, 2022. In addition, information on the number of participating birthing facilities and patient safety bundles being implemented is shared on the HRSA and ACOG AIM websites. The Biannual Report is the only place information on program reach and technical assistance needs is collected. If the data are not collected, the program will not be able to measure and track participation of birthing facilities in AIM and patient safety bundles implemented or plan technical assistance activities based on actual needs.

3. Use of Improved Information Technology and Burden Reduction

To minimize the burden on respondents, all data collection will be done electronically by the technical assistance provider (ACOG) through Qualtrics. The data collection tool includes skip patterns to allow respondents to skip questions that do not apply to them. The approach will be similar to information collection strategies the technical assistance provider has used in the past so that the mechanism is familiar to respondents. The data are collected at the State or jurisdiction level and only one response is requested for each State or jurisdiction.

4. Efforts to Identify Duplication and Use of Similar Information

The information is not collected through any other means. The information is specific to the AIM program and is not included in other information collection efforts.

5. Impact on Small Businesses or Other Small Entities

This data collection will not impact small businesses or other small entities.

6. Consequences of Collecting the Information Less Frequently

Respondents will respond to the data collection request twice a year. The number of participating facilities and bundles being implemented changes frequently. Jurisdictions start implementing new patient safety bundles on their own schedules. Collecting participation data less frequently than twice a year would result in insufficient data for the program to track changes in facility participation and respond to technical assistance needs. The frequency of data collection was determined based on consultation with the AIM technical assistance provider regarding how frequently participation numbers change and how often updated data are needed. Technical assistance offerings are scaled to the number of States/jurisdictions and birthing facilities participating in the program and adapted to changes in program participant priorities. Where possible, questions covering information that does not change often will be asked annually or every other year to minimize the burden on respondents.

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

The request fully complies with the regulation.

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 December 7, 2023, vol. 88, No. 234; pp. 85298 (88 FR 85298). There were public comments. Two comments suggested changes that were incorporated into the instrument, one comment was a request for materials, and one comment was out-of-scope and no changes to the proposed data collection were made. A 30-day Federal Register Notice was published in the *Federal Register* on April 3, 2024, vol. 89, No. 65; pp. 23023-24 (89 FR 23024).

Section 8B:

HRSA consulted with Isabel Taylor (AIM Senior Data Program Manager, itaylor@acog.org,) and Christie Allen (Senior Director, Quality Improvement and Programs, callen@acog.org, with the American College of Obstetricians and Gynecologists, the AIM technical assistance provider, in 2023 regarding the content of the report, time involved in completing the report, availability of data, and frequency of data collection.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

Data will be kept private to the extent allowed by law. Data collected will be grantee-level information and will not include personal identifiers.

11. Justification for Sensitive Questions

The Biannual Report does not include sensitive questions. No personally identifiable information will be collected from respondents. Individual-level data will be not obtained from the grantees.

12. Estimates of Annualized Hour and Cost Burden

The respondents will be representatives of State- and jurisdiction-based AIM implementation teams. They will include the 28 States and jurisdictions receiving AIM Capacity grants, as well as States and jurisdictions implementing AIM that do not have AIM Capacity grants. A total of 52 respondents are expected. These include the 50 States and jurisdictions currently implementing AIM as well as two additional jurisdictions that have expressed interest in beginning to implement AIM patient safety bundles in the near future.

12A. Estimated Annualized Burden Hours

Hour burden estimates were developed in consultation with the previous AIM technical assistance (TA) provider based on reported estimates from potential respondents. The number of respondents is based on the number of State and jurisdiction teams currently implementing or about to start implementing AIM patient safety bundles, as reported by the AIM TA provider. The number of responses is based on the number of times each year AIM State and Jurisdiction Teams will be asked to complete the survey (two times). The average burden per response is based on consultation with the AIM technical assistance provider regarding the length of time it took respondents to provide similar information in the past.

Type of Respondent	**Form Name**	**No. of Respondents**	**No. Responses per Respondent**	**Average Burden per Response (in hours)**	**Total Burden Hours**
AIM State/Jurisdiction Team Representatives	Biannual Report	52	1 per survey; 2 surveys per year	1	104

Total		52	1 per survey; 2 surveys per year	1	104

12B. Estimated Annualized Burden Costs

Hourly wage rates were determined using the Department of Labor website, based on the median hourly wage for Medical and Health Services Managers.[1] This code was used because it is most consistent with the type and responsibilities of the professionals who will complete the survey: "Plan, direct, or coordinate medical and health services in hospitals, clinics, managed care organizations, public health agencies, or similar organizations."

Type of Respondent	Total Burden Hours	Median Hourly Wage	Total Respondent Costs*
AIM State/Jurisdiction Team Representatives	104 (52 hours each survey; 2 surveys per year)	$53.21	$11,067.68 ($5,533.84per survey)
Total	104	$53.21	$11,067.68

*Wage has been doubled to account for overhead costs.

13. Estimates of other Total Annual Cost Burden to Respondents or

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

14. Annualized Cost to Federal Government

Federal staff costs are estimated based on staff and hours required for similar projects to review and finalize data with technical assistance provider and grantee partners.

TA provider costs are based on their budget items related to this activity (information collection software and staff time for administration and follow-up).

Item	Grade/Salary	Hours	Annualized Cost
HRSA/MCHB/DHSPS/Project Staff/SME/Oversight	GS-13-6 ($130,683)	40 (20 hours per report)	$3,350*

1 Occupational Employment and Wages, May 2023, 11-9111 Medical and Health Services Managers. Bureau of Labor Statistics. https://www.bls.gov/oes/current/oes119111.htm.

TA provider costs (information collection software and staff time for administration and follow-up, including fringe benefits)			$7452
Total			$10,802

*Federal staff cost includes overhead and benefits.

15. Explanation for Program Changes or Adjustments

This is a new information collection.

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

The total number of birthing facilities participating in AIM (aggregated for the whole US, not reported by State/jurisdiction) and the safety bundles being implemented (by State/jurisdiction) will be used to update the HRSA and AIM websites (Alliance for Innovation on Maternal Health (AIM) | MCHB (hrsa.gov); AIM | Alliance For Innovation On Maternal Health (saferbirth.org)) after the data for each report is final. The aggregated number of birthing facilities participating in AIM across the whole US will be used to report on an AIM congressional justification measure. Except for the bundles being implemented in each State, all data shared will be aggregated; data for individual respondents will not be made public.

Information collection will not use statistical methods such as sampling, imputation, or other statistical estimation techniques.

The collection of information will be ongoing throughout the project and occur every 6 months. A 3-year clearance is requested. Data collection will begin when clearance is received. The table below outlines the expected evaluation timeline for 2024 and 2025.

Item	Due Date
Biannual report sent to State and jurisdiction teams	September 11, 2024
Biannual reports due from State and jurisdiction teams	October 11, 2024
Biannual report validations and follow-up with State and jurisdiction teams	October 25, 2024
Review and finalize report summary	November 8, 2024
Biannual report sent to State and jurisdiction teams	March 5, 2025
Biannual reports due from State and jurisdiction teams	April 4, 2025

Biannual report validations and follow-up with State and jurisdiction teams completed	April 18, 2025
Review and finalize report summary	May 2, 2025
Biannual report sent to State and jurisdiction teams	September 10, 2025
Biannual reports due from State and jurisdiction teams	October 10, 2025
Biannual report validations and follow-up with State and jurisdiction teams completed	October 24, 2025
Review and finalize report summary	November 7, 2025

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.