

Supporting Statement A

Rural Health Care Services Outreach Program Measures 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 OMB approval for a revision of the current OMB approved performance measures form. This form collects information on grantee activities for the Rural Health Care Services Outreach Program ("the Outreach Program") electronically. These measures are currently approved under OMB Number 0906-0009, with a current expiration date of December 31, 2024.

In the authorizing language for FORHP, 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 Outreach Program. The Outreach Program is authorized 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 data collection for FORHP's Outreach Program is conducted with the purpose to capture 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. These measures cover the principal topic areas of interest to the

Federal Office of Rural Health Policy (FORHP), including: (1) access to care, (2) population demographics, (3) consortium/network, (4) sustainability, (5) project specific domains, and (6) clinical measures. All measures will speak to FORHP's progress toward meeting the goals set. FORHP collects this information to quantify the impact of grant funding on access to health care, quality of services, and improvement of health outcomes. FORHP uses the data for program improvement and grantees use the data for performance tracking.

Without collection of this data, it would be difficult to ascertain the collective impact of this program across all Outreach Program grantees and determination of how funding has improved the characteristics and outcomes mentioned above.

Lack of such data would also impede future efforts to create resources and funding opportunities that are able to address the gaps and health care needs presented in the data.

3. Use of Improved Information Technology and Burden Reduction

This information collection is fully (100 percent) electronic. HRSA will be using a web-based data collection platform to house the data collection instrument as well as allow awardees to electronically submit their data. Response data will be automatically transmitted to HRSA electronically.

Data will be collected through and maintained in a web-based data collection platform managed by HRSA connected to electronic systems that all HRSA grantees are required to use. 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, compared to using Microsoft Excel-based data collection instrument, for the grantee and program staff. The time burden is reduced since there is no data entry element for program staff due to the electronic transmission; 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 are no other data sources available that track the characteristics of Outreach Program awardees 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 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 Program grantees that can provide HRSA with 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

FORHP plans to update this data collection as part of future revisions to reflect SPD-15 guidelines and Sexual Orientation and Gender Identity requirements. Updating the data system used to collect this information to reflect this change cannot be completed until a revision package is submitted in 2027. This is for the following reasons:

- HRSA's ability to analyze program data over time requires 4 years of data collected annually through this Information Collection Request for each year of the program's May 1- April 30 funding cycle.
- The data collection remains mid-cycle for this program under this current request. HRSA will update the data collection as part of the next revision around 2027.
- HRSA needs this time to determine the best approach for implementing the guidance (e.g., using the minimum categories versus the expanded categories) and determining how to make these changes consistently across FORHP programmatic collections.
- HRSA needs this time to determine how to incorporate these changes into existing data collection systems. FORHP will apply elements from its office level data strategy to support comprehensive assessment of recommendations related to revised measures aligned with appropriate SPD-15 guidelines and requirements.

Otherwise, 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 June 21, 2024, vol. 89, No. 120; pp. 52069-70. There were no public comments. A Federal Register Notice was published in the *Federal Register* on November 19, 2024, vol. 89, No. 223; pp. 91412-13.

Section 8B:

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 five

participating grantee organizations in 2024. There were no issues that could not be straightened out during the consultation process.

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 proposed performance measures will be used only in aggregate data for program activities. Data will be kept private to the extent allowed by law.

11. Justification for Sensitive Questions

The aggregate totals for race and ethnicity are being collected. Collecting aggregate data on race/ethnicity as well as various social determinants of health (e.g., economic assistance benefits) allows FORHP to assess the impact of this program, which focuses on health care delivery, quality improvement, and care coordination in rural communities. Outreach services are integral to increasing access to care for rural communities, especially among health disparity populations.

12. Estimates of Annualized Hour and Cost Burden

This section summarizes the total burden hours for this information collection in addition to the cost associated with those hours.

The number of respondents is based on the number of current grantees, who respond once per year. The total burden hours were estimated by reaching out to five current grantees from the program, as described in Section 8B. The estimates provided were based on the amount of time it takes to review data collection instructions, search existing data sources, gather, and maintain the data needed, and complete and review the collection of information. These grantees were sent a draft of the questions that pertain to their program and were asked to estimate how much time it would take to answer the questions. Based off their feedback, the average burden per response (in hours) was estimated to be 8 hours, as shown in the table below.

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. Following publication of the 60-day notice, HRSA increased the average burden per response and total burden hours due to the feedback described above. Furthermore, FORHP is aware of that personnel changes resulting in training needs of new hires are common among rural healthcare workforce in the Outreach Program.

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 Performance Measures	Rural Health Care Services Outreach Performance Measures	61	1	8	488
Total		61		8	488

12B.

The person completing the data collection is the Project Director, who would be a Medical and Health Services Manager. The median hourly rate is used, as opposed to adjusting for locality, since award recipients are spread across the county. The hourly median wage is multiplied by 2 to account for overhead costs.

Estimated Annualized Burden Costs

Type of Respondent	BLS Code	Total Burden Hours	Hourly Wage Rate x 2	Total Respondent Costs
Project Director	11-9111: Medical and Health Services Managers	488	\$106.42	\$ 51,932.96
Total				\$ 51,932.96

Hourly Wage Rate based on the United States Department of Labor, Bureau of Labor Statistics (<https://www.bls.gov/oes/current/oes119111.htm>). Hourly wage doubled to account for benefits and other 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

The Outreach Program is a multi-year program. The estimated annual cost of using existing Federal staff for data analysis and reporting is \$ 15,133.23 per year (6 Federal staff at 25.5 hours per year at \$65.94 per hour at a GS-13 Step 6 salary level, locality pay area Washington-Baltimore-Arlington, multiplied by 1.5 to account for benefits).

15. Explanation for Program Changes or Adjustments

There is an increase in the number of burden hours from 457.5 hours to 488 hours. This is due to an increase in the average burden per response from 7.5 hours to 8 hours. This was done based off consultation with five current awardees, described in Sections 8B and 12. The burden has increased due to personnel changes and resulting in training needs of new hires common among rural healthcare workforce in the Outreach Program. There are no major changes to the instrument itself. Minor changes to the instruments include the updated hyperlinks for the program's clinical quality measures and the inclusion of an optional text entry box to allow awardees to capture the names of their counties served.

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

Aggregate data from the Outreach Program, including the number or unique individuals served, economic impact, continuation of grant services after federal funding ends and improvement on one or more clinical measures reported, is currently published annually under the Rural Health Outreach Grants section of HRSA's Congressional Budget Justification publicly available on HRSA's website and updated annually (see <https://www.hrsa.gov/about/budget>).

HRSA's Federal Office of Rural Health Policy (FORHP) also publishes aggregate data from the Outreach Program in FORHP's rural investment factsheet, also publicly available on HRSA's FORHP website (see <https://www.hrsa.gov/rural-health/about-us/state-fact-sheets>). The aggregate data published in the factsheet includes data such as the number of unique individuals served, and percent of improvement reported on one or more clinical measures. Updated fact sheets are available annually most typically in the last quarter of the calendar year. These documents received the approval necessary for making the data available to the public.

Future data publication of Outreach Program data is anticipated to follow the completion of HRSA's data governance policy guidance. Specifically, expanded publication of Outreach Program data is expected by calendar year 2027, following the May 1-April 30 annual period of performance for the Outreach Program. Data collected will be reviewed using HRSA's data policy to determine approval through the Data Disclosure Review Board and additional recommendations for data approved for publication such as, determination of full or aggregate data publication, expected publication URL, file formats expected to be used and the frequency of data updates expected to be performed.

The data may also be used on an aggregate program level to document the impact and success of the program. With the necessary approvals, aggregate program level data may also be included in presentations used for rural stakeholders, including the annual FORHP rural stakeholder presentation which highlights the prior fiscal year's activities. These presentations are open to the public via zoom webcast and generally held in the first 6 months of the calendar year.

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.