

## Supporting Statement A

### Rural Public Health Workforce Training Network Program (RPHWTN) Information Collection Request

OMB Control No. 0915-XXXX

Terms of Clearance: None.

#### A. Justification

##### 1. Circumstances Making the Collection of Information Necessary

- The Health Resources and Services Administration (HRSA) is requesting review and approval in support of a data collection effort from HRSA's Federal Office of Rural Health Policy (FORHP) and Office of Planning, Analysis, and Evaluation (OPAE) for the Rural Public Health Workforce Training Network Program (RPHWTNP).<sup>1</sup>
- In August 2022, HRSA awarded 32 organizations with funding for the Rural Public Health Workforce Training Network Program under the authority of 42 U.S.C. § 254c(f) (§ 330A(f) of the Public Health Service Act); Section 2501 of the American Rescue Plan Act of 2021 (P.L. 117-2). The RPHWTNP (attachment 1) intends to expand public health capacity by funding these organizations to support health care job development, training, and job placement in rural communities. Additionally, the RPHWTNP intends to address the ongoing critical need in health care facilities for trained public health professionals serving rural communities by establishing networks who will develop formal training and/or certification programs. The long-term objective of this program is to enhance clinical and operational capacity to adequately address population health needs of rural communities negatively impacted by COVID-19, including long COVID-19.
- In respect to the objectives stated above, it is crucial for HRSA to measure outputs of the RPHWTNP to assess whether the Federal Government's investment is accomplishing the goals as intended. HRSA is proposing to collect information from grantees and trainees via four separate data collection instruments.
  - o RPHWTNP Grantee Baseline Survey (attachment 2):
    - This survey is designed to collect baseline data from grantees that have been awarded funds for the RPHWTNP. Grantees will submit

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<sup>1</sup> Health Resources & Services Administration. (2022, September 1). *Rural Public Health Workforce Training Network program*. <https://www.hrsa.gov/rural-health/grants/rural-community/public-health-workforce>

one-time data regarding their program plans. Additionally, grantees will be asked questions to assess the existing landscape of their training networks. Information collected from this survey will be utilized by HRSA to understand the existing landscape of rural health training networks.

- o RPHWTNP Grantee Follow-up Survey (attachment 3):
  - This survey is designed to collect follow-up data from grantees that have been awarded funds for the RPHWTNP. Grantees will submit data regarding ongoing program activities, biannually. Information collected from this survey will be utilized by HRSA to understand ongoing progress with program activities, enabling the ability to report on Federal investments in near real-time.
- o RPHWTNP Grantee Exit Survey (attachment 4):
  - This survey is designed to collect exit data from grantees that have been awarded funds for the RPHWTNP. Grantees will submit one-time data at the end of their performance period regarding their program activities. Questions will be asked to assess sustainability, challenges, facilitators, and best practices.
- o RPHWTNP Trainee Survey (attachment 5)
  - This survey is designed to collect data from trainees who attend trainings that have been hosted by RPHWTNP training networks. Questions asked within this survey will help HRSA to better understand the population that may benefit from this program, training needs, and assess the trainings that were taken by these individuals.
- The type of data collection instrument, frequency, response requirement, and intended respondent is detailed in Table 1: Data Collection Overview.

**Table 1. Data Collection Overview**

<b>Data Collection Instrument</b>	<b>Frequency of Collection</b>	<b>Response Requirement</b>	<b>Intended Respondents</b>
RPHWTNP Grantee Baseline Survey	One time collection (beginning of data collection period)	Required to obtain/retain a benefit (funding award)	Program Grantee
RPHWTNP Grantee Follow-up Survey	Biannually until end of award period	Required to obtain/retain a benefit (funding award)	Program Grantee
RPHWTNP Grantee	One time collection	Required to	Program

Exit Survey	(end of award period)	obtain/retain a benefit (funding award)	Grantee
RPHWTNP Trainee Survey	Once per training	Voluntary	Program Trainees

The following statutes and regulations authorize this program and information collection:

American Rescue Plan Act of 2021 (ARP):

Under Subtitle F – Public Health Workforce, Section 2501 of Public Law 117-2 (American Rescue Plan Act of 2021) provides funding for “HHS to award grants and take other actions to expand and sustain the public health workforce, including to respond to COVID-19.”

Foundations for Evidence-Based Policymaking Act of 2018 (Evidence Act):

Under Title I – Federal Evidence Building Activities, Section 101 Public Law 115-435 “requires agencies to submit annually to the Office of Management and Budget (OMB) and Congress a systematic plan for identifying and addressing policy questions. The plan must include, among other things

- questions for developing evidence to support policymaking;
- data the agency intends to collect, use, or acquire to facilitate the use of evidence in policymaking;
- methods and analytical approaches that may be used to develop evidence to support policymaking; and
- challenges to developing evidence to support policymaking, including any statutory or other restrictions to accessing relevant data.”

Public Health Service Act (42 U.S.C. §§ 201-291n)

**42 U.S.C. § 254c(a)**

Under 42 U.S.C. § 254c(a), notes that the purpose of “this section is to provide grants for expanded delivery of health care services in rural areas, for the planning and implementation of integrated health care networks in rural areas, and for the planning and implementation of small health care provider quality improvement activities.”

**42 U.S.C. § 254c(f)**

Under 42 U.S.C. § 254c(f), direction is given to the Federal Office of Rural Health Policy (FORHP) to support awards for eligible entities to promote, through planning and implementation, the development of integrated health care networks that have combined the functions of the entities participating in the

networks in order to (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole.

## **2. Purpose and Use of Information Collection**

- Per OMB memo M-21-20 (Attachment 6), the American Rescue Plan Act (ARP) provides critical resources to respond to the public health crisis the Nation faces resulting from the COVID-19 pandemic. The memo emphasizes the need for a swift Government-wide response, to ensure the public's trust in how the Federal Government implements ARP programs and distributes ARP funding, and to optimize the accountability and transparency of Federal Government spending and achieving results are necessary for effective stewardship of these funds. As a result, Federal awarding agencies must collect recipient performance reports in a manner that enables the Federal Government to articulate the outcomes of Federal financial assistance to the American people, collect performance information that measures progress in achieving program goals and objectives, ensures payment integrity, and demonstrating equity-oriented results – all while minimizing the reporting burden to Federal financial assistance recipients.
- There are several consequences of the Federal Government not collecting data for the RPHWTN program as described herein. These include: (1) the inability to monitor grant activities resulting in insufficient oversight of, and accountability for, this HRSA investment, (2) a missed opportunity to better understand the workforce capacity-building needs of the rural communities that FORHP serves, and (3) a limited evidence-base for which policy and program decisions can be made on in the future.

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

- HRSA has considered all available options in obtaining the minimum necessary information to fulfill RPHWTNP monitoring and reporting requirements. In evaluating which option would be the most cost-effective, user-friendly, and minimally burdensome method of collecting data in respect to both time and administrative resources for respondents, HRSA has elected to use a web-based survey platform. The web-based survey platform, Qualtrics, will house four data collection instruments which will be distributed to respondents via weblink. HRSA intends to collect 100% of survey responses via Qualtrics. Response data will be automatically, electronically transmitted to HRSA upon completion of surveys.

## **4. Efforts to Identify Duplication and Use of Similar Information**

Data required to monitor and evaluate the Rural Public Health Workforce Training Network Program, such as information on the use of funds, types of trainings offered, number of individuals trained, number of positions filled, are not available elsewhere.

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

Twenty of the grantees awarded with RPHWTNP funds are small entities/small businesses. While a possibility of short form was explored for the purposes of this data collection, HRSA has determined that the surveys for the RPHWTNP has been held to the absolute minimum required for the intended use of the data.

## **6. Consequences of Collecting the Information Less Frequently**

- For grantees, the first required submission will be the RPHWTNP Grantee Survey. This survey will be deployed immediately upon receiving approval and will be due within 30 days of survey deployment. This survey will be completed one-time throughout the duration of the entire program.
- There are several consequences if the Federal Government were to collect RPHWTNP data less frequently. These include: (1) the inability to monitor grant activities resulting in insufficient oversight of, and accountability for, this HRSA investment, (2) a missed opportunity to better understand the workforce capacity-building needs of the rural communities that FORHP serves, and (3) a limited evidence-base for which policy and program decisions can be made on in the future.
- Table 1: Data Collection Overview details information about the data collection instruments, frequency of collection, and intended audience(s).

## **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 9, 2022, vol. 87, No. 236; pp. 75639-41. One out-of-scope comment was received in response to the 60-day Federal Register Notice. As a result, there are no changes made to the information collection since the comment was outside the scope of this information request.

A 30-day Federal Register Notice was published in the Federal Register on June 30, 2022, vol. 88, No. 103; pp. 34507-08. Two comments were received in response to the 30-day Federal Register Notice.

Comment 1 stated that they have been developing a trainee survey for quality improvement purposes and expressed concern regarding response rates due to a secondary trainee survey from HRSA. The commenter recommended that HRSA provide a template for surveys, allow grant recipients to disseminate and collect data, and report this data back to HRSA. Additionally, the commenter alternatively recommends that HRSA share grantee data back to the respective grantee. HRSA has considered the recommendations in the comment received. On June 28<sup>th</sup>, 2023, HRSA co-hosted a webinar with the Georgia Health Policy Center (GPHC),

*Technical Assistance Webinar: Understanding the Data Collection Tools.*<sup>2</sup> During this webinar, HRSA and GPHC informed grantees that aggregated data from trainee surveys will be shared back with grantees to the extent possible that prevents the identity and confidentiality of the respondents to be compromised.

Comment 2 expresses concerns relating to the trainee survey for the RPHWTNP including verb tense and other wording for questions 1, 20, 30, and 35. HRSA has listed skills in question number 35 that directly correlates to questions asked of grantees on the grantee surveys. Skills listed in this section are a subset of skills identified by the U.S. Department of Labor Bureau of Labor Statistics which correlate with occupations across one, or more, tracks of the RPHWTNP.

The following edits were made to the trainee survey:

- Question #1 will read “have you participated in a training today?”
- Question #20 will read “have you completed any other trainings or coursework, other than the training indicated in question #6, in the past 5 years?”
- Question #30 will read “do you currently have, or did you have, any accessibility and/or accommodation needs for this training?”

## **Section 8B:**

No outside consultation was solicited for the development of the data collection instruments for the RPHWTNP. Expertise and information needed for the development of the data collection instruments were obtained from program staff within the Federal Office of Rural Health Policy (FORHP). As this program is the first of its kind, the data collection instruments developed for this program were specific to the program needs of FORHP and no additional consultation was deemed to be necessary. Future consultation could be done with existing training networks in rural areas to help ascertain additional information in trainee surveys.

### **9. Explanation of any Payment/Gift to Respondents**

Respondents will not receive any payments or gifts.

### **10. Assurance of Confidentiality Provided to Respondents**

The Rural Public Health Workforce Training Network Program (RPHWTNP) does not require any information that could identify individual trainees. Aggregate data will be collected, but personally identifiable information will not be collected. This program will not collect any identifiable information including, but not limited to, names, email

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<sup>2</sup> Burbano, P & Kothari, A. (2023, June 28). Rural Public Health Workforce Tracking Network Program data collection tools TA webinar part 1 [Webinar]. Georgia Health Policy Center's Community Health Systems Development team. <https://ruralhealthlink.org/workforce-training/>

addresses, personal addresses, employer, identification numbers (SSNs, employee and/or student ID numbers, etc.), and IP addresses.

## **11. Justification for Sensitive Questions**

- This data collection effort requests respondents to answer information about their race and ethnicity. Respondents are provided with the option to select “I prefer not to answer” for any of these questions that may be of sensitive nature.
- To assess the advancement of equity through the RPHWTNP, respondents are asked about race, ethnicity, and disability to ensure that the training programs funded with Federal dollars are meeting the needs of the population served. Assessing this information, in combination with information from grantees regarding the extent to which cultural competence is accounted for and reasonable accommodations are made, will assist HRSA in evaluating whether Federal funds are helping to build equitable and sustainable training networks that meet the needs of the communities being served.

## **12. Estimates of Annualized Hour and Cost Burden**

### **12A. Estimated Annualized Burden Hours**

The RPHWTNP surveys are newly developed data collection instruments that will be used to collect minimum data necessary to monitor and evaluate the Rural Public Health Workforce Training Network Program.

Burden estimates for respondents of these surveys are presented in Table 2: Estimated Annualized Burden Hours. There are 32 grantees who have been awarded with funds for activities for the RPHWTNP. Upon reviewing grantee reports containing forecasted numbers of trainees, FORHP determined that the number of total individuals who will complete training programs will be approximately 500 trainees. Qualtrics, the web-based survey platform that will be used to distribute surveys, has estimated the predicted duration of each survey based on the questions, options, survey logic, and length. The metric calculated by Qualtrics considers every path of response possible from the shortest to the longest based off of the following: average human reading speed of 300 words/minute, 500 milliseconds time to transition between questions on a page, 300 milliseconds time to transition between choices in a question, 3 seconds time to transition between pages, 2 seconds time to select answer for a slider question, 10 seconds to type in a text-entry response. The total estimated burden for grantees is 24.32 hours per year. The total estimated burden for all trainees is 250 hours per year with an estimated burden of 0.25 hours, or 15 minutes, per trainee. The RPHWTNP is a three-year program, starting August 1, 2022.

**Table 2: Estimated Annualized Burden Hours**

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Total Responses	Avg. Burden per Response (hours)	Total Burden Hours
Grantees	Baseline Survey	32	1	32	0.25	8.00
	Follow-Up Survey	32	2	64	0.13	8.32
	Exit Survey	32	1	32	0.25	8.00
Trainees	Trainee Survey	500	2	1,000	0.25	250.00
<b>Total</b>		596		1,128		274.32

## 12B. Estimated Annualized Burden Cost

The RPHWTNP requires each of the 32 grantees to have at least one staff member whose responsibilities include data collection and reporting of performance data. RPHWTNP funds are permitted to be used for funding of this staff member, thereby preventing additional cost burden to grantees of this program. This staff member's responsibilities are comparable to the duties of information clerks. Grantee staff are located in rural geographic areas which have lower median income than the national observed average income for their roles. Median wages of individuals working in this type of role are estimated to be \$21.50 per hour, according to the Bureau of Labor Statistics.<sup>3</sup> The median hourly rate is doubled to account for overhead costs, for a total of \$43.00 per hour for the purposes of calculating burden costs (see Table 3).

Trainees span a wide array of occupations across multiple industries, particularly, the healthcare support industry. Median wages of individuals working in healthcare support occupations are estimated to be \$16.16 per hour, according to the Bureau of

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<sup>3</sup> Occupational Employment and Wage Statistics, May 2022. U.S. Bureau of Labor Statistics. 43-4199 Information and Record Clerks, All Other. <https://www.bls.gov/oes/current/oes434199.htm>.



Labor Statistics.<sup>4</sup> The median hourly rate is doubled to account for overhead costs, for a total of \$32.32 per hour for the purposes of calculating burden costs (see Table 3). For both grantees and trainees, the median hourly rate is used, as opposed to adjusting for locality, since recipients are spread across the country.

**Table 3: Estimated Annualized Burden Costs**

Type of Respondent	Total Burden Hours	Hourly Wage Rate (x2)	Total Respondent Costs
Grantees	24.32	\$43.00	\$1,045.76
Trainees	250.00	\$32.32	\$8,080.00
Total			\$9,125.76

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

Due to this specific information being collected via survey, there is no requirement for recordkeeping nor any cost to respondents, other than their time.

### **14. Annualized Cost to Federal Government**

The RPHWTNP is a three-year program. The estimated cost of using existing Federal staff for data analysis, evaluation, and reporting is as follows. The wage is adjusted for the respective locality and multiplied by 1.5 to account for overhead costs.

	Annualized Cost*	Total (over 3 years)
25% of 1 FTE** (GS-13/1)	\$42,005.63	\$126,016.89
20% of 1 FTE** (GS-13/7)	\$40,324.80	\$120,974.40
20% of 1 FTE*** (GS-13/10)	\$41,667.30	\$125,001.90
<b>Total</b>	<b>\$123,997.73</b>	<b>\$371,993.19</b>

\* The "Annualized Cost" column is the locality adjusted GS salary multiplied by the fraction of the time spent working on data collection, then multiplied by 1.5 to account for overhead costs.

\*\* The locality pay area for this salary is Washington-Baltimore-Arlington, DC-MD-VA-WV-PA.

\*\*\* The locality pay area for this salary is Dallas-Fort Worth, TX-OK.

The estimated average annualized cost of this data collection to the Federal

4 Occupational Employment and Wage Statistics, May 2022. U.S. Bureau of Labor Statistics. 31-0000 Healthcare Support Occupations (Major Group). <https://www.bls.gov/oes/current/oes310000.htm>.

government is \$123,997.73.

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

This is a new information collection.

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

The RPHWTNP began on August 1, 2022, and is currently authorized to continue until July 31st, 2025. As the program has already begun, it is essential to start data collection as soon as possible to ensure the program has adequate oversight over program activities. The table below (**Table 4: RPHWTNP Data Collection Timeline**) details the timeline of this data collection effort.

**Table 4: RPHWTNP Data Collection Timeline.**

<b>Survey Instrument</b>	<b>Survey Deployment</b>	<b>Survey Due Date</b>	<b>Survey Data Extraction</b>
<b>Grantee Baseline Survey</b>	Upon approval	30 days after deployment	Within two weeks of due date
<b>Grantee Follow-up Survey</b>	Upon approval, every 6 months until 7/31/2025	30 days after deployment, every 6 months until 1/1/2025	Within two weeks of due dates
<b>Grantee Exit Survey</b>	No later than 5/1/2025	6/1/2025	Within two weeks of due date
<b>Trainee Survey</b>	Upon approval	N/A – surveys are voluntary	Monthly until 7/31/2025

No data is anticipated to be collected after the project end date of July 31<sup>st</sup>, 2025, unless otherwise mandated and authorized.

**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.