

**Supporting Statement A**  
**Black Lung Clinics Program Performance Measures**  
**OMB Control No. 0915-0292**  
**Revision Request**

**Note:** After this collection is approved it will be transferred from 0915- (HSA) to 0906- (HRSA).

**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 recipient activities and performance measures electronically through the Performance Improvement and Measurement System (PIMS). This activity collects information for the Black Lung Clinics Program (BLCP) to provide HRSA with information on grant activities funded under this program, as well as information to meet requirements under the Government Performance and Results Act of 1993 (GPRA). These measures first received OMB review and approval in September 2004, under OMB Number 0915-0292, and have a current expiration date of October 31, 2024.

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 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.

The BLCP is authorized by Sec. 427(a) of the Federal Mine Safety and Health Act of 1977, as amended, (30 U.S.C. 937). The Black Lung PIMS is the reporting system for the BLCP recipients. The BLCP supports projects that demonstrate a clear target population, community need, and provision of services such as primary care, patient and family education, benefits counseling, outreach, patient care coordination (including individual care plans for patients), and other treatments that may relieve symptoms of pulmonary and respiratory diseases.

The BLCP remains a vital program, and PIMS is the tool that allows FORHP to measure the impact of the grant funding.

HRSA is not making any changes to the performance measures at this time. This notice is classified as a revision because the estimated average burden per response has decreased. The estimated average burden per response has

decreased because the data collection process has been streamlined through a new web-based data collection platform and enabled awardees/respondents to be more efficient in collecting and submitting the data for this information collection.

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

FORHP conducts an annual data collection of user information for the BLCP. The purpose of this data collection is to provide HRSA with information on how well each recipient is meeting the needs of active and retired miners in their communities.

Data from the annual report provides quantitative information about Black Lung clinics, specifically: (a) the characteristics of the patients they serve (gender, age, disability level, occupation type); (b) the characteristics of services provided (medical encounters, non-medical encounters, benefits counseling, and outreach); and (c) the number of patients served. These programmatic performance measures enable HRSA to provide data required by Congress under GPRA. It also ensures that funds are effectively used to provide services that meet the target population needs.

HRSA provides Comma-Separated Value (CSV) spreadsheets for clinics to export data from their Electronic Medical Record (EMR) into the appropriate format. The spreadsheets are converted into a JavaScript Object Notation (JSON) file using the Rural Health Data Tool (RHDT), software developed and provided for free by HRSA. This software de-identifies the data that the clinics then upload into HRSA's Electronic Data Collection Platform, a platform that offers grants management services to grantees and HRSA staff. The de-identified data is then accessed by HRSA staff for programmatic review in HRSA's Electronic Data Collection Platform.

This assessment will provide useful information on the BLCP and will enable HRSA to provide data required by Congress under GPRA. It will also ensure that funded organizations have demonstrated a need for services in their communities and that federal funds are being effectively used to provide services to meet those needs.

The type of information requested in the Black Lung PIMS enables FORHP to assess the following characteristics about its programs:

- The total number of coal miners served by FORHP-funded black lung clinics;
- The types of services the coal miners use and the BLCP clinics provide; and
- The characteristics of the coal miners the BLCP clinics serve.

As required by GPRA, FORHP has developed an annual program goal related to performance indicators. The Black Lung PIMS provides data for this performance indicator.

The measures support HRSA's Strategic Plan goal to improve access to quality health care and services by strengthening health systems to support the delivery of quality health services to care and expanding the capacity of the health care safety

net. The indicators for this program goal are:

- Total number of miners served each year; and
- Total number of miners screened each year

The database is capable of identifying and responding to the needs of the Black Lung community. The database:

- Yields trends on patient characteristics in an area that lacks sufficient national and state data; and
- Facilitates the electronic transmission of data by the recipients, through use of standard formats and definitions.

The database collects data in order to address long-term performance goals of the program and respond to GPRA requirements.

### **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, electronically transmitted to HRSA.

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 for the grantee and program staff. The time burden is minimal 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 is no other data source available that tracks the number of patients served by the BLCF. Due to the lack of an EMR system that links to HRSA, there is no other way to track the number of miners served, the types of services miners receive, and the characteristics of miner patients across grant recipients. This software and method is provided free of charge to grantees, and should help alleviate the financial burden it would take for clinics to implement this on their own.

The Department of Labor's (DOL) Division of Coal Mine Workers' Compensation collects data on the number of applicants and benefit recipients; however, the BLCF serves many more clients than would be eligible under the definitions for DOL. The Mine Safety and Health Administration (MSHA) collects information on the number of mines, the number of active miners, and injuries/deaths related to mining. The National Institute of Occupational Safety and Health (NIOSH) within the Centers for Disease Control and Prevention (CDC) provides medical testing and surveillance for

active coal miners. The BLCP recipients serve active, inactive, retired, and disabled coal miners.

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

Every effort has been made to ensure the data requested are the minimum necessary to answer basic questions useful in determining whether recipient awarded goals and objectives are being met. Data requested are currently being collected by the projects or can be easily incorporated into normal project procedures. The data collection activities will not have a significant impact on small entities.

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

Data in response to these performance measures are collected on an annual basis. Grant dollars for these programs are awarded annually. 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. 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. This is for the following reasons:

- HRSA's ability to analyze program data over time requires 5 years of data collected annually through this Information Collection Request for the program's July 1-June 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.

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. 52065. There were no public comments.

A 30-day Federal Register Notice was published in the *Federal Register* on October 22, 2024, vol. 89, No. 204; pp. 84357.

**Section 8B:**

The following grant recipients were consulted in 2024 while finalizing the performance measures:

Grantee #1

University of Illinois at Chicago

Grantee #2

West Virginia Department of Health

Grantee #3

Lungs at Work Black Lung & Respiratory Disease Clinic

There were no major problems that could not be solved 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 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**

Collecting aggregate data on race/ethnicity as well as various social determinants of health allows FORHP to assess the impact of this program, which focuses on clinic services for coal miners. Clinic services are integral to increasing access to care, especially among rural and health disparity populations.

Some aspects of data collection in clinics' EMR systems include collecting sensitive demographic information. This identifying information is critical in ensuring data is accurate and unduplicated. Once data is converted into a JSON file, it is thoroughly de-identified, and no personal identifying information is reported to HRSA's Data Collection Platform.

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

These estimates were determined by consultations with three grant recipients from the program. These recipients were asked to estimate how much time it would take to complete PIMS, including reviewing PIMS instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of the information. Some of the consulted grant recipients had prior experience completing PIMS, whereas others were completing the measures for the

first time. Actual collection of information from patients (e.g., facts or opinions obtained initially or in follow-on requests from individuals under treatment or clinical examination) is exempt from the PRA under 5 CFR § 1320.3(h)(5).

The number of respondents is based on the number of grantees, who will be completing the form once per year. The Black Lung Clinics Program Measures form requires an average of seven hours; therefore, the burden is displayed in the table below as the number of hours.

It should be noted that the burden is expected to vary across grant recipients. This variation is tied primarily to the type of program activities specific to the recipient's project and current data collection system.

#### 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
Black Lung Clinics Program Project Director	Black Lung Clinics Program Measures	15	1	7	105
Total		15			105

#### 12B. Estimated Annualized Burden Costs

Type of Respondent	BLS Code	Total Burden Hours	Hourly Wage Rate x 2	Total Respondent Costs
Project Directors, Health Practitioners, Technical Workers, etc.	11-9111: Medical and Health Services Managers	105	\$106.42	\$11,174.10
Total		105		\$11,174.10

Source: <https://www.bls.gov/oes/current/oes119111.htm>

The Bureau of Labor Statistics occupation code 11-9111, Medical and Health Service Managers, is being used to estimate respondent's hourly wage rate. The hourly wage rate is multiplied by 2 to reflect overhead costs (e.g., benefits). This is the most applicable definition for the types of respondents that are involved as

Project Directors in the Black Lung Clinics Program. The median hourly wage rate is used, as opposed to adjusting for locality, since award recipients are spread across the country. Wage has been doubled to account for 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**

Staff at FORHP monitor the contracts and provide guidance to recipient project staff at a cost of \$6,104.16 per year (72 hours per year at \$56.52 per hour at a GS-13 Step 1 base salary level). Wage has been adjusted for locality and multiplied by 1.5 to account for overhead costs.

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

This notice is classified as a revision because the estimated average burden per response has decreased. The estimated average burden per response has decreased because the data collection process for the performance measures has been streamlined, which enabled awardees/respondents to be more efficient in collecting and submitting the data for this information collection.

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

Regarding data collection and publication, the data collected for the Black Lung Clinics Program (BLCP) can be published, as appropriate, in compliance with the OPEN Government Act.

Aggregate data from the BLCP, including the number of miners served, number of miners screened through and the number of medical encounters from black lung through the BLCP each year is currently published annually under the Black Lung section of HRSA's Congressional Budget Justification publicly available on HRSA's website and updated annually.

HRSA's Federal Office of Rural Health Policy (FORHP) also publishes aggregate data from the BLCP in FORHP's rural investment factsheet, also publicly available on HRSA's FORHP website. The aggregate data published in the factsheet is available annually most typically in the last quarter of the calendar year and includes aggregate BLCP data including the number of miners served.

These documents receive the approval necessary for making the data available to the public.

Future data publication of BLCP data is anticipated to follow the completion of HRSA's data governance policy guidance in calendar year 2027, following the July 1-June 30 annual period of performance for the BLCP. 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 approval necessary, 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.

The data collected may also be used on an aggregate program level to document the impact and success of programs. This information might be used in the FORHP Annual Report produced internally for the agency and may also be included in presentations used for rural stakeholders. The FORHP Annual Report is produced in February, reporting the prior fiscal year's activities.

#### **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.