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.

FORHP's authorizing language, Section 330A(e) of the Public Health Service (PHS) Act (42 U.S.C. 254c(e)) and Public Law 116-136, charges 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 request is to collect performance measures 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 helps identify additional areas for technical assistance. These measures cover the principal topic areas of interest to FORHP including: (1) capacity/organization information, (2) access/population demographics, (3) sustainability, (4) project specific domains, and (5) 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 determine the collective impact of this program across all Outreach Program grantees and determination of how funding has improved the characteristics and outcomes mentioned above. It would also impede future efforts to create resources and funding opportunities that are able to address any 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 secured platform to house the data collection instrument as well as allowing Outreach Program grantees to electronically submit their data to HRSA.

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 through the Outreach Program.

5. Impact on Small Businesses or Other Small Entities

Every effort has been made to ensure that the data requested is 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 reporting on an annual basis, at the end of each project year, for each year of the 4-year funding cycle. Reporting annual data ensures a standard reporting period uniform across all Outreach Program grantees. This provides HRSA with current 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

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 April 7, 2026, vol. 91, No. 66; pp. 17660-17661. There were no public comments.

A 30-day Federal Register Notice was published in the *Federal Register* on June 7, 2026, vol. 91, No. 128; pp. 41644-45.

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 by four participating grantee organizations in 2026.

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

HRSA will be collecting race/ethnicity data at an aggregate level. The purpose is to ensure that Outreach grant projects funded with Federal dollars are meeting the needs of the population served.

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. Current grantees respond once per year. The total burden hours were estimated by reaching out to four 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 8.75 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 personnel changes resulting in training needs of new hires 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 Project Director	Rural Health Care Services Outreach Performance Measures	58	1	8.75	507.50
Total		58	1	8.75	507.50

12B.

To estimate the hourly wage for a Project Director, HRSA used the most recent data from the Bureau of Labor Statistics. The chosen occupation is Project Management Specialists (SOC Code 13-1082), as this category most accurately reflects the coordination of budgets, schedules, and staffing that is typical of grant project directors.

- Source: Overview of BLS Wage Data by Area and Occupation: U.S. Bureau of Labor Statistics
- Median Hourly Wage: $49.19
- Locality Adjustment: The Median hourly rate is used as opposed to adjusting for locality, since award recipients are spread across the country.
- Overhead/Benefits: Wage has been doubled to account for overhead costs. The hourly wage used will be $98.38.

Estimated Annualized Burden Costs

Type of Respondent	BLS Code	Total Burden Hours	Hourly Wage Rate x 2	Total Respondent Costs
Project Director	13-1082	507.50	$98.38	$49,927.85
Total				$49,927.85

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 data collection platform is maintained through an information technology (IT) contract at the HRSA level. The initial build-out cost attributable to the Outreach Program is estimated at $195,212. In subsequent years, costs are projected at $37,260 annually to support ongoing maintenance and system enhancements.

The estimated annual cost for Federal staff to perform data analysis, reporting, program monitoring, and recipient support cost of $6,302.16 per year. This cost is estimated as 72 hours of staff time per year at a GS-13 Step 1 salary level, estimated hourly wage of $58.35 (locality pay is based in the Washington-Baltimore-Arlington area) plus 50% for benefits and fringe ([$58.35 per hour + $29.18 fringe per hour] x 72 hours = $6,302.16).

The Outreach Program is a multi-year program. Data collection will happen annually for up to four years. The total cost to the Federal Government for this project (IT contract and Federal staff time) over a 4-year period is $332,200.64, with an average annual cost of $83,050.16.

15. Explanation for Program Changes or Adjustments

There is an increase in the number of burden hours from 488 hours to 507.50 hours. This is due to an increase in the average burden per response from 8 hours to 8.75 hours. This was done based off consultation with four 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.

The proposed changes include: consolidation of three sub-sections (Consortium/Network, Access to Care, and Population Demographics) into two new sub-sections (Capacity/Organizational Information and Access/Population Demographics); addition of 9 new maternal health measures (4 required measures; 5 optional measures) for the 11 award recipients in the Healthy Rural Hometown Initiative

(HRHI) track only; and adding one new question and revising response selection list related to sustainability. Additionally, there is an increase in the estimated total burden hours compared to the previous ICR package. The increase in burden is to account for a new cohort of recipients new to this data collection. This includes 40 recipients funded under the Regular Outreach Track and 18 recipients funded under the HRHI Track awarded under HRSA-25-038

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

FORHP does not plan to release a publicly available dataset using this data. Releasing this data would have privacy implications and negatively impact the communities served. FORHP will not publish this data to provide sufficient protection and assurance of full confidentiality to respondents and participants. This information is used for measures published in the annual HRSA Budget (see P.L. 352, Section 1116). Aggregate data is also used to assess the progress and success of this program. The information is accessible to the grantees as the data relates to them.

This is a recurring data collection that program recipients report once a year. We are requesting clearance of this information collection for the next three years. The next reporting period is scheduled for Fall 2026.

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

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.