

Supporting Statement
The 2014 Health Center Patient Survey Data Use Agreement and Supplement Forms
0906-XXXX

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

The Health Center Patient Survey (HCPS), OMB control number 0915-0368, sponsored by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC), surveyed patients who use health centers funded under Section 330 of the Public Health Service Act. HCPS collects data on health center patients' sociodemographic characteristics, health conditions, health behaviors, access to and utilization of health care services, and satisfaction with health care. Survey results come from in-person, one-on-one interviews with patients and are nationally representative of the Health Center Program patient population. To inform BPHC and HHS policy, funding, and planning decisions, the survey investigated how well HRSA-supported sites meet health care needs of the medically underserved and assessed how patients perceive the quality of their care.

The HCPS is unique because it focused on comprehensive patient-level data. These and other features of the data will provide researchers and policymakers the capacity to empirically explore policy topics relevant to the Health Center Program using up-to-date information.

Prior to releasing this information, BPHC will request prospective users to fill out a "Data Use Agreement" (DUA). BPHC will use this DUA as a binding agreement when an external entity (e.g., contractor, private industry, academic institution, other Federal government agency, or state agency) requests the use of BPHC personally/organizationally identifiable data that is covered by the Privacy Act of 1974. The agreement delineates the confidentiality requirements of the Privacy Act, security safeguards, and BPHC's data use policies and procedures. The DUA will serve as both a means of informing data users of these requirements and a means of obtaining their agreement to abide by these requirements.

2. Purpose and Use of Information Collection

The restricted use dataset contains health center grantee and patient information. As stated in the supporting statement of the HCPS ICR regarding protection of respondent identifiers, under no circumstances will the dataset disclose personally identifiable information. Therefore, the dataset is fully consistent with the ICR supporting statement regarding protection of individual respondent privacy and the Privacy Act of 1974. Sensitive grantee and patient information includes, for example, a grantee identification number to link the survey with BPHC's Uniform Data System and infrequently occurring individual characteristics such as having AIDS/HIV that few sample respondents may report.

Before allowing access to restricted data, prospective users will submit a signed DUA and describe what proposed research they intend to undertake in using the dataset. A BPHC workgroup will determine whether the project is an appropriate and legitimate use of the data. The criteria to determine admissible projects will include: (1) relevance of the topic of study to BPHC/HHS policy, (2) feasibility of the project given the parameters described in DUA supplemental, and (3) the proposed end-use of the research that will be undertaken.

3. Use of Improved Information Technology and Burden Reduction

The forms may be completed electronically, printed, signed, scanned and returned via email to BPHC. As such, information technology will be leveraged to facilitate provision of the requested information and to reduce burden.

4. Efforts to Identify Duplication of Use of Similar Information

The information requested in these forms is unique to each research proposal and is not captured elsewhere. The same applicant will be able to amend previously submitted proposals using relevant information without duplicating efforts.

5. Impact on Small Businesses or Other Small Entities

This activity does not have a substantial impact on small entities or small businesses.

6. Consequences of Collecting the Information Less Frequently

If the information is not collected, BPHC will be unable to judge appropriate, legitimate uses from inappropriate, non-legitimate uses of the HCPS data. BPHC would not have the information needed be able to make this valuable resource only available to qualified researchers/stakeholders.

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

The request fully complies with the regulation.

8. Comments in Response to the Federal Register Notice/Outside Consultation

The 60-day FRN was published on Friday, May 6, 2016. Vol. 81, No. 88, page 27452. No comments were received.

The forms were reviewed by the following:

Professor Leiyu Shi
Department of Health Policy and Management
Bloomberg School of Public Health
The Johns Hopkins University
Baltimore, MD 21205

Lshi2@jhu.edu

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

The files are maintained electronically in Microsoft Outlook .pst files. Files containing DUA forms or information will be safeguarded in accordance with Departmental standards and National Institute of Standards and Technology (NIST) Special Publication 800-53, Recommended Security Controls for Federal Information Systems and Organizations which limits access to only authorized personnel. The safeguards shall provide a level of security as required by Office of Management and Budget (OMB) Circular No. A-130 (revised), Appendix III – Security of Federal Automated Information Systems for moderate level sensitive systems.

11. Justification for Sensitive Questions

There are no questions of a sensitive nature.

12. Estimates of Annualized Hour and Cost Burden

The type of respondent for the forms includes organizations such as university faculty/students, Health Centers, Primary Care Associations, federal or state governments, and non-academic researchers.

Total Estimated Annualized Burden - Hours

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
DUA	20	1	20	0.25	5
DUA Supplemental	20	2	40	1.25	55
Total	40		60		60

Basis for the estimates:

The burden estimates for the applications and forms were based a pre-test using 5 respondents. efforts to streamline and automate data collected, and input from grantees using the HRSA’s Electronic Handbooks EHB system and application forms.

Estimates of Annualized Cost Burden to Respondents

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
--------------------	--------------------	------------------	------------------------

Medical and Health Services Managers	1.5	\$37.74	\$56.61
Total	1.5		\$56.61

Wages for Medical and Health Services Managers are based on Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2016-17 Edition*, Postsecondary Teachers, <http://www.bls.gov/ooh/education-training-and-library/postsecondary-teachers.htm>. Total costs will therefore be \$560.10 per year.

13. Estimates of other Total Annual Cost Burden to Respondents

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

14. Annualized Cost to the Federal Government

The estimated annual cost to the government is approximately \$2245.67 (1 GS-13, 1 GS-14 FTE's – using 10% FTE) for reviewing the applications.

15. Explanation for Program Changes or Adjustments

This is a new data collection activity.

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

There will be no statistical analysis done on the information received nor will there be any publication of the information reported on the DUA/supplemental form.

17. Reason Display of OMB Expiration Date is Inappropriate

The OMB number and expiration date will be displayed on every page of every form.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.