

SUPPORTING STATEMENT

Voluntary Partner Surveys to Implement Executive Order 12862 in the Health Resources and Services Administration

A. **Justification**

1. Circumstances of Information Collection

This is a request for an **extension without change** of OMB approval for a generic clearance for the Health Resources and Services Administration (HRSA) to conduct customer satisfaction surveys. In 1997, HRSA implemented Executive Order 12862 within the agency in relation to satisfaction of those entities who are our "partners" in delivery of services to the public. OMB granted a generic approval for HRSA to conduct satisfaction surveys under OMB No. 0915-0212. The current clearance expires 03/31/2006. Our partners are typically State or local governments, health care facilities, health care consortia, health care providers, and researchers.

Executive Order 12862 directs agencies that "provide significant services directly to the public" to "survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services". HRSA provides a number of services and information to the public and to its partners. Many of these services are centered around information dissemination or in providing technical assistance to grantees. The purpose of this submission is to obtain generic approval for satisfaction surveys of our partners with various aspects of the "partnership" and to identify ways in which we can improve our services to them and to the beneficiaries of the program.

In addition, approval is requested for satisfaction surveys that would be undertaken by our partners to assess the satisfaction of their direct customers. For example, the HRSA's Bureau of Health Professions (BHPr) provides grant funds for training of health care providers, and the grantees may be asked to use a common form to survey providers following the training regarding the training experience.

In accordance with OMB guidelines for generic clearances for voluntary customer satisfaction surveys, HRSA has established an independent review process (see B.5 below) to assure the development and implementation of high quality partner surveys within HRSA. Survey instruments developed for use under this generic clearance will be submitted to OMB for review and inclusion in the public docket.

2. Purpose and Use of the Information

The primary use for information gathered through focus groups and voluntary partner surveys is to identify strengths and weaknesses in current HRSA materials or service provisions and to make improvements that are practical and feasible. Information from these partner surveys is used to plan and redirect resources and efforts to improve or maintain a high quality of service to

the health care providers, their clients, and other partners. Timeliness, appropriateness, accuracy of information, courtesy, or problem resolution will be assessed in the context of individual programs.

The following OMB approved customer satisfaction surveys provide examples of instruments used by HRSA programs. The purpose of these surveys was to determine the level of satisfaction with existing services and to identify problems and areas for improvement. Copies of these instruments are attached.

- # The Maternal and Child Health Bureau (MCHC) web survey has obtained opinions on subscriber satisfaction with *MCH Alert*, an informational summary of Maternal and Child Health news.
- # The Division of Transplantation for HRSA's Healthcare Systems Bureau conducted a survey that obtained information regarding patient's degree of satisfaction with informational and materials provided by the National Marrow Donor Program's Office of Patient Advocacy.
- # The New Freedom Initiative conducts interagency broadcasts that provide information on HHS programs to caregivers, providers, and partners, and has an online satisfaction survey for broadcast participants.

This information provided important feedback regarding our partners' satisfaction and suggestions for improvement of various aspects of HRSA program services and information materials.

3. Use of Improved Information Technology

As appropriate, automated information technology using online or web based tools will be used to collect and process information for these surveys. In some instances; however, the most appropriate methodology may involve written or oral responses to brief forms, depending on the customer service of interest and the respondent population. Focus group sessions would be held in the routine method of a face-to-face setting.

4. Efforts to Avoid Duplication

Each survey will be designed to reflect the specifics of the partner population served by a program. Surveys will be reviewed carefully to avoid potential duplication. Information about program plans for partner surveys will also be shared among HRSA Bureaus at an early stage to promote a coordinated effort to collect data.

5. Involvement of Small Entities

These partner surveys will not have a significant impact on small businesses or other small entities. The questionnaires will be short, and will ask for opinions and suggestions.

6. Consequences if Information Collected Less Frequently

Surveys will be conducted only at intervals that are considered appropriate to measure the impact of changes implemented as a result of initial satisfaction surveys and to monitor the continued level of performance. In many cases these surveys are one-time projects used to evaluate satisfaction with training or a technical assistance workshop. In some instances, a satisfaction survey is likely to be conducted on an annual or biennial basis after establishment of a baseline. Collection on a less frequent basis would reduce the practical utility of the information and inhibit the program's ability to monitor changes.

7. Consistency With the Guidelines in 5 CFR 1320.5(d)(2)

These surveys will be implemented in a manner fully consistent with 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on April 30, 2008, (Vol. 73, No.85, page 23472-23473). No comments or requests for information were received.

HRSA programs will use annual grantee meetings, program hotlines, routine contacts with partners, focus groups and other qualitative information collection activities to identify areas of interest and concern to partners and will build the design and content of its quantitative surveys upon this qualitative input. HRSA will call upon their in-house statistical staff and the staff of contractors in developing survey plans. As needed, they may also call upon the statistical resources of the National Center for Health Statistics, which has a questionnaire design laboratory. As appropriate, agencies will establish panels of outside experts to assist in design and implementation of the surveys.

9. Remuneration of Respondents

To date, HRSA has not provided any remuneration to respondents for its customer satisfaction surveys. On occasion, however, there may be a need for nominal remuneration to focus group participants who are asked to leave their usual location and travel to a central location to compensate them for the time and inconvenience required. Should this type of situation arise, the level of remuneration is not expected to exceed \$20-25 for participation in a focus group, and will depend on the amount of respondent time and expense projected for each focus group.

10. Assurance of Confidentiality

To date, the HRSA customer satisfaction surveys have not collected personally identifiable information from respondents. The protection of respondent identification and information has been assured to the maximum extent allowed by law. Participation is fully voluntary and responses are anonymous. In instances where respondent identity is needed (e.g., for follow-up of non-respondents, or for a longitudinal design), the information collection will fully comply

with all aspects of the Privacy Act. Any identifying information will be maintained by a data collection contractor, and will not be given to the agency. Respondents will be assured that neither their participation/non-participation nor any responses to items will have any effect on their participation in HRSA programs.

11. Questions of a Sensitive Nature

The voluntary partner surveys do not contain questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

| Instrument | Number of Respondents | Responses per Respondent | Hours per Response | Total Hour Burden | Wage Rate | Total Hour Cost |
|--------------|-----------------------|--------------------------|--------------------|-------------------|-----------|-----------------|
| Surveys | 50,000 | 1 | .1 | 5,000 | \$25 | \$125,000 |
| Focus groups | 50 | 1 | 1.5 | 75 | \$25 | \$1,875 |
| Total | 50,050 | | | 5,075 | | \$126,875 |

Surveys: Surveys of this type are brief, consisting of one or two pages if paper and a limited number of screens if electronic. Response categories are often Likert-type scales or checkboxes to limit the burden in time and effort. We project 8 quantitative partner satisfaction surveys per year, with a sample of between 500 and 2,000 partners, with an average burden of approximately 5 minutes per response.

Focus groups: It is projected that in each year of this approval five focus groups will be convened. Each focus group is expected to include approximately 10 members and last an average of 1.5 hours, for a total respondent burden of 75 hours.

Hour Costs: Respondents are expected to be a mix of grantee staff, health care providers, and recipients of services or information. Costs are based on an average rate of \$25 per hour.

13. Estimates of Annualized Cost Burden to Respondents

Focus group participants will be reimbursed for any travel or incidental costs associated with traveling to a central location for interview (any such request would be discussed and explained in the individual submission for review). Except for focus groups, costs to respondents will be limited to their time to provide the requested information.

14. Estimates of Annualized Cost to the Government

The surveys and focus groups are likely to be carried out under contract. Assuming that contract costs for each survey are \$50,000 - \$100,000, and for each focus group are \$20,000, total contract costs could average \$700,000 per year.

15. Change in Burden

This is an extension without change.

16. Plans for Analysis and Timetable of Key Activities

There are no plans for detailed statistical analyses of survey results. A few general principles, however, are expected to apply.

For all types of surveys, the analyses will be descriptive, rather than inferential. The purpose of the surveys is to identify problem areas and to get a rough indication of the magnitude and scope of the problems. For the types of surveys described earlier, for example, the following analyses would be appropriate:

a. Surveys of training programs: Qualitative analyses of the ratings are likely to be the first level of analysis, e.g., instructors and program planners are expected to scan the survey responses to identify aspects of the training that are consistently rated as strong or weak. This kind of information can be the basis for short-term modifications to the programs.

b. Web/Mail/Telephone surveys: Basic descriptive analyses with simple frequency tables are expected for these customer surveys.

c. Focus groups: Participants will be selected purposively, and no generalizations to the population will be possible. Focus groups will be used primarily to begin to identify problems and issues related to the agency service of interest to the project. They may also be used to "brainstorm" possible solutions. The analyses will be qualitative, consisting of narrative summaries of the discussions.

17. Exemption for Display of Expiration Date

No exemption is being requested. The expiration date will be displayed.

18. Certifications

These activities will comply with the requirements in 5 CFR 1320.9. The certifications are included in this package.