

Health Resources and Services Administration
1NHSC Brand and Materials Feedback

SUPPORTING STATEMENT

The Health Resources and Services Administration (HRSA) currently has approval under the generic clearance, OMB No. 0915-0212, to conduct customer satisfaction focus groups and surveys to identify strengths and weaknesses in current HRSA materials or service provisions and to make improvements that are practical and feasible. HRSA is requesting approval to conduct 6 focus groups and a brief online survey to get audience feedback on newly developed brand elements, key messages, and draft materials developed to promote HRSA's National Health Service Corps (NHSC) program.

The NHSC is a network of more than 10,000 primary health care professionals and sites that serve the most medically underserved regions of the country. To support their service commitments, the NHSC provides clinicians with financial support in the form of loan repayment and scholarships.

Purpose and Use of Information

The activities proposed in this submission to OMB will help HRSA fulfill the requirements of the American Recovery and Reinvestment Act (Recovery Act) of 2009 (Public Law 111-5, Section 93.400 and 9.401), which provides additional funding for the U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration's National Health Service Corps program. In order to increase NHSC membership, as the Recovery Act of 2009 specifies, HRSA is in the process of executing a campaign to brand, market, and promote the NHSC.

The proposed project to gain feedback of NHSC brand elements and materials is the only activity that will inform efforts to rebrand and effectively market NHSC in order to meet recruitment and other programmatic goals. This activity is unique to this project and the information cannot be found elsewhere.

The proposed focus groups and survey activities were developed as a collaborative effort of HRSA and its contractor, Academy for Educational Development (AED), without the involvement of others external to the agency. The information will be used for internal program improvement purposes only, and the results will not be published or shared externally.

Materials to be Reviewed

The focus groups with potential NHSC members and the online survey of secondary audiences will focus on getting feedback on the following components of the NHSC marketing campaign being developed by AED:

- NHSC brand elements (draft mission statement, three logos, and three taglines);
- NHSC key messages (loan offer and program benefits) and program terminology (e.g., "Ambassadors," "service commitment" vs. "obligation," NHSC awardee" vs. "member");
- NHSC communications materials and concepts (e.g., toolkit formats and Web pages).

The feedback gathered will be used by HRSA and AED to inform and revise the materials.

Methodology

The proposed review of NHSC brand elements and materials will gather information from the primary target audiences of potential NHSC program members—soon-to-be, and current, primary health care providers in physician, nurse practitioner, physician assistant, dental and social worker disciplines—while also collecting feedback from the following secondary audiences: partners, Ambassadors, alumni, current members, and sites. Both the focus groups and online survey are designed to collect audience feedback on NHSC brand elements and marketing materials. No questions of a sensitive nature will be posed to focus group and survey participants, and no personal information will be collected.

In collaboration with HRSA, AED staff will develop the focus group moderator's guide and online survey, recruit respondents, conduct the focus groups, review the collected feedback, and summarize key findings and present them in a report to be submitted to HRSA. All materials are attached to this submission for OMB review and approval. We will begin conducting the focus groups and online survey after receiving approval from both OMB and AED's IRB.

Focus Groups with Potential NHSC Members

HRSA proposes conducting 6 focus group discussions with potential clinician members, the primary target audience that the HRSA aims to recruit into the NHSC, in order to gather their feedback on branding elements and marketing materials. Each focus group discussion will last no longer than one hour and 30 minutes. The focus groups will be held at a facility in each market, or in another suitable meeting space, at a convenient time of day for students and working people.

The in-person focus groups will be convened in three locations in different regions of the country (2 focus groups per location): the Washington, DC area; a rural location where there is a shortage of healthcare providers; and a non-rural location within or near a medically underserved geographic area, to get diverse perspectives and since NHSC has both urban and rural sites that it serves and for which the program recruits new members. Holding the focus groups in Washington, DC will allow HRSA/NHSC staff to conveniently observe the discussions. The latter two locations will be selected based on the healthcare provider shortage in the region (because NHSC places members in these areas) and the presence of schools and programs training future healthcare providers (to facilitate the recruitment of students).

All focus groups will be composed of individuals considered to be potential NHSC members exclusively, which includes healthcare providers in training and incurring educational debt, as well as early/mid-career providers with post graduate student loans to pay off. The focus groups will include a mix of five types of providers identified by NHSC as high-priority: 1) primary care physicians, 2) dentists, 3) nurse practitioners, 4) physician's assistants, and 5) social workers. An effort will be made to recruit a diverse mix of men and women, racial and ethnic groups, and age segments for the focus groups. This activity is not designed nor intended to be a representative sample or to lead to any generalizations about a population.

Focus groups will be segmented based on their career/life stage:

- *Students* – Students enrolled in training programs to become healthcare providers (3 focus groups, n=27)

- *Early and Mid-Career Healthcare Providers* – Mix of mid/early-career providers who have been practicing clinicians for 12 or fewer years (3 focus groups, n=27).

AED will contract a professional recruitment agency to identify, invite, and schedule focus group participants. The agency will contact potential participants from their databases of students and health care providers and will use a screening instrument to select participants and recruit them for the focus groups (Attachment A: Focus Group Recruitment Screener). NHSC partners, such as student and professional associations, may be asked to help with recruitment by sending an announcement about the focus groups to their members. The screening process will take no longer than 10 minutes per respondent. Nine participants will be recruited for each group discussion to ensure that at least 7 or 8 to show up and participate in the group.

The group discussions will be conducted in-person by an experienced AED moderator. A moderator’s guide will be used to ensure that the discussion groups stay focused and gather the feedback needed to make the necessary revisions to the brand and marketing materials (See Attachment B: Focus Group Moderator’s Guide). The moderator’s guide will be organized around the following main topic areas:

- Perceptions of NHSC
- Feedback on brand elements
- Feedback on key messages and terminology
- Feedback on materials
- Preferred information sources, needs, and preferences.

Participation will be strictly voluntary and based on informed consent. Prior to participating in the group discussion, respondents will be asked to read a brief project description and sign a consent form (Attachment C: Focus Group Consent Form). The focus groups will be audio-taped for the purposes of report writing only. Names and any other personal identifying information will be kept secure, and will not appear on notes, audiotapes, or in the summary report. The findings from the focus group discussions will be presented in aggregate and will not compare differences between audience segments or locations.

Focus group participants that participate in a discussion will receive financial compensation for their time, transportation costs, and contributions. Most of the facilities AED has worked with in the past recommend incentive amounts between \$65 and \$75 for general population focus group participants, but acknowledged that rural participants may have higher transportation costs. Therefore, AED will provide a \$75 incentive to students to encourage their participation in the scheduled focus groups. For health care providers, a higher incentive amount of \$200 will be provided, because recruitment firms (e.g., Schlesinger Associates, Chasen Research, and RCHorowitz & Company, Inc.) report that this is the minimum incentive necessary to secure participation from these busy, well-paid professionals. Also, in *Focus Groups: A Practical Guide for Applied Research*, Krueger and Casey (2000) explain that physicians and similar professionals “may require amounts in the \$100 to \$200+ range” to recruit them to participate in focus groups.¹

¹ Krueger RA and Casey MA. (2000). *Focus Groups: A Practical Guide for Applied Research* (3rd Edition). Thousand Oaks, CA: Sage Publications, Inc.

The information gathered in the focus group discussions will be reviewed based on notes taken by AED observers during the groups. Findings and recommendations for revisions to the NHSC branding and marketing materials will be presented in a report to HRSA, which will not be shared externally.

Online Survey of Secondary Audiences

In order to simultaneously gather feedback from multiple secondary audiences that NHSC communicates with, on the same NHSC brand elements and marketing materials shared in the focus groups, HRSA proposes conducting a brief online survey with: NHSC partners, Ambassadors, alumni, current members, and sites. These groups play an important role in promoting and/or implementing the NHSC program, and gathering feedback from these audiences will enable HRSA to produce communications and materials that better meet their needs. Brief descriptions of each of the secondary audiences are included below:

- *NHSC Partners* – This audience includes Primary Care Offices, Primary Care Associations, Area Health Education Centers, HRSA Office of Regional Operations, professional associations, universities/colleges, and others that are involved in or promote the NHSC program for HRSA.
- *Ambassadors* – A group of alumni, friends, and partners who have specifically registered with the NHSC as an “Ambassador.” In this role, NHSC Ambassadors volunteer to mentor, educate, and recruit, and train others about the NHSC.
- *Alumni* – People who were at one time practicing clinicians enrolled in the NHSC program, and received scholarships or loan repayment.
- *Current Members* – Current participants in the NHSC program.
- *Sites* – The health care sites that employ NHSC clinicians after becoming approved to be an NHSC site through HRSA.

HRSA proposes conducting an online survey that will be given to partners, Ambassadors, alumni, current members, and sites. Participants will be asked to answer a brief, self-administered, web-based survey of 15 questions. The survey will take approximately 15 minutes to complete. The questions are related to the following topics:

- Background/demographics (current affiliation with NHSC, basic demographics)
- Feedback on brand elements (mission statement, logos, taglines)
- Feedback on key messages and terminology (loan repayment offer and “Ambassador”)
- Feedback on materials (toolkit content/formats and site decals)
- Preferred information sources.

The same survey will be given to all respondents (See Attachment D: Online Survey). The survey invitation will be sent to 400 potential respondents via email to Partners and Ambassadors (n=50), Alumni (n=100), Site Directors (n=150), and Current Members (n=100). The survey will be sent to 400 respondents who have been randomly selected from lists provided by HRSA, with the names and email addresses of members of each of these audiences.

AED will administer the survey and send the email with the survey invitation and link to the distribution list. In addition, NHSC partner organizations will be asked to help distribute the survey link to their members. The survey will be fielded for a total of 3 to 4 weeks. Up to two additional reminders will be e-mailed to invite potential participants to respond to the survey and thanking them if they have already completed a survey. The anticipated response rate to this online survey is 60% which, if attained, will result in completed surveys from over 240 respondents.

Participation will be strictly voluntary and individual respondents will not be identified. The survey will present a single question at a time. It will allow respondents to advance through the survey only by answering or skipping each question. Progress indicators will be visible throughout the survey. Responses will have no personally identifiable information; no names or e-mail addresses will be linked to the responses, nor will any responses to items have any effect on the participants' eligibility for, or receipt of, services. All information provided by respondents will be collected by the contractor, AED, and will be maintained in a secure manner.

AED will use Qualtrics™ survey software to administer the online survey. This technology is easy to use and allows for embedding logos and visual materials elements directly into the survey for respondents to review and comment. AED will review the survey results and provide a summary report to HRSA for the purpose of refining the NHSC brand and marketing materials. The results will not be shared externally.

Planned Frequency of Information Collection

The project plans to conduct the focus groups and the online survey one time only. The same individuals will not be asked to participate in future activities for this particular NHSC effort.

Participant Burden

There will be a maximum of 54 focus group respondents – 6 groups with 9 (or fewer) respondents/group. An average total participation time of 1.5 hours for each participant includes 10 minutes responding to the screener questionnaire, 5 minutes for having the respondents read and sign consent forms, complete name tags and 75 minutes to participate in the focus group. This culminates in a maximum total annual hour burden of 81 hours for the focus group activity.

The anticipated number of responses to the online survey is 240 and the survey will take an average of 15 minutes to complete. Therefore, the annual hour burden for the online survey is 60. Overall, estimated total annual hour burden for the proposed study is 141 hours (See Table 1. Estimated Participant Burden below).

Table 1. Estimated Participant Burden

Estimated Burden						
	Number of Respondents	Frequency of Response	Average Response Time (Hours)	Annual Hour Burden	Average Hourly Wage Rate	Annual Respondent Cost
Focus Groups	54	1	1.5	81.00	41.68	\$3,376.08
Online Survey	240	1	0.25	60.00	46.26	\$2,775.50
Total	294	1	-	141.00	-	\$6,151.58

Change in Burden

This is a new activity with a total burden of 141 hours. The current approval under the generic OMB number 0915-0212 is 5,075 annual hours, of which only 740 hours are in use with currently approved customer satisfaction surveys and focus groups. The inclusion of 141 for the proposed activity will bring the total hours in use to 881, which is within the total hours approved for customer satisfaction surveys and focus groups.

Estimates of Annualized Cost to the Government

The annualized cost to the government for this activity is approximately \$40,000, which includes the cost for the contract with AED to execute the project.

Timing of Data Collection

The data collection activities will begin after approval is received from both OMB and the AED IRB, and will be completed within a period of six months. To stay on track for the roll-out of the NHSC campaign scheduled for Fall 2010, HRSA plans to conduct data collection for this study during July and August 2010. The expiration date for the generic clearance and the OMB No. for this activity will be displayed.

Attachments

Please note the following attachments are included as part of this submission to OMB to conduct focus groups and an online survey under HRSA’s generic clearance, OMB No. 0915-0212:

- A) Focus Group Recruitment Screener
- B) Focus Group Moderator’s Guide
- C) Focus Group Consent Form
- D) Online Survey
- E) Items to be Tested

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