

SUPPORTING STATEMENT

Work Force Recruitment in Bureau of Primary Health Care (BPHC)-Funded Health Centers Survey

A. Justification

1. Circumstances of Information Collection

The Health Resources and Services Administration (HRSA) requests an expedited review of the Work Force Recruitment in BPHC-Funded Health Centers survey. The data, especially on the number of veterans hired in health centers, was requested by the White House and the Department of Health and Human Services (HHS) two weeks ago with a delivery date of August 31.

The survey is time-sensitive and urgent due to the on-going implementation of the Affordable Care Act provisions (many starting August 1st) that will further increase the primary care workforce shortage. HRSA's mission and key legislative authority tasks its programs "to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs." This survey will assist in leveraging existing and planned workforce programs and initiatives within HRSA and with our partners at the Department of Veterans Affairs, the Substance Abuse and Mental Health Services Administration (SAMHSA), and other federal agencies. The additional information gained by the survey will enhance efficiency and effectiveness of these collaborative workforce initiatives and potentially reduce the overall implementation costs.

2. Purpose and Use of Information

This survey is designed to collect information from HRSA-funded health centers regarding their current workforce. This baseline data is essential in demonstrating the effectiveness of recruitment efforts over the next year for returning veterans, many of whom have trained as health care providers and/or administrators during their time in the service.

The survey results will be used to help assess how health centers have filled recent vacancies, whether the availability of veterans to join the health center workforce is impacting their hiring efforts, and what additional efforts might improve health center recruitment at a critical time of expansion in the nation's health care safety net.

For example, the survey will help answer questions about workforce capacity and capability by organization, by region, and by state. This will help HRSA and our partners plan outreach efforts and implementation in specific geographic areas. The survey will also provide information on the type of workforce, such as nurse or physician. This will assist in planning specific filling gaps in staff type. This information will be combined with information on the health needs of patients, including veterans, and more effective coordination can be done to enhance access.

3. Use of Improved Information Technology

An online data collection tool, Survey Monkey, will be used to collect information electronically from BPHC-funded health centers. The use of this tool will reduce burden on the participants, as well as aid in efficient analysis of the collected information.

4. Efforts to Identify Duplication

Following discussions with other national organizations that work with BPHC-funded health centers, it was determined that this information does not currently exist nor is it being collected by other entities. This is a unique data collection effort.

5. Involvement of Small Entities

The information being requested has been held to the absolute minimum required for the intended use of the data.

6. Consequences if Information Collected Less Frequently

For effective monitoring and evaluation of the program, we will need a baseline, and at a minimum, an annual collection. The lack of a baseline (this request) will jeopardize the effectiveness of the survey and intended use. The current expedited request will meet the immediate request for information due by the end of August. However, we plan to submit a larger OMB package for an annual collection of data over 3 years in order to capture workforce development needs.

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

The data are collected in a manner consistent with guidelines contained in 5 CFR 1320.5(d)(2), with the following exception: Respondents will be asked to respond to the survey within 14 days. This shortened timeframe is necessary to meet the reporting deadline described in section 1 (above).

8. Consultation Outside the Agency

Due to the urgent nature of this request, there was not time for a full public comment period.

9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

This request does not involve the collection of individual level or personally identifiable information.

11. Questions of a Sensitive Nature

The survey does not collect confidential or protected information. There are no questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

The program estimates that 1,200 health center grantees will be asked to respond to this survey. The burden includes the time for the grantee to read the survey instructions, collect the data and information

requested, and to complete the online survey. This time estimate was developed with assistance from Seiji Hayashi, BPHC Chief Medical Officer (5600 Fishers Lane, Room 17-105, Rockville, MD 20852, shayashi@hrsa.gov). The most burdensome component will be to assemble the data to answer the question. This step could be done by a lower level staff. The estimate of burden is as follows:

Form	Type of Respondent	Number of Respondents	Hours per Response	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Form A (online survey)	Health Center Administrator & staff	1,200	.5	600	Average \$30/hr	\$30/ respondent or \$36,000 for all respondents

13. Estimates of Annualized Cost Burden to Respondents

There is no capital or start-up cost for this activity.

14. Estimated Cost to the Federal Government

The estimated annual cost to the federal government for this activity is approximately \$1,208.75 for 25 hours of staff time at an average rate of \$48.35 per hour (the current rate for a GS 13-5).

15. Changes in Burden

This is a new data collection.

16. Time Schedule, Publication and Analysis Plans

The survey will be fielded as soon as the approval is obtained (estimate: August 7-10). The survey will be open for 2 weeks (estimated close date: August 22-24). The data will be compiled immediately, and submitted to the White House and HHS by August 31.

17. Exemption for Display of Expiration Date

The expiration date will be displayed.

18. Certifications

This project fully complies with CFR 1320.9.