

Health Resources and Services Administration
SUPPORTING STATEMENT
Survey of Area Health Resource File Users

A. Justification

1. Circumstances of Information Collection

The Health Resources and Services Administration (HRSA) had approval under the generic clearance, Office of Management and Budget (OMB) Control No. 0915-0212, to conduct customer satisfaction surveys and focus groups. This collection of information helps fulfill the requirements of:

- a. Executive Order 12862, "Setting Customer Service Standards," which directs Agencies to continually reform their management practices and operations to provide service to the public that matches or exceeds the best service available in the private sector.

This is a request for OMB approval of a qualitative voluntary customer satisfaction survey under HRSA's generic clearance. This survey was previously approved under the generic clearance but the time period of the original approval has expired so HRSA is submitting it again under the current generic clearance for review/approval.

The Area Health Resource File system (AHRF) is a trusted database that has been used by the health services research community for over 25 years. Users of the AHRF have been contacted to comment on the usefulness and accessibility of the AHRF data. The AHRF users are asked for feedback on an annual basis, and their feedback might result in substantial changes to features of the system, the data included in the system, and the manner in which data in the system can be obtained. These changes have been made to improve content, access, and ease of use. As such, it is appropriate to contact AHRF users to determine their assessment of the current AHRF system as well as their future needs.

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."

2. Purpose and Use of the Information

The AHRF is used by a broad range of health sector professionals including federal health policy and planning personnel, state government personnel, members of the health services research community, academic researchers, and clinicians. This statement is substantiated as follows:

- For many years, agencies of DHHS have supported the system development and maintenance with funding, including AHRQ, CMS, CDC/NCHS, HRSA/OA, HRSA/BPHC, among others.
- The AHRF is cited in more than 10 journal articles each month - based upon NIH/PubMed and other scholarly listings.
- Specifically, peer-reviewed articles in journals such as Health Affairs, Archives of Surgery, Journal of Nursing Scholarship, Journal of Public Health Management and

Practice, American Journal of Managed Care, and numerous others routinely include AHRF citations.

HRSA plans to use the AHRF user survey to enhance the capabilities of the AHRF database. Basically, the survey will continue to provide HRSA a deeper understanding of how individuals use the AHRF, what types of individuals use the AHRF in their work, and what types of data elements may be needed or not needed in the AHRF.

Since making the AHRF free and readily available to the general public, it is essential that we transform the AHRF into a more useful tool that a variety of individuals can use to support their health workforce activities. As well, survey results will assist HRSA in determining how to best enhance the AHRF database as the nation experiences numerous challenges with having the best data to inform the development of effective policies regarding the health workforce.

3. Use of Improved Information Technology

The National Center for Health Workforce Analysis (NCHWA) proposes to conduct the survey using an online survey tool ensuring minimal respondent burden. Further, the questionnaire has been streamlined to ensure easy movement through the short instrument

4. Efforts to Avoid Duplication

HRSA wants to ensure that the AHRF continues to meet user satisfaction and needs and an annual survey is an effective way to do this.

5. Involvement of Small Entities

These surveys will not have a significant impact on small businesses or other small entities.

6. Consequences if Information Collected Less Frequently

The proposed survey will be repeated no more frequently than once a year, or, as a cluster of new system features are introduced into the AHRF. In such cases, NCHWA will wish to obtain user feedback as to the benefits associated with the newly introduced features. There will be no need to contact users more frequently.

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 December 17, 2014, (Vol. 79, No.242, pages 75164). No comments or requests for information were received.

9. Remuneration of Respondents

Not Applicable.

10. Assurance of Confidentiality

To date, the HRSA customer satisfaction surveys have not collected personally identifiable information from respondents. The information obtained from respondents will only be used within NCHWA and only for product improvement purposes. No further identification will be made of respondents. The proposed survey does not ask for name or other contact information.

11. Questions of a Sensitive Nature

The surveys do not contain questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

Respondents

Approximately 100 respondents are expected from the AHRF User survey.

Annual burden estimates

Type of Collection	Number of Respondents	Responses per Respondent	Total Responses	Hours per Respondent	Total Burden Hours	Wage Rate	Total Hour Cost
AHRF User Survey	100	1	100	.067	6.7	\$50.00	\$335.00
Total	100	1	100	.067	6.7	\$50.00	\$335.00

Each respondent will be asked to complete the survey instrument only once. The estimated time to complete the instrument is four (4) minutes; drop down menus are provided to guide the users, the questions are direct and brief, and only a few questions are asked thereby minimizing response burden. NCHWA anticipates that 100 users responding to the survey will fall within seven categories – personal users, federal government users, non-profit users, private sector users, academic researchers, state and local government users, and other users.

Planned frequency of information collection

This survey will be conducted on an ‘as-needed’ basis but no more frequently than every year.

13. Estimates of Annualized Cost Burden to Respondents

The only associated cost to respondents is their time to provide the requested information.

14. Estimates of Annualized Cost to the Government

There is to be no added cost to the government for fielding, collecting, or analyzing the survey as this activity is included in an existing contract.

15. Change in Burden

Not Applicable. This activity is under HRSA's generic clearance and will be included in the total burden currently approved by OMB under OMB Control No. 0915-0212.

16. Plans for Analysis and Timetable of Key Activities

Upon approval, the survey will be posted shortly after release of the 2014-2015 Area Health Resource File in the third quarter of 2015. Since an online survey tool is to be used, the responses will be included in a database that will be accessed periodically, and intermediate findings will be provided to NCHWA management monthly, beginning in November 2015. It is anticipated that essentially all responses will be obtained within three months and that the results will be analyzed by January 31, 2016.

17. Exemption for Display of Expiration Date

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

18. Certifications

This information collection activity will comply with the requirements in 5 CFR 1320.9.