

Supporting Statement A
Health Center Patient Survey: National Study
OMB Control No. 0915-0368

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

Since the early 2000s, the Health Resources and Services Administration (HRSA) has conducted the Health Center Patient Survey (HCPS), a national survey of patients who receive services at health centers. The HCPS collects patient information about sociodemographic characteristics, health conditions, health behaviors, access to and utilization of health care services, and satisfaction with services received from HRSA funded health centers. The reinstatement of the HCPS will build on prior surveys, not only to collect updated information on patient behaviors and perceptions, but also to identify ways to improve on survey methodologies and analyses in the context of existing and emerging dynamics within the health care landscape, the growth of the Health Center Program, and program enhancements that have occurred since the last survey in 2014. Overarching changes for 2019 will streamline the questionnaire (**Attachment 1**) to minimize the burden of survey administration and participation. It will also align HCPS questions with other national surveys to enable comparisons between the health center patient population and the general U.S. population, with particular focus on U.S. Department of Health and Human Services and HRSA priority areas (e.g. mental health and substance use disorder). The HCPS is administered electronically, in-person through one-on-one interviews. The interviews will take approximately 1 hour (60 minutes) to complete.

The HCPS will select a sample of patients from the 50 states (and the District of Columbia), increase its historical analytical sample size from 6,600 to 9,000, use respondent oversampling methods, and conduct the survey in four languages (Spanish, Chinese, Tagalog, Vietnamese) in addition to English.

2. Purpose and Use of Information Collection

The data gathered from the HCPS will inform how well health center providers meet the needs of their patients and will help to assess the quality of care delivered in the Health Center Program. Prior to the conduct of the national HCPS, a small-scale pretest (OMB Control Number: 0915-0379, expiration date 6/30/2020) was conducted [July to August 2019] to test main study implementation materials and procedures and identify potential questionnaire problems. The pretest included 58 in-person cognitive interviews conducted in English, Spanish, Chinese (Mandarin and Cantonese), Vietnamese, and Tagalog. Along with testing operational materials and procedures, the interviews focused specifically on identifying problems with instrument question wording, instructions, and assumptions as well as evaluating timing and the flow of the questions. Pretest results (**Attachment 2**) led to procedural and questionnaire improvements for the national study. HRSA may submit a change request if revisions to the procedures and to the questionnaire are required.

HRSA plans to field the national study in the summer of 2020 to collect updated information on patient health, behavior, and perception. This information will facilitate in identifying new ways

to improve survey methodologies and analyses, and determine program enhancements across HRSA that have occurred since the last survey in 2014.

3. Use of Improved Information Technology and Burden Reduction

All interviews for the HCPS will be conducted through computer-assisted personal interviewing (CAPI). The CAPI approach offers several advantages that keep participant burden at a minimum while ensuring collection of high-quality data. First, the questionnaire is somewhat complex and involves numerous skip patterns and screening questions. These are easily and quickly performed by the computer upon completion of CAPI programming. In addition, the CAPI instrument detects erroneous and inconsistent responses, increasing data accuracy and validity. The use of CAPI, therefore, will enable the interview to be completed in less time and with more accuracy than the paper-and-pencil interview.

4. Efforts to Identify Duplication and Use of Similar Information

The HCPS is the only nationally-representative survey of its type that focuses on the health care of populations seeking care at health centers. HRSA annually collects organizational data from the Uniform Data System (UDS), but not patient-level data from HRSA supported health centers for program evaluation purposes. **The UDS is administrative data ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. The data help to identify trends over time, to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. used to primarily are data ese. Th (i.e., parent organization or network level))at the health center level aggregated In contrast, the dynamics between a patient's specific sociodemographic characteristics, disease burden, care utilization, and quality of care received at health centers. ing focused on understand whose purpose is level data set - HCPS is a patient the information collected through The HCPS informs HRSA on how well health centers provide access to primary and preventative health care from patients' perspectives. This representative population used for complex statistical modeling whereas the UDS can only be used for summarizing the health center population. is based survey data - This patient level analysis from the . Health Center Program the patient population of the gives insight into uniquely HCPS**

The HCPS data are unique and cannot be obtained from the UDS or elsewhere. **HRSA is exploring how it may combine patient reported outcomes (PROs), like those data elements that are in the HCPS, with the UDS as more health centers adopt and become more sophisticated in the use of patient portals. However to date, not all health centers use patient portals or have pathways and workflows that facilitate collecting PROs, and the increased reporting burden associated with the activity has been prohibitive. HRSA will continue to explore integration of HCPS data into other systems such as UDS in order to maximize efficiency and effectiveness and limit duplication.**

5. Impact on Small Businesses or Other Small Entities

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

6. Consequences of Collecting the Information Less Frequently

This data collection is a one-time activity of the HCPS. One-time activities cannot be conducted less frequently. The consequences of collecting this information less frequently would be to conduct no activities at all.

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

This information collection fully complies with 5 CFR 1320.5.

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

Section 8A

As required by 5 CFR 1320.8(d), a 60-day Federal Register Notice was published in the Federal Register on July 24, 2019, vol. 84, No. 142, pp. 35683-356843(**Attachment 3**). HRSA received a public comment on August 20, 2019 requesting a copy of the proposed instrument, HRSA sent the document to the commenter within a week from the request on August 26th. HRSA received another public comment on Sept 23, 2019 from the Academy of Nutrition and Dietetics with recommendations for adding new questions and revising existing questions on the HCPS survey instrument. HRSA reviewed the recommendations and opted not to make revisions for several reasons. The questions in our current survey have been used in other national surveys as well as in prior rounds of the HCPS. If the recommendations to revise existing questions were accepted, HRSA will lose the ability to compare the data with previous years' data and with other national surveys. In addition, revised and new questions will not have been vetted through the use of cognitive testing, and there are no additional opportunities in the schedule to pretest them. Finally, adding questions increases interview time respondent burden.

Section 8B

In recognition of the significance of the HCPS pretest and national survey data collection efforts, several strategies have been incorporated into the project work plan that allow for the critical review and acquisition of comments relating to project activities, interim and final products, and projected and actual outcomes. These strategies include consultations with persons and organizations both internal and external to the HRSA, the U.S. Department of Health and Human Services, and the Federal government.

Specifically, a Technical Advisory Panel (TAP) was assembled for the HCPS. A list of the TAP participants for the project is provided in **Attachment 4**. Membership represents a broad spectrum of representatives from coalitions/associations, nationally recognized research experts, and Federal government employees. Committee members serve as expert reviewers on the instrument design and analysis plans. Individual members will be consulted throughout the survey development process by teleconference, participate (if available) in in-person meetings, or provide inputs electronically. The TAP reviewed the draft pretest data elements during an initial in-person meeting in March 2018. Written and/or verbal responses were received from a majority of those consulted, and the recommendations were incorporated into the survey and instrument design to the extent possible.

RTI International staff have been extensively involved in the statistical design of the survey and in the development of the data collection forms. RTI conducted the pretest and will conduct the national survey implementation for the HCPS.

9. Explanation of any Payment/Gift to Respondents

Respondents who participate in the interviews will each receive an incentive payment of up to \$25 or \$25 cash equivalent. These incentives will be provided to respondents as a token of appreciation for their time and participation. Particularly, this incentive is motivated by the following reasons:

- This project requires substantial participation by respondents with specific characteristics (e.g., special populations reflecting certain health center patient populations such as patients who are 65 and older or whose primary spoken language is Spanish, Chinese, Vietnamese, or Tagalog). The more specific the characteristics, the more difficult it is to recruit eligible respondents.
- Incentives are tokens of appreciation for the substantial effort required to answer questions and for any inconvenience related to traveling to the interview location, or the length of the interview.
- All respondents who complete the interview will receive the incentive payment; those who are scheduled but do not show up to the interview will not receive an incentive.

Empirical survey research literature has examined the role of incentives in survey outcomes. This research has typically examined how incentives affect survey response rates, sample composition, item nonresponse, and measurement error. For example, evidence supports offering an incentive is a critical element to predicting a respondent's reaction to the survey request.¹ Additionally, incentives have been found to increase cooperation rates among certain groups: low-income and low-education groups, larger households and households with dependent children, minority ethnic groups, and younger respondents.²

10. Assurance of Confidentiality Provided to Respondents

Data will be kept private to the extent allowed by law. Participating individuals and institutions will be informed that the information provided in the HCPS will be kept secure and will be protected. Data collected will be in conformity with HRSA's standards for protecting personally identifiable information on individuals. Consistent with the Privacy Act of 1974, interviewers will not provide respondents' names or information about respondents to persons who are not part of the survey team. A privacy pledge (**Attachment 5**) will be collected from all personnel who will have access to individual identifiers.

11. Justification for Sensitive Questions

The HCPS contains sensitive questions.. Federal regulations governing the administration of these questions, which might be viewed as sensitive due to personal or private information, require (a) clear documentation of the need for such information as it relates to the primary purpose of the study, (b) provisions to respondents that clearly inform them of the voluntary

1 Dillman, D. A. (2011). *Internet, Phone, Mail and Mixed-Mode Surveys: The Tailored Design Method* (4th ed). New York, NY: John Wiley & Sons.

2 Dodd, T. (1998) "Incentive Payments on Social Surveys: A Summary of Recent Research". *Survey Methodology Bulletin*, 43: 23-27.

nature of participation in the study, and (c) assurances of private treatment of responses. The following areas have been identified as potentially sensitive:

1. Questions on substance use and mental health status, thoughts about suicide, and perceived need for and use of mental health and substance abuse services may be perceived as sensitive by some respondents. This information is important for understanding the degree of unmet need for mental health and substance use disorder services.
2. Questions on HIV testing status and HIV infection status may be perceived as sensitive by some respondents. This information is important for understanding the experiences of health center patients to improve HIV related care delivery.
3. Questions on race/ethnicity may be perceived as sensitive. However, HRSA is specifically oversampling certain racial groups, such as Asians, Pacific Islanders, etc. Accurate data on race/ethnicity is necessary to ensure that accurate coverage of these subpopulations to understand the extent of health disparity among health center patients.
4. Questions on annual earnings and access and utilization of public assistance services. Accurate data is necessary for understanding the degree that earnings and public assistance services impact health center patients.
5. Questions about health status, such as questions on health conditions including cancer, hepatitis, high blood pressure, tuberculosis, among others. This information is important for understanding the health characteristics of health center patients and any degree of unmet need for services.

The HCPS has many procedures in place to address patients that are adversely affected by the work with the patient as needed. In critical situations, field interviewers are instructed to notify the health center staff so they can be aware of any critical situations that occur. When a critical incident occurs, field interviewers are provided with a list of resources they can provide to respondents such as crisis hotlines. Field interviewers are also provided with information on how to handle distressed respondents and can offer to break off the interview at any time. Interviewers are trained to handle such situations. For example, field interviewers are trained to handle such situations. Field interviewers are trained to handle such situations.

Prior to conducting the interview, respondents will be informed that their participation is voluntary and that their survey responses will be treated as private. This administration of obtaining informed consent improves the accuracy of self-reported data. Additionally, sensitive questions will be preceded by a statement read to the respondent that reiterates the points discussed during the informed consent administration. Through this process, respondents will understand that they have the right to refuse any question that they do not want to answer. They will also understand that refusing any question will not impact the care they currently receive from their health center. Although some items are sensitive, these responses are necessary to generate the data needed to drive research and develop quality improvement initiatives to support the health center patient population and address emerging public health needs. The National Health Interview Survey (NHIS), Medical Expenditure Panel Survey (MEPS), and the National Study of Drug Use and Health (NSDUH). Many of the questions have been taken from other surveys conducted therefore were deemed necessary to include. These sensitive questions are included to maximize the effectiveness and impact of the analytical capabilities of the survey, and

necessary. The questions currently in the instruments were deemed to be , significantly reducing burden discussions led to a narrowing of the scope of questions and limited the number of sensitive questions. This staff, and staff from non-profit health care institutionsivision Dperating O technical expert panel meeting. These experts included: statistical survey design specialists, academic researchers, fellow Department of Health and Human Services by experts during a was discussed extensively in the HCPS The need for these type of questions to be included

HRSA has visited questions about how racial categories are presented through various iterations of the HCPSthe addition of the “Other Pacific Islander” option, responses can be rolled up to align to OMB Directive 15. Additionally, the granularity of these questions aids HRSA in its mission critical ability to address disparities in health outcomes.with researchers, we were careful about making any changes that could affect this comparison. Although our race question is more granular in design, HRSA and to to of the HCPS is critical for survey participants to select “Other Pacific Islander” with a follow-up question to allow the respondent to specify which “Other Pacific Islander” they identify as. Since comparability with previous iterations s. We have also added an option in the race questionIn 2014, we were instructed that ethnicity was to precede race and they were not to be combined. We included other categories to capture specific Asian races since these are oversampled populations within the HCPS and we would like to gather specific information on various Asian race.

12. Estimates of Annualized Hour and Cost Burden

The burden estimates for completing the HCPS activities have been determined based on the experience of HRSA during the administration of the 2014 HCPS. All respondents will be administered the patient screener and the Patient Survey questionnaire.

12A. Estimated Annualized Burden Hours

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Estimated Annualized Burden Hours:

Table 1. National Study

Form Name	Number of Respondents	Number of Responses Per Respondent	Total Responses	Average Burden Per Response (in Hours)	Total Burden Hours
Awardee Recruitment	220	1	220	2.00	440.00
Site Recruitment and Training	700	1	700	3.15	2,205.00
Patient Screening	13,120	1	13,120	.17	2,230.40
Patient Screening: Short Blessed Scale ³	18	1	18	.05	0.90
Patient Survey	9,000	1	9,000	1.00	9,000.00
Total National Study	23,058		23,058		13,876.30

³ The Short Blessed Scale Form will be administered to respondents when a field interviewer believes that a person might be too cognitively impaired to participate the survey. According to 2014 survey experience, only 0.2% of eligible participants in the main survey were screened with this form.

Estimated Annualized Burden Costs:

Table 2. National Survey

Type of Respondent Based on Activity ⁴	Total Burden Hours	Rate per Hour ⁵ (\$)	Total Cost (\$)
Awardee Recruitment	440.00	8.13	3,577.20
Site Recruitment and Training	2,205.00	8.13	17,926.65
Patient Screening	2,230.40	8.13	18,133.15
Patient Screening: Short Blessed Scale ⁶	0.90	8.13	7.32
Patient Survey	9,000	8.13	73,170
Total – Survey	13,876.30		112,814.32

13. Estimates of Other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Other than their time, there is no cost to respondents. The estimated burden cost for respondents’ time is shown in section 12, Table 2.

14. Annualized Cost to Federal Government

Estimated costs to the Federal government is approximately \$28,800 (contract costs, 1 GS-13 – 30% time of work for 12 months) to monitor, review, and approve the national study related activities.

Table 3. Annualized Costs

Annual Costs to HRSA	Amount (in \$)
HRSA FTE ⁷	\$28,800
Contract Costs	
RTI Labor (83.6%)	\$6,487,357
Other Direct Costs (6.6%)	\$753,568
Subcontractor (9.8%)	\$490,533
Total (100%)	\$7,731,458
Annual Total	\$7,760,258

⁴ All respondents are health center patients.

⁵ Based on the [2018 federal poverty guidelines](#) for a family of 2 of \$16,910. In 2018, approximately 68% of health center patients were at or below 100% of poverty according to HRSA’s [Uniform Data System](#), the annual reporting system for HRSA-funded health center grantees to report a core set of information, including data on patient demographics.

⁶ The Short Blessed Scale Form will be administered to respondents when a field interviewer believes that a person might be too cognitively impaired to participate the survey. According to 2014 survey experience, only 0.2% of eligible participants in the main survey were screened with this form.

⁷ Based on 2018 OPM Salary Table (<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/DCB.pdf>).

15. Explanation for Program Changes or Adjustments

N/A

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

The operational schedule for the survey is shown in Table 4. RTI will produce both a restricted-use file for internal HRSA analytic needs and a public use data file for other researchers. The results of the survey will be used in internal and external presentations regarding the Health Center Program, and for analyses, including analyses that may be published in peer-reviewed journals. In addition, conducting the Patient Survey is one of the items on HRSA’s Program Assessment Rating Tool (PART) Improvement Plan. An analysis plan with illustrative table shells is provided in **Attachment 6**.

Table 4. Time Schedule

Activity	Projected Completion (# of weeks post OMB approval)
Interviewer Training	Week 8
Data Collection	Week 10
Final Report and Products Delivery	Week 72

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The OMB number and Expiration date will be displayed on every page of every form/instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.