**Supporting Statement B**

**GenIC: Direct Care Worker Pilot Study**

**Generic IC:**

**Developmental Studies to Improve the National Health Care Surveys**

**OMB No. 0920-1030**

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**B. Collections of Information Employing Statistical Methods**

**1. Respondent Universe and Sampling Methods**

Using two-stage sampling, the DCW pilot survey will be administered by mail, web, and telephone, and data will be collected from directors and direct care workers (DCWs) in residential care communities (RCCs), adult day services centers (ADSCs), and nursing homes (NHs) located in the 50 states and the District of Columbia. All participants will be adults, aged 18 or older.

RCC and ADSC directors that completed the 2022 NPALS (OMB No. 0920-0943, Exp. Date 7/31/2025), and directors of NHs in the 2022 NPALS administrative data frame will be contacted. Based on recent response rates in NPALS, we will contact about 120 directors in each of the three settings, to have about 50 directors in each setting or 150 total complete the pilot.

The DCW pilot will involve a two-stage probability-based sampling design. In the first stage, stratified (by MSA, Ownership, and size of providers based on number of service users) samples of providers (RCCs, ADSCs, and NHs) will be selected using systematic random sampling. In the second stage, a random sample of two direct care workers will be selected.

**2. Procedures for the Collection of Information**

Data collection includes three components: a 5-minute telephone call for directors to set up the sampling appointment and confirm eligibility (Attachment B-1); a 15-minute telephone call for the directors to sample two DCWs and answer a few questions about each of them; (Attachment B-3) and a 30-minute mail or web questionnaire for the two sampled DCWs (Attachment C). The period of data collection is scheduled to last from July 2023 to October 2023.

The DCW pilot includes a series of mailings (Attachments A-1-A-3 and B-2). The first step in the DCW pilot data collection is a mailout of a packet to the RCC, ADSC, and NH directors (Attachments A-1 and A-3) that contains:

* a cover letter signed by the Director of NCHS (separate versions for RCCs, ADSCs, and NHs),
* FAQs on the back of the cover letter (separate versions for RCCs, ADSCs, and NHs),
* ERB letter,
* One-page factsheet with general information and 2007 NHHCS and 2004 NNAS findings,
* And an NCHS brochure about confidentiality in surveys.

The cover letter in the director’s packet will be personalized with the name of the directors. The letter will inform the administrator of the purpose and content of the pilot survey. In addition to explaining the confidentiality of the information provided and the voluntary nature of participation, the letter includes a reference to the legislative authority for the survey and an explanation of how the data will be used. This letter will emphasize that data collected will never be linked to their names or other identifying features. The cover letter will provide a toll-free number that they can call with any questions. This toll-free number will be directed to the NPALS help desk. On the back of the cover letter will be frequently asked questions (FAQs), designed to address what are expected to be the primary concerns of directors.

The next step in the pilot study will be a call to directors to confirm they currently have service users enrolled and set up the sampling appointment (Attachment B-1). During this call, the sampling list will be explained to the directors, and they will be asked whether they have contract aides. We expect this call to take on average 5 minutes.

During the sampling appointment, directors will be asked if any aides on the list will be unable to complete the questionnaire in English, so that these aides can be removed from the sampling list. With the help of an interviewer, the directors will sample two DCWs from a list they have prepared as of midnight the night before the CATI call (Attachment B-3). This is similar to what these directors did when sampling services users for the 2022 NPALS. They will then answer some brief questions about each sampled DCW. This call is expected to take 15 minutes on average.

After the DCW is sampled, we will mail up to two questionnaire packets to them (Attachments A-2, A-3, and C) that will contain:

* a cover letter signed by the Director of NCHS (separate versions for RCCs, ADSCs, and NHs),
* FAQs on the back of the cover letter (separate versions for RCCs, ADSCs, and NHs),
* a hardcopy questionnaire,
* ERB letter,
* One-page factsheet with general information and 2007 NHHCS and 2004 NNAS findings,
* an NCHS brochure about confidentiality in surveys, and
* a business-reply return envelope.

The cover letter in the DCW questionnaire packet will be personalized with the name of the DCWs. The letter will inform the DCW of the purpose and content of the pilot survey. In addition to explaining the confidentiality of the information provided and the voluntary nature of participation, the letter includes a reference to the legislative authority for the survey and an explanation of how the data will be used. This letter will emphasize that data collected will never be linked to their names or other identifying features. The cover letter will provide a toll-free number that DCWs can call with any questions. Anticipated topics include problems logging in and questions about the survey. This toll-free number will be directed to the NPALS help desk.

The cover letter will also include the web survey URL and unique credentials for the DCW to access the web provider questionnaire. Respondents can answer some questions, exit the questionnaire, and return later to the point where they stopped. The web questionnaire option will remain available until the end of the data collection period. The web link will also provide a pdf version of the questionnaire, so that respondents to the web survey can see all questions prior to completing the survey by web. On the back of the cover letter will be FAQs, designed to address what are expected to be the primary concerns of DCWs. We expect the DCW questionnaire to take about 30 minutes to complete.

Finally, we will be sending a thank you letter once the DCW has completed the pilot survey (Attachment D-1).

Throughout data collection we will send emails when we have trouble reaching them and to prompt directors and DCWs to complete (Attachment D-2).

The entire process of completing the DCW will be about 50 minutes: 5 minutes for the directors to set up the CATI appointment and confirm eligibility; 15 minutes for the CATI call with the directors to sample DCWs and answer a few questions and; 30 minutes for the DCW to complete the questionnaire.

**3. Methods to Maximize Response Rates and Deal with Nonresponse**

To maximize response rates, methods similar to those used in NPALS as well as previous establishment surveys (e.g., National Home and Hospice Care Survey OMB No. 0920-0298, Discontinued 07/31/2009, National Nursing Home Survey OMB No. 0920-0353, Discontinued 02/28/2007) will be used. Procedures to help reduce the likelihood of refusals (refusal aversion) include the NCHS letters (Attachments A-1 and A-2) and other materials that stress the government’s legal responsibility under legislative mandates, and commitment to maintain confidentiality of data (Attachment A-3).

Robust mailout materials. The pilot study’s advance and questionnaire packets convey the legitimacy of the study and help respondents understand the relevance and importance of the survey.

Low burden. We estimate that it will take 20 minutes on average for directors and 30 minutes for DCWs to participate in the study.

Multimode approach. The hardcopy and web modes offer DCWs the flexibility to complete the survey at their convenience. Sessions can be stopped and restarted as needed. The web mode option further reduces burden by giving the respondent only questions that apply to them based on previous responses in the questionnaire, eliminating missing data by requiring all items to be answered in order to progress through the instrument, and giving the respondent the option to save or print a copy of their completed web questionnaire for their records.

Industry outreach. NCHS has contacted and will continue outreach efforts to national long-term care provider associations representing these industries to inform them of the pilot study and ask for their support. NCHS is working with these organizations to share information about the study.

Emailing Respondents. We will email respondents that provide an email address. We expect that emailing respondents in this way will help to increase response rates, particularly for web completion.

Despite efforts to avert refusals, refusals can be expected. Technical staff will be trained so that if they encounter a potential refusal, they will listen to the concerns raised and attempt to address these concerns. Since this a pilot study, refusals will be used to inform the protocol for a future national study.

**4. Tests of Procedures or Methods to be Undertaken**

This is a pilot study, so all protocol, questionnaires, and contact strategies will be tested. Findings will be used to inform a national study.

Question items in this pilot study have been drawn from previously fielded NCHS provider surveys (NPALS, NSRCF, NHHAS, and NNAS) (Attachment C). NCHS staff and experts from organizations such as the office of the Assistant Secretary of Planning and Evaluation and Administration for Community Living within DHHS, provider membership associations such as the National Center for Assisted Living, LeadingAge, and the National Adult Day Services Association (NADSA), and academia gave input on the question items.

**5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

The following government employee is responsible for oversight of this collection:

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