

Supporting Statement A

Health Center Workforce Survey: Listening Sessions

OMB Control No. 0915-0379¹

HRSA's Bureau of Primary Health Care provides funding and oversight of the Health Center Program, which provides high quality primary care services to millions of medically underserved and vulnerable people across the country. At the forefront of these services is a large primary health care workforce, where provider and staff well-being is essential for retaining staff and optimizing quality of care. The Health Center Workforce Survey contract was created by HRSA to identify and address challenges related to provider and staff well-being and is supported by Statute 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)).

HRSA is requesting formal acknowledgement that the procedures described below for the Health Center Workforce Survey meet the criteria for coverage by HRSA's OMB Generic Clearance process, OMB Control No. 0915-0379¹. This document pertains to the approval of the listening sessions/focus groups that will be conducted as part of the project. Documents for OMB approval under the Generic Clearance for additional cognitive interviews and pilot surveys will be submitted at a date closer to the start of these data collection activities and after draft instruments are developed.

1. Circumstances Making the Information Collection Necessary

Staff well-being, burnout, and satisfaction have been shown to be critical factors in assuring high-quality care delivery within HRSA funded health centers. Ignoring staff well-being, burnout, and satisfaction can lead to rapidly escalating difficulties under which staff become detached or frustrated, which decreases quality, safety, and patient connection while ultimately leading to persistent difficulties with recruitment, retention, and productivity. In order to identify causes, impacts, and extent of staff well-being, burnout, and job satisfaction, a workforce survey will be developed and administered across HRSA funded health centers nationally. This survey will provide insights at the national and health center levels and with various health center occupations. By quantifying these problems, efforts to improve conditions can be mounted and evaluated as to their effectiveness.

HRSA has selected John Snow, Inc. (JSI) through a competitive bid process to undertake this project. JSI's charge in this contract is to develop and test a survey instrument as well as to develop data collection protocols. These products would then be used in a subsequent project to actually collect data and provide results. The contractor's responsibilities in the development stage are to gather input on relevant content and existing measures of those concepts through advice from experts, from a thorough review of the literature, and by gathering input from health center staff themselves through listening sessions/focus groups. Using all these sources of input, the contractor will draft

a survey instrument. HRSA will then submit an additional request to OMB under HRSA's Generic Clearance OMB package for approval to conduct cognitive interviews with a draft instrument and then conduct a pilot study with a further revised draft instrument. The draft instrument will undergo assessment through cognitive interviews in order to determine whether the wording of items are easily understood and whether alternative wordings are necessary across occupation groups. After revisions, the survey will be pilot tested with 300 to 400 health center employees nationally. This pilot test will also gain insights as to approaches to ensure high participation rates among health centers and their staff. All data collection activities mentioned are all necessary in order to create a robust survey with high validity that is comprehensive of various health centers and health center roles. At the end of this contract, HRSA will submit the final survey instrument and proposed data collection procedures for full OMB clearance.

2. Purpose and Use of the Information Collection

The purpose of this request is to gain approval under HRSA's Generic OMB Clearance so that the contractor can obtain formative information from respondents to develop new questions, questionnaires, and tools and to identify problems in instruments currently in use.¹ Instrument development for the Workforce Survey will be guided by a literature search, advice from a 15-member Technical Advisory Panel including HRSA representatives as well as other nationally recognized experts in these issues, and through the conduct of six listening sessions/focus groups of different occupational groups with a total of approximately 60 participants. Selection of listening session/focus group participants will be conducted via an on-line screening and selection form programmed in Qualtrics. The listening sessions/focus groups will assist with identifying topics and issues to be included in the survey gained from workers' lived experience within HRSA funded health centers. These elements will be incorporated into, and used to drive the selection of the survey content.

The next step after the listening sessions will consist of cognitive testing. After an instrument is drafted, cognitive testing with approximately 60 workers from different occupational groups will ensure that survey questions are easily understood by survey respondents while meeting the scientific intent of the questions. The process identifies potential issues by testing questions in an interview environment with a focus on the clarity of the instructions, the wording of the survey items, the appropriateness of the response options, formatting, and the order of questions. These methods will help to identify problems in wording and structure that make it difficult for respondents to understand or answer a question. One of the key goals will be to determine whether wordings can be identical across all occupational groups or whether alternative forms will need to be implemented.

¹ OMB 0915-0379 extension
<https://www.federalregister.gov/documents/2017/04/25/2017-08296/agency-information-collection-activities-submission-to-omb-for-review-and-approval-public-comment>

The next step after a revised instrument is created will be to pilot test the proposed on-line survey instrument. The pilot test will be targeted for completion by approximately 300 to 400 healthcare workers across approximately 20 health centers nationally. In addition to filling out the survey on-line, participants will be asked to identify any problematic questions as well as rate factors that would increase their likelihood of participating in the actual survey when it is implemented.

3. Use of Improved Information Technology and Burden Reduction

Listening sessions/focus groups as well as cognitive interviews will be held virtually using Zoom video conferencing. This will eliminate the burden of travel costs and reduce the time commitment for participants. All pilot surveys will be conducted online using the Qualtrics platform. Use of an online survey tool will enable the survey to be completed in less time, with reduced burden, and with more accuracy than a paper and pencil survey.

4. Efforts to Avoid Duplication and Use of Similar Information

Existing national surveys instruments used to assess provider and staff well-being including engagement, satisfaction, and burnout will be evaluated. In addition, a thorough literature review will identify some validated measures and instruments for assessing job satisfaction and provider burnout as well as measures of other concepts that have been identified as precursors to job dissatisfaction and burnout. Information gathered from listening sessions/focus groups, cognitive interviews, and the pilot survey is unique data necessary for survey development and cannot be obtained elsewhere. It is also important as it allows direct input to the development of the survey from those types of employees who will, in the future, be asked to participate in the survey.

5. Impact on Small Businesses or Other Small Entities

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

6. Consequences of Collecting the Information Less Frequently

Within the project period, data collections from listening sessions/focus groups, cognitive interviews, and the pilot survey are one-time efforts that support the development of the Workforce Survey.

7. Special Circumstances Relating to the Guidelines in 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

As this project is anticipated to qualify for approval under HRSA's OMB Generic

Clearance, Control No. 0915-0379, a 30 or 60 day FRN posting soliciting public comments is not required for this “child” submission.

9. Explanation of any Payment/Gifts to Health Centers

Each listening session/focus group participant will receive a \$100 gift card as a token of appreciation for their participation. This amount is consistent with other tokens of appreciation approved by OMB for these types of activities.

This project requires substantial participation by respondents with specific characteristics including both role and health center specific requirements (e.g. Medical Doctors from a rural health center, Registered Nurses from an urban health center, Health Information Technology staff from a special population health center). Since selected staff will participate during working hours, the Health Centers will have to find substitute staff to cover the duties of participants.

During listening sessions/focus groups, participants are asked to elaborate on their lived experiences as well as resources and challenges regarding their work at health centers. The sessions take place in a focus group setting and will require about an hour and a half of their time.

10. Assurance of Confidentiality Provided to Respondents

Data collected will be kept private to the extent allowed by law. Participating individuals and institutions will be informed that the information provided in the listening sessions/focus groups, cognitive interviews, and the pilot survey 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, JSI will not provide respondent names or information about respondents to persons who are not part of the survey team. A privacy pledge will be collected from all personnel who will have access to individual identifiers. During the virtual listening session/focus group, only a participant's first name will be visible to other participants in order to help protect their privacy.

11. Justification for Sensitive Questions

Questions regarding well-being, job satisfaction, and burnout are often sensitive in nature. 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 nature of participation in the study, and (c) assurances of private treatment of responses. The following areas have been identified as potentially sensitive:

Questions on workplace experiences and the impact of these experiences can be sensitive in nature. Topics may include abuse, substance use, and mental health. While sensitive,

these questions may be necessary and important for understanding the causes and impacts of burnout, well-being, and job satisfaction.

Prior to participating in listening sessions/focus groups, cognitive interviews and the pilot survey, respondents will be informed about the voluntary nature of their participation and the private treatment of their responses. 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 their employment within their respective health center.

Although some items are sensitive in nature, these responses will generate the data needed to drive research and develop quality improvement initiatives to support HRSA funded health center employees and their patients.

12. Estimates of Annualized Hour and Cost Burden

Estimated Annualized Burden Hours:

Table 1

Type of Collection	Number of Respondents	Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Listening Session	60	1	60	2.0	120
Cognitive Interview	60	1	60	1.5	90
Pilot Test	400	1	400	.75	300
Total	520		520		510

*The respondents/burden for the listening sessions is pertinent to this generic clearance package. Estimated respondents/burden for the cognitive interview and pilot test steps of the project is provided to OMB for informational purposes.

Estimated Annualized Burden Costs:

Table 2

Type of Respondent Based on Activity ²	Total Hour Burden	Rate per Hour (\$) ³	Total Cost (\$)
Listening Session	120	\$100	\$12,000
Cognitive Interview	90	\$100	\$9,000
Pilot Survey	300	\$100	\$30,000
Total	510		\$51,000

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

Other than their time, there are no additional costs to respondents.

14. Annualized Cost to the Federal Government

Annual Costs to HRSA	Amount (in \$)
HRSA FTE ⁴	\$1,778
Contract Costs	
JSI Labor (44.6%)	\$50,000
Other Direct Costs (10.7%)	\$12,000
Subcontractor (4.5%)	\$5,000
Indirect Costs (40.2%)	\$45,000
Total (100%)	\$112,000
Annual Total	\$113,778

15. Change in Burden

N/A

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

² All respondents are health center employees

³ Average health center employee hourly wage is not available information. \$100 hourly rate will be used as the average wage.

⁴ Based on 2018 OPM Salary Table (<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/DCB.pdf>).

At this time, no statistical analysis will be conducted with the information collected from the listening sessions/focus groups. Reports will be generated internally for HRSA use but no publications will be released externally. Later in the project, a summary of findings from all of the sources of input may be submitted for publication. Any information gleaned from the listening sessions/focus groups, cognitive interviews, and the pilot survey would only be reported as identifying topics that would be useful to include in the surveys.

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

The OMB number and Expiration date will be displayed on every form/instrument that respondents see online or in paper form of the informed consent form.

18. Exemptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.