Supporting Statement B

Health Center Workforce Survey: Listening Sessions

OMB Control No. 0915-0379

B.   Collection of Information Employing Statistical Methods

If statistical methods will not be used to select respondents and the corresponding item is checked "No", this section does not have to be completed.

HRSA will not use statistical methods to select respondents for the listening sessions/focus groups. Instead, the contractor will select participants based on recommendation from health center liaisons and individual availability. To ensure comprehensive coverage of various types of roles and health center representation, Uniform Data System (UDS) data and other publicly available information including health center characteristics and staff roles, will be used to guide participant recruitment. All data collection activities will be administered in English. HRSA assumes that in excess of 90% of health center staff are able to communicate, written and orally, in English.

1. Respondent Universe and Sampling Methods

Recruitment
The respondent universe includes a broad range of HRSA-funded health center staff. Participants will represent a range of occupations within health centers, including medical; dental, vision, and pharmacy; behavioral health; clinical support and enabling staff; quality improvement, facility, and non-clinical support staff; and leadership. In order to ensure that the health centers comprise a diverse group, a matrix incorporating UDS data and other publicly available information including health center location, setting, size, special populations funding, specialties, recent changes to EHR, EHR platform, patient centered medical home certification, and staff roles represented will be used to organize and drive recruitment. These categories will help capture a wide range of health centers representing a diverse staff pool, patient populations, and organization cultures. The UDS matrix will be referenced during recruitment for listening sessions in order to promote diverse respondent participation.

Listening Session
The process of identifying HRSA-funded community health centers from which to recruit listening session participants will begin immediately upon approval. A mixed approach will be used to efficiently and effectively recruit participants. Approximately 500 randomly selected health centers will be chosen for recruitment efforts. The medical directors and executive leadership of the 500 health centers will be emailed an invitation for their staff to complete a

Qualtrics screener questionnaire and possible inclusion in the listening session for their respective occupation group. In the Qualtrics form, employees will also be asked if they are interested in participating in future data collection activities within the project, including cognitive interviews of the draft survey. From the Qualtrics-generated list of interested staff from various health centers, the contractor will select and contact a diverse pool of participants directly via email. Each virtual listening session will have about 10-12 participants with no more than one participant from a specific health center. The email to interested participants will introduce the project goals; explain the logistics of the virtual meeting, including date and time of respective listening session; and note the remuneration/incentive details of $100 for participation in the two-hour session. Participants will also receive an informed consent form detailing the risks, benefits, and alternatives to participation in the listening session. All participants will need to sign the informed consent form before they can join the session. The listening sessions will include 12 participants each (72 total), anticipating that one or two people per session may not be able to attend due to unforeseen circumstances giving us the target number of at least 60 participants.

2. Procedures for the Collection of Information

Listening Session
Listening sessions/focus groups will begin with an introduction to HRSA's Health Center Workforce Survey project, and details regarding the listening session/focus group. Details will cover voluntary participation, confidentiality, and instructions as well as for personal video and audio operation. When participants log into the Zoom session they will be asked to list only their first name for screen display. One by one, participants will be asked to introduce themselves using only their first name, role, and length of employment in that role. Participants will be reminded to avoid using their last name, specific health center name, and any other identifying characteristics. It is unlikely that participants will be familiar with each other as recruitment for the sessions will occur nationally. Participants in the leadership listening session/focus group may be familiar with one another; however, these participants will likely speak to burnout, well-being, and satisfaction of staff at their center, not of themselves personally. The facilitator will guide participants through a number of questions related to their experiences with burnout, well-being, and job satisfaction. Discussions will concentrate on factors that promote job satisfaction, factors that contribute to burnout and lack of engagement, and testing responses to suggested ideas for improving joy in work. Individual participants will be given a $100 gift card as a token of appreciation for their participation.

Sessions will be recorded to ensure a full and accurate report can be written after all sessions are complete. Recording will only be available to the contractor's project team. Recordings will be destroyed after the draft survey is prepared. Reports made available to HRSA will be comprised

of summarized data from the listening sessions/focus groups in order to protect individual responses and participant confidentiality.

All respondents will be kept anonymous. All raw data will only be available to the contractor's project team. Reports made available to HRSA will be comprised of summary data in order to further protect individual responses and participant confidentiality.

The function of the listening sessions/focus groups is to aid in the creation of the final Workforce Survey. Once finalized at the end of this contract, the Workforce Survey will be submitted separately for OMB full clearance.

3. Methods to Maximize Response Rates and Deal with Nonresponse

HRSA through its contractor JSI will provide health center participants with a $100 gift card for participation in a listening session/focus group. Response rates will be an outcome of both identifying willing employees and obtaining those employees cooperation and time to complete the listening session/focus group. The recruitment will seek 12 willing participants for each of the six listening session/focus group in anticipation of losing one or two scheduled participants who would at the last minute be unable to make the session.

4. Tests of Procedures or Methods to be Undertaken

The contractor will use an evidence-based framework, The Institute for Healthcare Improvement's (IHI's) *Framework for Improving Joy in Work*, as well as other evidence-based tools in creating the listening session/focus group facilitation guide. The facilitation guide will provide talking points and questions for the listening session/focus group host. The facilitator will use Technology of Participation (ToP) facilitation methods which support inclusive, meaningful conversations that inspire participants and catalyze action, helping groups think, talk, and work together. These methods allow us to effectively guide groups through a facilitated discussion while recognizing and honoring individual contributions.

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

The following individuals will be consulted on data collection, qualitative analysis for listening sessions/focus groups.

Jayne Berube, MS, RD
Project COR
LCDR, United States Public Health Service
Public Health Analyst, Office of Quality Improvement
Bureau of Primary Health Care

Health Resources and Services Administration
jberube@hrsa.gov

Sue Lin
Division Director
Health Resources and Services Administration
slin@hrsa.org

Larry Horlamus, MS
Deputy Director, Quality Division
Office of Quality Improvement
Bureau of Primary Health Care
HRSA

Shannon McDevitt
Technical Advisory Panel Member
Health Resources and Services Administration
smcdevitt@hrsa.gov

Scott Henderson
Technical Advisory Panel Member
Health Resources and Services Administration
shenderson@hrsa.gov

Kennita Carter
Technical Advisory Panel Member
Health Resources and Services Administration
kcarter@hrsa.gov

Jesse Ungard
Technical Advisory Panel Member
Health Resources and Services Administration
jungard@hrsa.gov

Sheena Johnson
Technical Advisory Panel Member
Health Resources and Services Administration
sjohnson@hrsa.gov

Thomas Mangione
Project Director, Senior Research Scientist
JSI Research & Training Institute, Inc.
tom_mangione@jsi.com

Ann Keehn
Project Manager, Senior Consultant
John Snow, Inc.
ann_keehn@jsi.com

Pamela Byrnes
Senior Consultant
John Snow, Inc.
pamela_byrnes@jsi.com

Jeremy Make
Consultant
JSI Research & Training Institute, Inc.
jeremy_make@jsi.com

Tabeth Jiri
Senior Epidemiologist/Statistician
JSI Research & Training Institute, Inc.
tabeth_jiri@jsi.com

Mihaly Imre
Data Analyst
JSI Research & Training Institute, Inc.
mihaly_imre@jsi.com

Eric Turer
Health Systems Consultant
John Snow, Inc.
eric_turer@jsi.com

Diane Lewis
Consultant
John Snow, Inc.
diane_lewis@jsi.com

John Carper
Librarian
John Snow, Inc.
john_carper@jsi.com

Suzanne Speer
Learning Collaborative Specialist

Association of Clinicians for the Underserved
sspeer@clinicians.org

Carol Cosenza
Cognitive Interview Specialist
Manager, Center for Survey Research, University of Massachusetts
Carol.Cosenza@umb.edu

Up to ten additional subject matter experts will be identified in order to provide feedback at multiple stages throughout the project.