

Supporting Statement A

Health Center Workforce Survey Evaluation and Technical Assistance: Pilot Survey

OMB Control No. 0915-0379

The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC) 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 patient quality of care. The Health Center Workforce Survey Evaluation and Technical Assistance contract includes piloting the HRSA Health Center Workforce Survey, created from the previous Health Center Workforce Well-Being/Satisfaction Survey contract activities under OMB Control No. 0915-0379. The HRSA Health Center Workforce Survey was created by HRSA to identify and address challenges related to provider and staff well-being, satisfaction and burnout, 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 HRSA 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 **piloting of the HRSA Health Center Workforce Survey to approximately 300 health center employees nationally**. Approval of this activity will enable identification of any challenges or problems rolling out the web-based survey prior to the national administration in the fall 2022 to all of the approximately 400,000 full and part-time staff or approximately 253,000 FTE working at the nearly 1,400 HRSA funded health centers. Participation in the survey is voluntary and will provide baseline information on health center workforce, well-being, satisfaction, and burnout that will be used for quality improvement initiatives including future targeted technical assistance. This pilot will build upon and refine information obtained from the first pilot approved and conducted under the same OMB Control No. 0915-0379 in 2021. Information and feedback from this second pilot may lead to further refinements of the survey administration procedures in preparation for the national roll-out in the fall of 2022.

1. Circumstances Making the Information Collection Necessary

Workforce well-being, burnout, and satisfaction are critical factors in assuring high-quality patient care delivery within HRSA funded health centers. Ignoring staff well-being 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 workforce recruitment, retention, and

¹ OMB 0915-0379 extension

<https://www.federalregister.gov/documents/2020/03/02/2020-04166/agency-information-collection-activities-proposed-collection-public-comment-request-questionnaire>

productivity.² In order to identify causes, impacts, and extent of staff well-being, burnout, and job satisfaction, a workforce survey was developed during the Health Center Workforce Well-Being/Satisfaction Survey contract and will be administered across HRSA funded health centers nationally during the current Health Center Workforce Survey Evaluation and Technical Assistance contract. This survey will provide insight into the factors impacting workforce well-being and satisfaction at the national and health center levels and across all health center occupations. By quantifying and analyzing these problems, efforts to improve conditions can be implemented and evaluated as to their effectiveness, with the long-term goal of improving patient quality of care and promoting HRSA as a leader in workforce recruitment and retention.

HRSA selected John Snow, Inc. (JSI) as the contractor for Health Center Workforce Survey Evaluation and Technical Assistance contract, through a competitive bid process to undertake this project. JSI's charge in this contract is to finalize any administrative adjustments for the national administration of the HRSA Health Center Workforce Survey, which will take place in Fall 2022 to health center staff nationwide. Similar to the previously approved and conducted pilot test in 2021, under this same OMB Control No. 0915-0379, this request for a second pilot test will also include the web-based administration and data collection of the survey to **approximately 300 health center employees nationally**, in order to further refine the survey instrument and data collection protocols. Approval of this second pilot testing will provide a second layer of insight into any challenges or problems with administering the web-based survey and collecting the data using the federally approved vendor Survey Analytics. Pilot testing will also provide insight into strategies that can be used to promote high participation rates among health centers and their staff. Through separate OMB submission, the HRSA Health Center Workforce Survey will be administered nationally to all HRSA funded health center full and part-time employees—approximately 400,000 persons, which make up approximately 253,000 FTEs.

2. Purpose and Use of the Information Collection

The purpose of this generic clearance request is to test the administration of the HRSA Health Center Workforce Survey through the federally approved vendor Survey Analytics in order to determine if there are any problems accessing the web-based survey, collecting the data files, monitoring survey questions that are skipped, and monitoring participation in the survey. Using the HRSA Health Center Workforce Survey that was created during the Health Center Workforce Well-Being/Satisfaction Survey contract, pilot surveys will be completed by approximately 300 staff in various occupations across 50 health centers.

The HRSA contractor will utilize a list of email contacts provided by health center leadership and will emphasize that their information and responses will be kept confidential and that email addresses will only be used to send a reminder to invitees who have not yet completed the survey after a five day interval. Furthermore, this process

² Friedberg M.W., Reid R.O., Timble J.W., Setodji C., et al. (2017). Federally qualified health center clinicians and staff increasingly dissatisfied with workplace conditions. *Health Affairs*, 36(8), 1469-1475

will remove personal identifiers from the survey results to avoid triggering the Privacy Act.

3. Use of Improved Information Technology and Burden Reduction

The pilot surveys will be conducted online using Survey Analytics. Use of an online survey tool will enable the surveys to be completed in less time, with reduced burden, and with more accuracy than a paper and pencil questionnaire. If in a few rare instances a respondent asks to complete the survey by paper copy or other means, JSI will attempt to accommodate those requests.

4. Efforts to Avoid Duplication and Use of Similar Information

Existing national survey instruments were evaluated for use as possible measures of provider and staff well-being including engagement, satisfaction, and burnout and none were found that measured the number of important concepts related to burnout and job satisfaction in the health center context. In addition, a thorough literature review identified validated measures and instruments for assessing job satisfaction and staff burnout as well as measures of other concepts that have been identified as precursors to job dissatisfaction and burnout. This information was used to create a unique HRSA Workforce Wellness Survey.

Pilot testing the survey will provide necessary information for survey administration refinement and cannot be obtained elsewhere. Additionally, HRSA has not conducted any previous national surveys to assess workforce well-being across its nearly 1,400 health centers. Information on workforce well-being by health center size, region, occupation groups and other factors will allow national comparisons of well-being across health center staff and will provide information for future targeted technical assistance that would not be possible without the rollout of a well-tested 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 collection from a pilot survey is a one-time effort that supports the national rollout of the HRSA Workforce Wellness Survey and will assess the success of the web-based administration of the survey in collecting and transferring the data.

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

In accordance with 5 CFR 1320.8(d), a 60-day notice was published in the *Federal Register*, 85 Fed. Reg. 12307 (March 2, 2020). No public comments were received.

9. Explanation of any Payment/Gifts to Respondents

Pilot survey respondents will not receive payments or gifts for participation from either the contractor or from HRSA.

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 their pilot surveys will be kept confidential and that neither HRSA nor the health centers will have access to individual answers that are linked to a person's identity in the pilot study. Data collected will be in conformity with HRSA's standards for protecting personally identifiable information on individuals.

11. Justification for Sensitive Questions

Questions regarding well-being, job satisfaction, and burnout can be 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:

Topics may include ratings of leadership and job stress. While sensitive, these questions are necessary and important for understanding the causes and impacts of burnout, well-being, and job satisfaction as supported by the extensive literature review conducted during the Health Center Workforce Well-Being/Satisfaction Survey contract.

Respondents will also be asked to provide their race/ethnicity. This information will help HRSA and health centers to identify levels of burnout, job satisfaction, well-being and drivers of these concepts for various groups. Without this information, HRSA and health centers will not be able to appropriately develop technical assistance or other strategies to improve workforce well-being for these staff.

Prior to participating in the pilot survey, respondents will be informed about the voluntary and confidential nature of their participation and the private treatment of their responses. Respondents will understand that they have the right to skip over 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, the HRSA contractor anticipates that the procedures that create confidentiality for participants will allow them to answer these

questions with acceptable levels of comfort. 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
Pilot Test	300	1	300	.50	150
Total	300		300		150

Estimated Annualized Burden Costs:

Table 2

Type of Respondent Based on Activity ³	Total Hour Burden	Rate per Hour (\$) ⁴	Total Cost (\$)
Pilot Test	150	\$100	\$15,000
Total	150		\$15,000

13. Estimates of Other Total Annual Cost Burden to Respondents or Record keepers/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 ⁵	\$1,778
Contract Costs	\$95,550

³ All respondents are health center employees

⁴ Average health center employee hourly wage is not available information. \$100 hourly rate will be used as the average wage.

⁵ Based on 2018 OPM Salary Table (<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/DCB.pdf>).

JSI Labor with Fringe (76%)	
Other Direct Costs (6%)	\$8,000
Subcontractor (0%)	\$0
Indirect Costs (18%)	\$22,011
Total (100%)	\$125,561
Annual Total	\$127,339

15. Change in Burden

N/A

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

This information will help further refine survey administration protocols and will inform future data collection methods. Reports will be generated internally for HRSA use and depending on the findings, it is possible that a research article would be prepared for publication in a peer-reviewed journal to support the pedigree of the HRSA Workforce Wellness Survey national rollout.

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

The OMB number and Expiration date will be displayed on every form/page that respondents see online.

18. Exemptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.