Supporting Statement B

Health Center Workforce Survey Evaluation and Technical Assistance: Pilot Survey

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.

The Health Resources and Services Administration (HRSA) will not use statistical methods to select respondents for the pilot survey. 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 instructions to health center directors as to distribution of the invitations to participate in the pilot testing.

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. Health center leadership with whom the HRSA contractor, John Snow, Inc. (JSI), has built a relationship through previous work including the Health Center Workforce Well-Being/Satisfaction Survey and the UDS project will be engaged to select staff for participation. The HRSA contractor will ensure that the health centers represent a diverse group in location, setting, and size. The diversity of health centers and UDS major role categories will help capture a wide range of health centers and staff roles during the pilot study.

Pilot Survey

HRSA and its contractor will build upon existing relationships with health centers to recruit individuals for the pilot survey. All 50 health centers selected will be asked to provide the entire list of emails for all current staff. The contractor will then randomly select 6 staff to participate in the pilot. The contractor will notify the health center director as to which staff were selected so that the health center can notify these staff of the up-coming opportunity and encourage participation. Since a random sample will be selected a wide range of roles including staff from medical; dental, vision, and pharmacy; behavioral health; clinical support and enabling staff;

quality improvement, facility, and non-clinical support staff; and leadership will be included from each health center.

The health center director (or designee) will receive a link to a form allowing them to transfer email addresses for all staff. After randomly selecting staff, their emails will then be entered into the Survey Analytics system, which will send out a survey participation invitation directly from the HRSA contractor. The email invitation will make it clear that the HRSA contractor, not HRSA or the health center leadership, will track whether a survey response is received from each invitee and also that responses will not be associated with the email used for the invitation or otherwise connected to the identity of the respondent. After approximately 5 days, a reminder will be sent to those who have not yet completed the survey.

2. Procedures - Collection of Information

Pilot Survey

A health center leader with whom the HRSA contractor has an existing relationship will be contacted by the HRSA contractor and they will be asked to provide email addresses for all staff from which the contractor will randomly select 6 staff to participate in the pilot test. The HRSA contractor created an email invitation with suggested wording to be sent to selected staff from the health center leader asking them to aid HRSA by participating in a pilot survey to assess workforce well-being that is being developed to survey all health center employees nationally in Fall 2022. The email will explain that no one at HRSA or their health center will know which specific employees have filled out the survey.

Leadership at the health center will be notified as to which staff were selected. The contractor will enter these emails into the Survey Analytics system to send out invitations. The link embedded in the email will be unique to the individual and the health center from which the employee was nominated. This will allow the respondent to return to a partially completed survey from any computer, and will permit the HRSA contractor to conduct individual follow up to those that have not responded, as well as having a known universe of invitees. The system will track whether a completed survey has been received for each unique code and after approximately 5 days a reminder email will be sent out to all those who have not yet completed the survey. If response is still low then potentially a second reminder will be sent out at approximately 10 days. When the data collection is completed and the database extracted with employee answers, the individual email information will be deleted from the saved response data set, thereby at that point making individual employees anonymous in the final data.

Pilot surveys will be conducted on-line and take approximately 30 minutes each. No financial incentives will be given to individual participants.

3. Methods to Maximize Response Rates and Deal with Nonresponse

Response rates will be an outcome of both inviting staff that meet the mentioned criteria for participation and obtaining those employees' cooperation and time to complete the pilot survey. During the pilot survey and national rollout, the invitations sent to employees to participate in the national study will describe how participation in the survey will benefit health center staff and the health center overall through the identification of areas of need within workforce well-being and satisfaction, and how TA strategies to address these needs will not only improve workforce well-being among staff members but will also promote improved patient quality of care. One day before the invitation email is sent by the contractor, the health center director or designee will send an email to the pilot test invitees alerting them to the invitation to come tomorrow and encouraging all to participate.

Those invited to help with the pilot survey will have approximately a month to complete the survey and can do so at a time and place that works best for their schedule. After one week, a reminder will be sent to all invitees who have yet to complete the survey. Potentially two additional reminders at weekly intervals will be sent to invitees who have not submitted a completed survey. Approximately 10 days after the initial invitation, the health center director or designee will also send an encouragement email (suggested wording provided by the HRSA contractor) to all pilot study invitees asking if they have not yet filled out the survey to try to do so within the next 10 days.

4. Tests of Procedures or Methods to be Undertaken

Pilot survey data will be inspected to ensure that the survey can be easily administered. In terms of learning about administration issues that may need to be addressed, the pilot test will provide a measure of voluntary response rates in the absence of any explicit incentives; it will provide evidence of the proportion of survey participants who respond to a reminder message to complete the survey; it will provide a measure of the number of respondents who fail to complete the survey after beginning it; it will test employees abilities to use the web address of the Survey Analytics survey software; it will provide an opportunity to test any problems with storing the data in the Cloud or downloading the information for analysis purposes; and it will provide a measure of the average length of administration of the survey as well as lower and upper bounds of time to complete the questionnaire.

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

The following individuals will be consulted on data collection, quantitative analysis for the pilot survey.

Meresa Stacy Project COR Health Resources and Services Administration MStacy@hrsa.gov

Jayne Berube, MS, RD
Team Lead, Care Integration and Workforce Team
Bureau of Primary Health Care
Health Resources and Services Administration
jberube@hrsa.gov

Lara Chausow
Data Statistician, Quality Division
Health Resources and Services Administration
LChausow@hrsa.gov

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

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

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

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

Wendy Chow Senior Data Analyst JSI Research & Training Institute, Inc. wendy_chow@jsi.com

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

Rebecca Millock
Data Collection Specialist
JSI Research & Training Institute, Inc.
Becca_millock@jsi.com

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

Laura Steere Project Manager JSI Research & Training Institute, Inc. Laura_steere@jsi.com