

Supporting Statement A

HRSA Health Center Workforce Survey: Pilot Survey

OMB Control No. 0915-0379

HRSA's 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 quality of care. The HRSA Health Center Workforce Well-Being/Satisfaction Survey contract includes piloting the HRSA Health Center Workforce Survey, created from previous OMB approved activities (Listening Sessions, Cognitive Interviews) under OMB Control No. 0915-0379 and funded through this contract. The HRSA Health Center Workforce Survey 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 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 400 health center employees nationally**. Approval of this activity will enable identification of any challenges or problems rolling out the web-based survey prior to administration nationally in 2022 to approximately 1,400 health centers. This information may lead to further refinements of the survey instrument or procedures in preparation for the national roll-out.

1. Circumstances Making the Information Collection Necessary

Workforce well-being, burnout, and satisfaction has been shown to be a critical factor in assuring high-quality 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 productivity.² In order to identify causes, impacts, and extent of staff well-being, burnout, and job satisfaction, a workforce survey has been developed as one of the deliverables of The Health Center Workforce Well-Being/Satisfaction Survey contract and will be administered across HRSA funded health centers nationally. This survey will provide insight into the factors impacting work-force wellbeing 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

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>

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

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 The Health Center Workforce Well-Being/Satisfaction Survey contract, through a competitive bid process to undertake this project. JSI's charge in this contract is to develop the final survey instrument (the HRSA Health Center Workforce Survey) through conducting listening sessions for input into the content of the survey, conducting cognitive testing of the survey to determine necessary changes to wording, sentence structure, etc., for clarity of the questions, finalizing the survey based on input from the cognitive sessions, pilot testing the web-based administration and data collection of the survey to **approximately 400 health center employees nationally**, and developing data collection protocols. Through a subsequent contract and future OMB submissions, the HRSA Health Center Workforce Survey, will be administered nationally to all HRSA funded health center FTE (approximately 253,000 FTE).

As a follow-up to the listening sessions and cognitive interviews information collection request approved on September 16, 2020, HRSA is now submitting an additional request under HRSA's Generic Clearance OMB package for approval to conduct pilot testing of the survey with approximately 400 health center employees nationally. Approval of the pilot testing will provide insight into any challenges or problems with administering the web-based survey and collecting the data using the federally approved vendor Qualtrics. Pilot testing will also provide insight into strategies that can be used to promote high participation rates among health centers and their staff. All data collection activities mentioned are all necessary to create a robust survey with high validity that is comprehensive of various health centers and health center occupations. At the end of this contract (December 2021), 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 generic clearance request is to test the administration of the HRSA Health Center Workforce Survey administration through the federally approved vendor Qualtrics, 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 participant feedback on the survey for any needed refinements to the survey. Using the draft HRSA Health Center Workforce Survey that was created through the guidance of a literature search, Technical Advisory Panel, listening session feedback, and cognitive testing, pilot surveys will be completed by approximately 400 staff in various occupations across approximately 20 health centers. In terms of learning whether any further modifications to the survey instrument itself are needed, the pilot testing will identify questions that respondents may decline to answer at unacceptably high rates; it will identify questions that do not produce acceptable levels of variation in answers; it will identify questions that cannot be answered by certain occupation groups and therefore require adding into the program skip logic; it will allow the opportunity to calculate reliability coefficients for intended scales; it will identify questions that weaken the reliability of scales in this population; and it will help to identify questions that are

unnecessarily redundant and therefore candidates for dropping from the national survey.

HRSA is proposing that two different pilot test approaches are taken in order to compare acceptability and administrative issues. Approach A will invite and send reminders to approximately 200 participants who will remain anonymous throughout the data collection process. Approach B will utilize a list of approximately 200 email contacts known to the contractor who will emphasize that this information 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 approximately 10 days and again at 20 days after the initial invitation.

In terms of learning about administration issues that may need to be addressed under both approaches, the pilot test will provide a comparison 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 participants' abilities to use the web address of the Qualtrics survey software; it will provide an opportunity to test any problems with storing the data in the Qualtrics Cloud or downloading the information for analysis purposes; 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 survey; and it will provide an opportunity to ask a few questions about participants' reactions to the survey including perceived length, perceived usefulness of the information, perceived willingness to participate in the future rollout of the survey and confidence that their individual answers will not be seen by their health center or HRSA.

3. Use of Improved Information Technology and Burden Reduction

The pilot surveys will be conducted online using Qualtrics, an approved Federal software program for online surveys. 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 survey.

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 Health Center Workforce Survey.

Pilot testing the survey will provide necessary information and data for survey refinement and cannot be obtained elsewhere. Additionally, BPHC has not conducted any previous national surveys to assess workforce well-being across its approximately 1,400 health

centers. Information on workforce wellbeing 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 collections from a pilot survey is a one-time effort that supports the development of the HRSA Health Center Workforce 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), on March 2, 2020, a 60 day notice was published in the *Federal Register* for HRSA's generic clearance, OMB Control No. 0915-0379 (Vol. 85, No.41, pages 12307-12308). 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 under Approach A will be informed that pilot surveys will be anonymous and data will be kept secure and protected. Participating individuals and institutions under Approach B 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 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 early in this contract

Prior to participating in the pilot survey, respondents will be informed about the voluntary and anonymous (Approach A) or confidential (Approach B) 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, HRSA anticipates the procedures that create anonymity or 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	400	1	400	.75	300
Total	400		400		300

Estimated Annualized Burden Costs:

Table 2

Type of Respondent Based on Activity ³	Total Hour Burden	Rate per Hour (\$) ⁴	Total Cost (\$)
Pilot Test	300	\$100	\$30,000
Total	300		\$30,000

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	
JSI Labor (53%)	\$60,000
Other Direct Costs (0%)	\$0
Subcontractor (0%)	\$0
Indirect Costs (47%)	\$54,000
Total (100%)	\$114,000
Annual Total	\$115,778

15. Change in Burden

N/A

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

Upon the completion of the pilot survey, response rates and reliability coefficients will be calculated for internal use. Other counts and metrics will be calculated as described above. This information will help further refine the survey and 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 survey national rollout.

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

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>).

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.