

# Request for Approval under the “Questionnaire and Data Collection Testing and Developmental Research for the Health Resources and Services Administration (HRSA)”

**(OMB Control Number: 0915-0379)**

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**TITLE OF INFORMATION COLLECTION:** Health Center Community Engagement Network (CEN).

**PURPOSE:** The CEN is a multi-disciplinary group of stakeholders with diverse expertise and perspectives that will elevate the voices of those impacted by the Health Center Program (HCP) to inform HRSA’s long-term strategy, vision, and planning. The CEN will provide HRSA with independent, subject matter and stakeholder expertise using questions and approaches designed to encourage feedback from different stakeholders and a conversation between the facilitator and participants.

Focus group participants will provide a detailed analysis of possible future health center operating environments using a data driven planning approach.

This collection falls under HRSA’s strategic foresight approach to CENs. Strategic foresight is a process that Federal government agencies are engaging in, which gathers information in focus group settings to develop recommendations and actionable goals for the agencies to work towards over the coming years. This methodology involves anticipating future trends, challenges, and opportunities and using this information to guide future strategic planning decision-making by weighing the impact of those decisions on the Bureau’s mission; better preparing the health center program to meet public health needs, while honoring the Bureau’s commitment to be more inclusive and provide equitable health outcomes.

HRSA’s Strategic Foresight approach for long-term strategic vision for the Health Center Program over the next 10 months will include the below selected task areas. The Health Center Community Engagement Network (CEN) participants will engage in focus group meetings in the steps listed in the table below. Each engagement represents another focus group session. This entire collection will consist of 4 focus group sessions with up to 20 participants in each session.

**HRSA APPROACH TO COLLECTION FORESIGHT STRATEGY TASK AREAS:**

Session Group (see Community Engagement Network Descriptions)	Trend & Driver Analysis	Scenario Development	Backcasting	Strategy Development
<b>CEN SME Group</b>	<b>Engagement #1:</b> Trends/Driver Analysis - Reviewing current state environmental scan of the health center program and mapping trends through RIGOR analysis, identifying themes, and future issues, plans, projections for the healthcare environment in 10-15 years. Using trend	<b>Engagement # 2:</b> Scenario Development - Experts will review 15 outlines (stories) of possible future events and identify 3 - 5 detailed, diverse scenarios	<b>Engagement #3:</b> Backcasting-The experts will identify desirable future and then works backwards to identify the steps that would need to be taken to get	<b>Engagement #4:</b> Strategy Vision/Goal - Participants will provide input on drafted objectives and goals.

	results and other indicators to provide an increased understanding of current and emerging environment, pinpoint drivers and impacts on different sub-populations.		there.	
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**TYPE OF COLLECTION:** (Check one)

- Customer Comment Card/Complaint Form     Customer Satisfaction Survey  
 Usability Testing (e.g., Website or Software)     Small Discussion Group  
 Focus Group     Other: Group Interviews

**DESCRIPTION OF RESPONDENTS:** The CEN will identify priority populations that will include health center program partners, leaders, as well as practitioners in health equity. This will include experts, staff, patients, and other individuals with lived experience that represent the populations served by health centers and organizations who serve or support the work of health center programs. Potential CEN membership will be partners representing health centers, community members, Primary Care Associations (PCAs), advocacy groups, patient and patient advocates, National Technical Assistance Providers (NTTAPs), Health Center Controlled Networks (HCCNs) members, public health and health equity experts, primary care foundations, and federal partners.

**BPHC COMMUNITY ENGAGEMENT NETWORK DESCRIPTIONS:**

Session Groups	Description of type of attendees	# Of Sessions	Role of the participants
<b>1 CEN SME Group</b>	Representing different groups (C-Suite, frontline workers/providers, Special populations, TTA partners, federal  Up to 20 participants	4 engagements	. During the <b>four</b> engagements participants will review content in the stages as listed above: Trends/Driver Analysis, Scenario Development, Backcasting and Strategy Development  The participants will only provide input during these four sessions. Burden for capturing their feedback and analysis will fall on contractor(s) and our team, and not group.

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.

- 6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

**Name:** Cassandra Hadley, HRSA/BPHC/OPPD, Public Health Analyst To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [ ] Yes [ X] No
- 2. If yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
- 3. If yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ X] Yes [ ] No

HRSA proposes to offer a monetary participation incentive, in order to help ensure that HRSA is able to reach populations that are part of hard to reach communities, such as frontline workers/providers in rural areas who have a difficult time finding time in their schedules to do a 20-minute engagement session. HRSA needs the input of these workers to help ensure HRSA has diverse and meaningful input from health center program communities and stakeholders. The focus groups will encourage information sharing from participants representing multiple groups thus providing a comprehensive overview of primary health care needs. HRSA believes that this collection is similar to previous information collections that have used incentives and involved focus groups conducted by the same contractor. One such example is the AHRQ 2-hour Patient Safety Summit (Contact: Erin Grace, [Erin.Grace@ahrq.hhs.gov](mailto:Erin.Grace@ahrq.hhs.gov)) convening with compensation of \$300, which did not require any pre- or post-work. This summit engaged similar populations to this proposed collection. In addition, it is similar to the The NIH's ALL of Us program also provides incentives to the community members engaged in providing input into the program (Contact: Johnson, Angelica (NIH/OD) [E] [angelica.johnson@nih.gov](mailto:angelica.johnson@nih.gov)), which is similar since this proposed collection also looks for input from community members.

Based on our assessment, a one-time incentive payment for participation in the project at \$100/hour per patient or community participant would increase response rates and acknowledge the value of local community-based participation.

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours Total
<b>Organizations:</b> 1 CEN SME Group	20	320 hours total (4 hours per participant for 4 sessions)	320 hours

**FEDERAL COST:**

HRSA is funding this information collection. The estimated annual one-time cost to the federal government for engagement activities which includes designing data collection instruments, project communication materials, recruitment flyers, emails and talking points, as well as associated meeting facilitation materials is \$58,889.61. The cost of federal staff time for analyzing and reviewing data collected, and direct project management and oversight is (60 hours at the GS-13 level) for a total cost of 3,542.40.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  Yes  No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

We are working to develop a listing on potential respondents from our [BPHC April 28 Bulletin](#) announcement and our contractors Patient Partner Innovation Community (PPIC) network. Selection will be based on an individual's location in the country, population and sub-populations served, individuals subject matter expertise and their experiences with the HRSA Health Center program.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)
- Web-based or other forms of Social Media
  - Telephone
  - In-person
  - Mail
  - Other, Explain The sessions will be held virtually through Zoom or Teams platform
2. Will interviewers or facilitators be used?  Yes  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**