Supporting Statement A

Questionnaire and Data Collection Testing and Developmental Research for the Health Resources and Services Administration (HRSA)

OMB Control No. 0915-0379

Revision

Terms of Clearance: "None".

A. Justification

1. Circumstances Making the Collection of Information Necessary

HRSA requests that the Office of Management and Budget (OMB) approve our revisions to this generic umbrella package and extend approval for three years to facilitate HRSA's efforts to obtain formative information from HRSA stakeholders for HRSA to use when developing new questions, questionnaires, and tools; pilot/pre-test instruments to be deployed by HRSA; and to identify problems in instruments currently in use. HRSA seeks to extend OMB approval of this ICR and existing ICRs that fall under it while including a slight increase in the burden estimate to account for HRSA's implementation of Executive Order 13985 calling on agencies to advance racial equity and support for underserved communities through identifying and addressing barriers to equal opportunity that underserved communities may face. HRSA will likely be conducting additional collections to gather information from the public so that HRSA may effectively implement this Executive Order.

Developing, testing, and evaluating data collection and estimation procedures using survey methods and other techniques in anticipation of agency-sponsored studies can improve HRSA's information collection efforts and the products developed by HRSA. This allows HRSA to be more responsive to fast-changing developments in the healthcare field.

Through this generic clearance, HRSA is able to develop and test survey instruments and other data collection and estimation procedures expeditiously and with greater lead-time, thereby managing project time more efficiently and improving the quality of the data HRSA collects. In some instances, the ability to test and evaluate data collection and estimation procedures as a precursor to potential projects or early in a project may result in the decision not to proceed with additional activities, thereby saving both public and private resources and effectively eliminating respondent burden.

These information collection activities may also be applied to exploring potential sources of respondent nonresponse so that improved protocols can be designed to minimize these sources of nonresponse. Sources of nonresponse errors include item-level definitional problems, unrealistic reference periods that make unreasonable cognitive demands on the respondent, confusing sequencing of items, etc.

The cumulative effects of these sources of respondent nonresponse are decreased levels of item- and survey-level participation. These respondent errors can result in inaccurate reporting and challenges to successfully tracking nonresponse for survey follow-up data collection efforts.

The positive outcomes derived from conducting these cognitive efforts and implementing evidence-based improvements include (1) enhancing the ability to minimize item- and instrument-level respondent error, (2) increasing the likelihood of study participation and (3) decreasing the need for follow-up data collection with study nonrespondents.

These developmental activities are not used by HRSA to regulate or sanction its grantees or other constituencies. Participation in these activities is entirely voluntary, and the privacy of respondents will be preserved to the extent permitted by law.

In accordance with OMB guidelines for generic clearances for voluntary surveys, HRSA has an independent review process (see Supporting Statement B, #5) to ensure the development and implementation of high quality surveys within HRSA. Survey instruments developed for use under this generic clearance will be submitted to OMB for review and inclusion in the public docket.

In addition, HRSA requests to renew the following currently approved instruments under 0915-0379 along with the renewal of this generic umbrella collection:

- Health Center Workforce Well-Being Survey: Listening Sessions
- Health Center Workforce Well-Being Survey: Cognitive Sessions
- Health Center Workforce Well-Being Survey: Pilot Testing
- Health Center Workforce Survey Evaluation and Technical Assistance: Pilot Survey
- Fast Track Interviews with National Hypertension Control Initiative (NHCI) Group 2 Participants.
- Usability Testing for HRSA.gov website properties (moving from 0990-0379)
- Organ Procurement and Transplantation Network (OPTN) Stakeholder Focus Groups
- Ryan White HIV/AIDS Program Tree Testing Plan
- PRA Questions for CEN Groups

2. Purpose and Use of Information Collection

HRSA conducts cognitive interviews, focus groups, field tests/pilot interviews, and experimental research in laboratory and field settings, both for evaluating questionnaires and more basic research on response errors in surveys.

The information collected through preliminary research activities is used by HRSA to obtain formative information from HRSA stakeholders for HRSA to use when developing new questions, questionnaires, and tools; pilot/pre-test instruments to be deployed by HRSA; and to identify problems in instruments currently in use. HRSA seeks to extend OMB approval of this ICR and existing ICRs that fall under it while including a slight increase in the burden estimate to account for HRSA's implementation of Executive Order 13985 calling on agencies to advance racial equity and support for underserved communities through identifying and addressing barriers to equal opportunity that underserved communities may face. HRSA will likely be conducting additional collections to gather information from the public so that HRSA may effectively implement this Executive Order. In the absence of the

activities that would fall under this umbrella generic ICR preliminary research activities, HRSA may pursue research activities without pre-testing, which could lead to increased burden time for respondents and less efficient data collection procedures.

The scope of the generic information collections will be uncontroversial and of limited public interest. Survey questions that directly address public health emergency related issues will be outside of the scope of this generic clearance while general survey questions such as those that address workforce satisfaction will be within scope.

As HRSA's Information Collection Clearance Officer staff cannot anticipate all future survey needs, HRSA staff will work with the OMB Desk Officer on the individual generic fast-track submissions to ensure that all generic information collections are uncontroversial and of limited public interest.

During a public health emergency such as COVID-19, safety precautions will be taken as necessary during all project phases. For example, interviews and other survey activities will be conducted virtually or via telephone to ensure participants' safety.

3. Use of Improved Information Technology and Burden Reduction

Usually, cognitive interviews will be conducted in the mode or modes intended for the survey, that is, face-to-face; telephone, self-administered, computer assisted personal interviewing (CAPI), computer assisted telephone interviewing (CATI), audio computer-assisted self-interview (ACASI), self-administered web-based, or some combination of modes.

One of the goals of this effort is to identify and evaluate advanced techniques that will help HRSA obtain the necessary amount of information with a minimum amount of burden through the use of electronic submission to substitute for paper and automated processes whenever feasible. Only the minimum amount of information necessary will be collected from respondents.

4. Efforts to Identify Duplication and Use of Similar Information

Work carried out under this clearance will be designed to address the needs of the program for which the work is being conducted, and it is not anticipated to duplicate any other evaluation or testing of data collection and estimation procedures being done by HRSA or other Federal agencies.

5. Impact on Small Businesses or Other Small Entities

The survey instruments and procedures for completing the instruments will be designed to minimize burden on all respondents and will not have a significant impact on small businesses or other small entities.

6. Consequences of Collecting the Information Less Frequently

Individual projects usually involve one-time data collection activities. There are no legal obstacles to reducing the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

Data collections conducted under this generic clearance will be consistent with the general

information collection guidelines of 5 CFR 1320.5. No special circumstances apply.

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

As required be 5 CFR 1320.8(d), a 60-day Federal Register Notice was published in the *Federal Register* on April 13, 2023, vol. 88, No. 71; pp. 22459-22461. No comments were received.

Section 8B:

HRSA will consult with statistical and other expert staff in-house, in other Federal agencies, and in other organizations that have conducted, or may engage in similar preliminary research activities. Fast-track information collection requests falling under this umbrella generic clearance are developed by HRSA staff 's who are experts in the needs of their specific programs and the populations that they serve. The program staff submit the fast-track packages for review and approval by the Office of Planning, Analysis, and Evaluation (OPAE) in HRSA who review and edit the package for compliance with the Paperwork Reduction Act before submission to OMB.

9. Explanation of any Payment/Gift to Respondents

Most of the work falling under this generic umbrella clearance will not offer any payments to respondents. However, when deemed necessary, for instance, when individuals are recruited to travel to a cognitive interviewing site or the respondents are part of a population that is exceptionally difficult to reach, respondents may be eligible for an incentive of $40-50. This amount is designed to help ensure that HRSA is able to reach populations that would not otherwise respond without the use of a financial incentive. If higher remunerations are be requested due to documented difficulties in identifying eligible participants, they will be evaluated on a case-by-case basis for particularly difficult recruitments. For example, focus group remuneration might occasionally rise higher than the $20- $40 range but never above $100. It is sometimes important to offer remuneration sufficient to attract the full range of needed respondent types, and specifically across different modes. Inadequate respondent recruitment limits the effectiveness of the questionnaire evaluation. Requests and justification for remuneration will be included in each individual fast-track collection submission.

For most testing projects, cognitive interview respondents receive remuneration for several reasons:

- Typically, respondents are recruited for specific characteristics that are related to the subject matter of the survey (e.g., questions may be relevant only to people with certain health conditions). The more specific the subject matter, the more difficult it is to recruit eligible respondents. Remuneration helps to attract a greater number of potential respondents.
- Cognitive interviews require an unusual level of mental effort, as respondents are asked to explain their mental processes as they hear the question, discuss its meaning and any ambiguities, and describe why they answered the questions the way they did.

10. Assurance of Confidentiality Provided to Respondents

Data will be kept private to the extent allowed by law. Individuals and organizations will be assured of the confidentiality of their replies under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). They will be told the purposes for which the information is collected and that, in accordance with this statute, any identifiable information about them will not be used or disclosed for any other purpose.

11. Justification for Sensitive Questions

It is possible that in developing data collection and estimation procedures, potentially sensitive questions may be included. One of the purposes of these efforts is to identify such questions, determine sources of sensitivity, and alleviate them insofar as possible before an actual data collection or estimation procedure is conducted. If questions of a sensitive nature are proposed, this will be noted and a justification will be included in the materials submitted to OMB for their review and approval.

12. Estimates of Annualized Hour and Cost Burden

Table 12A shows the estimated burden hours, over the full 3 years of this clearance, for the respondents' time to participate in the research activities that may be conducted under this generic clearance. This burden estimate is a slight increase from the burden estimate in the previous iteration of this ICR since HRSA plans to conduct additional data collections to implement Executive Order 13985, which calls on agencies to advance racial equity and support for underserved communities through identifying and addressing barriers to equal opportunity that underserved communities may face. HRSA estimates the total burden is to be around 3,482 hours per year.

12A. Estimated Annualized Burden (Hours)

Total Estimated Annualized Burden Hours:

Type of Information Collection	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Mail/email[1]	1,000	1	1,000	0.26	260
Telephone	1,000	1	1,000	0.26	260
Web-based	1,200	1	1,200	0.25	300
Focus Groups	925	1	925	1.00	925
In-person	250	1	250	1.00	250
Automated[2]	500	1	500	1.00	500

Cognitive Testing	700	1	700	1.41	987
Total	0	--	5,575	--	0

May include telephone non-response follow-up in which case the burden will not change.

[2] May include testing of database software, Computer Assisted Personal Interviewing software, or other automated technologies.

12B. Costs to respondents

No direct costs to respondents are anticipated. Remuneration to respondents is designed to compensate them for their effort and any out-of-pocket costs. Table 12B shows the estimated annual cost burden, based on the respondent's time to participate in these research activities (as opposed to direct costs to respondents to complete the task). The total cost burden is estimated to be $206,338.44.

Estimated Annualized Burden Costs

Type of Information Collection	Number of Respondents	Total Burden Hours	Average Hourly Wage ($29.76) Rate * Doubled to Account for Fringe Benefits and Overhead Costs	Total Cost Burden
Mail/email[1]	1,000	260	$59.52	$14,565
Telephone	1,000	260	$59.52	$15,475.20
Web-based	1,200	300	$59.52	$17,856
Focus Groups	925	925	$59.52	$55,056
In-person	250	250	$59.52	$14,880
Automated[2]	500	500	$59.52	$29,760
Cognitive Testing	700	987	$59.52	$58,746.24
Total	0	0		0

* Based upon the mean hourly wage for 00-0000 (All Occupations), "May 2022 National Occupational Employment and Wage Estimates United States," U.S. Department of Labor, Bureau of Labor Statistics.

13. <u>Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs</u>

There are no direct costs to respondents other than their time to participate in the study.

14. <u>Annualized Cost to Federal Government</u>

Information collections conducted under this generic clearance will in some cases be carried out under contract. Assuming nine data collections per year (either mail/email, telephone, web-based or in-person) at an average cost of $160,000 each, and ten focus groups, automated data collections or lab experiments at an average cost of $25,000 each, total contract costs could be $1,690,000 per year.

The cost to the government consists mainly of the salaries of the HRSA staff that will (1) assist the questionnaire designers in the design of appropriate laboratory instruments, (2) recruit, schedule, and assist in interviewing volunteer respondents, and (3) assist in the analysis of the results and recommend changes in questionnaire wording. We have listed the anticipated Federal government cost below, which we have compiled by using the level of effort from the 2020 ICR and updating the amounts based on the 2023 Office of Personnel Management Washington DC salary tables.

Managerial 1 FTE $155,700
Professional 7 FTE $784,105
Support 1 FTE $94,199

Annual Total (contracts and staff) $2,583,874

15. Explanation for Program Changes or Adjustments

HRSA seeks to include a slight increase in the burden estimate from the 2020 ICR to account for HRSA's implementation of Executive Order 13985 calling on agencies to advance racial equity and support for underserved communities through identifying and addressing barriers to equal opportunity that underserved communities may face. HRSA will likely be conducting additional collections to gather information from the public so that HRSA may effectively implement this Executive Order. HRSA seeks to increase the number of hours under this ICR from 3,200 hours in the previously-approved ICR to 3,482 hours in this ICR.

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

The information will be used for data collection and estimation procedure development: to employ new techniques to improve HRSA's current data collections and procedures, to develop new collections and procedures, and to revise existing collections and procedures. Definitive plans for analysis or timetable of key activities will be provided for each information collection under this generic clearance at the time that the specific information collection is submitted to OMB. Information collection will not begin until OMB has been notified of a proposed activity and approved of the activity.

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

Not applicable.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

Not applicable. There are no exceptions to the certification.