

**Supporting Statement B**  
**Title of the Data Collection**  
**OMB Control No. 0906-0006**

**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.**

**1. Respondent Universe and Sampling Methods**

For this administration of the survey, the Health Resources and Services Administration (HRSA) intends to survey 7,813 grantee project directors with one or more HRSA grant(s); this is an unduplicated count of HRSA grantee project directors as of October 1, 2023. There are approximately 14,453 active HRSA awards to 3,996 separate organizations as of October 1, 2023. Frequently, a single individual is a project director for multiple awards received by an organization. Therefore, HRSA will email each project director to ensure that the survey is representative of organizations that receive HRSA awards.

This sampling procedure is consistent with the survey instructions. HRSA has instructed respondents with multiple HRSA grants (the project directors) to respond to the survey for a specific, named HRSA grant.

This survey is a revised information collection. The survey has been approved by OMB under 0906-0006 and conducted under 1090-0007 during 2016, 2017, 2019, and 2021. HRSA is reinstating this ICR under 0906-0006 because this is considered a medium burden package, and HRSA wanted to give the public an opportunity to comment. The last survey was fielded in 2021. The number of grantee recipients receiving the survey in 2021 totaled 5,363; in 2019 totaled 4,630; in 2017 totaled 4,859, in 2016 totaled 4,528. The number of respondents totaled 1,684 in 2021, 1,111 in 2019, 1,934 in 2017, and 2,062 in 2016. The response rate was approximately 32 percent in 2021, 25 percent in 2019, 40 percent in 2017, and 44 percent in 2016. The HRSA survey team reviewed and compared the responses and the difference in the responses based on the grantee/entity type and the individual responding. See Appendix A for the 2024 Grantee Satisfaction Survey Communication Templates.

**2. Procedures for the Collection of Information**

The survey will be fielded and collected via email through Qualtrics. The data collection period is anticipated to run for six (6) weeks beginning with the initial contact via email to respondents. The data collection period will end after six weeks of open data collection, during which respondents will be able to access the survey through a Qualtrics XM Platform that received its FedRAMP Authority To Operate on June 29, 2018 at a Moderate Impact level. At least two (2) reminder email messages will be sent

at appropriate intervals to non-respondents prior to closing of the survey to promote a high response rate.

HRSA is not seeking to draw causative conclusions from purely correlative data or make policy recommendations that use non-representative samples. Survey results will be representative due to efforts outlined in section 3.

### **3. Methods to Maximize Response Rates and Deal with Nonresponse**

The Grantee Satisfaction Survey will use a variety of data collection strategies that seek to improve response rates and minimize respondent burden. The estimated response rate of 32% is based on the 2021 GSS survey response rate. HRSA is estimating that this response rate, at a minimum, will be maintained in the 2024 survey. First, the survey team will send the initial inquiries via email. The HRSA grantee sample database, based on the HRSA Electronic Handbooks (EHBs), contains the email addresses, awardee points of contact, various roles, grant number and awarding Bureau or Office. Second, the survey team will provide ample time for the respondents to complete the survey by keeping the survey open for up to six weeks.

HRSA OPAE and its survey contractor will use a multi-pronged strategy to assess the degree of risk from non-response bias and, where it may be present, to mitigate it. The strategy is outlined below:

- Assessment of non-response bias:
  - o The overall survey response rate will be benchmarked to similar studies of recent vintage conducted by HRSA and other Federal government agencies familiar to the survey contractor. Lower than expected response against these benchmarks may indicate potential for response bias.
  - o Survey responses will be checked for non-completion/abandonment rates and benchmarked against similar studies and other general benchmarks for survey performance. Higher than expected abandonment rates may be an indication of potential non-response issues, particularly if the abandonment rates vary significantly across different demographic segmentations of the respondents.
  - o An analysis comparing the demographics of the survey sample/collected responses to those of the survey frame will be conducted to identify any significant over- or under-representation of salient respondent segments (e.g., rural vs. non-rural entities; type of grantee entity; bureaus/offices administering grants, etc.). Differential response rates across respondent segments will be further analyzed to assess potential impacts upon aggregated results where statistically significant differences may exist in survey item responses.
  - o An analysis will be conducted comparing “early” (i.e., responding to initial invitation) vs. “late” responders (i.e., those replying to follow-up reminder invitations). To the extent that “late” responders may be more similar to non-respondents, significant differences in their results from the “early” responses may be an indication of potential non-response issues.

- o Responses to individual survey items will be analyzed for response patterns indicating potential bias. For example, a bi-modal response distribution to items measured on rating scales could indicate that the survey is being answered only by those with very positive or very negative views, underrepresenting “average” respondents.
- Mitigation:
  - o Should over- or under-representation of respondent demographic segments with a material impact upon aggregated results be found, a weighting scheme to normalize the data to known population distributions will be implemented to avoid biasing aggregated results. If weighting is used, care will be taken to ensure that the ratio of the largest weights applied to the smallest weights applied falls within an acceptable range.
  - o Any additional concerns regarding potential bias in the survey results which may be identified by the analyses described above, and their potential impact on interpretation of survey findings will be thoroughly noted and discussed in reports delivered to HRSA.
  - o The survey team will also account for the schedules of grantees and make the survey instrument available to grantees during weeks and times that do not overlap with major activities or potential scheduling conflicts (e.g., grant submission, Spring break, etc.).
  - o HRSA will send email reminders during the six-week data collection period to encourage grantee participation. HRSA will monitor survey completion rates throughout the data collection phase, which will provide the survey team with accurate data and information to identify optimal times for sending email reminders to potential respondents.
  - o HRSA will communicate to grantees for reminders via email only. The follow up procedure will be to send repeated email reminders to non-respondents, a thank you message acknowledging respondent participation, and final reporting outcomes (results).

#### **4. Tests of Procedures or Methods to be Undertaken**

Other than cognitive testing of the survey instrument (see Supporting Statement A, #12), there were no tests of procedures or methods.

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

Three HRSA staff are responsible for analyzing data and/or designing the data collection. Three staff members from CFI Group USA, L.L.C. will assist HRSA in this effort by providing survey design and implementation expertise; survey fielding and data collection administration services; data management, processing, and analysis; results reporting and recommendations arising from the survey findings; and support for action

planning to address key priorities identified by the research.

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