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

An Umbrella Information Collection Request (ICR) is a two-step process. First, an initial ICR covering a specific type of data collection instrument goes through a full Office of Management and Budget (OMB) approval process, including the 60-day and 30-day comment periods and OMB review. Once the Umbrella ICR is approved, individual information collections conducted under its authority may undergo an abbreviated OMB approval process called a "generic" or "fast-track" information collection. A generic/fast-track package submitted to OMB includes a memorandum describing the background and purpose of the collection and details of the specific procedures to be used. Once approved by OMB, these collections are posted on reginfo.gov for public access.

The purpose of this Umbrella ICR is to obtain formative information from HRSA stakeholders for HRSA to use when developing new data collection instruments, pilot/pre-test instruments to be deployed by HRSA, and to identify problems in instruments currently in use. HRSA has been using this Umbrella ICR since initial approval in 2014, with renewals in 2017, 2020, and 2023. HRSA requests that the Office of Management and Budget (OMB) approve HRSA's request to extend OMB approval of this Umbrella ICR, which expires 11/30/2026, with minor changes (i.e., a small decline in burden, increase in expected information collections, a streamlined burden table).

Through this Umbrella ICR, HRSA can develop and test survey instruments and other data collection and estimation procedures more efficiently and with sufficient lead-time, allowing for better project planning and improved data quality. In some instances, the ability to test and evaluate data collection and estimation procedures before or during the early stages of a potential project may indicate that additional data collection activities are not warranted, thereby saving both public and private resources and effectively eliminating respondent burden.

Furthermore, 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. This allows HRSA to be more responsive to

fast-changing developments in the healthcare field.

These information collection activities may also be used to identify and assess potential sources of respondent nonresponse so that improved data collection protocols can be developed to minimize nonresponse. Sources of nonresponse may include unclear definitions at the item-level, unrealistic reference periods that place excessive cognitive demands on the respondent, confusing sequencing of questions, and other questionnaire design issues. Collectively, these factors may reduce item- and survey-level response rates. They may also contribute to inaccurate reporting and make it more difficult to identify and track nonresponse for 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.

Because these forms will be used to provide high-quality services to HRSA grantees and stakeholders, it is authorized by Executive Order 14058, "Setting Customer Service Standards." The specific statutes authorizing these collections cannot be identified in advance but will be included as part of each submission request to OMB. HRSA would only request OMB approval for collections under this umbrella-collection if the collection is voluntary, low-burden, and uncontroversial.

As part of this umbrella ICR, HRSA requests that OMB provide a response on individual generic collections within 5 business days. If no response is received and the request meets the purposes, uses and scope outlined in this document, HRSA would then move forward with the proposed information collection. HRSA believes this fast-track process should apply to this information collection, since these information collections will focus on the awareness, understanding, attitudes, preferences, or experiences of HRSA customers or other stakeholders (e.g., funding recipients and their delivery partners, and potential funding applicants) relating to existing or future services, products, or communication materials.

2. Purpose and Use of Information Collection

Information collection methods will vary but generally fall into the following categories: cognitive (or "in-depth") interviews, usability testing, focus groups, and surveys. Respondents may be asked to provide their feedback on a proposed information collection, review tools associated with an information collection, review records associated with an information collection or conduct a "dress rehearsal" of a specific protocol.

Examples of procedures used during these collections may include:

- Having supervisory staff monitor selected telephone interviews;
- Conducting interviews using techniques such as "think-aloud" exercises and respondent debriefings;
- Converting mail or paper-and-pencil surveys into electronic data using scannable forms or double-key entry. With double-key entry, two individuals independently enter the same data electronically, and the resulting datasets are compared to identify discrepancies.

- Having observers monitor focus groups and recording focus group sessions by video or audio, subject to participant consent; and
- Applying commonly used statistical validation techniques to ensure accuracy of data submitted through online surveys, such as disallowing out-of-range values.

The information collected through these 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 may recruit respondents through advertisements in public venues or by using recruitment methods that reflect the procedures planned for the proposed data collection. For example, a survey designed to assess physician communication following an office visit might be pretested with respondents recruited under similar circumstances. Each ICR will specify the recruitment methods and procedure to be used.

Generic information collections approved under this Umbrella package will be low-burden, noncontroversial, and of limited public interest. HRSA will not use information collected under this clearance to produce data products, reports, or policy documents for public release. Collections approved under this generic clearance will rely heavily on qualitative techniques rather than the collection of quantitative data. In general, these activities will not be designed to produce results that meet accepted standards of statistical rigor. HRSA will use these activities for developmental purposes only and will not use the information collected to regulate or sanction its grantees or other constituencies. Participation in these activities will be entirely voluntary, and HRSA will protect the privacy of respondents to the extent permitted by law. Survey questions that directly address public health emergency related issues will be outside of the scope of this Umbrella ICR.

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 noncontroversial and of limited public interest. When screening is used (e.g., quota sampling), the screening will be as brief as possible, and the screening questionnaire will be provided to OMB for review.

Without an approved Umbrella ICR in place, HRSA may pursue research activities without pre-testing, which could lead to increased burden time for respondents and less efficient data collection procedures.

3. <u>Use of Improved Information Technology and Burden Reduction</u>

All information collections are expected to be conducted using web-based tools (e.g., video conferencing tools like Microsoft Teams or Zoom, online survey platforms).

Surveys will be conducted using HRSA Office of Information Technology-approved, web-based, survey platforms. These surveys will typically be self-administered and submitted to HRSA or a contractor working on HRSA's behalf through the survey platform. Cognitive interviews, usability testing, and focus groups will typically be conducted using online tools such as video conferencing software. Information collections may incorporate methods such as computer assisted personal interviewing (CAPI), computer assisted telephone interviewing (CATI), audio computer-assisted self-interview (ACASI).

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 automated processes whenever feasible, including the use of electronic submission to substitute for paper. Only the minimum amount of information necessary will be collected from respondents. OBJ

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 instruments and procedures for completing the information collections will be designed to minimize burden on all respondents and will not have a significant impact on small businesses or other small entities due to the relatively low number of respondents and/or time commitment required by the collection.

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

The request fully complies with the regulation.

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 June 18, 2026, vol. 91, No. 117, pp. 36869-71. No comments were received.

A 30-day FRN was published in the Federal Register on September 22, 2026, vol. 91, No. 182, pp. 60136-38.

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 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, HRSA/HHS, and OMB requirements before submission to OMB.

9. Explanation of any Payment/Gift to Respondents

Most information collections conducted under this generic umbrella clearance will not offer any payments to respondents. However, when deemed necessary, for example, when individuals are recruited to travel to a cognitive interviewing site or when recruiting

individuals from populations that are exceptionally difficult to reach, HRSA may offer an incentive of $40-50. Such incentives are designed to help support adequate recruitment and participation among populations that might otherwise be difficult to engage. If higher remunerations are requested due to documented difficulties in identifying eligible participants, HRSA will evaluate them on a case-by-case basis. For example, focus group remuneration might occasionally rise higher than the $20-$40 range but never above $100. A higher incentive may be necessary to attract the full range of needed respondent types across different modes. Inadequate respondent recruitment limits the effectiveness of the questionnaire evaluation. Each individual fast-track collection submission proposing an incentive will identify the amount and provide a justification for use.

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

- Typically, respondents are recruited for specific characteristics that are related to the subject matter of the information collection (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 respondents to engage in a higher-than-usual level of mental effort, as respondents are asked to explain their thought processes as they hear and interpret a question, discuss its meaning, identify any ambiguities, and explain 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. Personally identifiable information is not frequently collected; when it is, information is not stored in a way that allows for retrieval by a unique personal identifier unless there is already an established System of Record (see here: https://www.hhs.gov/privacy/sorns/hrsa-sorns.html).

Appropriate consent procedures will be customized and used for each information collection activity and any collection of personal, privacy-protected information will be handled in accordance with all applicable federal requirements. If HRSA wishes to record the encounter, the respondent's permission to record will be obtained before beginning the interview. If a respondent does not provide consent, the interview will either proceed without being recorded or will not be conducted, as appropriate.

11. Justification for Sensitive Questions

The development of data collection and estimation procedures may involve questions of a potentially sensitive nature. These efforts are intended, in part, to identify such questions, assess the sources and degree of sensitivity, and address or minimize potential concerns to the extent practicable before implementing the data collection or estimation procedure. 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

12A. Estimated Annualized Burden (Hours)

To estimate annual burden hours for this Umbrella ICR, HRSA analyzed approved collections under the last two ICR packages, approved in 2020 and 2023 (referred to as the 2020 and 2023 Umbrella ICRs, respectively). Individual information collections fell into three broad categories: Cognitive Interviews/Usability Testing, Focus Groups, and Surveys. HRSA did not include the collections approved in 2014 or 2017 due to the small number of information collections (1-2) approved within those packages. There was a 156% increase in the number of collections approved in the 2020 Umbrella ICR and the 2023 Umbrella ICR, therefore, we are predicting 24 collections will be approved in the upcoming ICR.

The number of respondents, responses per response, and average burden per response is based on the average among approved information collections.

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**
Cognitive Interviews/ Usability Testing	300	1	300	1	300
Focus Groups	1,200	1	1,200	1.5	1,800
Surveys	1,700	1	1,700	0.6	1,020
Total	3,200	-	3,200	-	3,120

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.

To estimate the annual cost for the respondent's time, HRSA used the median hourly wage across all occupations, reflecting that a variety of occupations may be surveyed through the individual information collections approved under this Umbrella ICR.

- **Source**: Occupational Employment and Wage Statistics, 2025.
- **Median Hourly Wage**: $24.51
- **Locality Adjustment**: The Median hourly rate is used as opposed to adjusting for locality, since award recipients are spread across the country.
- **Overhead/Benefits**: Wage has been doubled to account for overhead costs. The hourly wage used will be $49.02.
- **Total estimated annual cost to respondents**: $156,864.

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

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

14. Annualized Cost to Federal Government

Based on the information collections approved under the 2020 and 2023 Umbrella ICRs, approximately half of collections will employ both contractor and federal support, 40 percent of collections will have costs associated with federal effort only, and the remaining 10 percent will employ contractors only. Estimated costs are based on the following:

Contractor

Average contractor costs in the 2020 and 2023 Umbrella ICR information collections have been adjusted for inflation. Contractor costs are almost always listed as a total contract cost (or the cost associated with the portion of the contract associated with the individual information collection). The average is calculated according to whether the costs of the information collection are associated with contractors only or contractors and federal employee effort.

Federal Employee

The cost to the government consists mainly of the salaries of the HRSA staff that will (1) assist the questionnaire designers in the development of appropriate data collection 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.

Based on a review of the 2020 and 2023 Umbrella ICR information collections, federal staff that work on these collections are usually a GS-13. Therefore, we will assume that federal staff working on these collections are a GS-13, Step 1; or an hourly wage of $87.53 (base wage of $58.35, multiplied by 1.5 to account for overhead costs/benefits).[1] The average hours are calculated according to whether the collection employs federal and contractor support or contractor support only. Collections employing a combination of federal and contractor support had an average of 24 hours of federal employee effort, while federal effort alone had an average of 41 hours.

Total Estimated Costs to the Federal Government:

Staff Working on Collection	Avg. Cost: Federal Employee	Avg. Cost: Contractor	Est. Cost (per collection)	Est. # Collections	Total Est. Cost to Federal Government
Federal & contractor	$2,100.72	$169,223.26	$171,323.98	12	$2,055,887.76
Federal only	$3,588.73	-	$3,588.73	10	$35,887.30
Contractor only	-	$294,242.00	$294,242.00	2	$588,484.00
Total	$5,689.45	$463,465.26	$469,154.71	24	$2,680,259.06

15. Explanation for Program Changes or Adjustments

There is a 43 percent decline in the estimated number of responses compared to the currently approved collection (from 5,575 to 3,200). Furthermore, there is a 10 percent decline in the

1 Wage for the WASHINGTON-BALTIMORE-ARLINGTON, DC-MD-VA-WV-PA locality

estimated number of burden hours (from 3,482 to 3,120). This is due to a more streamlined burden table, which uses three general buckets of information collections (as opposed to seven in the currently approved version).[2] This is based off the fact the collection types listed in the currently approved package have significant overlap in practice. For example, most focus groups, cognitive testing, and telephone interviews are now done over Zoom or similar video conferencing programs. Furthermore, there are no in-person collections in the currently approved Umbrella package.

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

HRSA will use the information to develop and improve data collection and estimation methods, including (1) testing new techniques to improve HRSA's current data collections and procedures; (2) testing and developing new collections and procedures; and (3) revising 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 and approved a proposed activity.

There are no plans for detailed statistical analyses or dissemination of data from collections under this umbrella ICR. Information collections submitted under an umbrella ICR are not intended to be statistically rigorous or produce data for the public.

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.

2 The types of information collections in the currently-approved package: mail/email, telephone, web-based, focus groups, in-person, automated, cognitive testing.