

Supporting Statement A

HRSA Health Center Workforce Survey: Cognitive Interviews

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 Health Center Workforce Well-Being/Satisfaction Survey Contract was created by BPHC to identify and address challenges related to provider and staff well-being, including cognitive interviews to validate survey measures, 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 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 *cognitive interviews* that will be conducted as part of the project. Documents for OMB approval under the Generic Clearance for pilot surveys will be submitted at a date closer to the start of these data collection activities.

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. In order to identify causes, impacts, and extent of staff well-being, burnout, and job satisfaction, a workforce survey will be developed and administered across HRSA funded health centers nationally. This survey will provide insight at the national level, at the health center level and with various occupations at health centers. By quantifying these problems, efforts to improve conditions can be mounted and evaluated as to their effectiveness.

HRSA has selected John Snow, Inc. (JSI) through a competitive bid process to undertake this project. JSI's charge in this contract is to develop and test a survey instrument as well as to develop data collection protocols. These products would then be used in a subsequent project to actually collect data and provide results. The contractor's responsibilities in the development stage are to gather input on relevant content and existing measures of those concepts through advice from experts, from a thorough review of the literature, and by gathering input from health center staff themselves through

¹ OMB 0915-0379 extension <https://www.federalregister.gov/documents/2017/04/25/2017-08296/agency-information-collection-activities-submission-to-omb-for-review-and-approval-public-comment>

listening sessions/focus groups. Using all these sources of input, the contractor will draft a survey instrument.

As the listening sessions for this project were previously approved by OMB, HRSA is now submitting an additional request to OMB under HRSA's Generic Clearance 0915-0379 for approval to conduct cognitive interviews with a draft instrument. The draft instrument will undergo assessment through cognitive interviews in order to determine whether the wording of items are easily understood and whether alternative wordings are necessary across occupation groups. After the cognitive interviews have been completed and any necessary revisions made, HRSA will then submit a request to OMB under HRSA's Generic Clearance OMB package for approval to conduct a pilot study. The revised survey will be pilot tested with 300 to 400 health center employees nationally. This pilot test will also gain insights as to approaches to ensure high participation rates among health centers and their staff. All data collection activities mentioned are all necessary in order to create a robust survey with high validity that is comprehensive of various health centers and health center roles. At the end of this contract, HRSA will submit the final survey instrument and proposed data collection procedures for full OMB clearance.

2. Purpose and Use of the Information Collection

This generic package clearance request to conduct cognitive testing is part of a series of activities conducted by BPHC to create a validated survey instrument, the Health Center Workforce Survey, which will be administered nationally to all HRSA funded health center full-time equivalents (FTE). The first of this series of activities was to create an extensive literature review that examined workforce well-being measures to include in the survey. This was followed by participation of approximately 60 health center staff in listening sessions, which provided feedback on topic areas related to workforce well-being that may have been missed in the literature review and needed to be included in the survey. The listening sessions were conducted in December 2020 after OMB approval of the clearance package under the 0915-0379 generic information collection request (ICR REFERENCE NUMBER: 202004-0915-007). The survey has now been drafted based on input from the listening sessions and will need to undergo cognitive testing to determine if the wording of sentences is clear, if the sequence of questions is accurate, if the questions elicit the desired response, and any other changes to the survey for accuracy of the responses. A final version of the survey, based upon the cognitive session, will then go for pilot testing to a sample of health centers. After the pilot testing, any necessary changes to the survey will be made followed by national administration of the Health Center Workforce Survey.

The purpose of this generic clearance request is to determine if the wording of questions in the draft HRSA Health Center Workforce Survey is easily understood by all health center staff and to capture any additional feedback from health center staff on the questions included. Using this draft instrument that was created through the guidance of a literature search, Technical Advisory Panel, and Listening Session feedback, cognitive testing with approximately 60 health center workers from different occupational groups will ensure that survey questions are easily understood by survey respondents while

meeting the scientific intent of the questions. The cognitive interviewing process identifies potential issues by testing questions in an interview environment with a focus on the clarity of the instructions, the wording of the survey items, the appropriateness of the response options, formatting, and the order of questions. These methods will help to identify problems in wording and structure that make it difficult for respondents to understand or answer a question. One of the key goals will be to determine whether wordings can be identical across all occupational groups or whether alternative forms will need to be implemented.

3. Use of Improved Information Technology and Burden Reduction

Cognitive interviews will be held virtually using Zoom video conferencing. This will eliminate travel costs, reduce the burden of time for participants, and maintain safe COVID protocols.

4. Efforts to Avoid Duplication and Use of Similar Information

Existing national surveys instruments were evaluated for use as possible measures of provider and staff well-being including engagement, satisfaction, and burnout. 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. Feedback from listening session participants on topics related to job satisfaction and burnout was also gathered prior to providing the draft survey to cognitive interview participants. Information gathered from cognitive interviews is unique data necessary for survey refinement and cannot be obtained elsewhere. It is also important as it allows direct input to the development of the survey from health center staff who will, in the future, be asked to participate in the 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 cognitive interviews are one-time efforts that support the development of the HRSA Health Center Workforce Survey.

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

Our understanding is that because this project is anticipated to qualify for approval under HRSA's OMB Generic Clearance, Control No. 0915-0379, a 30 or 60 days posting for comments is not required.

9. Explanation of any Payment/Gifts to Respondents

Each cognitive participant will receive a \$100 gift card as a token of appreciation for their participation. This amount is consistent with other tokens of appreciation approved by OMB for these types of activities.

- This project requires substantial participation by respondents with specific characteristics including both role and health center specific requirements (e. g. Medical Doctors from a rural health center, Registered Nurses from an urban health center, Health Information Technology staff from a special population health center). Since selected staff will participate during working hours, the Health Centers will have to find substitute staff to cover the duties of participants.
- For participation in the cognitive interview, respondents are asked to complete the draft HRSA Health Center Workforce Survey prior to the cognitive interview. During the interview, respondents are asked to explain their mental processes as they read the question, discuss its meaning and any ambiguities, describe why they answered the questions the way they did, and elaborate on any additional feedback they would like to share.

10. Assurance of Confidentiality Provided to Respondents

Data collected will be kept private to the extent allowed by law. Participating individuals and institutions will be informed that the information provided in the cognitive interviews will be kept secure and will be protected. Data collected will be in conformity with HRSA's standards for protecting personally identifiable information on individuals. Consistent with the Privacy Act of 1974, JSI will not provide respondent names or information about respondents to persons who are not part of the survey team. A privacy pledge will be collected from all personnel who will have access to individual identifiers.

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 abuse, discrimination, and mental health. While sensitive, these questions are necessary and important for understanding the causes and impacts of burnout, well-being, and job satisfaction.

Prior to participating in a cognitive interview, respondents will be informed about the voluntary nature of their participation and the private treatment of their responses. Respondents will understand that they have the right to refuse 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, 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
Cognitive Interview	60	1	60	1.5	90
Total	60		60		90

Estimated Annualized Burden Costs:

Table 2

Type of Respondent Based on Activity ²	Total Hour Burden	Rate per Hour (\$) ³	Total Cost (\$)
Cognitive Interview	90	\$100	\$9,000
Total	90		\$9,000

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

Other than their time and reimbursed travel expenses, there are no additional costs to respondents.

² All respondents are health center employees

³ Average health center employee hourly wage is not available information. \$100 hourly rate will be used as the average wage.

14. Annualized Cost to the Federal Government

Annual Costs to HRSA	Amount (in \$)
HRSA FTE ⁴	\$1,778
Contract Costs	
JSI Labor (18. 6%)	\$20,000
Other Direct Costs (11. 1%)	\$12,000
Subcontractor (53. 6%)	\$57,811
Indirect Costs (16. 7%)	\$18,000
Total (100%)	\$107,811
Annual Total	\$109,589

15. Change in Burden

N/A

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

At this time, no statistical analysis will be conducted with the information collected from the cognitive interviews. Reports will be generated internally for HRSA use but no publications will be released externally. Later in the project, a summary of findings from all of the sources of input may be submitted for publication. Any information gleaned from the cognitive interviews would only be reported as identifying issues that would be useful to refine the survey questions.

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

The OMB number and Expiration date will be displayed on every form/instrument that respondents see online or in paper form of the informed consent form.

18. Exemptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

⁴ Based on 2018 OPM Salary Table (<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/DCB.pdf>).