

Supporting Statement B

HRSA Health Center Workforce Survey: Cognitive Interviews

OMB Control No. 0915-0379

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.

HRSA will not use statistical methods to select respondents for the cognitive interviews. Instead, the contractor will select participants based on recommendations from health center liaisons and individuals who previously expressed interest in project participation. To ensure comprehensive coverage of various types of roles and health center representation, Uniform Data System (UDS) data and other publicly available information including health center characteristics and staff roles, will be used to guide participant recruitment. All data collection activities will be administered in English. HRSA assumes that in excess of 90% of health center staff are able to communicate, written and orally, in English.

1. Respondent Universe and Sampling Methods

Recruitment

The respondent universe includes a broad range of HRSA-funded health center staff. Participants will represent a range of occupations within health centers, including medical; dental, vision, and pharmacy; behavioral health; clinical support and enabling staff; quality improvement, facility, and non-clinical support staff; and leadership. In order to ensure that the health centers comprise a diverse group, a matrix incorporating UDS data and other publicly available information including health center location, setting, size, special populations funding, specialties, recent changes to EHR, EHR platform, patient centered medical home certification, and staff roles represented will be used to organize and drive recruitment. These categories will help capture a wide range of health centers representing a diverse staff pool, patient populations, and organizational cultures. The UDS matrix will be referenced during listening sessions/focus group recruitment in order to promote diverse respondent participation.

The diversity captured by the UDS matrix guided recruitment strategy will carry over to cognitive interview participant selection because the same pool of participants will be used in recruitment for both the listening sessions/focus groups and cognitive interviews. The contractor will begin cognitive interview recruitment by contacting health center employees who expressed an interest to participate in data collection activities for the HRSA Health Center Workforce Survey project via the Qualtrics survey sent originally to recruit for listening sessions/focus groups. The contractor will select and directly contact participants from the recruitment pool of nearly 200 health center staff that expressed interest in project participation but were not chosen to participate in the listening sessions/focus groups. While the focus of recruitment will be on employees who did not participate in the listening sessions/focus groups, it is possible that we will recruit individuals for cognitive interviews that participated in a listening session/focus

group as well. Staff characteristics such as role, tenure, gender, and race and ethnicity will be considered. In addition, participants will be selected from a wide range of health centers including region, urban or rural, and large or small. All cognitive interview candidates will be contacted directly via email. The email will describe the project and interview logistics, explain informed consent, note the incentive, and begin the process of scheduling the participant. Informed consent must be agreed to by each individual before participation in a cognitive interview is allowed.

2. Procedures for the Collection of Information

Cognitive Interviews

Cognitive interviews will be facilitated by Carol Cosenza, a Cognitive Interview Specialist with the Center for Survey Research at the University of Massachusetts (UMass) and held individually with cognitive interview participants through a Zoom meeting. A team member will also be on-line during the cognitive interview for note taking purposes. The purpose of the cognitive interviews is to discover potential issues with regards to how questions are worded, sequenced, etc. The purpose is not to assess the participants' answers to the actual draft HRSA Health Center Workforce Survey questions. However, all participants will be asked to fill out the survey on-line before taking part in the cognitive interview. Their answers to the questions will be available both to the participant and the cognitive interviewer during the session.

The cognitive interviewer will begin the session with an introduction to HRSA, the HRSA Health Center Workforce Survey project, the contractor (JSI) and details regarding the cognitive interview. Details will include voluntary participation, confidentiality, and incentive reminders, as well as camera and microphone operation. Questions referencing the draft survey will be asked. Examples of these questions include “Is the language in this question clear?”, and “What do you think is the purpose of this question?” To compensate participants for their time, they will receive a \$100 gift card following the cognitive interview.

Sessions will be recorded to ensure a full and accurate report can be written after all sessions are completed. Recordings will only be available to the project team. Recordings will be destroyed at the conclusion of the project. All respondents will be kept anonymous. Reports made available to HRSA will comprise summary data in order to further protect individual responses and participant confidentiality.

The function of the cognitive interviews is to aid in the preparation of the draft HRSA Health Center Workforce Survey pilot testing activity. Once finalized at the end of this contract, the HRSA Health Center Workforce Survey will be submitted separately for OMB full clearance.

3. Methods to Maximize Response Rates and Deal with Nonresponse

HRSA, through its contractor JSI, will provide health center participants with a \$100 gift card for participation in a cognitive interview. Response rates will be an outcome of both identifying willing employees and obtaining those employees cooperation and time to complete the cognitive interview. The recruitment will seek 60 willing participants for the individually held

cognitive interviews. The contractor will work directly with cognitive interview participants to schedule and reschedule interviews as necessary per participant's availability.

4. Tests of Procedures or Methods to be Undertaken

On behalf of HRSA, the contractor is targeting 60 cognitive interviews to be completed using Qualtrics on a laptop computer and then an interview. The cognitive interview process involves two steps for the participants, the first is completing the survey online, the second is answering questions about the survey questions themselves. The online survey approach offers several advantages that keep respondent burden at a minimum while ensuring high-quality data collection. First, the questionnaire is complex and sometimes involves skip patterns and screening questions. These are easily and quickly performed by the computer upon completion of online programming. The use of online programming will enable the surveys to be completed in less time, with reduced burden, and with more accuracy than a paper and pencil survey. The contractor will then test cognitive understanding of the questions along with the usability of the computerized instrument through a Zoom call with individual participants.

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

The following individuals will be consulted on data collection, qualitative analysis for cognitive interviews.

Carol Cosenza
Cognitive Interview Specialist
Manager, Center for Survey Research, University of Massachusetts
Carol.Cosenza@umb.edu

Jayne Berube, MS, RD
Project COR
LCDR, United States Public Health Service
Public Health Analyst, Office of Quality Improvement
Bureau of Primary Health Care
Health Resources and Services Administration
jberube@hrsa.gov

Sue Lin
Division Director
Health Resources and Services Administration
slin@hrsa.org

Larry Horlamus, MS
Deputy Director, Quality Division
Office of Quality Improvement
Bureau of Primary Health Care
HRSA

Thomas Mangione
Project Director, Senior Research Scientist
JSI Research & Training Institute, Inc.
tom_mangione@jsi.com

Ann Keehn
Project Manager, Senior Consultant
John Snow, Inc.
ann_keejn@jsi.com

Laura Steere
Research Associate
JSI Research & Training Institute, Inc.
Lsteere@jsi.com

Tabeth Jiri
Senior Epidemiologist/Statistician
JSI Research & Training Institute, Inc.
tabeth_jiri@jsi.com

Mihaly Imre
Data Analyst
JSI Research & Training Institute, Inc.
mihaly_imre@jsi.com

Eric Turer
Health Systems Consultant
John Snow, Inc.
eric_turer@jsi.com