

low sense of personal accomplishment at work.¹ Understanding the factors impacting workforce well-being and satisfaction, reducing burnout, and applying evidence-based technical assistance and other quality improvement strategies around workforce well-being is essential as the health center program health care workforce continues to respond to and recover from the COVID-19 pandemic and prepare for future health care delivery challenges.

Administration of the Health Center Workforce Survey will provide a comprehensive baseline assessment of

health center workforce well-being and identify opportunities to improve workforce well-being and bolster technical assistance and other strategies. These efforts will further HRSA's goal of providing access to quality health care and supporting a robust primary care workforce.

Likely Respondents: Health center staff in HRSA-funded health centers.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to

develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Health Center Workforce Survey	400,000	1	400,000	.50	200,000
Health Center Leader Support Activities	1,400	1	1,400	2.00	2,800
	401,400	401,400	202,800

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,
Director, Executive Secretariat.

[FR Doc. 2022-05077 Filed 3-10-22; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program: Revised Amount of the Average Cost of a Health Insurance Policy

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: HRSA is publishing an updated monetary amount of the average cost of a health insurance policy

¹ West, C.P., Dyrbye, L.N., Satele, D.V., Sloan, J.A., & Shanafelt, T.D. (2012). Concurrent validity of

as it relates to the National Vaccine Injury Compensation Program (VICP).

FOR FURTHER INFORMATION CONTACT: George Reed Grimes, Director, Division of Injury Compensation Programs, Health Systems Bureau, HRSA, HHS by mail at 5600 Fishers Lane, 08N186B, Rockville, Maryland 20857; call 1-800-338-2382 or email vaccinecompensation@hrsa.gov.

SUPPLEMENTARY INFORMATION: Section 100.2 of the VICP's implementing regulation (42 CFR part 100) states that the revised amount of an average cost of a health insurance policy, as determined by the Secretary of HHS (the Secretary), is effective upon its delivery by the Secretary to the United States Court of Federal Claims (the Court), and will be published periodically in a notice in the **Federal Register**. The Secretary delegated this responsibility to the HRSA Administrator. This figure is calculated using the most recent Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) data available as the baseline for the average monthly cost of a health insurance policy. This baseline is adjusted by the annual percentage increase/decrease obtained from the most recent annual Kaiser Family Foundation (KFF) Employer Health Benefits Survey or other authoritative sources that may be more accurate or appropriate.

In 2021, MEPS-IC, available at www.meps.ahrq.gov, published the

annual 2020 average total single premium per enrolled employee at private-sector establishments that provide health insurance. The figure published was \$7,149. This figure is divided by 12 to determine the cost per month of \$595.75. The \$595.75 figure is increased or decreased by the percentage change reported by the most recent KFF Employer Health Benefits Survey, available at www.kff.org. The increase from 2020 to 2021 was 4.0 percent. By adding this percentage increase, the calculated average monthly cost of a health insurance policy for a 12-month period is \$619.58.

Therefore, the revised average cost of a health insurance policy under the VICP is \$619.58 per month. In accordance with § 100.2, the revised amount was effective upon its delivery to the Court.

Carole Johnson,
Administrator.

[FR Doc. 2022-05220 Filed 3-10-22; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

Intern Med., 27 (11 PG-1445-52), 1445-1452.
<https://doi.org/10.1007/s11606-012-2015-7>.

single-item measures of emotional exhaustion and depersonalization in burnout assessment. *J Gen*