

Health Resources and Services Administration (HRSA), Administration for Children and Families (ACF), and Health and Human Services Office on Women's Health (HHS OWH) Pilot on Intimate Partner Violence (IPV) Screening and Counseling in Health Centers and Domestic Violence Partner Organizations

**Health Resources and Services Administration
SUPPORTING STATEMENT**

A. Justification

1. Circumstances of Information Collection

The Health Resources and Services Administration (HRSA) currently has approval under the generic clearance, Office of Management and Budget (OMB) Control No. 0915-0212, to conduct customer satisfaction surveys and focus groups. This collection of information helps fulfill the requirements of:

- a. Executive Order 12862, "Setting Customer Service Standards," which directs Agencies to continually reform their management practices and operations to provide service to the public that matches or exceeds the best service available in the private sector.

This is a request for OMB approval of a qualitative voluntary customer satisfaction survey or focus group under HRSA's generic clearance. Executive Order 12862 directs agencies that "provide significant services directly to the public" to "survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services."

HRSA's Office of Women's Health, in collaboration with HRSA's Bureau of Primary Health Care, the Administration for Children and Families (ACF), HHS Office on Women's Health (OWH), and the National Health and Violence Resource Center, proposes to obtain feedback from six federally qualified health centers and their self-selected domestic violence partner organizations participating in an ongoing pilot project. During this current pilot, the health centers and partner organizations receive training and technical assistance to implement practice changes integrate intimate partner violence (IPV) screening and counseling into practice and create stronger and formal relationships with their community domestic violence organizations. Under the Patient Protection and Affordable Care Act (ACA), select women's preventive health care services – including screening and counseling for interpersonal and domestic violence – are covered with no cost sharing. This existing pilot is aimed to equip health centers to integrate screening and counseling for interpersonal and domestic violence into practice through training and the engagement of a self-selected domestic violence partner organization and will result in a toolkit that highlights best practices for use across health centers. The pilot project was funded at \$250,000.

The low-burden data collection activities will involve the following simple assessment tools:

- 1) **Training Survey for Health Organizations** - This survey provides information on

customer satisfaction as it relates to IPV screening and counseling that may be received by patients served by health centers. It consists of basic check box questions about processes in place in the health center setting. This will also help to identify common gaps in IPV screening and counseling to assist HRSA to be responsive to customer service needs. Respondents include health center organization staff at sites participating in the pilot.

- 2) **Follow Up Training Survey for Health Organizations** - This survey, to be administered after training, provides information on customer satisfaction as it relates to usefulness and impact of training conducted within the pilot. This will help inform opportunities to enhance training so as to support HRSA to be responsive to customer service needs. Respondents include health center staff at sites participating in the pilot.
- 3) **Advocate/Provider 6 Month Follow Up Survey for Health Organizations** - Similar to the Training Survey, this survey provides information on customer satisfaction as it relates to IPV screening and counseling that may be received by patients served by health centers so as to understand if the training sustains customer service. It consists of basic check box questions about processes in place in the health center setting. This will also help to identify common gaps in IPV screening and counseling to better assist HRSA to be responsive to customer service needs. Respondents include health center staff at sites participating in the pilot.
- 4) **Collaborative Behavior Survey** - This survey assesses collaboration as an opportunity for both health centers and HRSA to enhance customer service through knowledge sharing and partnerships. It will give HRSA insight into opportunities to increase collaboration amongst health centers thus enhancing opportunities to respond to customer need. Respondents include health center and domestic violence partner organizations staff at sites participating in the pilot.
- 5) **Health Care Response to Domestic Violence Quality Assessment/Program Improvement Tool** - This survey will serve as a form of technical assistance to help health centers inform opportunities to drive continuous improvement as it relates to IPV screening and counseling. Respondents include health center staff at sites participating in the pilot.
- 6) **Patient Feedback Survey¹** - The Patient Feedback Survey and Client Feedback Survey are essentially identical and will support the health center and domestic violence partner organization to assess impact to customers, thus generating lessons learned to be used to bolster customer satisfaction for the health center, domestic violence partner organization, and HRSA. Respondents include health center patients at organizations participating in the pilot.
- 7) **Client Feedback Survey¹** - The Patient Feedback Survey and Client Feedback Survey are essentially identical and will support the health center and domestic violence partner organization to assess impact to customers, thus generating lessons learned to be used to

¹ The Patient Feedback Survey and Client Feedback Survey are essentially identical and are available in English and Spanish. The patient feedback survey, however, will be administered with patients of the health centers and the client feedback survey will be administered with clients of the health centers' domestic violence community partner organization. These client/patient feedback surveys are available in both Spanish and English due to the high volume of Spanish communities served by the health centers and their community domestic violence partners involved in this project.

bolster customer satisfaction for the health center, domestic violence partner organization, and HRSA. Respondents include clients at domestic violence partner organizations participating in the pilot.

The objective of surveying the organizations participating in this pilot project is to determine best practices, lessons learned and implementation strategies for other health centers to integrate IPV screening and counseling into practice so as to improve customer satisfaction across centers. This is in alignment with HRSA's generic package clearance guidance for qualitative, low burden, voluntary collection with an aim to drive customer satisfaction. Despite the availability of health care settings and domestic violence organizations that assist individuals experiencing IPV, partnerships between them to offer necessary resources to their patients/clients rarely exist. An understanding of innovative prevention and intervention programs is needed to enhance customer satisfaction and change the model to deliver training and resources where they are needed. Since this is a new model with potential for expansion beyond these 6 sites, it is essential to gain an understanding of this pilot and its practical applications for community partners and stakeholders, including HRSA funded health centers. As ACA covers health care services including domestic violence screening and counseling, this policy change creates opportunities and incentives nationwide for both domestic violence organizations and health care settings to develop new strategic partnerships that drive patient/client satisfaction.

2. Purpose and Use of the Information

Key considerations in the IPV landscape include the following: (1) IPV is a social determinant of health; (2) 1 in 3 women in the U.S. experience IPV; (3) IPV may be a barrier to access primary care services and/or impact other health outcomes; and (4) IPV screening and counseling is an ACA covered preventive service. It is also known that the primary care workforce has received limited guidance or training on how to provide IPV screening, counseling and make linkages to community referral services, which impacts customer service for those served by health centers and domestic violence organizations. Health center providers, in particular, have identified several challenges to integrate IPV screening and counseling into service delivery, including, but not limited to: lack of training, personal discomfort, limited time with patients, not knowing how to respond to a positive screen and lack of awareness of community resources available to assist them. This information collection opportunity provides an opportunity for HRSA to determine how best to assist the health centers in addressing these challenges and better meet customer service.

As partners in this pilot, HRSA, ACF, and HHS OWH will use the information gathered through the collection of data for internal purposes only to obtain a better understanding of how to drive customer satisfaction through assisting federally qualified health centers in integrating IPV screening and counseling into practice.

The low-burden data collection will result in a brief, internal final report outlining lessons learned, best practices, and implementation strategies. The report (available to HRSA, ACF, and HHS OWH) will inform development of a "toolkit" to guide replication in other HRSA supported health centers. The resulting toolkit will be shared across HRSA health center grantees

and stakeholders to assist these entities to integrate IPV screening and counseling into practice.

3. Use of Improved Information Technology

Survey implementation and dissemination will be done via a secure, web-based application for managing online surveys and databases. Respondents will be given a secure link to the web based platform to complete surveys and assessment tools. Baseline surveys will be completed on paper at the time of the training as this will be the first opportunity to determine contact information; follow up surveys will be completed electronically as trainees will be emailed a survey link to complete online.

4. Efforts to Avoid Duplication

There is no similar information currently available to provide information about this specific initiative.

5. Involvement of Small Entities

This activity does not have significant impact on small entities.

6. Consequences if Information Collected Less Frequently

Data collection will occur approximately every six months (twice during the pilot) to be able to provide customer service responsive feedback to the sites on areas of strengths and successes, as well as opportunities for improvement. Individual level findings will be reported to the participating sites to assist them in enhancing their program's response to IPV and capacity to address health care needs of patients/clients during the project period. The findings and lessons learned will be compiled into an internal report that will inform development of a toolkit to foster customer satisfaction in assisting HRSA supported health centers in integrating IPV screening and counseling into practice.

7. Consistency With the Guidelines in 5 CFR 1320.5(d) (2)

These surveys will be implemented in a manner fully consistent with 5 CFR 1320.5(d) (2).

8. Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on December 17, 2014 (Vol. 79, No. 242, pages 75164). No public comments were received.

9. Remuneration of Respondents

Not applicable.

10. Assurance of Confidentiality

All data collection tools are anonymous – that is, each survey/form has no identifying information or code linking responses to the participant. Data will be kept private to the extent

allowed by law.

11. Questions of a Sensitive Nature

Data to be collected from respondents is not sensitive in nature and is anonymous; no identifying information will be collected from respondents. Data collected from patients about their clinical encounter (not personal clinical data) and satisfaction with the encounter will also be completely anonymous. Participants will be told that their participation is completely voluntary, and they can withdraw from taking the survey(s) at any time.

12. Estimates of Annualized Hour Burden

Type of Collection	No. of Respondents	No. Responses per Respondent	No. Total Responses	No. Hours per Respondent	No. Total Burden Hours	Wage Rate/hour	Total Cost
1. Training Survey for Health Organizations	300	1	300	.25	75	101.26.	7594.50
2. Follow Up Training Survey for Health Organizations	300	1	300	.25	75	101.26	7594.50
3. Advocate/Provider 6 Month Follow Up Survey for Health Organizations	300	1	300	.25	75	101.26	7594.50
4. Collaborative Behavior Survey	6	2	12	.25	3	101.26	405.04
5. Health Care Response to Domestic Violence Quality Assessment/Program Improvement Tool	6	2	12	.25	3	101.26	405.04
6. Patient Feedback Survey	600	1	600	.25	150	14.08	2112
7. Client Feedback Survey	600	1	600	.25	150	14.08	2112
Total	2112	9	2124	1.75	531	534.46	27817.58

Planned frequency of information collection:

The Health Care Response to Domestic Violence Quality Assessment/Program Improvement Tool and Collaborative Behavior Survey will be administered every six months (twice a year) and completed by the practice manager. The Training Survey will be administered prior to the initial training. The Follow Up Training Survey will be administered six months following the initial training. The Patient Feedback Survey and Client Feedback Survey will be conducted on a one time anonymous basis with no follow up.

13. Estimates of Annualized Cost Burden to Respondents

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Providers/ Advocates	231	\$101.26	\$23,391.06
Patients/Clients	300	\$14.08	\$4,426.52
Total	531		\$27,817.58

Wages for the practice manager are based upon 2014 Bureau of Labor Statistics data for the average hourly wages of an OB/GYN. Wages for the patient/client are based upon the 2014 Bureau of Labor Statistics data for the average hourly wage for individuals in the leisure/hospitality industry. This lower hourly rate is based upon the fact that health center patients are predominantly low income and underserved with less education.

14. Estimates of Annualized Cost to the Government

The agency estimates the total average cost (1 year) to the Federal Government is \$56,847.62 for contracted data collection at \$50,000, 2 Federal staff at Grade 14 Step 10 (\$66.85 hourly rate) for 78 hours (\$5214.30), \$1275 for 1 Federal Staff at Grade 14 Step 2 (\$53.14 hourly rate) for 24 hours (\$1275), 1 Federal Staff at GS 15 Step 6 (\$70.57 hourly rate) for 4 hours (\$282.28), and \$76.04 for 1 Federal Staff at GS 15 Step 10 (\$76.04 hourly rate) for 1 hour (\$76.04).

15. Change in Burden

Not Applicable. This is a new activity under HRSA's generic clearance and will be included in the total burden currently approved by OMB under OMB Control No. 0915-0212.

16. Plans for Analysis and Timetable of Key Activities

Anonymous data will be collected and to be analyzed by partners engaged in the pilot. All data collection tools are anonymous – that is, each survey/form has no identifying information or code linking responses to the participant. Any identifiable results are intended for internal use only and will not be disclosed outside of engaged Federal partners.

17. Exemption for Display of Expiration Date

No exemption is being requested. The expiration date will be displayed.

18. Certifications

This information collection activity will comply with the requirements in 5 CFR 1320.9.