

Health Resources and Services Administration
SUPPORTING STATEMENT

Building Futures: Supporting Youth Living with HIV, Feedback on Toolkit and Webinars

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.

Based on data collected through 20 site visits with Ryan White HIV/AIDS Program (RWHAP) providers, HIV/AIDS Bureau (HAB) contractors developed a Toolkit and four-part webinar series on best practices for providing care to youth living with HIV (YLWH). At each webinar (with approximately 100 RWHAP providers), the study team will launch a poll to collect data on usefulness of Toolkit, webinar content, and feasibility of implementing recommended strategies.

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".

Through the webinar poll, HAB and the study team aim to understand the extent to which RWHAP providers plan to adopt recommended strategies presented in the Toolkit and webinars, potential implementation challenges, and additional suggestions for improving care for YLWH. HAB will use this information in future initiatives to support RWHAP providers in their care for YLWH, who tend to experience worse health outcomes than the RWHAP population at large.

2. Purpose and Use of the Information

Who uses this information and for what purpose?

The *Building Futures: Supporting Youth Living with HIV* project is a three-year initiative that has systemically collected data from RWHAP providers on care for YLWH. Through 20 site visits, during which interviews were conducted with program leadership, clinical staff, case managers, mental health support staff, and youth clients, the study team identified challenges and

facilitators in achieving HAB-identified positive health outcomes for YLWH, including viral suppression and retention in care. Based on findings, the study team developed a Toolkit and four-part webinar series with four overarching themes: 1) clinical services [youth-centered services, multi-disciplinary teams], 2) wraparound services [supportive services, youth groups, outreach], 3) informing program development [data analysis, youth surveys], and 4) infrastructure development [communications, LGBTQ-friendly environment, and staff recruitment and training]. For each theme and sub-topic, the Toolkit and webinars present various strategies providers may implement to improve outcomes for YLWH. The advantages and challenges of each strategy are described, so RWHAP providers can assess them against their own operational context and needs.

Each webinar will address a different theme. At the end of each webinar, the study team will launch a short online poll to evaluate the information provided, including: 1) perceptions of effectiveness of the strategies presented, 2) usefulness of the information provided for the participants' work, and 3) implementation feasibility and challenges.

The poll has multiple objectives. First, it aims to assess the potential effectiveness of the Toolkit and webinar content on improving outcomes for YLWH. If the majority of respondents agree that the strategies presented support YLWH, the information provided was new and would be useful in their work, and their agencies would likely implement a related strategy, the study team has good evidence that the Toolkit and webinar content are achieving their objectives. This information will help HAB determine the value of adopting a similar approach for supporting RWHAP providers with other challenging populations. In addition, the information gathered through the poll can help HAB understand what challenges providers may face in implementing suggested strategies and to identify opportunities for future support and technical assistance.

3. Use of Improved Information Technology

One hundred percent (100%) of respondents will use an online platform to complete the poll. When webinar participants close out of the webinar platform, a poll will automatically pop up. Respondents will immediately complete the poll on their screens. There is no opportunity to save responses and complete the poll at a later time, but given the poll only takes no more than 5 minutes, the study team does not believe this will affect response rate.

4. Efforts to Avoid Duplication

There is no duplication of data collection because the poll is specific to the Building Futures Toolkit and webinar content.

5. Involvement of Small Entities

The study team estimates that approximately 100 individuals from RWHAP providers will attend each webinar and 75 of those will chose to complete the online poll. RWHAP providers are composed of community health centers, hospital-based clinics, county and state public health departments, and other HIV/AIDS service organizations. About one quarter of these providers may represent small entities. The burden of each poll is minimal, with no more than 12-16

questions per poll.

6. Consequences if Information Collected Less Frequently

Participants are only expected to complete one poll at the end of each webinar. In addition, participants only complete polls that correspond to webinars they attend. Therefore, if a participant only attends two webinars, they will only complete two polls.

There are no legal obstacles to reduce the burden.

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

Respondents will receive no remuneration for completing a poll.

10. Assurance of Confidentiality

To date, the HRSA customer satisfaction surveys have not collected personally identifiable information from respondents.

The webinar poll does not collect personally identifiable information. However, given the poll is connected to the webinar registration, respondents can be identified through their email address and any other information provided during registration, typically agency name and staff position. Therefore, we will include the following introductory statement:

Data will be kept private to the extent allowed by law

In addition, we will maintain the privacy of respondents by removing the personally identifiable information from the analytical database. The database will be maintained on a secure server that can be accessed through password protected computers. At the conclusion of each webinar, the registration information and respondents email addresses will be deleted.

11. Questions of a Sensitive Nature

There are no questions of sensitive nature.

12. Estimates of Annualized Hour Burden

Respondents:

Each of the four webinars will be attended by approximately 100 HRSA-funded RWHAP provider staff members, including program managers, clinicians and other direct service providers (e.g., case managers, social workers). We estimate that approximately 75% of the participants will choose to complete the online poll at the end of the webinar. Therefore, across the four webinars, we estimate a total number of 300 responses. Note that some individuals may attend more than one webinar and therefore, complete more than one poll.

Given the poll has between 12 and 16 structured, multiple choice questions, the study team estimates it will take approximately 5 minutes to complete. Therefore, across the four webinars, we estimate a total number of 25 burden hours.

To estimate the cost burden, we assume an average hourly wage of a Medical and Health Services Manager (\$49.74).¹ With 25 burden hours, the estimated cost is \$1,243.50.

Annual burden estimates:

Type of Collection	Number of Respondents	Max Responses per Respondent	Total Responses	Hours per Respondent	Total Burden Hours	Wage Rate	Total Hour Cost
Building Futures Webinar Survey	75	4	300	0.085	25	\$49.74	\$1,243.50

Planned frequency of information collection:

The poll will be administered four times, one time at each webinar.

13. Estimates of Annualized Cost Burden to Respondents

There are no capital or start-up costs to the respondents.

14. Estimates of Annualized Cost to the Government

The total cost of the *Building Futures: Supporting Youth Living with HIV* three-year contract (Contract No. HSH25034003T) to the government is \$1,139,144. These costs include study design, preparation of the Paperwork Reduction Act package, development and testing of the data collection instruments, study recruitment, data collection through site visits, data analysis, and the development of the technical assistance toolkit and analytic reports.

¹ https://www.bls.gov/oes/current/naics4_621400.htm#11-0000

We estimate the cost of the webinar poll, including the development and implementation of the poll and the analysis and reporting of the poll data, is 2.5% of the annual project cost:
 $\$1,139,144/3 * 0.025 = \$9,494.87$.

In addition, the project team estimates about 5 hours of federal staff involved in webinar poll oversight. The cost is broken out into 2.5 hours of federal staff time at an average hourly wage of \$61.57 (GS-15 equivalent, step 1), for a total of \$153.93, and 2.5 hours of federal staff time at an average hourly wage of \$44.33 (GS-13), for a total of \$110.83.

The total cost of data collection through the poll is \$9,759.60.

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

Webinars will take place during the summer of 2018. The study team will analyze poll data and submit the findings to HAB through the Research Report by September 2018. Analysis will include basic summary statistics of responses and recommendations for HAB to use the findings in future policy efforts.

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.