



Supporting Statement for Request for Clearance:

OFFICE ON WOMEN'S HEALTH  
IPV PROVIDER NETWORK CROSS-SITE EVALUATION

Contact Information:

Shavon Artis Dickerson, DrPH, MPH  
Health Scientist  
Office on Women's Health  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Room 712F  
Washington, DC 20201  
202-260-7184  
Fax: 202-260-6537  
Shavon.Artis@hhs.gov

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**SUPPORTING STATEMENT  
OFFICE ON WOMEN'S HEALTH INTERPERSONAL VIOLENCE (IPV) PROVIDER  
NETWORK**

**A. JUSTIFICATION**

**A.1 Need and Legal Basis**

According to the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) more than one in three women have experienced physical violence at the hands of an intimate partner and nearly one in ten women in the United States (9.4%) have been raped by an intimate partner in her lifetime.<sup>1</sup> As part of the White House's national strategy on domestic violence and women,<sup>2</sup> the Obama administration reauthorized the Family Violence and Prevention Services Act<sup>3</sup>, reauthorized the Violence against Women Act<sup>4</sup>, and included provisions for healthcare in the Affordable Care Act.

The Affordable Care Act (PHS 2713)<sup>5</sup> requires health insurance plans to cover preventive care and screening for women as defined by the Health Resources and Services Administration (HRSA) Women's Preventive Services Guidelines. These guidelines include screening and counseling for interpersonal and domestic violence.<sup>6</sup> In addition, the U.S. Preventive Services Task Force released a recommendation in January 2013 calling for clinicians to "screen women of childbearing age for intimate partner violence."<sup>7</sup>

Many health care providers are uncertain about how to handle disclosures of abuse and violence. As part of the administration's efforts to create a health system that better addresses the needs of victims of interpersonal violence (IPV), the Office on Women's

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1 Black, Michele C., Kathleen C. Basile, Matthew J. Breiding, Sharon G. Smith, Mikel L. Walters, Melissa T. Merrick, Jieru Chen, and Mark R. Stevens. "The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report." Atlanta: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2011. . Accessed 21 January 2014 at [http://www.cdc.gov/violenceprevention/pdf/nisvs\\_executive\\_summary-a.pdf](http://www.cdc.gov/violenceprevention/pdf/nisvs_executive_summary-a.pdf)

2 The Obama Administration's Commitment to Combating Violence Against Women. Accessed 21 January 2014 at <http://www.whitehouse.gov/1is2many/about/federal-efforts>.

3 US DHHS, Office of Women's Health. Laws on Violence Against Women. Accessed 21 January 2014 at <http://womenshealth.gov/violence-against-women/laws-on-violence-against-women/#a>.

4 Factsheet: Violence Against Women Act: [http://www.whitehouse.gov/sites/default/files/docs/vawa\\_factsheet.pdf](http://www.whitehouse.gov/sites/default/files/docs/vawa_factsheet.pdf)

5 The Patient Protection and Affordable Care Act. Public Law No. 111-148, § 2713 (2010).75 FR 41726 (July 19, 2010).

6 Health Resources and Services Administration. "Women's Preventive Services: Required Health Plan Coverage Guidelines." Rockville: Health Resource and Services Administration, U.S. Department of Health and Human Services, 2012. . Accessed 21 January 2014 at <http://www.hrsa.gov/womensguidelines/>

7 U.S. Preventive Services Task Force. "Screening for Family and Intimate Partner Violence: Recommendation Statement." Rockville, MD: U.S. Preventive Services Task Force, 2004. . Accessed 21 January 2014 at <http://www.uspreventiveservicestaskforce.org/3rduspstf/famviolence/famviolrs.pdf>

Health (OWH) at the U.S. Department of Health and Human Services has established (through cooperative agreement awards) the IPV Provider Network program. The program requires collaboration between health care providers and IPV service programs to evaluate systems for integrating IPV intervention into basic clinical care. Five sites were selected to develop policies and standard procedures that provide comprehensive responses to victims of violence in health care settings. The awards support strategies to improve the basic care provided by health care providers and IPV service programs, such as integrating IPV screening and brief counseling into routine clinical practice. The five awardees are: Johns Hopkins University, North Carolina Coalition Against Domestic Violence, Inc., Regents of the University of California, San Francisco, Regents of the University of Minnesota, and University of North Texas Health Science Center.

## **A.2 Purpose and Use of Information**

The overall goal of the IPV Provider Network project is to understand and assess the strategies implemented by the five different IPV Provider Network programs designed to improve care coordination for IPV screening/referred patients. OWH will use findings to support future work with federal and state partners to disseminate the evidence-based strategies that are created.

Each of the five OWH grantees is required under the terms of its cooperative agreement with OWH to establish Memoranda of Understanding with between 5 to 10 partner service provider organizations that provide any number of a range of services (e.g., legal, employment, housing, transportation, substance use, mental health) to clients referred by the grantee health providers.

This is a new data collection and OWH is requesting OMB approval. The purpose of this data collection is to gather data from the service provider partners who are working with the five OWH grantees across seven project sites. This data collection will answer the research question:

1. What feedback is available from the service partners to refine the IPV referral and follow-up processes?

The data collection will be conducted by NORC at the University of Chicago (NORC), who will use two sources of primary data (see Appendix B), both of which will be collected and analyzed by NORC. The first data source (Attachment B1) will be a brief online survey administered to a single representative of each of the service provider partners, querying information about (a) the partnership with that respondent's respective OWH grantee and (b) the services provided to the women referred to the partner by the OWH grantee. The second data source (Attachment B2) will be a key informant interview with a single representative of each of the service provider partners, providing a mechanism for the service provider key informant to elaborate on the information collected in the brief online survey.

### **A.3 Use of Improved Information Technology and Burden Reduction**

Healthcare service providers associated with the five funded sites will use electronic technology for the online data collection activities. The data collection instruments and the instructions associated with the instruments will be on a secure online website. Providers will be directed to a secure site where they will take the initial and 6-month follow-up assessments online via the web. Participants will complete the assessments at their own pace. The service providers will have two weeks to complete the online assessments. Every six months following the initial assessment, the service providers will be prompted to complete the next assessment. All participant activity associated with this project should occur within the three years (12 quarters). OWH and NORC will have 24-hour access to the data.

### **A.4 Efforts to Identify Duplication and Use of Similar Information**

No effort to collect similar data is being conducted within the agency. Additionally, no data collection efforts outside the agency have been made to collect this data. The respondents are participants in a new OWH project and the data are specific to the assessment of each grantee's provider network program.

### **A.5 Impact on Small Businesses or Other Small Entities**

It is possible that some participating organizations will be small entities; however, the burden to complete this survey is low and therefore the impact will be minimal. This study will not unduly affect small businesses or small entities.

### **A.6 Consequences of Collecting the Information Less Frequently**

The service provider survey data will be collected every six months and the service provider key informant interviews will happen annually. The collection effort has one respondent type: social service providers. Approval is sought for the full length of the program: three years. Because the program has already been launched as of August 2015, the data collection period once OMB approval is received will be shorter than the 3-year project period.

The survey data will be collected from participants at a maximum of 5 different time points (pending the timing of OMB approval, following a bi-annual collection cycle). The key informant interviews will take place once a year for a maximum of 3 interviews per respondent.

Data collection for all of these time-points is needed. The assessment allows OWH to assess the progress of the grantee programs over time to refer patients screened positive for IPV to the service provider partners. The six-month follow-up assessments are necessary in order to evaluate the challenges and solutions to the referral programs on an ongoing basis during the course of the project.

If this data collection is not conducted, OWH's ability to collect and synthesize evidence-based methods will be severely restricted. Failure to include these data collection activities as part of the overall program assessment will limit the overall findings and may require additional funding. There are no legal obstacles to reduce respondent burden.

#### **A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

The proposed program assessment fully complies with all guidelines of 5 CFR 1320.5 (d) (2).

#### **A.8 Comments in Response to the Federal Register Notice/Consultation**

The data collection notice for the program assessment of the *IPV Provider Network* program was published in the *Federal Register*, volume 81 number 83 page 25681 on April 29, 2016. A copy of the Federal Register notice is included as Appendix A. There were no comments received from the public regarding this data collection.

The DHHS/OWH Project Officer for this data collection is Shavon Artis Dickerson. Additionally, OWH engaged NORC at the University of Chicago to assist in the development of the survey instruments and methodology for this program assessment. NORC is experienced in managing and conducting program assessments of this nature and provided expertise on issues including the availability of data, frequency of collection, clarity of instructions, record keeping, data privacy, disclosure of data, reporting format, and necessary data elements. For example, for the US Department of Health and Human Services' (HHS) Office of Minority Health (OMH), NORC has developed and managed the Performance Improvement and Measurement System (PIMS), a set of performance measures and accompanying data collection instruments for OMH grant programs.

#### **A.9 Explanation of Any Payment or Gift to Respondents**

There will be no payment, gift, or reimbursement to respondents for time spent.

#### **A.10 Assurance of Confidentiality Provided to Respondents**

The contractor, NORC at the University of Chicago, will not collect any identifying, personal data from participants. All data that is collected is aggregate systems data. None of the assessments (See Attachment B1) ask for participants' names or other personal identifiers. NORC uses a secure, online survey platform designed to collect data. The first online page informs participants of the purpose of the assessment, how the information collected will be used, the estimated time to complete, and that no personal identifiers will be linked to their responses. All information collected will be kept private to the extent possible by law. The data will be electronically submitted to NORC. The data management team will keep the point of contact information in a separate database from the survey responses; all information collected from program participants

will be de-identified before provided to the research team. All data collected will be used only for data analytic and reporting purposes.

This project was determined to be system research by NORC’s IRB; therefore, the project has been determined to not be human subjects research. NORC will ensure that all qualitative data gathered will not be linked with contact information and that it will not be possible to determine the source of the data.

**A.11 Justification of Sensitive Questions**

The items and questions asked in this program assessment are not of a sensitive nature.

**A.12 Estimates of Annualized Hour and Cost Burden**

This program assessment is a bi-annual effort conducted for three years with an estimated 100 burden hours. Exhibit A.1 presents the hourly burden breakdown which was used to derive the total burden time. For the semi-annual Service Provider Assessments, NORC expects the entire survey to be completed in 30 minutes. NORC expects the key informant interviews to be completed in 60 minutes. Exhibit A.2 presents the annualized hourly costs for respondents.

**Exhibit A-1 Estimated Annualized Burden Hours**

Form Name	Number of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Semi-annual Service Provider Assessments <sup>8</sup>	50	2	30/60	50
Key informant interviews <sup>8</sup>	50	1	1	50
<b>Total</b>				<b>100</b>

**Exhibit A-2 Estimated Cost Burden**

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Semi-annual Service Provider Assessments <sup>8</sup>	50	\$44.62	\$2,231.00
Key informant interviews <sup>8</sup>	50	\$44.62	\$2,231.00
<b>Total</b>			<b>\$4,462.00</b>

<sup>8</sup> Based on hourly wage for medical and health services managers Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, 2016-17 Edition, Medical and Health Services Managers, on the Internet at <http://www.bls.gov/ooh/management/medical-and-health-services-managers.htm> (visited March 02, 2016).

**A.13 Estimates of other Total Annual Cost Burden to Respondents or Record-keepers/Capital Costs**

There are no additional respondent costs associated with start-up or capital investments. Additionally, there is no operational, maintenance, or equipment respondent costs associated with continued participation in the assessment. The total annual cost burden to respondents or record-keepers is \$4,462 as presented in Exhibit A.2.

**A.14 Annualized Cost to the Federal Government**

All costs for conducting this study are included in the contract between NORC at the University of Chicago and the Office on Women’s Health under contract number HHSP233201500048I. The total estimated cost for the IPV Provider Network assessment of the five grantee sites is \$422,613 over a three-year period to conduct surveys, analyze data, present findings, and write reports (inclusive of components not requiring OMB oversight). This is an annualized cost of approximately \$140,871. Exhibit A-3 presents the cost breakdown by major budget category.

**Exhibit A-3 Cost of the Proposed Study**

<b>Activity</b>	<b>Cost</b>
Personnel Costs (NORC and federal employee)	\$347,923
Other costs (website, subcontractors, consultants, supplies)	\$74,690
<b>Total</b>	<b>\$422,613</b>

Total annualized costs to conduct this program assessment are \$140,871.

**A.15 Explanation for Program Changes or Adjustments**

There are no changes in burden. This is a new project.

**A.16 Plans for Tabulation and Publication and Project Time Schedule**

**Exhibit A-4 Project Time Schedule**

<b>Activity</b>	<b>Time Period</b>
Federal Register Notice and OMB Clearance	January 1, 2017
Recruitment	Once OMB approval is received
Semi-annual Service Provider Assessments	Within two weeks of receiving OMB approval
Follow-up semi-annual service provider assessments	Every six months
Key informant interviews	Once a year
Analysis & Reporting	Within three months of the completion of the last follow-up

## Publication

Program findings will be summarized in a comprehensive Report and Executive Summary developed by NORC for OWH. The findings from this assessment will be shared with a panel of federal partners and national experts, presented at regional and/or national conferences, and published in peer-reviewed journals.

## Analysis Plan

This data collection includes quantitative and qualitative data. Data analysis will be supervised by Elizabeth Mumford, Ph.D., Project Director. Data entry, file organization and data access and management will be supervised by Sravanthi Matta, MS, PMP. The online survey platform and data security will be supervised by Sravanthi Matta, MS, PMP. The key research question pertaining to the current data collection is:

1. What feedback is available from the service partners to refine the IPV referral and follow-up processes?

Sample Size. Each of the five OWH grantees is required under the terms of its cooperative agreement with OWH to establish Memoranda of Understanding with between 5 to 10 service provider partners. Thus, the maximum sample size for this data collection will be n=50 respondents, one representing each service provider partner affiliated with the IPV Provider Network program.

Quantitative Data Analysis. Quantitative data will consist of measures of the organization's services; organizational staff training; referral services and procedures; procedures for monitoring and follow-up of referred clients; and challenges and contextual barriers to serving referred clients. The data will be exported to a statistical database from the online website and cleaned. Because of the small sample size (n=50), analyses will be limited to descriptive statistics, such as frequencies and percentages, with additional interpretation of the few open-ended responses allowed for clarification (see below).

Qualitative Data Analysis: We will collect two different types of qualitative, open-ended data. The first type will be an optional open-ended opportunity to provide further clarification to the close-ended responses (e.g., "Other, please specify: \_\_\_\_\_"). The degree to which these open-ended items in the online instrument result in any qualitative data is unknown at this time. However, these responses will be reflected in the discussion of the close-ended response results. The second type of open-ended items are queried during the key informant interview administered annually with the designated service manager at each partner organization. The key informant interviews are designed to follow up on responses to the online instrument, allowing each service provider organization to provide further detail and clarification to their close-ended survey responses. These responses will be coded, categorized, and summarized with attention to patterns according to the type of services the partner provides and with which grantee program design the partner is affiliated. Key themes by grantee program and by service type will be elucidated and documented. Per the central research



question, a focal point of the qualitative analyses will be examining patterns in what works and what does not work within the partnership between the grantee health providers and the service provider partners; whether these patterns change over time; and what solutions were found to improve functioning of the partnership. The findings will be used to guide OWH in evaluating the IPV provider network designs administered by the five grantees at the seven project sites.

Reporting: NORC will summarize the semiannual survey data collected from the partners for OWH. Annually, following the key informant interviews, NORC will provide a report that integrates the explanatory detail collected through the interviews with the survey data responses for each service partner. These reports will summarize patterns and key themes across the service partners, distinguished by the respective grantee program designs. The reports will inform the OWH cross-site program assessment of the five grantee IPV Provider Network program designs across the three years of the program. Findings will be summarized in a written final report.

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

OMB expiration dates will be displayed on all materials.

#### **A.18 Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification statement identified in item 19 “Certification for Paperwork Reduction Act Submissions,” of OMB Form 83-I.