

**Supporting Statement A**  
**Hospital-Based Victim Services Frame Development Project**

**Generic IC:**  
**Developmental Studies to Improve the National Health Care Surveys**  
**OMB No. 0920-1030**  
**(Expires April 30, 2020)**

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## **A. Justification**

### **1. Circumstances Making the Collection of Information Necessary**

The National Center for Health Statistics (NCHS) has OMB approval for developmental studies to improve the National Health Care Surveys (OMB No. 0920-1030, Exp. Date April 30, 2020), to conduct studies on survey design, data collection activities, and frame development. This specific generic information collection (GenIC) request is for the frame development for the National Survey of Hospital-Based Victim Services (NSHVS) Project.

NCHS entered into an interagency agreement with the Bureau of Justice Statistics (BJS) to explore victim service programs within hospitals. After conducting a thorough literature review, reviewing the discussions from the expert panel meeting and the results from the cognitive testing, the NCHS/BJS project team decided that developing a sampling frame of victim services and programs within hospitals would be the first step towards conducting future surveys on the provision of victim services and programs within hospitals. The frame development is the focus of this GenIC.

The frame, once developed, will be used by BJS to draw a nationally representative sample of hospitals, stratified by the type of victim service programs, and to be part of future surveys regarding the provision of victim services within hospitals. The information collected through this GenIC request will not be used to make generalizable statements about the population of interest or to inform public policy; however, methodological findings may be reported.

The specific objective for this project is to:

- Build a frame of victim services and programs within hospitals throughout the US. This frame will contain contact and program information about all the existing programs, services, and partnerships dedicated for victims of crime and abuse in each hospital. Information will also be gathered on both future plans for the creation of new victim services and identifying electronic systems that document victim services.

The questionnaire is expected to take 15 minutes including a few minutes to find appropriate respondents as larger hospitals will require contacting multiple people. Data will be collected from approximately 4,800 hospitals via Computer-Assisted Telephone Interview (CATI). More details are described in Supporting Statement B.

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

#### **Background**

According to the National Crime Victimization Survey (NCVS) (OMB N0. 1121-0111, Exp. Date 12/31/2018), a nationally representative sample survey conducted by BJS, there were more than 21 million victimizations in 2015. NCVS reported that only 9 percent of victims of serious

violence access services from a victim service agency.<sup>1</sup> Little is known about the overall picture of the victim assistance field but there have been efforts to better understand the structure of the provision of victim services. Hospitals have been identified as a major sector for victim service assistance.

BJS has also been working on two nationwide data collection efforts, the National Census of Victim Service Providers (NCVSP) (OMB N0. 1121-0355, Exp. Date 11/30/2020) and the National Survey of Victim Service Providers (NSVSP) (pending OMB approval) which have/will collect data on all types of victim service providers including criminal justice organizations, campus organizations, and the full spectrum of community-based organizations.

The goal of this project is to develop a frame of hospital-based victim services that will serve as a baseline for future surveys on the provision of victim services within hospitals. The collection of data on victim services provided in a hospital requires a different methodological approach than collecting victim services data provided by other entities, such as small community non-profit victim service providers/organizations collected in the NCVSP and NSVSP.

### **Current Project**

The proposed frame development project will focus on collecting basic data on victim services provided to patients seeking treatment for injuries and/or assault in the hospital sector. This frame is needed in order to collect data about the nature of services and victims served through hospital-based victim services.

After conducting a thorough literature review, having extensive discussions after the expert panel meeting and receiving the results from the cognitive testing [OMB N0. 0920-0222, Exp. Date 08/31/2021] (Attachment A), the NCHS/BJS project team decided that developing a sampling frame of hospital-based victim services containing the names of programs and services in addition to the contact information for those programs would be the first step towards conducting future surveys on the provision of victim services and programs within hospitals. The data will be collected from approximately 4,800 in-scope hospitals (General Acute, Critical Access, and Children) and will be used for the purpose of this data collection. Approximately 2,000 hospitals will be omitted as they are specialty hospitals (e.g., Eye, Ear, Nose, and Throat, Orthopedic, Rehabilitation, and Long-Term Acute) and usually do not have 24 hour emergency departments. Even though some of these hospitals may serve victims of crime, if needed, they are less likely to be the type of hospitals where victims will be treated for their victimization and also less likely to have established programs and services for victims. Additional details are found in Supporting Statement B.

Collecting this hospital-level data will enable BJS and NCHS to acquire a frame of hospital-based victim services and programs containing information such as name of programs and services and contact information. Data from this project will be used primarily to inform BJS

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<sup>1</sup> Jennifer L. Truman and Rachel E. Morgan, *Criminal Victimization*, 2015, Washington, D.C.: U.S. Department of Justice Office Programs, Bureau of Justice Statistics NCJ 250180, November 2015. <http://www.bjs.gov/content/pub/pdf/cv15.pdf>

with critical information that will complement the data from their current efforts on the NCVSP and the NSVSP. The main purpose for the information collection from this GenIC request for clearance is to build a sampling frame of victim service programs within hospitals to be used for future surveys regarding the provision of victim services within hospitals. It will also enable BJS and NCHS to produce additional products such as methodological reports.

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

This project will be conducted via CATI with hospital administrators and/or hospital staff knowledgeable of victim services within hospitals. The CATI script will reduce response time.

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

There are no current studies identifying all of the different programs and services operating for victims of crime and abuse within hospitals. This is the first effort to gather a sampling frame with such information. This sampling frame will inform the appropriate unit of analysis for future studies.

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

A number of the hospitals are considered small entities, but in an effort to minimize their burden, as well as all hospitals, this project has been limited to approximately 15 minutes. Also it is anticipated that administrative burden will be further reduced in smaller hospitals, because they are expected to have fewer programs/services for victims and are likely to answer the questionnaire in a quicker manner than larger hospitals.

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

This is a request to conduct this project one time.

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

This request fully complies with the regulation 5 CFR 1320.5.

### **8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency**

#### **a. Federal Register Notice**

In compliance with 5 CFR 1320.8(d), a 60-day Federal Register notice was published in the Federal Register on December 1, 2016, Volume 81, Number 231 pages 86715-17. There were two public comments received as a result of this notice.

#### **b. Consultation**

An expert panel meeting entitled “Providing Hospital-Based Services to Victims of Crimes: Designing a National Survey to Address Statistical Data Needs” was held on October 24-25, 2016 at NCHS for the purpose of informing the development of the instrument for this

project. The meeting participants were comprised of victim service researchers, mental health professionals, public health professionals, funding administrators for victim services, nurse executives, medical directors of violence intervention programs and similar hospital-based programs, emergency room physicians, and medical directors of hospital emergency departments. In addition, several BJS and NCHS employees with expertise in criminal justice, victimology, the health care system, and/or survey methodology participated and shared their ideas. Please see attached a complete list of meeting attendees and their affiliations (Attachment D).

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

There will be no payment, gifts, or incentives.

## **10. Protection of the Privacy and Confidentiality of Information Provided to Respondents**

It has been determined that the Privacy Act does apply to this request because information will be collected in identifiable form. The applicable System of Records Notice (SORN) number is 09-20-0167 Health Resources Utilization Statistics.

Confidentiality will be provided to respondents as assured by Section 308(d) of the Public Health Service Act (42 USC 242m) for NCHS and 34 § 10231 for BJS as follows:

*“NCHS and BJS are developing a sampling frame of hospitals offering these programs and services which can be used by BJS to conduct future surveys about hospitals offering victim services. Therefore, it is possible that you may be recontacted in the future. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for the purposes of a frame development. Data collection for this project is authorized by Section 306 of the Public Health Service Act for NCHS and 34 U.S.C. § 10232 for BJS. The information you provide will be used for research purposes only and will be held in strict confidence in accordance with Section 308(d) of the Public Health Service Act [42 U.S. Code 242m(d)] for NCHS and 34 § 10231 for BJS and data will be safeguarded according to federal mandates requiring data security procedures such as data encryption and secure data networks”.*

The whole pledge will be read out loud to the respondents and therefore will be included in the telephone script. If any additional information about the pledge is requested by the respondent, then the NCHS confidentiality brochure will be offered to be sent via email or mail after permission is given by respondent.

The frame information (i.e., name of hospitals, information about hospital-based victim services and names of services/programs along with contact information) will be treated in a confidential manner, as mentioned above, due to the fact that NCHS sampling frames are covered by Section 308(d) of the Public Health Service Act. The process of informing respondents of the procedures used to keep information confidential will be first offered via telephone and if respondents ask

for further information, such information will be provided via email after permission is given by respondent. The frame information will be shared with BJS, who will ensure confidentiality and who will only use it as a sampling frame for future surveys.

### 11. Institutional Review Board (IRB) and Justification for Sensitive Questions

The NCHS Human Subjects Contact has determined that this project does not meet the definition of Human Subjects Research and therefore does not need IRB (NCHS ERB) review. (see Attachment E). There are no sensitive items included in this survey.

### 12. Estimates of Annualized Burden Hours and Costs

Approximately 4,800 hospitals will be contacted. Hospital administrators and/or hospital staff who are knowledgeable of victim services within all hospitals will be invited to participate in this project. The project is estimated to take no more than 15 minutes per respondent for a total burden of 1,200 hours (see Table 1).

The total estimated burden cost to hospital administrators is estimated to be \$64,428.00 (see Table 2). The hourly wage estimates for completing the interviews mentioned above in the burden hours' table are based on information from the Bureau of Labor Statistics web site (<http://www.bls.gov>). Specifically, the "May 2017 National Occupational Employment and Wage Estimates" for Medical and Health Services Managers was used.

**Table 1. Estimate of Annualized Burden Hours**

| Type of Respondent      | Form Name                      | Number of Respondents | Number of Responses | Average Burden/Response (in hours) | Response Burden (in hours) |
|-------------------------|--------------------------------|-----------------------|---------------------|------------------------------------|----------------------------|
| Hospital Administrators | Telephone questionnaire script | 4,800                 | 1                   | 15/60                              | 1,200                      |

**Table 2. Estimate of Annualized Burden Costs**

| Type of Respondent      | Form Name                      | Total Burden Hours | Hourly Wage Rate <sup>1</sup> | Total Respondent Costs |
|-------------------------|--------------------------------|--------------------|-------------------------------|------------------------|
| Hospital Administrators | Telephone questionnaire script | 1,200              | \$53.69 per hour              | \$64,428.00            |
| <b>Total</b>            |                                |                    |                               | <b>\$64,428.00</b>     |

Information on hospital administrators' hourly wage rates gathered from the Bureau of Labor Statistics' website, and can be accessed at the following link: <https://www.bls.gov/oes/current/oes119111.htm#nat>

**13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers**

There are no additional costs to the respondents. There are no costs other than their time to participate in the voluntary telephone interview.

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

It is expected that collecting and analyzing the data from this project will cost NCHS about \$425,000 in contractor costs (including data collection costs and other direct costs) and \$144,000 in NCHS staff costs, for a total of about \$569,000.

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

This is a one-time data collection. There are no program changes or adjustments.

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

The information obtained from the frame development is confidential. A summary report of methodological findings, co-authored by BJS and NCHS, will be made available in Spring 2020.

NCHS and BJS may present selected results on the methods and outcomes related to the data collection process (not identifiable responses). Presentations would deal with specific methodological aspects of the project.

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

Not applicable.

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

There are no exceptions to the certification.

**Attachments**

Attachment A – Cognitive Testing Final Report

Attachment B – Telephone Questionnaire Script

Attachment C – Follow-up Non-response Letter

Attachment D – Expert Panel Meeting (attendees)

Attachment E – Signed Human Subjects Determination Form