

**Request for Approval under the “Voluntary Partner Surveys to Implement  
Executive Order 12862” (OMB Control Number: 0906-0084)**

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**TITLE OF INFORMATION COLLECTION:** Expanding Health Center Awareness of Sexual Assault-Related Health Care Needs (SATA) Evaluation

**PURPOSE:** To assess the usability, relevance, and effectiveness of a technical assistance (TA) resource developed to expand health center awareness of sexual assault-related health care needs among users including health care providers, community advocates, and health care administrators. This evaluation will also assess the utilization, reach, and engagement of dissemination materials and the impact of public and on-demand TA activities.

**DESCRIPTION OF RESPONDENTS:** Health care providers, community advocates, and health care administrators at HRSA-supported health centers who participate in TA activities.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> Other:                                  |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

**Name:** Ellen Hendrix \_\_\_\_\_

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

A \$125 incentive in the form of a gift card will be provided to the nine participants of our qualitative interview. No incentives will be provided to respondents of our Post-TA activity survey or comprehensive survey.

The \$125 incentive is based on evidence indicating that higher incentives significantly reduce non-response bias and enhance data quality. This amount reflects the value of the health care providers' time and effort, ensuring meaningful engagement and comprehensive feedback. Given healthcare providers' demanding schedules and expertise, the \$125 incentive acknowledges their professional commitments and is crucial for achieving high-quality insights. Studies involving healthcare professionals and similar research contexts have shown that incentives in this range are effective in ensuring high participation rates and reliable data collection.

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time (Hours)	Burden Hours Total
Post-TA Activity Survey Respondent	287	0.083	23.8
Comprehensive Survey Respondent	286	0.25	71.5
Qualitative Interview Participant	9	1	9
<b>Totals</b>	582		104.3*

\* Rounds down to 104 in ROCIS.

**FEDERAL COST:**

The estimated annual cost to the federal government of this evaluation is \$66,049.87 for external contractor staff to develop an outcome evaluation plan, to collect and manage the data, and to develop an outcome evaluation report.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  Yes  No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The sampling frame includes health care providers, community advocates, and health care administrators at HRSA-supported Health Centers who participated in a TA activity. Respondents will be identified by the contractor via registration and attendance lists of TA activities.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)
  - Web-based or other forms of Social Media
  - Telephone
  - In-person
  - Mail
  - Other, Explain
2. Will interviewers or facilitators be used?  Yes  No
  - a. Interviewers will be used for the qualitative interview only.

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**