

Public Burden Statement: The purpose of this collection is 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0084 and it is valid until 2/28/2027. This information collection is voluntary. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average 11 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Office, 5600 Fishers Lane, Room 5804, Rockville, MD 20857.

In-depth Interview Guide

Introduction and Informed Consent (5 minutes)

Hello. Thank you for taking the time to talk with me today. I appreciate your time and I am looking forward to our discussion. My name is [ICF STAFF MEMBER'S NAME]. I work for a company called ICF. Since the fall of 2023, we have been working with the Health Resources and Services Administration (HRSA) to collaboratively facilitate the development of a technical assistance (TA) resource that will help health centers identify and meet the needs of individuals impacted by sexual assault. This has included developing the TA Resource, implementing strategic efforts to disseminate the TA Resource, and conducting TA activities to support the use of the TA Resource. We are asking people who have participated in TA and used the TA resource to talk with us a bit about how you learned of the TA resource, how effective the TA activities were, and how useful the TA resource has been for you. Your input is valuable and will inform the refinement and future use of the TA resource.

Informed Consent

Before we begin, I would like to share some information about what you can expect from our conversation today and answer any questions you may have about the interview.

- Our discussion will last about 60 minutes with me asking you questions similar to an interview.
- There are no right or wrong answers.
- Our discussion will be audio recorded, with your permission, and my team member [NAME] is on the line to take notes. Your name and organization will not be included in our notes or summary.
- Your participation in this conversation is completely voluntary. You do not have to answer any question you don't feel comfortable answering and you may choose not to participate or to stop at any time. You will not be penalized in any way for

choosing not to participate. We will also do our best to answer any questions you might have about the interview.

- If you agree to take part in this interview, you will receive a gift card in the amount of \$125 upon completion of the interview.
- If you have any questions or concerns about your participation in this interview, you can contact the Project Manager at ICF, Jessie Rouder, at jessie.rouder@icf.com. If you have any questions about your rights as a research participant, you can contact the ICF Institutional Review at IRB@icf.com.
- Do you agree to participate in this interview? (IF PARTICIPANT RESPONDS “NO,” END INTERVIEW.)
- Do you agree to be recorded? (IF PARTICIPANT RESPONDS “NO,” TAKE NOTES RATHER THAN AUDIO-RECORD. IF PARTICIPANT RESPONDS “YES,” THANK THE PARTICIPANT AND START RECORDING.)

Great, let's get started.

In-depth Interview Guide

Background (5 minutes)

1. What is your current role at your organization? How long have you held this role?
2. What types of responsibilities do you have in this role?
3. What other roles have you held at your current organization, if any?
4. In what ways do you interact with individuals who have experienced sexual assault in your current role? In previous roles?

Dissemination activities (10 minutes)

First, we're going to talk about the dissemination activities. That is, the different ways that HRSA promoted the new TA resource and TA activities to health care professionals at HRSA-funded health centers around the country. This included a series of images or pictures, along with messaging or text, that were shared across various platforms, including social media and HRSA newsletters.

1. Do you recall seeing any of these images and/or messages?
 - a. If they answer no, move to TA activities section below.
 - b. If they answer yes:
 - i. **PROBE:** Where did you see those messages (i.e., HRSA newsletter, LinkedIn, X, a conference, etc.)?
2. Can you please tell me how the messages- meaning the images and text- impacted your motivation to explore the TA offerings?

- a. **PROBE:** What changes could have been made to the messaging that would have increased your motivation to explore the TA resource or attend TA activities?
3. How do you typically hear about new resources or new information related to the work that you do?
 - a. **PROBE:**
 - i. How effective are those communication channels at motivating you to review the resource or read the new information?
 - ii. How do wish new resources or new information was shared with you?
4. How would you suggest HRSA promote the TA offerings in the future, to maximize the number of health care professionals who hear about it and, ultimately, use it?

TA Activities (15 minutes)

Thank you for your thoughts on how to best get the word out about these offerings. Next, we're going to switch gears and talk about the technical assistance, or TA, activities that were offered, both related to using the TA resource and to providing care to people who have experienced sexual assault. As a reminder, there were two types of TA activities offered- one type were public TA events, which means they were open to all health care professionals, the second type of TA was called on-demand, which was TA typically requested by an organization who then received one-on-one trainings (site visit, closed webinar).

5. Did you attend any of the different TA activities?
 - a. If they answer no:
 - i. **PROBE:** Can you tell me a bit about why you did not attend any of the TA activities? *(Once this question is answered, skip to the TA resource section below)*
 - b. If they answer yes:
 - i. **PROBE:**
 1. What types of TA activities did you attend- public or on-demand?
 2. How many different TA activities did you attend?
 3. How did you hear about the TA activities?
6. Overall, how satisfied were you with the different topics of the TA activities, as they relate to providing health care to people who have experience sexual assault?
 - a. **PROBE:**

- i. How well did the different topics meet your needs as someone who [INSERT, e.g. provides health care to people who have experienced sexual assault, leads an organization that provides health care, etc.]?
 - ii. What other topics do you think should have been included in the TA activities?
 - iii. What types of other TA or trainings are available to you about these topics?
7. Overall, how satisfied were you with the quality of the TA activities? For example, the expertise of the TA providers, the usefulness of the knowledge/skills taught, etc.
 - a. **PROBE:** What changes could have been made to increase your satisfaction related to providing health care to people who have experienced sexual assault?
8. *[If they attended a public TA activity]* In what ways did the **public TA** activities you attended build your capacity?
 - a. **PROBE:** What other TA topics would you have liked to have seen offered?
9. *[If they attended an on-demand activity]* In what ways did the **on-demand TA** activities you attended build your capacity?
 - a. **PROBE:** In what ways could the on-demand TA have been improved?
10. How did the TA activities you attended impact your knowledge in:
 - a. How to assess and respond to a patient's risk for sexual assault?
 - b. How to respond to patients who disclose sexual assault?
 - c. How to make referrals for patients who have disclosed sexual assault, and follow-up with them?
11. How did the knowledge and skills you gained from the TA activities influence your attitudes and beliefs regarding:
 - a. Assessing a patient's risk for sexual assault?
 - b. Responding to patients who disclosed sexual assault during their visit?
 - c. Referring and following up with patients who disclosed sexual assault?
12. After attending the TA activities, what types of changes took place at your health care organization? For example, new policies, procedures, or protocols related to providing care to people who have experienced sexual assault.
 - a. **PROBE:**
 - i. What factors made it possible to make those changes? *(If participant needs clarification on what is meant by "factors", please offer these*

examples: leadership buy-in, clear communication between team members, having a point person on staff to lead the initiative, etc.)

- ii. How do you think these changes will be sustained over time? *(If participant needs clarification, please offer these examples: ongoing trainings, regular check-ins, or regular review of protocols)*

13. What types of existing partnerships does your organization have that supports you in providing care to survivors of sexual assault? For example, with other clinics, shelters, emergency departments, etc.

a. **PROBE:**

- i. What types of changes took place with these partnerships as a result of participating in the TA offerings? For example, were any processes updated or changed after something learned in a TA activity?

14. What types of new partnerships were formed because of, or after, participating in the TA offerings? For example, coordination with external systems of care, like emergency departments, or community advocacy groups.

a. **PROBE:**

- i. How were those partnerships formed? *(If the participant needs clarification, please add: who began the conversations? What types of agreements were needed? Who is the main point of contact at each organization?)*
- ii. How does your organization work with those partners? *(If the participant needs clarification, please add: what does communication look like between your two organizations? How is patient-level information shared between your two organizations?)*
- iii. How will these partnerships be maintained over time? *(If the participant needs clarification, please add: are there regular meetings? Are there any written materials or guidance to explain to staff how to work with the other organization?)*

TA Resource (20 minutes)

Thank you for those thoughtful responses about the TA activities you attended. Our last topic to talk about is the TA resource itself.

15. Did you engage with the TA resource in any way? This includes visiting the resource website and reviewing the information in the resource.

- a. If they answer no:

- i. **PROBE:** Can you tell me a bit about why you did not explore the TA resource (*Once this question is answered, skip to the Conclusion below*)
 - b. If they answer yes:
 - i. **PROBE:**
 - 1. In what ways did you use the TA resource?
 - 2. Did you access it on multiple occasions for ongoing support?
- 16. How user-friendly was the TA Resource?
 - a. **PROBE:**
 - i. Please share your thoughts on the format of the resource being a downloadable PDF.
 - ii. If you were looking for specific information, how easy was it to find?
- 17. What factors made it easier for you to use the TA resource?
- 18. What factors made it harder (i.e., barriers) to use the TA resource?
- 19. In what ways could the functionality or features of the TA resource be improved?
- 20. How did the information in the TA resource impact the health care services that you provide to people who have experienced sexual assault?
 - a. **PROBE:**
 - i. How did the information in the TA resource influence the way you interact with patients before their visit (i.e., scheduling)? During their visit (i.e., intake conversations, screening for sexual assault)? After their visit (i.e., follow-up appointments, confirming referrals)
 - ii. What types of skills did you learn about how to respond to the health care needs of someone who has experienced sexual assault?
 - iii. How did the TA resource impact your comfort and confidence in providing health care to people who have experienced sexual assault?

Note for interviewer: Answers may be similar to those provided in the TA Activities section. Make sure to ask for any additional changes or partnerships that came specifically from guidance in the TA resource itself

- 21. After exploring the TA resource, what types of changes took place at your health care organization? For example, new policies, procedures, or protocols related to providing care to people who have experienced sexual assault.
 - a. **PROBE:**

- i. What factors made it possible to make those changes? *(If participant needs clarification on what is meant by “factors”, please offer these examples: leadership buy-in, clear communication between team members, having a point person on staff to lead the initiative, etc.)*
 - ii. How do you think these changes will be sustained over time? *(If participant needs clarification, please offer these examples: ongoing trainings, regular check-ins, or regular review of protocols)*
- 22. The TA resource offers guidance and instruction on providing health care to people who have experienced sexual assault. How achievable or realistic were the suggestions and guidance it provided?
- 23. What types of existing partnerships does your organization have that supports you in providing care to survivors of sexual assault? For example, with other clinics, shelters, emergency departments, etc.
 - a. **PROBE:**
 - i. What types of changes took place with these partnerships as a result of something you learned or pulled from the TA resource? For example, were any processes updated or changed after something learned in a TA activity?
- 24. What types of partnerships were formed as a result of the guidance provided in the TA resource? For example, coordination with external systems of care, like emergency departments, or community advocacy groups?
 - a. **PROBE:**
 - i. How were those partnerships formed? *(If the participant needs clarification, please add: who began the conversations? What types of agreements were needed? Who is the main point of contact at each organization?)*
 - ii. How does your organization work with those partners? *(If the participant needs clarification, please add: what does communication look like between your two organizations? How is patient-level information shared between your two organizations?)*
 - iii. How will these partnerships be maintained over time? *(If the participant needs clarification, please add: are there regular meetings? Are there any written materials or guidance to explain to staff how to work with the other organization?)*
- 25. How did the TA resource impact your knowledge in:
 - a. How to assess and respond to a patient’s risk for sexual assault?

- b. How to respond to patients who disclose sexual assault?
 - c. How to make referrals for patients who have disclosed sexual assault, and follow-up with them?
26. How did the knowledge and skills you gained from the TA resource influence your attitudes and beliefs regarding:
- a. Assessing a patient' s risk for sexual assault?
 - b. Responding to patients who disclosed sexual assault during their visit?
 - c. Referring and following up with patients who disclosed sexual assault?
27. How valuable do you think it is to have resource, such as this TA resource, to support health center staff in providing sexual assault-related health care?
28. What information related to providing sexual assault-related care was missing from the TA resource?

Closing (5 minutes)

Thank you for those insights about the TA resource, they will be very helpful in making the final resource useful for those providing sexual assault-related care.

- 29. Before we end today, are there any additional thoughts or ideas you would like to share that we may have not touched on already?
- 30. Do you have any questions for me before we wrap up?

This has been great. Thank you for sharing your thoughts and insights with me – I really do appreciate it.