Information Collection Request

Supporting Statement

for

Evaluation of the National Youth Violence Prevention Resource Center (NYVPRC)

Project Officer:

Marie Boyle
Health Communications Specialist
marie.boyle@cdc.hhs.gov
Phone: (770) 488-2040
Fax: (770) 488- 0701

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List of Attachments

A. Justification

A-1. Circumstances Making the Collection of Information Necessary

Background

The Centers for Disease Control and Prevention (CDC) is seeking OMB approval to conduct a new information collection for a study entitled, "Evaluation of the National Youth Violence Prevention Resource Center (NYVPRC)," over a period of three years.

As the nation's premier prevention agency, the Centers for Disease Control and Prevention (CDC) has included among its top research priorities efforts aimed at preventing youth violence. Section 301 of the Public Health Services Act (42 USC 241) authorizes CDC to conduct research relating to the prevention and control of disease. A copy of this legislation is provided in Attachment A.

The origin of the National Youth Violence Prevention Resource Center (NYVPRC) is woven into the federal response to the Columbine High School shootings in 1999. As the Nation took a broad look at the issue of violence occurring in school settings, it became clear that violence among adolescents stretched far beyond the walls of educational institutions and presented a complex threatening public health concern requiring a comprehensive response. To that end, the White House established the Council on Youth Violence in October 1999 to coordinate youth violence prevention activities of all federal agencies. The Council, in collaboration with CDC and other federal agencies, directed the development of NYVPRC to serve as a user-friendly, single point of entry to potentially life-saving information about youth violence prevention.

Since 1999, a substantial body of evidence has evolved to support the belief that youth violence can be prevented through the comprehensive, systematic application of effective approaches. A better understanding of the key influencers on the prevention of youth violence has emerged. Armed with this greater understanding, the NYVPRC's role has been evaluated and refocused to better position it to best respond to emerging needs.[1]

Subsequently, the NYVPRC experienced important programmatic changes when, in October 2007, it shifted its mission from providing a vast array of information resources and links to programmatic information across federal government to strategically targeting professional audiences that are well-positioned to build and sustain comprehensive, community-wide prevention efforts through engaging, interactive training and technical assistance designed to improve prevention effectiveness.

This shift represents a vision for the NYVPRC that supports CDC's Health Protection Goals through objectives that directly correspond to the Six Strategic Imperatives. The objectives for the resource center reflect the state of the sciences of youth violence prevention and emerging needs of the body of professionals dedicated to preventing the youth violence-related conditions that communities are facing every day. As part of this

programmatic shift, a revised website will be rolled-out in 2009 that incorporates new branding and interactive functionalities.

In order to evaluate the revised website, the NYVPRC team will conduct a pilot study with carefully selected pilot users who will utilize the website to form coalitions and develop a strategic plan to prevent youth violence in their communities.

Privacy Impact Assessment

Overview of the Data Collection System

The revised website will target local government and community leaders with youth violence-related online training, information resources and community workspace to build and sustain comprehensive, community-wide prevention efforts. The objectives of the NYVPRC pilot project are to determine 1) the usefulness and favorability of the online training, information resources and community workspaces, 2) the reach of targeted promotional efforts, and 3) progress made on short term outcomes. Four data collection tools will be used to measure these objectives: 1) user feedback surveys, 2) training surveys, 3) coalition leader interviews and 4) coalition member surveys.

User feedback surveys (Attachment D) will elicit responses from users at various points on the NYVPRC website by inviting them via a pop-up window to complete an online survey that will take less than 5 minutes to complete. All questions will be closed-ended and intended to gather feedback on user satisfaction regarding the various website functions. For each group, the response period will continue until a pre-determined number of surveys has been met therefore an 80 percent response rate is not a goal. The sample will not be representative of the entire population.

The training surveys (Attachment E) will be conducted during the online training available through the website to assess satisfaction with and knowledge gained from the training. The training survey questions will be woven into three training modules that will be hosted on the website. Data will be collected electronically and, in total, the survey will take 15 minutes to complete. The training survey may be completed by members of the general public in addition to community and local government leaders enlisted in the pilot study.

Participation in the evaluation will be a required criteria for each of the selected pilot sites. The coalition leader interviews (Attachment F) will be conducted with all coalition leaders invited to participate in the pilot project. Interviews will be conducted by phone using open-ended questions to determine coalition strengths, weaknesses, and barriers to coalition building and strategic planning efforts. Each interview will take 30 minutes. The coalition member surveys (Attachment G) will be conducted with all members of the pilot project coalitions. These surveys will determine changes in the capacity of partner organizations associated with pilot coalitions and are expected to take 30 minutes to complete. The implementation interviews and coalition capacity surveys will be conducted at the mid-point and again at the end of the 12-month pilot period. The

baseline information will assist CDC in tailoring technical assistance that might be required by the pilot communities. The evaluation will then utilize these mid-point measures along with other information collected during the pilot to assess the website's success at supporting the development of community-wide youth violence prevention coalitions and subsequent strategic planning.

Members of CDC's National Center for Injury Prevention and Control will work with two contractors – SRA International, Inc. and Banyan Communications – to collect data for the NYVPRC evaluation. Upon completion of the pilot study, the data files will be destroyed.

Items of Information to be Collected

Four data collection tools will be used for this project: 1) user feedback surveys, 2) training surveys, 3) coalition leader interviews and 4) coalition member surveys. All data will be self-reported. Information in Identifiable Form (IIF) will be utilized to invite participation for the coalition leader interviews and coalition member surveys. This information may include name, telephone number, and email address. No identifying information will be collected via the data collection tools and separate databases will house the contact information and response data. No identifying data will be submitted to CDC and all data will be reported in aggregate without the use of names or affiliations.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

The proposed data collection involves web-based data collection methods that will be programmed as part of the National Youth Violence Prevention Resource Center website (www.safeyouth.org). This website is intended for local government and community leaders and is not targeted at children under 13 years of age.

A-2. Purpose and Use of Information Collection

Data obtained from this evaluation will aid CDC in assessing the changes in knowledge, attitudes, and resource capacity associated with the NYVPRC website and will inform revision of the website materials for a future nationwide launch.

At present, CDC is known by both the general public and professional health audiences as the federal lead for the NYVPRC. Without conducting this evaluation, CDC will not be adequately prepared to fulfill its leadership responsibilities and launch a youth violence prevention initiative aimed at local government and the community leaders on a national level.

The proposed data collection is for program evaluation purposes. Data will be collected from individuals deliberately selected for participation in a pilot study. These pilot data are not intended to be representative of the entire population.

Privacy Impact Assessment Information

Identifying information will be retained for the recruitment of the coalition leader interviews and the coalition member surveys. Only project team members will have access to this data and primarily project team members responsible for scheduling and interviewing coalition leaders will have reason to access this identifying information. No other identifying information will be collected via the user feedback survey nor training survey.

Although this data collection does not require IRB review and approval, study procedures are consistent with conventional practices for collecting data from human participants. Respondents will be informed that their responses will be treated in a secure manner and that CDC plans to release all project results in aggregate report formats that do not identify individual respondents. Information describing the provisions for safeguarding privacy will be provided on the consent form or will be reviewed verbally by the interviewer. The contractor will prepare a report that does not contain respondents' names or other personal identifiers. The de-identified findings and information in the report are considered public domain and are available to anyone interested. CDC may disseminate the findings to other public health professionals and CDC Partners.

Because this data collection will not include sensitive information, there is little to no effect on respondents' privacy.

A-3 Use of Improved Information Technology and Burden Reduction

Three of the four data collections requested under this project will involve the use of electronic collection techniques. These data collections are the online training survey, user feedback survey and coalition member survey and may involve up to 94% of responses. Because of the nature of this project as an evaluation of a website that includes online resources, training and workspace and the nature of the question types utilized for these data collections as mostly multiple choice and short answer, electronic data collection techniques were deemed not only feasible but less burdensome for respondents. Furthermore, the electronic collections can be programmed directly into the website's functionality thereby further reducing respondent's burden. The only non-electronic data collection requested for this project is the coalition leader interview that will be collected via telephone because lengthy written responses to open-ended interview questions is typically more burdensome than verbal responses to these same questions.

To further minimize burden, respondents will be asked to provide information to questionnaire tools and interview guides that ensure that the discussion is limited and the questions are well-organized, flow well together, and are easy to understand and answer.

(See Attachments D-G for Data Collection Tools). Electronic surveys may be completed at the respondent's convenience and interviews will be scheduled at a date and time that is at a convenient date and time for the interviewee. Only the minimum information necessary will be collected for this project.

A-4 Efforts to Identify Duplication and Use of Similar Information

The NYVPRC is a unique program established by CDC that shifted its focus in October 2007. Since this time, no data collection has been conducted to determine associated changes in knowledge, attitudes, and resource capacity related to the NYVPRC website experience. Therefore, there is no similar or duplicate information that will suffice for the information collected during the pilot study of the NYVPRC.

A-5 Impact on Small Businesses or Other Small Entities

One target audience of the pilot study will be community leaders. Community leaders will likely comprise a mix of participants from small and large sized organizations or businesses. In order to reduce the burden on participants representing small businesses, all data collections will be either electronic or verbal and the questions have been held to the absolute minimum required to adequately conduct the pilot study.

A-6 Consequences of Collecting the Information Less Frequently

This is a single data collection, not an ongoing activity. Inability to conduct this study will prevent CDC from capitalizing on an important opportunity to help local government and community leaders strategize to prevent youth violence in their communities. Findings from this project will serve to inform the launch of the NYVPRC nationally.

There is an urgent need to prevent youth violence in our communities, particularly from the vantage point of local government and community leaders. This work is essential to CDC's capacity to act as the federal lead of the prevention of youth violence. There are no legal obstacles to the data collection.

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

This request fully complies with the regulation 5 CFR 1320.5.

A-8. Comments in Response to the Federal Register

A. The 60-Day Federal Register Notice (FRN) to solict public comments was published in the *Federal Register* on August 1, 2008, Vol. 73, No. 149, pp. 45010-45011 (see Attachment B). There was one non-substantive comment made to the FRN (Attachment C).

B. Persons consulted inside the agency during 2008 are as follows:

Marie Boyle
Health Communications Specialist
Division of Violence Prevention
Centers for Disease Control and Prevention
Chamblee GA 30341-3717
(770) 488-2040
marie.boyle@cdc.hhs.gov

Teri Barber
Team Leader
Division of Violence Prevention
Centers for Disease Control and Prevention
Chamblee GA 30341-3717
(770) 488-4277
teri.barber@cdc.hhs.gov

Persons consulted outside the agency during 2008 are as follows:

Gina Wolery
Project Director
Constella Group, LLC
6003 Executive Blvd., Suite 400
Rockville, MD 20852
(240) 514-2600
gwolery@constellagroup.com

Darren Fulmore, PhD
Project Manager
Constella Group, LLC
6003 Executive Blvd., Suite 400
Rockville, MD 20852
(240) 514-2600
dfulmore@constellagroup.com

Cynthia Klein, PhD
Research Scientist
Constella Group, LLC
3 Corporate Square Blvd., Ste 600
Atlanta, GA 30329
(404) 325-2660
cklein@constellagroup.com

James Dotson, PhD
Health Educator
Constella Group, LLC
6003 Executive Blvd., Suite 400
Rockville, MD 20852
(240) 514-2600
jdotson@constellagroup.com

Sharon Wong, MPH
Qualitative Researcher
Constella Group, LLC
3 Corporate Square Blvd. Ste 600
Atlanta, GA 30329
(404) 325-2660
swong@constellagroup.com

Sally Deval
President
Banyan Communications
3569 New Town Lake Drive
St. Charles, MO 63301
636.946.3456
sdeval@banyancom.com

Merrell Hansen
Training Lead
Banyan Communications
3569 New Town Lake Drive
St. Charles, MO 63301
636.946.3456
mhansen@banyancom.com

A-9. Explanation of Any Payment or Gift to Respondents

No payments or gifts will be provided to individual respondents.

A-10. Assurance of Confidentially Provided to Respondents

The proposed project has been reviewed by ICRO, who determined that the Privacy Act does not apply. Although the contractor will use identifiable information for purposes of scheduling the coalition leader interviews and inviting participation in the coalition member surveys, the identifiable information will be kept in a separate database from the response data (i.e., interview and survey data). No identifying information will be kept in

the interview data. Furthermore, the user feedback and training surveys will not collect any identifying data.

The contractor to CDC will recruit participants for the coalition member surveys and coalition leader interviews from a list of known coalition leaders and members who are part of the pilot study. Other coalitions may be formed during the pilot period but coalition member surveys and coalition leader interviews will not be conducted with these individuals.

Because pilot sites will be utilizing the revised NYVPRC website online workspace for their planning activities, coalition member and leader contact information is available to the contractor as a function of hosting and maintaining the site. We will specifically utilize business phone numbers and email addresses in the recruiting process. All contact information will be used only for recruiting and scheduling purposes and will not be linked to the response data. Once the project is concluded, all individual-level data will be destroyed. Consent to audio-tape the interview as well as the interview responses themselves will be audio-taped pending permission from interviewees using two separate audio recorders. One recorder will be used solely to record consent while a second recorder will be used to record the interview responses. To safeguard respondent privacy, audio recordings will be destroyed after the analysis is completed. All information provided by respondents will be maintained in a secure manner, unless compelled by law.

Although this data collection does not require IRB review and approval, study procedures are consistent with conventional ethical practices for collecting data from human participants (See Attachment I for inapplicability of IRB review). Respondents will be advised of the nature of the activity, the length of time it will require, and that participation is purely voluntary. Respondents will be assured that they will not incur any penalties if they choose not to participate in an interview or survey, or not to respond to any specific questions (including probes). Respondents will be informed that their responses will be treated in a secure manner and that CDC plans to release all project results in aggregate report formats that do not identify individual respondents. Information describing the provisions for safeguarding privacy will be provided in writing and/verbally on the consent script for the coalition leader interviews and the coalition member surveys.

After the interviews and surveys have been conducted, the contractor will prepare a report that does not contain respondents' names or other personal identifiers. The de-identified findings and information in the report are considered public domain and are available to anyone interested. CDC may disseminate the findings to other public health professionals and CDC partners.

Privacy Act Assessment Information

A. This submission has been reviewed by ICRO, who determined that the privacy act does not apply.

B. Data will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

C. Participation in the coalition member surveys and coalition leader interviews will be deemed an implicit form of consent. The two brief (less than 6 items) surveys that are programmed into the website (i.e., Training Survey and User Feedback Survey) do not require the reporting of any sensitive information nor do they require identification of the participant. Because participation is completely voluntary and the user is able to easily bypass any questions or the entire survey if they do not wish to respond, no consent procedures are planned at this time for the Training Survey or the User Feedback Survey.

D. Coalition leaders will be invited via phone to participate in the coalition leader interview and coalition members will be invited via email to participate in the coalition member survey. The scripts for both of these introductory contacts will state:

- The purpose of the data collection
- Length of time it will require
- Participation is voluntary
- Responses will be treated in a secure manner
- Participants will not incur any penalties if they choose not to participate or not to respond to any specific questions.
- CDC will release all project results in aggregate reports that do not identify individual respondents unless permission is specifically given by the individuals in writing.

Please see attached the informed consents for the coalition leader interviews and coalition member surveys. (Attachment H)

Because informed consent is not planned for the user feedback survey or training survey, no information will be conveyed to respondents about the voluntary nature of their response. No identifying information will be collected from these surveys and they can be easily bypassed, therefore no such explanation is deemed necessary.

A-11 Justification for Sensitive Questions

There are no sensitive questions in any of the data collection tools proposed for this project.

A-12.A Estimates of Annualized Burden Hours and Costs

Table 1 presents burden estimates for the collection of information for the data collection instruments to be utilized in this evaluation. These estimates encompass data collection in 3-4 pilot sites of varying sizes. For all of these instruments, it is estimated that the total burden will be 353 hours.

Online Training Survey – Online training surveys will elicit responses from public and pilot trainees during the online training available on the NYVPRC website. Each survey will take less than 15 minutes to complete and respondents will complete the training only once. Once we have completed 400 surveys, we will cease data collection for this survey. We estimate a total of 100 burden hours.

User Feedback Survey – User feedback surveys will elicit responses from public and pilot users at various points on the NYVPRC website by inviting them via a pop-up window to complete an online survey. Each survey will take less than 5 minutes to complete and respondents will complete the survey once. Once we have received 1000 responses we will cease data collection for this survey. We estimate a total of 83 burden hours.

Coalition Member Survey – The coalition member survey will be conducted with pilot coalition members only. One hundred and twenty coalition members will be contacted via email to participate in the survey. Each survey will take less than 30 minutes to complete and respondents will complete the survey twice – at the mid-point and end of the pilot period. We estimate a total of 120 burden hours.

Coalition Leader Interviews – The coalition leader interviews will be conducted with pilot coalition leaders only. Up to fifty coalition leaders will be contacted by phone and/or email to participate in the interview which will be scheduled at their convenience. Each interview will take less than 30 minutes to complete and respondents will complete the interviews twice – at the mid-point and end of the pilot period. We estimate a total of 50 burden hours.

Table 1. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of respondents	No. of responses/ respondent	Avg. burden/ response (in hrs.)	Total burden (in hrs.)
General Public, coalition members, coalition leaders	Online Training Survey	400	1	15/60	100
General Public, coalition members, coalition leaders	User Feedback Survey	1000	1	5/60	83
Coalition Members	Coalition	120	2	30/60	120

	Member Survey				
Coalition Leaders	Coalition Leader Interviews	50	2	30/60	50
Total					**353**

A-12.B Estimated Annualized Respondent Costs

Table 2 presents the annualized costs to respondents that were calculated by applying the average U.S. hourly wage rate, as published by the U.S. Bureau of Labor Statistics, November 2008 (posted at http://www.bls.gov/news.release/pdf/empsit.pdf).

Table 2. Estimated Annualized Burden Costs

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden (in hours)	Hourly Wage Rate	Respondent Cost
Online Training Survey	400	1	15/60	$18.30	$1,830
User Feedback Survey	1000	1	5/60	$18.30	$1,519
Coalition Capacity Survey	120	2	30/60	$18.30	$2,196
Partner Interviews	50	2	30/60	$18.30	$915
Total					$6,460.00

A-13 Estimates of Other Total Annual Cost to Respondents or Record Keepers

There are no costs to respondents, other than their time for participating in data collections.

A-14. Annualized Cost to the Government

Costs to the government include the costs of the contractor and the cost of the CDC project officer who will oversee the contractor's efforts. The cost is as follows for the data collection and analysis of the NYVPRC pilot evaluation.

Baseline data collection is expected to begin in 2009 and data collection activities that take place near the conclusion of the pilot will occur in 2010. Table 3 presents the estimated annualized cost to the Federal government for each of these years. The estimated costs reflect those in the contractor's budget and 15% of a CDC FTE's (Grade 12) time for oversight and supervision of the data collection. Contractor labor costs were budgeted by estimating the number of hours staff at the various wage levels that are

required multiplying the applicable wage rates, and multiplying the resulting subtotals by factors to cover fringe benefits and burden expense. Wage levels for the labor categories expected to contribute to this project range from $16.34 per hour for Program Support labor to $43.96 per hour for Senior Management labor. Both years will be approximately equal in their anticipated labor costs. The basis for estimating other direct costs varies with the type of cost being estimated.

Table 3 Annualized costs to the government

Year	Contractor	CDC	Total
2009	$114,000	$25,300	$139,300
2010	$119,500	$26,300	$145,800
Total			$285,100

A-15. Explanation for Program Changes or Adjustments

This is new data collection.

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

Under the guidance and direction of CDC, the contractor will conduct quantitative and qualitative analyses of the survey responses. An interim report will be prepared between the beginning and end of the 1st pilot year. A final report will be prepared following the collection of additional data and more extensive analyses. Although the final report will be structured similarly to the interim report, it will present additional analyses that are possible once all data are collected. The data collection for the user satisfaction survey will be ongoing through year 3 and ad hoc reports will be delivered to CDC also through year 3. The project schedule is as follows.

Activity/Deliverable	***Target Date***
Begin Year 1 pilot data collection (all instruments and including user satisfaction survey)	1 week after OMB approval
Interim report to CDC	29 weeks after OMB approval
End Year 1 pilot data collection (all but user satisfaction survey)	48 weeks after OMB approval
Draft final report to CDC	52 weeks after OMB approval
CDC review of report	53 weeks after OMB approval
Final report and recommendations to CDC	54 weeks after OMB approval
Ongoing user satisfaction survey data collection	Continues through150 weeks after OMB approval

Ad hoc reports on user satisfaction survey	Continues through 150 weeks after OMB approval

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

Not applicable. The OMB expiration date will be displayed.

A-18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

References:

1. CDC Injury Research Agenda, 2002-20007; Preventing Youth Violence.