

Evaluation of the Safe Dates Project

SUPPORTING STATEMENT: PART A

OMB No. 0920-0783

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ABSTRACT

This statement supports a request to obtain approval for the revision of a currently approved collection (OMB No. 0920-0783) and a one (1) year extension of the current expiration date (06/30/2011) to conduct focus groups and interviews about the Safe Dates adolescent dating violence prevention program. These focus groups and interviews represent new qualitative data collection, which will supplement the existing OMB-approved quantitative data collection. The proposed information collection includes the following change to the currently approved information collection (OMB No. 0920-0783): Increased estimated burden hours associated with student and teacher participation in focus groups and interviews. The proposed information collection will select teachers and 10th grade students in public schools from the currently OMB-approved study sample during the 2010-2011 academic year. In order to address appropriateness of this evidence-based program for urban, high-risk adolescents, CDC plans to conduct focus groups and interviews with students and teachers in urban schools receiving the program. As part of the qualitative research, CDC will explore whether Safe Dates should be modified for an urban, high-risk population.

OMB Clearance No. 0920-0783 approves effectiveness, implementation, and cost surveys with students, school principals, school prevention coordinators, and teachers at a mix of schools. CDC would like to add focus groups with students and interviews with teachers in the urban schools. Specifically, CDC would like to conduct 4 student focus groups and interview 20 teachers. Data collection staff will use new interview guides designed for this purpose. Please see the new lead letter, consent/assent forms, and interview guides that reflect this change.

This revision is requested because CDC has learned additional information about violence and risk factors for adolescents in urban, high-risk communities since the original OMB clearance package was submitted. Recent research has shown that adolescents who live in urban, disadvantaged communities report significantly higher prevalence of some risky behaviors, including violence, than nationally representative U.S. adolescents (Swahn & Bossarte, 2009). Students and teachers in urban schools participating in the effectiveness, cost, and implementation evaluation are an important source of information about possible adaptations to the Safe Dates program that may be needed for urban, high-risk adolescents. Thus, CDC would like to conduct qualitative research with students and teachers in urban schools.

Burden Hours

This modification increases the total annualized burden hours. As 20 teachers will participate in 1-hour interviews, and 40 students will participate in 90-minute focus groups, the burden hours will be increased by 80 hours (20 X 1 hour = 20 hours plus 40 X 1.5 hours = 60 hours).

Annualized Respondent Costs

This modification increases the total annualized respondent costs. As teachers (hourly wage rate: \$27.20) will participate in interviews, and students (minimum wage rate: \$7.25) will participate in focus groups, the respondent cost will be increased by \$979.00 (\$27.20 X 20 burden hours = \$544.00 plus \$7.25 X 60 burden hours = \$435.00).

A. JUSTIFICATION

The Centers for Disease Control (CDC) requests the revision of a currently approved this Information Collection, Evaluation of the Safe Dates Project (OMB No. 0920-0783, expiration date 06/30/2011). Safe Dates is a research-based adolescent dating violence prevention program. The Safe Dates program includes a nine-session dating abuse curriculum, a play about dating abuse, and a poster contest.

The Evaluation of the Safe Dates Project is designed to assess three aspects of the Safe Dates project:

- **Implementation.** The evaluation will examine how program fit and implementation climate (bolstered by the implementation drivers of teacher training and observation in one of the experimental conditions) affect implementation fidelity.
- **Effectiveness.** The evaluation will assess the program's impact on desired outcomes, including prevention of and reductions in dating violence victimization and perpetration (including psychological abuse, stalking, physical violence, and sexual violence) among high school students). The influence of program implementation on effectiveness will also be evaluated.
- **Cost.** The evaluation will determine the time and monetary costs of delivering Safe Dates in a school setting to assess cost-effectiveness and cost-utility of the program.

1. Circumstances Making the Collection of Information Necessary

Background

This Information Collection Request (ICR) is a revision of currently approved OMB# 0920-0783, expiration 6/30/2011. The Safe Dates adolescent dating violence prevention program has been shown to be effective in one rural North Carolina school district (Foshee et al. 1998, 2004, 2005). Previously approved were the effectiveness, implementation, and cost surveys with students, school principals, school prevention coordinators, and teachers at schools with different geographic and demographic characteristics across the nation. To assess whether Safe Dates should be modified for urban, high-risk adolescents, CDC requests OMB approval to

conduct focus groups with students and interviews with teachers at urban schools in the 2010-2011 school year. Data collection staff will use new interview guides designed for this purpose. This revision is requested because CDC has learned additional information about violence and risk factors for adolescents in urban, high-risk communities since the original OMB clearance package was submitted. Recent research has shown that adolescents who live in urban, disadvantaged communities report significantly higher prevalence of some risky behaviors, including violence, than nationally representative U.S. adolescents (Swahn & Bossarte, 2009). Students and teachers in urban schools participating in the effectiveness, cost, and implementation evaluation are an important source of information about possible adaptations to the Safe Dates program that may be needed for urban, high-risk adolescents. Thus, CDC would like to conduct qualitative research with students and teachers in urban schools.

Adolescent dating violence is a major public health problem; national estimates suggest that 9.9% of high school students were physically abused by a boyfriend or girlfriend in the past year (Centers for Disease Control and Prevention [CDC], 2008). The Safe Dates adolescent dating violence prevention program has been shown to be effective in one rural North Carolina school district (Foshee et al. 1998, 2004, 2005). Nevertheless, appropriateness of the program for urban, high-risk adolescents is unknown.

High-risk adolescents are those who face disadvantage or adversity, including poverty, community crime, or living in an urban area (Brookmeyer, Henrich, & Schwab-Stone, 2005; Swahn, Bossarte, & Sullivent, 2008). Recent research has shown that youths who live in urban, disadvantaged communities report significantly higher prevalence of some risky behaviors, including violence, than nationally representative U.S. youths (Swahn & Bossarte, 2009). In one study, 21% of adolescents in a high-risk, urban school district experienced physical dating violence victimization during the past year (well above the prevalence among adolescents in the nation), and 17% experienced dating violence perpetration (Swahn et al., 2008). These results underscore those from past research that found that suburban and urban schools reported higher rates of dating violence than rural schools (Bergman, 1992). Qualitative data among adult intimate partner violence victims also highlights elevated risks among urban populations. In one study using a protective order sample, urban women were more likely to report experiencing stranger victimization in their lifetime and less likely to report that a health or mental health professional ever asked them about abuse than rural women (Logan, Walker, Cole, Ratliff, & Leukefeld, 2003). The rate of urban women's illegal drug use was especially high in comparison with women in the general population.

In May 2009, President Obama submitted the FY 2010 President's Budget to Congress, which includes an increase for Injury Prevention and Control to enhance efforts to develop, implement, and evaluate a comprehensive program to prevent adolescent dating violence in high-risk urban communities by building on current evidence-based practice and experience (CDC, 2009). To begin development of such a program, CDC requests approval to conduct an exploratory qualitative sub-study addressing Safe Dates modification/adaptation issues. The proposed work will expand on previous literature to understand dating violence among adolescents in urban settings and to explore whether Safe Dates should be modified for an urban population. Authority for CDC's National Center for Injury Prevention and Control to collect these data is granted by Section 301 of the Public Health Service Act (42 U.S.C. 241) (*Attachment A*).

Privacy Impact Assessment

Overview of the Data Collection System

Demographic information (via Student Focus Group Guide) will be collected from students using a 1-page self-administered paper and pencil form immediately preceding focus groups. Focus group data will be collected through in-person focus groups. Interview data will be collected from teachers through telephone interviews.

Items of Information to be Collected

Demographic information will be collected from students. Opinions about the Safe Dates program and suggestions for adaptations will be collected from teachers and students.

The information collection will not include names, addresses, medical information, social security numbers, etc. However, Information in Identifiable Form (IIF) by which students can be indirectly identified (i.e., a combination of variables such as gender, race/ethnicity, age, and grade level in school) will be collected. This IIF will be collected by CDC's contractor, RTI International, and de-identified prior to its transmission to CDC. See **Section A.10** for further description of the process for de-identifying data.

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

The information collection will not involve Web-based data collection methods or refers respondents to Websites.

2. Purpose and Use of Information Collection

The purpose of the qualitative research is to explore whether and how Safe Dates should be modified for urban populations. Key research questions for this data collection are presented in **Table 1**.

CDC will disseminate results to peer-reviewed journal readers and professional conference participants, as well as through an executive summary and a full report. The executive summary will be written in clear language to be understandable by a wide range of audiences (parents, schools, policy makers, researchers). The full report will include an overview of background literature to provide contextual information about the purpose of the Safe Dates program and qualitative approach, a detailed summary of qualitative methods and activities, the qualitative results, discussion of findings in comparison with those of other relevant programs, strengths and limitations of the research, and recommendations for future research on this topic for schools, evaluators, and policy makers.

Table 1. Research Questions

1. What are urban teachers' and students' opinions about the Safe Dates program?
2. Do urban teachers and students believe the Safe Dates program is relevant to their community?
3. Which sections or activities from the Safe Dates program resonate with urban teachers and students?
4. Do urban teachers and students feel that the Safe Dates program adequately addresses adolescent dating violence as it occurs in their community? Do they feel that the program could be adapted (i.e., information added, or removed) to make it more relevant to urban communities?
5. Do teachers and students in urban communities feel that the Safe Dates program was a good fit for their schools?
6. Is the Safe Dates program appropriate for the prevalence of violence in urban communities?
7. Does stranger victimization have any bearing on relevance of the program for urban adolescents?
8. How appropriately does the program address health or mental health professional referrals or responses to adolescent dating violence in urban areas?
9. How do urban teachers and students perceive the program's treatment of dating violence and substance use?
10. How well do teachers and students in urban areas feel that electronic aggression (i.e., aggression using cell phones, blogs, etc.) is addressed in the Safe Dates program?
11. Does gang activity have any bearing on the program's appropriateness for urban adolescents?

Privacy Impact Assessment Information

Information is being collected to explore whether and how Safe Dates should be modified for urban populations. Information in Identifiable Form (IIF) by which students can be indirectly identified (i.e., a combination of variables such as gender, race/ethnicity, age, and grade level in school) will be collected to identify the overall composition of the focus groups. The information will be used to determine whether demographic subgroups or students differ in their responses or offer unique opinions about the Safe Dates program.

CDC's contractor, RTI International, will collect IIF. This information will not be shared with anyone, other than aggregate findings across all participants. Because there is no sensitive information being collected, the proposed data collection will have little or no effect on the respondent's privacy.

3. Use of Improved Information Technology and Burden Reduction

Three types of data will be collected: Demographic data for students who received the Safe Dates program, focus group data from these students, and interview data from teachers delivering the program. Demographic information (via Student Focus Group Guide) will be collected from students using a 1-page self-administered paper and pencil form immediately preceding focus groups. We considered having students complete Web questionnaires but

determined that not every student has access to the hard/software needed. We determined that a paper and pencil form would be the best methodology for collecting student demographic data.

Focus group data will be collected through in-person focus groups. Although we recognize that conducting focus groups online would be more cost effective, we determined that not every student has access to the hard/software needed. Furthermore, in-person focus groups allow the moderator more influence over the flow of conversation, allow participants to build on each other's feedback, and enhance the quality of information obtained, since a participant is not able to engage in other activities during an in-person focus group (Harrington, 2009).

Interview data will be collected from teachers through telephone interviews. We considered having teachers complete Web questionnaires but determined that method would increase burden on respondents by asking them to type out answers to open-ended questions. It is important to obtain data through open- versus closed-ended questions to allow for the study of fit of the Safe Dates program in urban schools in the depth and detail necessary to address this topic comprehensively (Patton, 1990). Research questions to be addressed in the teacher interview are best addressed utilizing open-ended questions asked by a trained interviewer. This format, in which an interviewer may probe and ask follow-up questions to gather more information than is initially offered, encourages respondents to fully share their opinions with as much nuance as possible (Bradburn, Sudman, & Wansink, 2004). Qualitative data gathered by a trained interviewer offer arguably the best means of examining aspects of the Safe Dates program within complex social contexts, like urban, high-risk communities or cultures (Nastasi & Schensul, 2005).

4. Efforts to Identify Duplication and Use of Similar Information

CDC conducts ongoing searches of all major educational and health-related electronic databases, reviews related literature, consults with key outside partners and other experts, and maintains continuing communications with Federal agencies with related missions. These efforts have identified no previous, current, or planned efforts to conduct a qualitative investigation about adaptations to the Safe Dates program for urban, high-risk adolescents. We have reviewed literature about other adolescent dating violence programs and about cultural adaptations of other types of programs serving adolescents or adult intimate partner violence victims or perpetrators, but none of these studies provided information relevant to adaptation of an evidence-based adolescent dating violence program to urban, high-risk youths. We also reviewed program announcements, requests for applications (RFAs), and requests for proposals (RFPs) from other Federal agencies. To date, no duplication of effort has been identified.

5. Impact of Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

The Safe Dates focus groups and interviews will be conducted once, and no effort will be made to recontact participants. If the data collection were not conducted, it would not be possible

to determine whether or how the Safe Dates program should be adapted for urban, high-risk adolescents. There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 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 Announcement

The *Federal Register* 60-day notice for this revision was published on May 6, 2010, in Volume 75, Number 87, pages 24958-24959 (**Attachment B**). There was one public comment received – Attachment K. A CDC general response was sent.

B. Consultations

We consulted with Dr. Vangie Foshee, the developer of the Safe Dates program. Dr. Foshee’s contact information is provided in **Table 2**. There were no unresolved issues. It is important to note that questions included in our focus group and interview guides were adapted from formative research Dr. Foshee conducted about the Families for Safe Dates program, which is designed for parents (instead of teachers) to deliver to adolescents. Although Dr. Foshee’s formative research did not address adaptations for urban, high-risk adolescents, the format of her inquiry was successful in reminding respondents about specific aspects of the program discussed during interviews. Consultation was also obtained from RTI researchers who regularly conduct data collections with adolescents, including several who are former teachers and who have trained teachers to deliver the Safe Dates program.

Table 2. Persons Consulted Outside the Agency

Vangie Foshee, PhD, Associate Professor University of North Carolina School of Public Health Department of Health Behavior and Health Education 319b Rosenau Hall CB# 7440 Chapel Hill, NC 27599	(919) 966-6616 (phone) (919) 966-2921 (fax) foshee@email.unc.edu
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9. Explanation of Any Payment or Gift to Respondents

Numerous empirical studies have shown that incentives can significantly increase participation rates, and meals/refreshments and cash incentives are routinely offered for participation in qualitative research (e.g., Sinicrope et al., 2009). Students and teachers will receive \$25.00 gift cards for participation in the study. Refreshments or meals will be offered for in-person focus groups.

10. Assurance of Confidentiality Provided to Respondents

Staff in the CDC Information Collection Review Office have reviewed this proposal and have determined that the Privacy Act is not applicable. Procedures have been developed to ensure that the confidentiality of information and privacy of teachers and students are protected. Because RTI International is the contractor for CDC for data collection, the RTI Institutional Review Board (IRB) reviewed all instruments, informed consent materials, and procedures to ensure that the rights of individuals participating in the study are safeguarded. Copies of the RTI IRB approval notices are included as **Attachment C**.

We will implement the following procedures to ensure that confidential information is safeguarded against unauthorized access to the data:

- All contract staff will sign a Statement of Agreement (**Attachment G**),
- Data will be stored in a locked cabinet,

- Personal Identifiable Information will not be collected on the screener questionnaire,
- Data will be destroyed at the end of the study,
- Personal Identifiable Information will not be recorded in interview notes,
- Audio recordings will be stored on RTI's secure server,
- Personal Identifiable Information will be omitted in transcripts,
- Audio recordings and transcripts will be transmitted using encrypted CDs,
- Personal Identifiable Information will be stored separately from data.

All selected schools, teachers, students, and their parents will be assured that the information provided will be treated in a private manner and will be used only for the purpose of this research. Information about the study will be provided in the parent brochure (**Attachment H**). Privacy assurances to parents and students will be included on parental permission forms and student assent forms. Students and teachers will be reminded that their responses are private at the start of the focus group or interview by the interview facilitator, who will be a professional qualitative data collector trained to conduct this research. Students will also be asked to sign a Student Privacy Pledge (**Attachment D**) to keep information that they hear in focus groups private. Lead letter to parents, parent consent and student assent forms (**Attachment E**), focus group guide (**Attachment F**), and interview guide (**Attachment J**) are included under the assurance of privacy.

Phone interviews and focus groups will be conducted in a private setting. CDC's contractor, RTI International, will assign and maintain the linking information. This connection between the respondent and the identification number will be retained approximately 8 months to complete data collection, analysis, and reporting. Once the study is complete, this connection will be destroyed by RTI, and this connection will never be transmitted to CDC. RTI will collect and process the data, but the data will be owned by CDC.

This data collection involves Information in Identifiable Form (IIF) by which students can be indirectly identified (i.e., a combination of variables such as gender, race/ethnicity, age, and grade level in school). These data will be presented in aggregated form, such that the overall composition of the focus groups will be identified, but individual students will not be identified using these demographic characteristics. The demographic characteristics will primarily be used in analysis, for example, to determine whether male students differ from female students in their responses, or whether students from certain racial/ethnic groups offer unique opinions about the Safe Dates program. Audio recordings will remain in locked filing cabinets for up to 3 weeks until they are sent for transcription.

Privacy Impact Assessment Information

A. Whether the Project is Subject to the Privacy Act

Staff in the CDC Information Collection Review Office have reviewed this proposal and have determined that the Privacy Act is not applicable.

B. How Information Will Be Secured

Phone interviews and focus groups will be conducted in a private setting. Students will also be asked to sign a privacy pledge (**Attachment D**) to keep information that they hear in focus groups private.

Audio recordings will remain in locked filing cabinets until they are sent for transcription. For tracking and filing purposes, audio recordings will be marked with minimal study identifiers. Using an electronic audio recorder, the audio recordings will be downloaded to RTI's secure server. If a name is accidentally mentioned in the audio recordings, the RTI notetaker will note this, and RTI staff will give specific instructions to the transcriptionist to omit names in the transcripts. The audio recordings will be sent to a transcriptionist via an encrypted CD. Once the transcripts have been received from the transcriptionist and reviewed by RTI, the transcriptionist will be instructed to delete the audio recordings from the CD. Completed transcriptions will be encrypted and sent to authorized RTI project staff on CD via FedEx. CDs will be encrypted using WinZip AES 256 or 128. Once the recordings are transcribed, they will remain stored in a locked filing cabinet at RTI until they are destroyed at the end of the study. At the end of the study, a project staff member will erase the audio recordings.

All completed consent/assent forms and the list of participant names and ID numbers will be stored in separate locked filing cabinets only accessible to authorized RTI personnel. RTI maintains restricted access to all data preparation areas (i.e., coding, and data entry). All data files on multi-user systems will be under the control of a database manager, with access limited to project staff on a "need-to-know" basis only. Individual identifying information will be maintained separately from focus group and interview transcripts and audio recordings. Notes and audio recordings will be retained by RTI until the end of the study and will then be destroyed. All contractor staff involved with the project will be required to sign a Statement of Agreement (**Attachment G**), which is a statement of personal commitment to safeguard information.

C. Opportunities for Obtaining Respondent Consent

Lead letter to parents, parent consent and student assent forms, focus group and interview guides including assurance of privacy are provided in **Attachments E, F, and J**. Respondents are informed about the intended uses of the information collection and our plan to not share the data with anyone via the consent and assent forms and through language at the beginning of the interview/focus group guides. The time to consent respondents is not included in the burden estimate, as information collection does not generally include consent procedures per section 1320.3 (h) (1). In this study, there is no burden placed on respondents other than what is necessary to identify the respondent's willingness and availability to participate in the information collection (i.e., the focus groups)."

D. Whether Respondents Are Informed about the Voluntary or Mandatory Nature of their Response

Respondents are informed about the voluntary nature of their response. This information is provided in the consent and assent forms and through language at the beginning of the interview guides.

11. Justification for Sensitive Questions

No sensitive questions will be asked during the data collections. Questions about violent experiences will not be asked. Interview questions will focus solely on participants’ opinions about the Safe Dates program.

12. Estimates of Annualized Burden Hours and Costs

The estimated burden for this information collection is based on extensive experience with qualitative studies. The planned information collection involves administration of a Student Focus Group Guide, and a Teacher Interview Guide (*Attachments F & J, respectively*). Previously approved data collection instruments are contained in *Attachments L through Y*.

This modification increases the burden hours for the total project by 80 hours. The current proposed information collection involves administration of focus groups for students and interviews for teachers. RTI will select a convenience sample of teachers to interview who have taught the Safe Dates program at eight urban schools participating in the main study that have received the Safe Dates program. Students will be selected from one school that participated in the main study and received the Safe Dates program. We will sample up to 20 teachers and up to 40 students (4 focus groups of 8-10 students in each). There are no costs to respondents except their time. *Tables 12.1* provides details about how the burden estimates were calculated for the entire project (i.e., previously approved 14,112 hours and the current request for an additional 80 hours).

Table 12.1: Estimated Annualized Burden Hours*

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (1n Hours)	Total Burden Hours
Student	Student Effectiveness Baseline Survey	10,158	1	35/60	5,926
<i>(See Attachments L, M, N, Z)</i>	1 st Student mid-implementation survey	3,612	1	25/60	1505
	2 nd Student mid-implementation survey	3,612	1	25/60	1505
	Student Effectiveness Follow-up Survey	8,126	1	35/60	4,740

Student (new request – see attachment F)	<i>Student Focus Group Guide (student demographic data and focus group questions)</i>	40	1	1.5	60
Principal (See Attachments O, P, Q)	Baseline principal survey	49	1	15/60	12
	Mid-implementation principal survey	32	1	15/60	8
	End-of-school-year principal survey	49	1	15/60	12
Prevention coordinator (See Attachments R, S, T, U)	Baseline prevention coordinator survey	49	1	15/60	12
	Mid-implementation prevention coordinator survey	32	1	15/60	8
	End-of-school-year prevention coordinator survey	49	1	15/60	12
	Follow-up prevention coordinator survey	49	1	5/60	4
Teacher (See Attachments V, Y, W, X)	Baseline teacher survey	98	1	15/60	24
	Teacher Cost survey	49	11	20/60	180
	Fifth session mid-implementation survey	98	2	25/60	82
	Ninth session mid-implementation survey	98	2	25/60	82
Teacher (new request – Attachment K)	<i>Teacher Interview Guide</i>	20	1	1	20
	Total	26,220			14,192

*** Note: new proposed data collection instruments are in italics and boldface**

Student Focus Group Guide

We anticipate 40 students will participate in 90-minute focus groups (for a total of 60 hours). The figure of \$7.25 per hour (an approximation of the hourly wage that students could earn) is used to value the time cost of focus group participation. Based on this value, the estimated annual cost to students for collections of information is \$435.

Teacher Interview Guide

We anticipate 20 completed 1-hour teacher interviews for this study (for a total of 20 hours). Teacher hourly wages were estimated using Bureau of Labor Statistics (2009) data. Using the BLS estimate of \$27.20 for teachers' average hourly wage, cost will be \$544.00.

Table 12.2: Estimated Annualized Burden Costs

Type of Respondent	Instrument Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Respondent (In Hours)	Cost/Hour	Cost
Student	Student Effectiveness Baseline Survey	10,158	1	35/60	\$6.00*	\$35,553.00
	1 st Student mid-implementation survey	3,612	1	25/60	\$6.00*	\$9,030.00
	2 nd Student mid-implementation survey	3,612	1	25/60	\$6.00*	\$9,030.00
	Student Effectiveness Follow-up Survey	8,126	1	35/60	\$6.00*	\$28,441.00
	<i>Student Focus Group Guide (student demographic data and focus group questions)</i>	40	1	1.5	\$7.25	\$435.00
Principal	Baseline principal survey	49	1	15/60	\$38.45**	\$471.01
	Mid-implementation principal survey	32	1	15/60	\$38.45**	\$307.60
	End-of-school-year principal survey	49	1	15/60	\$38.45**	\$471.01
Prevention coordinator	Baseline prevention coordinator survey	49	1	15/60	\$23.33**	\$285.79
	Mid-implementation prevention coordinator survey	32	1	15/60	\$23.33**	\$186.64
	End-of-school-year prevention coordinator survey	49	1	15/60	\$23.33**	\$285.79
	Follow-up prevention coordinator survey	49	1	5/60	\$23.33**	\$95.26
Teacher	Baseline teacher survey	98	1	15/60	\$24.70**	\$605.15
	Teacher Cost survey	49	11	20/60	\$24.70**	\$4,437.77
	Fifth session mid-implementation survey	98	2	25/60	\$24.70**	\$2,017.16
	Ninth session mid-implementation survey	98	2	25/60	\$24.70**	\$2,017.16
	<i>Teacher Interview Guide</i>	20	1	1	\$27.20	\$544.00
	Total	26,160				\$94,213.34

*Estimate of average hourly living allowance for participants

**Derived from Bureau of Labor Statistics (BLS) average salary estimates (U.S. Department of Labor, 2006)

* **Note: new proposed data collection instruments are in italics and boldface**

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

There will be no respondent capital and maintenance costs.

14. Annualized Cost to the Government

The study is funded under Contract No. 200-2008-F-27085. The annualized cost to the government for the completion of this project will be about \$157,364 over 11 months. This is the cost estimated by the contractor, RTI International, and includes the estimated cost of labor (\$139,741); consultant costs (\$6,750) and other costs (\$10,873). These costs cover the activities in **Table 5**.

15. Explanation for Program Changes or Adjustments

The Safe Dates study has been conducted since 2008 (OMB No. 0920-0783, expiration 06/30/2011). The proposed information collection includes the following change to the currently approved information collection (OMB No. 0920-0783): Increased estimated burden hours associated with student participation in focus groups and teacher participation in interviews.

16. Plans for Tabulation and Publication and Project Time Schedule

A. Tabulation Plans

Data analysis will focus primarily on describing the Safe Dates program and ways respondents feel it could be changed to be more suitable for urban schools. RTI will begin the data analysis process as soon as the first focus groups or telephone interviews are completed. RTI will identify themes from the focus groups and interviews that corresponded to the research questions, paying special attention to consistencies or discrepancies across respondents. Initial analysis was completed using electronic interview notes, which were organized into general themes. Within these themes, open-coding procedures will be used to further develop categories and identify patterns and contrasts among participant responses. After reading through the notes from each interview, RTI will make a list of topics discussed. After data from the first focus groups or interviews are coded this way, topics that emerge in at least two of the focus groups or interviews will be chosen to become open codes. RTI will compare initial focus group or telephone interview data to new focus group or telephone interview data as they become available, adding new codes using constant comparison as new topics emerge from focus groups or interviews, and then summarize data on key topics. Two researchers will identify the most common responses, or types of responses, to each question and will meet to resolve any

discrepancies of interpretations by consensus (Creswell & Plano Clark, 2007). RTI will use participants’ words and phrases during the analysis and writing process.

B. Publication Plans

We will write a final 50-page report of the qualitative substudy. If desired, we will produce a shorter report on findings to share with CDC. CDC will also publish results of the qualitative research in a peer-reviewed journal.

C. Time Schedule for the Project

Table 5. Project Schedule and Timeline

Task/Activity	Time Period
Recruit participants, schedule data collection, collect data	1 month after OMB clearance
Transcribe focus groups/interviews from audio to text, analyze data and publish results	2 months after OMB clearance

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

The display of expiration date of OMB approval of the data collection will be included on the Student Focus Group Guide and Teacher Interview Guide; other information will be collected verbally.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

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