# HHS/CDC/NCIPC SUPPORTING STATEMENT FOR OMB INFORMATION COLLECTION REQUEST

CDC ID# 0920-11JD

#### Part A

9 February 2012

# **Evaluation of Dating Matters: Strategies to Promote Healthy Teen Relationships**

Supported by:

Department of Health and Human Services Centers for Disease Control and Prevention National Center for Injury Prevention and Control Division of Violence Prevention

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# **ABSTRACT**

*Dating Matters: Strategies to Promote Healthy Teen Relationships*™ is the Centers for Disease Control and Prevention's **new** teen dating violence prevention initiative, which is based on three important facts:

- (1) Dating violence has important negative effects on the mental and physical health of youth, as well as on their school performance.
- (2) Violence in an adolescent relationship sets the stage for problems in future relationships, including intimate partner violence and sexual violence perpetration and/or victimization throughout life. Therefore, early help is needed to stop violence in youth relationships before it begins and keep it from continuing into adult relationships.
- (3) Although evidence suggests dating violence is a significant problem in economically disadvantaged urban communities, where oftentimes due to environmental factors an accumulation of risk factors for violence exists. To date, there have been few attempts to adapt the developing evidence base for prevention of dating violence to address these communities.

Recently, efforts to prevent teen dating violence have grown, particularly in schools and among policymakers and sexual violence and domestic violence prevention groups. Now many states and communities also are working to stop teen dating violence. However, these activities vary greatly in quality and effectiveness. To address the gaps, CDC has developed *Dating Matters*, a comprehensive teen dating violence prevention program based on the current evidence about what works in prevention. *Dating Matters* focuses on middle school youth in high-risk, urban communities. It includes preventive strategies for individuals, peers, families, schools, and neighborhoods. The primary goal of the current proposal is to conduct an outcome and implementation evaluation of Dating Matters to determine its feasibility, cost, and effectiveness. This evaluation of Dating Matters will be conducted in the following cities: Alameda County, California; Baltimore, Maryland; Broward County, Florida; and, Chicago, Illinois.

#### 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 *Dating Matters: Strategies to Promote Healthy Teen Relationships*," over a period of four years (2012-2016; please note, we recognize that our original OMB approval will expire after 3 years and we will apply for an extension so that the life of the project is approved). Dating Matters is a comprehensive approach to prevent teen dating violence among youth in high-risk urban communities. The current evaluation will take place in the following communities: Alameda County, California; Baltimore, Maryland; Broward County, Florida; and, Chicago, Illinois. Dating Matters consists of evidence-based or evidence-informed prevention strategies implemented at each level of the social ecology. The proposed participants are middle school students, middle school parents, student brand ambassadors (i.e., slightly older youth who promote the communications messages with the target group), educators, school leadership, program implementers, student program master trainers, community representatives, and local health department representatives in up to four high-risk urban communities.

In order to address gaps in effective prevention programming for youth in urban communities with high crime and economic disadvantage, who may be at highest risk for teen dating violence (TDV) perpetration and victimization (O'Leary & Slep, in press), Dating Matters will employ universal primary prevention focused on middle school youth in order to build a foundation of healthy relationship skills among all youth before dating and/or severe TDV is initiated.

Dating Matters takes a novel approach to TDV prevention that bridges diverse areas of public health by drawing on the best available research in areas such as TDV, youth violence, and sexual risk prevention (e.g., Vivolo, Holland, Teten, Holt, et al., 2010). As such, Dating Matters takes an approach that addresses the co-occurrence of a constellation of adolescent risk behaviors and violence (Whitaker, Morrison, Lindquist, Hawkins, et al., 2006) that may be particularly relevant in urban environments. Risk behaviors may have common influences including fundamental problems with how youth interact in relationships and how parents communicate with youth about healthy relationships.

The programmatic activities to be implemented in Dating Matters are described in Table 1. Because it is unclear what the effectiveness, cost, and sustainability of comprehensive TDV prevention is, the current proposal seeks to evaluate the two models of prevention implemented in Dating Matters: a standard approach—*Safe Dates* (Foshee, Bauman, Arriaga, Helms, et al., 1998) implemented in 8<sup>th</sup> grade—and a comprehensive approach, which includes implementation of prevention strategies across levels of the social ecology for youth, parents, and educators in 6<sup>th</sup>-8<sup>th</sup> grade, in addition to policy change efforts and communications strategies. Because of its effectiveness in preventing TDV and its widespread use, *Safe Dates* is considered "standard practice." Therefore, the current evaluation will compare outcomes and implementation of this standard practice to the outcomes and implementation of a comprehensive approach.

Table 1. Two prevention approaches in Dating Matters Strategies to Promote Healthy Teen Relationships						
Standard Practice						
Grade	rade Youth/Peers Parent/Guardian Educators Communications Policy					
8 <sup>th</sup>	Safe Dates					
Comprehensive Approach						
Grade	Youth/Peers	Parent/Guardian	Educators	Communications	Policy	

6 <sup>th</sup>	Adapted Student	Adapted Parent's Matter!*	Dating Matters	Communications	Policy	
	Curriculum*		online training	Strategies*	Enhancement or	
7 <sup>th</sup>	Adapted Student	Adapted Parent Curriculum*			Development	
	Curriculum*					
8 <sup>th</sup>	8 <sup>th</sup> Adapted Safe Dates Adapted Families for Safe Dates					
*CDC has developed curriculum and communications strategies						

The proposed data collection involves the evaluation of Dating Matters, which will be implemented in four urban communities (Alameda County, California; Baltimore, Maryland; Broward County, Florida; and, Chicago, Illinois) in 2012-2016. The evaluation will utilize a cluster randomized design in which 44 schools in four funded communities (participating schools with whom the local health department has signed an MOU are listed in Attachment CCCC) are randomized to either Dating Matters or standard practice. Participating schools were selected by local health department applicants in response to a funding opportunity announcement (FOA) (Attachment GGGG). As outlined in the FOA, eligible schools must be considered "high-risk" as operationalized, by having both above average rates of community or school crime and above average rates of school or community economic disadvantage. Applicants outlined in their response to the FOA the data that they used to support their school selection (see Proposed Community section of FOA). Applications underwent a thorough competitive objective review at CDC resulting in our four funded communities. For more information about the eligibility criteria and contents of the MOUs with schools, see the FOA in Attachment GGGG.

The details of the data collection design and samples are in Section B. In summary, students from 44 schools from 4 sites (12 each in 3 sites and 8 schools in one site) form the sample population. As per Figure 1, in Alameda County for example, 4 schools will be randomized to the comprehensive Dating Matters intervention (inclusive of a  $6^{th} - 8^{th}$  grade student intervention, a parent intervention, a communications campaign, as described in more detail below), and 4 schools will receive the Standard Practice (Safe Dates in the  $8^{th}$  grade). The distribution of schools to the Dating Matters treatment condition and the Standard Practice control group for the remaining three sites is also illustrated in Figure 1.

**Alameda Baltimore Broward** Chicago **Totals and Assumptions** 22 Dating Matters schools DM Stnd. DM Stnd. DM Stnd. DM Stnd. 22 Standard of Care schools (4) (6)(6) (6)(6) (6)(4)(6)STUDENTS: 3 grade levels; 4 classrooms/grade; 30 students/classroom; **STUDENTS** 95% participation; 90% retention 7,128 Dating Matters 7,128 Standard of Care PARENTS: 17% of student sample; 90% participation; 90% retention **PARENTS** 1,091 Dating Matters 1,091 Standard of Care **EDUCATORS** EDUCATORS: 40 educators/school; 90% participation 792 Dating Matters 792 Standard of Care

Figure 1. Design and Samples for Outcome Evaluation

DM - Dating Matters. Stnd - Standard of Care. DMP - Dating Matters Parent Program

The data collection described in this proposal describes data collected by contractors (NORC at the University of Chicago and a TA provider not yet named) that will be used for the **outcome evaluation and implementation evaluation of Dating Matters.** 

The content and direction of Dating Matters and the proposed data collection reflects the input of several federal agencies. Collaboration with other agencies ensures the Dating Matters reflects the best available science and practice on teen dating violence and is unique from other federal efforts to prevent such violence. For example, representatives from the Department of Education, National Institute of Justice, and National Institute on Drug Abuse participated in the expert panels described in detail below; the federal inter-agency workgroup on teen dating violence was briefed on the initiative; and, CDC staff have presented on Dating Matters at a Congressional Briefing (Why Middle School Matters) on February 10, 2011, at the Office of Safe and Drug Free Schools (Department of Education) 2011 Meeting, and on a Teen Dating Violence Prevention and Awareness Month webinar hosted by the Administration for Children and Families. Dating Matters has also been included in briefings to and by multiple federal agencies. Finally, the announcement of the Dating Matters demonstration communities was announced to the public by Vice President Biden on September 13, 2011.

The proposed data collection fits into the National Center for Injury Prevention and Control (NCIPC) Research Agenda Priorities in Preventing Sexual Violence and Intimate Partner Violence (http://www.cdc.gov/injury/ResearchAgenda/index.html) with regard to Tier 1 Part E to "Evaluate the efficacy and effectiveness of programs, strategies, and policies across all levels of the social ecology to prevent and interrupt development of perpetration of sexual violence and intimate partner violence" and Tier 2 Part H to "Evaluate the economic efficiency of programs, strategies, and policies to prevent perpetration of sexual violence and intimate partner violence" and Tier 2 Part J to "Conduct dissemination and implementation research regarding programs, strategies, and policies used in the primary prevention of sexual violence and intimate partner violence."

Authority for CDC's National Center for Injury Prevention and Control to collect this data is granted by Section 301 of the Public Health Service Act (42 U.S.C. 241) (**Attachment A**). This act gives federal health agencies, such as CDC, broad authority to collect data and do other public health activities, including this type of study.

# **Privacy Impact Assessment**

# i) Overview of the Data Collection System

The evaluation of Dating Matters will capture the outcomes and implementation of the initiative. The evaluation will determine the effectiveness, feasibility, and sustainability of Dating Matters in order to inform decisions about whether or not Dating Matters should be more widely disseminated. Most information will be collected via self-report surveys administered to program participants, implementers, and key stakeholders. Additional information about student participants will be extracted from their school records. Contextual information about the implementation of the student and parent curricula will be obtained via focus groups.

# ii) Items of Information to be Collected

The various survey instruments to be used in the evaluation collect information about the outcomes and implementation of Dating Matters. The outcome evaluation of Dating Matters will measure outcomes including but not limited to healthy relationships behaviors, dating violence, school-related disciplinary

issues, school climate, and positive parenting, parent-child communication, and parental monitoring/supervision.

For the purposes of this package, the implementation evaluation refers to process evaluation, such as monitoring fidelity, and to tracking and monitoring the context (e.g., organizational capacity and readiness) and characteristics of implementation (e.g., cost, technical assistance provided).

Identifiable information will be obtained from student participants, curricula implementers (i.e., a list of individuals attending each session), and parents in order to track exposure to program components and to track and link participants and effects over time. All other respondents will complete surveys anonymously.

Due to the number and labeling of attachments, we have summarized the attachments and their purpose below:

#### **Summary of Attachments**

#### **Outcome evaluation**

- List of participating sites/schools in Attachment CCCC
- Instruments in Attachments D-I, EEEE
- Consent and assent forms in Attachments TT-WW
- Screen shots of instruments administered electronically in Attachments RRR and SSS
- Educator, Implementer, and Parent Contact letters, emails, and telephone scripts in Attachments UUU-WWW and YYY-BBBB
- Parent enrollment alternative contact form in Attachment XXX

#### **Implementation Evaluation**

- Student and Parent Curricula Fidelity, Technical Assistance, and Cost:
  - o Attachments L-QQ, CCC-LLL, DDDD
- Capacity and Readiness and Cost:
  - o Instruments in Attachment K and SS
  - O Screen shots of instruments administered electronically in Attachments MMM and NNN
- Communications Activities and Cost:
  - o Instruments in Attachment J and RR
  - O Consent and Assent in Attachment XX and YY
- Student and Parent Curricula Focus Groups:
  - o Materials in Attachments ZZ-BBB
  - O Consent and Assent forms in Attachments OOO-QQQ and TTT

# **Outcome Evaluation:**

Students, parents, and educators will fill out surveys as part of the outcome evaluation. Students in the 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades and parents of middle school students in these grades at both the comprehensive and standard-practice schools will complete surveys during the school year. Students will participate in surveys at the beginning, middle, and end of the school year, while parents and educators will participate in surveys at the beginning and end of the year. In addition, school records with extant administrative data on each student will be obtained for use in the outcome evaluation. We will be tracking and assessing the same students and parents over time, and therefore we will be collecting personally identifiable data

from them. Unique identifier codes will be created and given to each student and parent participant; one tracking database will contain the participants' personally identifiable information, one will contain the participants' actual survey data identified only by the unique identifier code, and a third database will contain the link between the participant identity (name and birthdate) and the unique identifier code. These data will be collected and stored by the evaluation contractor during the contract. The contractor will employ database security measures compliant with CDC information security guidelines, including ITSO Encryption Best Practice (Version 1.00.11 of September 21, 2010) and NIST Guide to Protecting the Confidentiality of Personally Identifiable Information (NIST Publication 800-122). At a minimum, all databases will be encrypted and kept on password-secured platforms, and all hard copy data will be kept in locked storage cabinets in locked facilities. At the end of each school year, the evaluation contractor will give CDC the databases as a contract deliverable. All data deliveries to CDC will be encrypted in compliance with Federal Information Processing Standard (FIPS) 140-2, Level 2. The contractor will destroy all the data at the end of their 5 year contract, after it has been safely and successfully handed over to CDC and after CDC has had an opportunity to verify the accuracy and completeness of the data. CDC will destroy the tracking database and the linking database at the end of Dating Matters data collection, but will maintain the survey database with unique identifier codes indefinitely for analysis purposes. Only selected individuals at the contracting firm (e.g., database manager) and at CDC (Craig Bryant, OMB PI and data manager) will have access to the tracking database and the survey data database. Fewer identified individuals at the contracting firm and CDC (no more than 2 at each workplace) will have access to the third database linking participants with their unique identifier codes. Likewise, the privacy of parent survey data will be ensured through the use of unique identifier codes, with these codes, the links between the codes and individual names/birthdates, and the individual survey data itself maintained in separate databases. The secure maintenance and transfer of these databases will be carried out under the same security guideless and encrypted transfer protocols as outlined for the student identities and data above. Educator surveys, in contrast, will not be collecting personally identifiable information. These data will be anonymous and will be identified only by school at which the educator works. The database containing survey data will be handled with the same security measures as the other survey data databases, but we will not have tracking or linking databases for the educators. This data will be delivered to CDC on the same deliverable schedule as the other survey data databases, and will be maintained and destroyed on the same schedule as the other survey data databases.

In order to link implementation and outcome data, the following information will be collected on outcome evaluation instruments:

Attachment	Survey Name	Linking Variables to be Collected
Attachments D-F	Student Surveys	Student Name, Student ID Number, Classroom ID Number, School ID Number, Program Year, Survey Iteration, Survey Date
Attachment G	School Indicators	Student ID, School ID, Date, Program Year
Attachment H	Parent Baseline Outcome Survey	Parent Name, Parent ID#, Classroom ID Number, School ID Number, Student Name, Student ID Number, Program Year, Survey Iteration
Attachment EEEE	Parent Follow-Up Outcome Survey	Parent Name, Parent ID#, Classroom ID Number, School ID Number, Student Name, Student ID Number, Program Year, Survey Iteration
Attachment I	Educator Outcome Survey	School ID Number, Survey Date, Program Year, Survey Iteration
Attachment TT	Student Assent Form	School ID Number, Date, Student Name, Student ID Number
Attachment UU	Parent Consent for Student Form	Student Name, Date, School ID Number
Attachment VV	Parent Consent for Parent Form	School ID Number, Date, Parent Name, Parent ID Number

Attachment WW	Educator Consent	Educator Name, Educator ID Number, School ID Number, Date			
Attachment XXX	Parent Enrollment Alternative	School ID Number Date Parent Name Parent ID Number			
Allaciiiieiil AAA	Contact form	School ID Number, Date, Parent Name, Parent ID Number			

# **Implementation Evaluation**

Process and implementation data will be collected from local health departments, school leadership, and program implementers (e.g., teachers and parents implementing curricula, program trainers, communications coordinators and youth brand ambassadors implementing communications campaign). Implementation data will include information about what activities were conducted (and whether they were modified in their delivery), which activities generated active participation and which seemed to generate barriers in terms of student or parent receptivity, nature of technical assistance provided, the capacity and readiness of schools and the local health department to implement Dating Matters, implementation costs, and fidelity of implementation.

The evaluation contractor (NORC) will conduct focus group meetings with the program implementers and students. The implementer focus groups will cover the implementers' perception of student receptiveness to the material; reports of adherence to curriculum; and what challenges were encountered. The student focus groups would help assess whether the intervention was implemented with high fidelity from the student's perspective and help assess outcomes associated with the interventions (in a way that helped inform the quantitative outcome results). For example, we would ask participants whether there have been changes in the incidence of behaviors targeted by the instruction—verbal abuse, inappropriate language, controlling and violent/harassing behavior. Our team will then ask the participants to describe events upon which their judgment is based.

In order to link outcome and implementation evaluation data, and to track fidelity over time, we will collect personally identifiable data from student curricula, parent curricula, and Brand Ambassador implementers (on consent and assent forms only) including information about who implemented each session and who attended each session (e.g., see attendance logs in Attachments L-QQ, CCC-LLL) Unique identifier codes will be created and given to each implementer, student, and parent participant; one tracking database will contain the implementer and participants' personally identifiable information, one will contain the implementer's and participants' actual survey data identified only by the unique identifier code, and a third database will contain the link between the participant identity and the unique identifier code. These data will be collected and stored by the evaluation and technical assistance contractors during the contract. The contractors will employ database security measures compliant with CDC information security guidelines, including ITSO Encryption Best Practice (Version 1.00.11 of September 21, 2010) and NIST Guide to Protecting the Confidentiality of Personally Identifiable Information (NIST Publication 800-122). At a minimum, all databases will be encrypted and kept on password-secured platforms, and all hard copy data will be kept in locked storage cabinets in locked facilities. At the end of each school year, the contractor will give CDC the databases as a contract deliverable. All data deliveries to CDC will be encrypted in compliance with Federal Information Processing Standard (FIPS) 140-2, Level 1. The contractor will destroy all the data at the end of their 4 year contract, after it has been safely and successfully handed over to CDC and after CDC has had an opportunity to verify the accuracy and completeness of the data. CDC will destroy the tracking database and the linking database at the end of Dating Matters data collection, but will maintain the survey database with unique identifier codes indefinitely for analysis purposes. Only selected individuals at the contracting firm (e.g., database manager) and at CDC (Craig Bryant, OMB PI and data manager) will have access to the tracking database and the survey data database. Fewer identified individuals at the contracting firm and CDC (no more than 2 at each workplace) will have access to the third database linking participants with their unique identifier codes.

In order to link implementation and outcome data, the following information will be collected on implementation evaluation instruments and are included in each attachment:

Attachment	Survey Name	Linking Variables to be Collected
Attachment J	Brand Ambassador Implementation Survey	Survey Date, Site Number, Program Year, Survey Iteration
Attachment K	School Leadership Capacity and Readiness Survey	School ID Number, Survey Date, Program Year, Survey Iteration
Attachment L-T	Parent Program Fidelity Grade X Session Y	Implementer Name, Implementer ID, Classroom ID, School ID, Session ID Number, Parent/Guardian Names, Program Year
Attachment U-QQ, CCC-LLL	Student Program Fidelity Grade X Session Y	Implementer Name, Implementer ID, Classroom ID, School ID, Session ID Number, Student Names, Program Year
Attachment RR	Communications Campaign Tracking	Site Number, Program Year, Survey Date, Survey Iteration
Attachment SS	Local Health Department Capacity and Readiness	Site Number, Program Year, Survey Date, Survey Iteration
Attachment XX	Brand Ambassador Assent Form	Date, Site Number, Brand Ambassador Name, Brand Ambassador ID Number
Attachment YY	Brand Ambassador Parent Consent Form	Date, Site Number, Brand Ambassador Name, Brand Ambassador ID Number
Attachment ZZ	Student participant focus group guide	School ID Number, Date
Attachment AAA	Student curricula implementer focus group guide	School ID Number, Date
Attachment BBB	Parent curricula implementer focus group guide	School ID Number, Date
Attachment DDDD	Student program master trainer TA form	Date, Site Number, Trainer ID, Trainer Name, School ID/Name

Contractors will direct the collection of all data.

# iii) Identification of Website and Website Content Directed at Children Under 13 Years of Age

The information collection does not involve any websites or website content that is directed at children less than 13 years of age.

# 2. Purpose and Use of the Information Collection

All data will be used in the evaluation of the Dating Matters initiative, which will include evaluation both of the program outcomes and implementation. No teen dating violence comprehensive program has been developed and implemented specifically for high risk urban communities. Further, no other data source exists to examine these questions. Therefore, this data collection is critical to understand the effectiveness, feasibility, and cost of Dating Matters and to inform decisions about disseminating the program to other communities.

# **Privacy Impact Assessment Information**

# i. Why Information is being Collected

**Outcome Evaluation** 

The comprehensive approach in Dating Matters is being compared to the existing standard of care approach (Safe Dates as published, implemented in 8th grade). It is critical to collect survey data from students, parents, and educators in order to compare the effectiveness of the two models of prevention on key outcomes such as students' engagement in dating violence behaviors, healthy relationship behaviors, and other known risk factors such as attitudes toward dating violence, substance use, etc. Although theory and empirical evidence suggest that a comprehensive approach will have more impact over time, only this type of comparison will allow us to examine whether the comprehensive approach is more effective at reducing teen dating violence than Safe Dates delivered to 8th graders as the standard of care and is therefore worth the extra resource investment from communities. Collection of the outcome data will inform our understanding the relative impact of the comprehensive approach. Also, associated with the outcome evaluation is the collection of school indicator data, including administrative data regarding individual students.

#### **Implementation Evaluation**

The primary purpose of the implementation evaluation is to track and monitor program implementation and fidelity, cost of implementation, technical assistance provided, and organizational and community capacity/readiness to implement Dating Matters. A major component of this evaluation is monitoring fidelity of implementation through implementer session logs and understanding barriers to implementation though the session logs and focus groups. By feeding this information back to the implementers through the TA provider, these data will assist us in providing specific and timely technical assistance to the implementers. The data will also assist us in interpreting the outcome evaluation results. Not collecting this would prevent us from understanding how well the program activities were implemented, what barriers existed for implementation, and, thus, would prevent us from providing appropriate and targeted training and technical assistance (T/TA). Furthermore without this data it would be unclear what aspects of the initiative program participants received and would challenge the interpretability of the outcome evaluation findings. Furthermore, cost estimates would not be possible and would hinder our ability to make informed recommendations about more widespread implementation of the program.

# ii. Intended Use of the Information

Because all data will be linked in someway, all data will be treated with the strictest security in order to protect the privacy of all participants. For human subjects data (student, parent, and educator outcome surveys, Brand Ambassador survey and focus groups) an application for a Certificate of Confidentiality was submitted September 12, 2011 in order to protect the confidentiality of data from external requests/subpoena for the data. All data collection and data management staff will be well-trained in maintaining information security at all stages of the data collection and data management process. Protocols for data collection at schools and at other data collection sites will ensure that names, birthdates, and all other personally identifiable information is kept secure during all stages of data collection. Recruitment lists, consent forms, and all survey data will never be left unattended while data collectors are in the field, and all data will be kept in locked, secure facilities when safely delivered back to the contracting firm (NORC at the University of Chicago) where data will be stored.

All data will be stored in encrypted databases on password secured data platforms. As mentioned previously, identified data will be linked only with a unique identifier code and be kept in a separate database from personally identifiable data, and a third database with extremely limited personnel access (only CDC and contractor database manager will have access) will contain information linking participants with their unique identifier codes. Identified data will initially be stored and maintained by the evaluation contractor, but will be handed over to CDC on an annual basis. Only Craig Bryant, CDC Data Manager will have access to identified data. The same information security protocols will be followed at both facilities. The contractor will be required to destroy all data at the end of their contract

(July 31, 2016; with the proviso that the data has been safely and successfully handed over to CDC and CDC has had an opportunity to verify the accuracy and completeness of the data). Once data collection is completed and data have been checked and cleaned for the final time, CDC will destroy the database containing personally identifiable data and the database linking participants' identities to their unique identifier codes. The de-identified survey database will be maintained until all analysis has been completed.

Due to the large nature of this data collection and federal expenditure to collect it, restricted-use datasets will be created from the **outcome evaluation** data. These restricted-use datasets will be completely deidentified, and any demographic information or other variables with such low endorsement that might allow the identification of respondents will be removed from the dataset before publication. Restricted use datasets will be constructed and made available to researchers per CDC and HHS procedures.

All publication of this data will be in aggregate form. No respondent would ever be able to be identified from the information provided to the public at the aggregate level.

#### Outcome evaluation

CDC will use the outcome data to compare the relative effectiveness of the comprehensive Dating Matters approach to the existing standard of care approach (Safe Dates, as published, implemented in 8<sup>th</sup> grade). We will work with sites to randomly assign schools to receive one or the other model of prevention, and then we will measure intended outcomes (student's engagement in healthy relationship behaviors and dating violence, attitudes, delinquency, substance use, peer relationships, etc.; parents' monitoring of dating, knowledge about teen dating violence, etc; and educators' perceptions of school climate and school norms). CDC will analyze and examine the data over time in order to determine the relative effectiveness of the two models and determine whether the comprehensive approach is worth the extra resource investment required to implement it. CDC will disseminate results to peer-reviewed journals readers and professional conference participants, as well as through an executive summary and a full report. The executive report will be written in clear language to be understandable by a wide range of audiences (local health departments, schools, researchers). If the Dating Matters approach is effective at reducing teen dating violence, it is likely that press releases will be shared with the media in order to communicate the information with the general public. Data on efficacy may lead to appropriate reports and recommendations for widespread implementation from CDC. The longitudinal nature of the student dataset will also allow us to examine risk and protective factors for dating violence over time.

# <u>Implementation Evaluation</u>

A critical component of an independent evaluation is the collection of multiple forms of data that can serve both as inputs to an ongoing process evaluation and to the eventual outcomes evaluation. CDC will use the implementation evaluation data to (1) provide appropriate and targeted training and technical assistance, (2) inform future implementations of Dating Matters (e.g., address common barriers, etc), and (3) track and monitor aspects of the implementation that will provide descriptive information about the program (e.g., cost) and will assist us in interpreting the results (e.g., capacity/readiness, student and implementer focus group feedback).

The implementation evaluation results will be used to inform the dissemination of Dating Matters (if effective). CDC will disseminate results to peer-reviewed journals readers and professional conference participants, as well as through an executive summary and a full report. The executive report will be written in clear language to be understandable by a wide range of audiences (local health departments, schools, researchers).

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

We expect to utilize advanced technology to collect and process data to reduce respondent burden and make data processing reporting more timely and efficient. In all data collections, the number of questions will be held to the absolute minimum required for the intended use of the data. Due to the student respondents' age and due to practical considerations, we will not collect student surveys via online electronic survey forms; instead, student survey data will be collected using scannable paper-and-pencil questionnaires or questionnaires that will be coded and entered into a database.

It is expected that the parent and educator surveys and the capacity and readiness assessments for the local health department and school leadership will take place online using electronic survey forms. All other instruments will be administered using paper and pencil format. Screen shots of all questions to be administered electronically are included in Attachments MMM (Local Health Department Capacity and Readiness), NNN (School Leadership Capacity and Readiness), RRR (Educator Outcome Survey), and SSS (Parent Outcome Survey).

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

No other data exists that could be used to evaluate the outcome and implementation of Dating Matters. Dating Matters has never been implemented. No publically available data on teen dating violence exists and as such no other existing data may be used to assess the variables of interest in the current proposal. In summary, Dating Matters represents a new approach to preventing TDV which will be implemented for the first time in CDC funded communities in 2012-2016 and as such a new information collection is required to evaluate its outcome and implementation.

# 5. Impact on Small Businesses or Other Small Entities

As required by law, if CDC contractors for the evaluation are not small businesses, they will subcontract with small businesses. Therefore it is likely that small businesses will be involved in the data collections for Dating Matters. However, beyond this there is no anticipated impact on small businesses related to this data collection.

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

# Outcome evaluation:

The present study will provide the primary outcome data needed for local, state, and federal policy makers to assess the effectiveness of the *Dating Matters* program on dating violence perpetration and victimization among adolescents. Adolescents will complete surveys three times per year, parents/guardians twice per year, and educators twice per year. Data will be extracted from student school records once a year. Adolescence is a time of enormous growth and developmental change; thus, frequent assessment of main outcomes and hypothesized mediators are necessary in order to best capture program effects and determine causality. Less frequent outcome evaluation data collection of each of the three respondent groups would not allow for adequate measurement of the relative impact of the two models of prevention on key outcomes.

# <u>Implementation evaluation:</u>

The study will provide information on the fidelity, cost, and context of implementation as well as information about what activities were completed and which participants were exposed to which intervention. Cost questions are includes throughout different implementation instruments. Capacity and readiness assessments will completed annually by each local health department and by school leadership *in comprehensive schools only*. Annual assessments will allow us to examine capacity and readiness as the sites progress from an early implementation stage to full implementation. Less frequent implementation evaluation data collection from curricula implementers would not allow for this data to be used in providing targeted and appropriate training and technical assistance.

Brand Ambassadors will complete surveys two times per year. The first survey will be administered at the beginning of the academic year. A follow up survey will be administered at the conclusion of the program, which will occur at the end of the academic year. These data collections are necessary to inform both the quality of the training as well as overall perception of the program. Less frequent data collection would not allow for timely feedback and improvement of the program.

The Communications Coordinators (who will also oversee the Brand Ambassador program and other communications activities) will track communications activities quarterly using the Communications Campaign Tracking Form. Quarterly reporting of such information (e.g., use of social media) is necessary given the rapid changes in such media. Less frequent data collection would not allow for timely feedback and improvement of the program.

The fidelity logs will be completed by the implementers after each session. The purpose of these instruments is to document program activities that occur, capture which participants were exposed to those activities, and identify any barriers to implementation. Information will be used to provide targeted and appropriate training and technical assistance to implementers. Due to the different lengths and implementation plans for the student (school-based with multiple implementers per site) and parent curricula (community-based with a small number of implementers per site), it is expected that student curricula implementers will conduct one round of the curricula each year and parent curricula implementers will complete up to three rounds of the curricula each year. Less frequent data collection would not allow timely feedback and improvement of program activities, including feedback to implementers about adherence to curricula and would not allow us this additional information with which to interpret the outcome evaluation results.

The student program master trainer technical assistance form will be completed each time the master trainer receives a technical assistance question from a student program implementer to track the nature of technical assistance request and the response to each request. Each site will have a maximum of 3 master trainers and it is anticipated that they will receive no more than 50 requests per year. This information will be used in the implementation evaluation to understand how training can be improved and what additional training may be needed.

Student focus groups (2 per site per year over 4 years) will be conducted with ten students from each school to assess the student curricula. Guided discussion topics will include what students think about the project including classroom and other related activities, and whether students think any of the project activities have changed other students' attitudes or behaviors about violence and harassment in their school. Discussion about things students do, what they think about selected attitudes and behaviors, and their relationships with other people, including boyfriends or girlfriends or people they hang out with will contribute to the interpretation of the evaluation data collected via the student survey instruments. Students will be made to feel comfortable to participate in this discussion whether or not they have a current or past boyfriend or girlfriend.

Additional insight regarding the student curricula and the parent curricula will be collected via focus groups with the implementers of the interventions. In separate focus groups of 10 implementers for the two curricula (2 focus groups per site per year), the evaluation contractor (NORC at the University of Chicago) will guide discussion regarding which components of the curricula worked the best in terms of participant engagement and learning, and which components were difficult to present. Implementers' feedback about the strengths and weaknesses of the curriculum will be elicited.

# 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 the Agency

A.8.1. A 60-day notice to solicit public comments was published in the Federal Register (volume 76, No. 154, pages 49489-49491) on August 10, 2011. **Attachment B** contains a copy of the notice. A 30-day notice was published in the Federal Register (Comments in response to the Federal Register Notice are summarized below:

**Comment 1 (verbatim)**: taxpayers in teh usa are overburdened by paying huge taxes to skanky corrupt washington dc wher the employees overspend these tax dollars and where those same skanky corrupt employees who are overpaid have no conception of the horror that american taxpayers are going through these days. the washington employees just keep spending and spending on crap information collection. this is an example. in no way, ahould american taxpayers be asked to pay to let these cdc employees play voyeur. this is scandalous, disgusting, depraved and we have local courts and police to deal with this. meanwhile cdc sits on its fat butts while america, which used to be no l in the world in health, now is 27th despite billions spent in this dept. meanwhile, autism epidemic rages on. the priority list at this agency must be made by someone with an iq of 35. jean public address if required

**Response 1:** Public Comment #1 raises concerns about teen dating violence as a public health problem, the necessity of spending federal funds on dating violence prevention in the current budget climate and the research methods used to assess and track dating violence in Dating Matters. As discussed in the background of this package, dating violence is a public health problem because of its magnitude and burden. One in ten high school students report experiencing physical dating violence each year and the consequences of violence include school failure, mental and physical health problems. The funding that will support this data collection was appropriated by Congress for the prevention of dating violence. Finally, all procedures involving sensitive data (e.g., questions about dating violence) have been approved by the CDC Institutional Review Board (IRB) and local IRB approval will be obtained as needed. The research methods employed in Dating Matters will adhere to human subjects and public health ethics.

# A.8.2. External input.

A series of expert panels were held to inform the development, implementation, and evaluation of Dating Matters. The following outlines the panels and their participants:

#### **Implementation Panel--Communications (December 8-9, 2009)**

**Catherine Stayton, PhD,** Director, Injury Epidemiology Unit, NYC Dept. of Health & Mental Hygiene **Julia Perilla, PhD,** Assistant Research Professor, Georgia State University

Kristin Schubert, MPH, Program Officer, Robert Wood Johnson Foundation

Ivan Juzang, President/Founder, MEE Productions

**Heathe Luz McNaughton Reyes, PhD, MPH,** Postdoctoral Researcher, Department of Health Behavior and Health Education, Gillings School of Global Public Health, University of North Carolina

Olis Simmons, Executive Director, Youth Uprising

Nneka Norville, Senior Public Affairs Manager, BET Networks

**Lisa Witter,** Chief Operating Officer, Fenton Communications

# **Implementation Panel--Policy (May 26-28, 2010)**

**Eve Birge,** Education Program Specialist, U.S. Department of Education

Megan Foreman, Policy Specialist, National Conference of State Legislatures, Health Program

**Deborah Gorman-Smith,** Research Fellow, University of Chicago

Cheryl Grills, Professor and Chair of Psychology, Loyola Marymount University

Catherine Guerrero, Program Director, Colorado Department of Public Health and Environment

Carrie Mulford, Social Science Analyst, National Institute of Justice

**Heather O'Beirne Kelly,** Senior Legislative & Federal Affairs Officer, American Psychological Association

**AJ Pearlman,** State Policy Attorney, Break the Cycle

**Brad Perry,** Sexual Violence Prevention Coordinator, Virginia Sexual & Domestic Violence Action Alliance

Barri Rosenbluth, Expect Respect Program Director, Safe Place

Sally Schaeffer, Senior Public Policy Advocate, Family Violence Prevention Fund

David Wolfe, RBC Chair in Children's Mental Health Centre for Addiction and Mental Health

Caroline Ledlie, Program Officer, Centers for Disease Control Foundation

Kristin Schubert, Program Officer, The Robert Wood Johnson Foundation

Elizabeth Zurich, Health Policy Lead, Centers for Disease Control and Prevention

Kathleen Rutherford, Senior Mediator, Meridian Institute

Mark Jacobs, Mediator, Meridian Institute

#### **Evaluation Methodology Panel (October 13-14, 2010)**

Laura Leviton, Robert Wood Johnson Foundation

Rhonda BeLue, Penn State Methodology Center

Michael Cleveland, Penn State Methodology Center

Pamela Orpinas, University of Georgia

Leslie Snyder, University of Connecticut

Martie Thompson, Clemson University

Jacqueline Lloyd, National Institute on Drug Abuse

# Implementation Panel—Capacity/Readiness (December 13, 2010)

Barbara Blumenthal, PhD, Independent Consultant; Visiting Lecturer, Blumenthal Consulting, LLC

Abigail Fagan, PhD, Assistant Professor, University of South Carolina

Paul Flaspohler, PhD, Assistant Professor, Miami University

**Catherine Guerrero, MPA,** Rape Prevention and Education Program Manager, North Carolina Division of Public Health

Pamela Jumper-Thurman, PhD, Senior Research Scientist, Colorado State University

Wendi Siebold, Senior Research Associate, Evaluation, Management, and Training Associates

# **Implementation Panel--Adaptation (January 10, 2011)**

Barbara Ball, PhD, Program Evaluation Specialist; Start Strong Austin, Project Director SafePlace

Paul Flaspohler, PhD, Assistant Professor, Miami University

Warren Passin, MPH, MSW, Project Manager, ICF Macro

Hank Tomlinson, PhD, Behavioral Scientist, Centers for Disease Control & Prevention

**Donna-Marie Winn, PhD,** Research Scientist, University of North Carolina at Chapel Hill, FPG Child Development Center

# 9. Explanation of Any Payment or Gift to Respondents

NORC's survey management plan involves a graduated system of incentives to achieve a parent sample of 2,161. An expected one-third (n=840) of the anticipated parent sample group will respond to the survey without any incentive. The remaining parents (n=1,704) are expected to complete the survey based on a graduated system of incentives. Theory (Blau 1964; Homans 1961) and experience (Dillman et al. 2009) dictate the provision of nominal incentives (Foster et al. 2010) to ensure adequate participation in the project without coercion. Also, in an experiment conducted by the evaluation contractor (NORC) of eight refusal based incentive treatments, on the 2009-2010 National Survey of Children with Special Health Care Needs (NS-CSHCN), NORC found that a graduated system of incentives increased response rates by about 5%. (Foster, 2010). With OMB

approval, NORC also provides incentives to study participants in the National Longitudinal Studies of Youth, a large-scale national study involving thousands of respondents (<a href="http://www.bls.gov/nls/">http://www.bls.gov/nls/</a>).

Our approach to incentives is also based on NORC's decades of experience in survey research and the need to balance motivating respondents to participate without offering a coercive sum (i.e., a sum that a low-income individual would find difficult to refuse) (Dillman et al. 2009). As the evaluation contractor, NORC considered alternative approaches, but selected a low-cost graduated incentive approach as the most effective design, based on the literature and their experience. NORC will implement a system of a graduated parent incentives (Foster, 2010), which begins with no incentives in the first contact. Subsequently, NORC would conduct a small incentive experiment in which half of the initial non-responders would be offered a \$2 incentive (in cash with the recruiting request) and the other half would be promised a \$5 donation to the school on behalf of the parent for school equipment/resources once the completed survey is received (e.g., 100 completed surveys would yield \$500 for a school). Based on the results of the incentive experiment, one of the two incentive protocols will be selected for subsequent years.

Following the full course of parent survey recruitment, as designed, NORC will conduct a Non-Response Bias Experiment for a small sample of 5 non-responding parents from each of 44 schools. Each sampled parent completing the survey over the telephone, on the web, or in person (up to n=220) would receive \$25, delivered in person by the interviewer (in cash) or through a mailed check.

To conform to school policies, no incentives will be provided for educator completion of the Educator Surveys, or implementer completion of session logs. Also, to align our work with school student policies, no incentives will be provided for either student or implementer focus group participation.

# 10. Assurance of Confidentiality Provided to Respondents

# **Outcome and Implementation Evaluations:**

Because all data will be linked in someway, all data will be treated with the strictest security in order to protect the privacy of all participants. For human subjects data (student, parent, and educator outcome surveys, Brand Ambassador survey and focus groups) an application for a Certificate of Confidentiality was submitted September 12, 2011 in order to protect the confidentiality of data from external requests/subpoena for the data. All data collection and data management staff will be well-trained in maintaining information security at all stages of the data collection and data management process. Protocols for data collection at schools and at other data collection sites will ensure that names, birthdates, and all other personally identifiable information is kept secure during all stages of data collection. Recruitment lists, consent forms, and all survey data will never be left unattended while data collectors are in the field, and all data will be kept in locked, secure facilities when safely delivered back to the contracting firm where data will be stored.

For students and parents, the first time data is collected (baseline survey for that participant), the respondent will give us personally identifiable information in the form of full name, and date of birth, tracking information, etc. However, after the first collection, scannable survey forms for each participant will be marked on each page by the unique identifier code assigned to that individual. Only the first page will contain information (on a perforated strip) with the respondent's name and birthdate. Once the survey is handed to the correct respondent, the respondent can tear off the removable sticker containing her/his personally identifiable information, so that from that point on, only the unique identifier code can be connected with the information provided in the survey. More specifically, each survey will come with a pre-attached unique identifier number generated through a random number sequence. Each survey will

also have a removable sticker with the student's name and birth date affixed. This will allow staff to distribute surveys easily in classrooms. Students will be instructed to remove the sticker label before returning completed surveys to the staff. This process will occur at all administrations of the surveys. The ID-to-name code matrix will only be available to a limited number of evaluation contractor staff (NORC's principal investigator and NORC's project manager). After being extracted, all identifiable school data will contain the unique identifier code in lieu of the respondents name and birthdate. If parent surveys are able to be collected via a web-based survey, protocols for this data collection will follow strict guidance for online data security. Personally identifiable data will be immediately encrypted upon entry, and there will be no way for anyone else to link the survey data with names or other personally identifiable data. Curricula implementers will also record the names of parents and students who attend each session to assess exposure to the curricula. This information will also be protected and coded to allow linking to the student and parent data.

Other process and implementation data, including data that tracks and monitors implementation will be identified by the linking variables included in Section A1ii. Data will only be presented and analyzed in aggregate form. The Certificate of Confidentiality protects the individual participants from release of personal data, even to students' parents who request the information. With this Certificate, we cannot be forced to give any information about a child to any court or legal proceedings, even if they tried to get it. CDC might have to give information to DHHS if they needed to evaluate the overall study, but that is not likely. The only other time that CDC or NORC at the University of Chicago might have to share information is when researchers, who are required to protect a child through mandated reporting laws, learn from a child that he or she is being hurt by an adult or planning to hurt him/herself or someone else.

All data will be stored in encrypted databases on password secured data platforms. As mentioned previously, for students and parents, survey data will be linked only with a unique identifier code and be kept in a separate database from personally identifiable data, and a third database with extremely limited personnel access (only CDC and contractor database manager will have access) will contain information linking participants with their unique identifier codes. Identified data will initially be stored and maintained by the evaluation contractor, but will be handed over to CDC on an annual basis. Only Craig Bryant, CDC Data Manager will have access to identified data. The same information security protocols will be followed at both facilities. The contractor will be required to destroy all data at the end of their contract (September 12, 2016). Once data collection is completed and data have been checked and cleaned for the final time, CDC will destroy the database containing personally identifiable data and the database linking participants' identities to their unique identifier codes. The de-identified survey database will be maintained until all analysis has been completed.

Due to the large nature of this data collection and federal expenditure to collect it, restricted-use datasets will have to be created from the outcome evaluation data. These restricted-use datasets will be completely de-identified, and any demographic information or other variables with such low endorsement that might allow the identification of respondents will be removed from the dataset before publication.

All publication of this data will be in aggregate form. No respondent would ever be able to be identified from the information provided to the public at the aggregate level.

# **Privacy Impact Assessment Information**

- A. This project is not subject to the Privacy Act. The applicable System of Records Notice (SORN) is 09-20-0160, "Records of Subjects in Health Promotion and Education Studies".
- B. Data that are collected will be stored physically and electronically by the contractors collecting the respective data at their offices. Electronic databases will be transferred to CDC on an annual basis. Hard copies of data will be destroyed after the data has been successfully entered, cleaned and backed up.

C. Respondent assent/consent will be obtained prior to data collection. The following describes how assent and consent will be obtained for each of the instruments associated with human subjects research. These instruments will be IRB approved and a Certificate of Confidentiality will be obtained. No other data collection instrument requires consent.

#### **Outcome Evaluation Consent and Assent:**

#### **Student Participation:**

In order to maximize the representativeness of the sample and the sample size, we have obtained CDC IRB approval to use passive parental consent (or allowing for parents to waive their right to provide consent; see http://answers.hhs.gov/ohrp/questions/7249) for student participation (Attachment C). The purpose of the school-wide surveys is to assess students' engagement in healthy relationship behaviors, perpetration and victimization of physical, sexual and psychological dating violence, and other mediating variables (e.g., attitudes related to violence, drug/alcohol use). Research assessing such self-reported attitudes and behaviors poses no more than minimal risk to participants; and to provide the best estimates of these factors it is vitally important to maximize the sample size and representativeness of the samples. Previous research has documented not only lower participation rates in general when "active" consent procedures were employed (i.e., when written parental consent was required), but has also reported important demographic and behavioral differences between samples obtained with active versus "implied" consent procedures (i.e., when parental non-response was taken to mean they had no objection to their child's participation). For example, studies have shown that active consent procedures are less likely than implied consent procedures to recruit boys (Unger, et al., 2004), immigrant and/or ethnic minority youth (Anderman, Cheadle, Curry, & Diehr, 1995), youth from lower socioeconomic groups (Dent, Galaif, Sussman, Stacy, Burton, & Flay, 1993), and youth who engage in higher levels of risk behaviors (Anderman et al., 1995; Dent et al., 1993; Henry, Smith, & Hopkins, 2002; Unger et al., 2004). As youth with any or all of these characteristics make up a sizeable proportion of the intended sample, and are groups more likely to experience or witness violence within their communities, their recruitment is especially critical to the validity of survey and evaluation results; as such the research could not practicably be carried out without a waiver/alteration of consent. A waiver of parental consent will not adversely affect the rights and welfare of the participants, as risk for participating is no more than minimal, student assent will be obtained, and participants will have the opportunity to discontinue participation at any time. Additional steps to ensure the welfare of the participants are described in detail below.

Based on these considerations, we obtained an alteration of informed consent procedures pertaining to research with youth, such that written parental consent would not be required for youth to complete the surveys. The evaluation contractors, in conjunction with school personnel, will make multiple efforts (detailed below) to ensure that parents are informed about the purpose and content of the survey and have every reasonable opportunity to ask questions and/or refuse their child's participation. In addition, participating schools and their local IRBs must also approve the use of a waiver of parental consent for their student participants, and we will be responsive to the needs of the schools and guidance from the IRBs. We will obtain active parental consent when passive is deemed not acceptable by local entities.

Parent consent for student surveys. Parents will be informed about the survey and the potential release of school data, including the topics covered by the survey, in at least one of the following ways. Parents will be informed that student participation is voluntary. First, a letter providing written notice about the survey will be sent to all families. Second, a similar announcement about the survey may be included in the school newsletter or other school publication. Third, a flier about the survey may be given to all students to take home. The exact notification mechanism and content of the letters/announcement will be determined by the contractor, in consultation with each school in which either the comprehensive initiative or standard practice will be implemented.

Attached is a draft letter to be sent to the students' parents or other caregivers. The letter contains the following elements: parents will be encouraged to discuss the survey with their children, parents will be given the name, phone number, and email address of a school staff member to contact to request a copy of the survey, ask questions about the survey, and/or to refuse permission for their child to take part in the survey. Permission will also be sought to obtain the student's school data. Notices will be distributed at least several weeks before the administration of the first survey. Parents will be able to refuse their child's participation until the last business day before the start of data collection.

Assent for student surveys. Assent will involve the following procedures: Several weeks prior to data collection, students will be informed about the upcoming survey and encouraged to discuss the content and their potential participation with their parents. Students will be informed that their participation is voluntary. They will also be given the name and number of a school social worker or counselor with whom they can discuss any concerns prior to, during, or after the survey. All students who are in attendance on the days of data collection, who have not been denied permission by their parents, and who provide written assent will be eligible to participate in the school survey.

At the first data collection point, students will be verbally and visually presented with information about the research study and the survey, instructed as to their rights as a research participant, given the opportunity to have their questions answered, and asked for their assent. They will be informed that their participation is voluntary. For those students who choose to participate, the survey will then be administered by the contractor in the regular classroom immediately following assent. Students will respond via forms that can be electronically scanned. Students whose parents prefer that they not participate and students who do not provide assent will be provided with alternative educational activities (e.g., crossword or word search puzzles).

# **Educator Participation.**

Educator consent for surveys. Consent procedures for the educator surveys will include the following: Several weeks prior to data collection, educators will be informed about the upcoming survey and encouraged to discuss the content and their potential participation with the evaluation contractor. All educators — in both the standard practice and comprehensive initiative schools who are in attendance on the days of data collection will be eligible to participate in the school survey. Following an email invitation to participate in the online survey, Educators will connect to an electronic online information page that provides an opportunity for informed consent to participate in the survey. Individual educators who confirm their consent by clicking on the appropriate button (e.g. "I agree to participate in this survey. I understand that my participation is voluntary and that I can stop participating at any time."). These individual consents will be documented by an electronic signature collected separately from the survey contact. For IRB purposes, NORC web survey managers will produce a list of educators who visited the Consent page, demarking which educators subsequently consented to participate in the survey. No link between the consents list and the actual survey data will exist as all educator survey data will be collected anonymously.

At each data collection time point, educators will be emailed with information about the research study and the survey, instructed as to their rights as a research participant, given the opportunity to have their questions answered, and asked for their consent. Educators will be informed that their participation is voluntary. For those educators who choose to participate, the email will contain a link to the survey. As described above, when they click on the link, the first screen will contain the informed consent form, and educators will be told that by clicking to continue to the survey they are indicating their consent to participate. These processes will be followed for each of the survey administrations throughout the project period.

# Parent/guardian Participation.

Parent/guardian consent for surveys. Participants of the parent curricula will be recruited for the evaluation at the same time they are recruited for the parent curricula. We expect that they will be consented and complete the baseline survey at the first parent group, before they begin any curriculum content. In the case of Families for Safe Dates, which will be implemented with 8th grade parents, they will be mailed consent forms and the survey before the other materials and asked to complete and mail back the survey before beginning the curriculum. Parents in the standard of care schools will likely be recruited from some other parent class or parent group, in order to recruit a comparison group who is similar to the intervention group in terms of willingness to participate in a parent class or group. They either will be recruited and consented on site or they will be mailed invitation letters including a link to the online survey. Parents will be asked to participate in a follow-up survey at the end of the school year as well. At both time points, parents will be informed that their participation is voluntary. The exact notification mechanism and content of the letters/announcement will be determined by the contractor, in consultation with each school in which either the comprehensive initiative or standard practice will be implemented.

Again, although exact consent procedures will be determined by the contractor, procedures will likely be similar to the following: Once the parent sample is identified, parents/guardians will be informed about the upcoming survey and encouraged to discuss the content and their potential participation with the evaluation contractor. It is likely that parent surveys will be completed onsite (at the parent curriculum group or similar group in standard of care schools; completed online through an emailed link as with the educator surveys; or mailed to the participants and returned for an incentive.

Our approach to the parent survey begins with the selection of a random sample of parents from the students in the study (augmenting the sample of parents participating in the parenting program, a small sample of parents not participating in the parenting program will be sampled). We will then attempt to secure from the participating schools an email addresses for at least one parent from our sample of nonparticipating parents. For all cases where we have an email address, an email invitation will be sent for one of the parents/guardians to complete a survey on a secure website. More specifically, one parent/guardian (the primary caregiver) will be instructed via the cover letter to complete the survey online or request a hard copy of the survey if they prefer to do a survey by regular mail. Multiple email invitations will be sent to each of the available email addresses. We estimate that 20% of contacted parents will complete an online survey. For those who do not complete an online survey via an email invitation (or for cases where our team was not provided an email address by the participating school), a survey packet (containing the self-administered questionnaire, a cover letter requesting participation, and a postage paid envelope) will be sent to the household. The hard copy package will also contain a link for those parents who prefer to complete the survey online. NORC will then do multiple prompts by mail to acquire a completed survey. Once again, one parent/guardian (the primary caregiver) will be instructed via the cover letter to complete the survey and mail it to NORC using the provided postage paid envelope. Approximately 4 weeks after the mailing of the initial survey, NORC will send non-responding parents a replacement copy of the survey packet. The second packet will also include a letter of endorsement from a school official. Upon receipt of the completed Parent survey, NORC will update the case management system indicating that the survey has been returned and prepare the survey for scanning.

# **Implementation Evaluation Consent and Assent:**

Human subjects approval and consent/assent is required for the student focus groups, the implementer focus groups, and the Brand Ambassador program.

**Student Focus Group Participation** 

Parent consent for student participation. Student participants will be provided a consent form for their parents to complete and return before students can participate in a student focus group (students will not be expected/invited to participate in more than one focus group over the life of the project). The consent form provides an overview of the purpose and design of a student focus group session. The form clearly notes a student's participation is voluntary and participants can discontinue their participation at any time. Additionally, the form provides contact information for the Project Director of the evaluation contract to address any questions parents may have.

Student assent for focus group participation. Student participants will be provided an assent form to complete and return before they can participate in a student focus group. The assent form provides an overview of the purpose and design of a student focus group session. The form clearly notes the evaluation is voluntary and participants can discontinue their participation at any time. Additionally, the form provides contact information for the student's school counselor to address any questions they may have.

# Implementer Focus Group Participation

*Implementer consent to participate.* Implementers will be provided a consent form to complete before they can participate in a focus group (implementers will not be expected/invited to participate in more than one focus group). The consent form provides an overview of the purpose and design of the focus group session. The form clearly notes that the implementer's participation is voluntary and participants can discontinue their participation at any time. Additionally, the form provides contact information at NORC at the University of Chicago to address any questions they may have.

# **Brand Ambassador Participation**

Parent consent for brand ambassadors. Brand ambassador participants will be provided a consent form for their parents to complete and return before brand ambassadors can participate in the brand ambassador implementation evaluation (two data collections). The consent form provides an overview of the brand ambassador program and requirements of participation in the brand ambassador program. The form clearly notes that the evaluation is voluntary and participants can discontinue their participation at any time. Additionally, the form provides contact information of the manager of the brand ambassador program to address any questions parents may have.

Student assent for brand ambassadors. Brand ambassador participants will be provided an assent form to complete and return before they can participate in the brand ambassador implementation evaluation. The assent form provides an overview of the brand ambassador program and requirements of participation in the brand ambassador program. The form clearly notes the evaluation is voluntary and participants can discontinue their participation at any time. Additionally, the form provides contact information of the manager of the brand ambassador program to address any questions they may have.

# 11. Justification for Sensitive Questions

Only the outcome evaluation contains sensitive items.

#### Outcome Evaluation:

The student surveys, parent surveys, and school data to be collected in this proposal include sensitive questions. The primary outcome on which we expect Dating Matters to have an impact, perpetration and victimization of dating violence behaviors, is a sensitive topic, and in order to measure impact on dating violence, we must ask students directly about their perpetration and victimization of dating violence. In addition, many of the other empirically supported risk factors that we expect may change as a result of exposure to the two models of prevention (e.g., substance use, risky sexual behaviors, attitudes toward dating violence, engagement in delinquent behaviors, school disciplinary problems) are also sensitive topics, and in order to measure program impact, we must ask questions directly about these topics.

Parents will be asked some sensitive questions, such as questions about their parenting behaviors and their own resolution of conflict in their relationships. We intend to fully disclose to parents and students that some of the questions may be sensitive in nature and that they do not have to answer any questions that they do not want to answer. We have applied for a Certificate of Confidentiality that will further insure the privacy and security of the respondents' answers to such questions. Trained individuals will be available during data collections to assist any respondents who feel upset or disturbed by any of the questions. We cannot evaluate the impact of the comprehensive Dating Matters approach on teen dating violence without asking sensitive questions about dating violence and other related behaviors.

# **Implementation Evaluation:**

No sensitive questions will be asked. Paper and writing implements will be provided to participants in the focus groups who wish to communicate a thought but feel uncomfortable doing so verbally in front of the group. Thus, sensitive comments can be communicated in writing to the focus group moderators directly.

# 12. Estimates of Annualized Burden Hours and Costs

Burden estimates were derived based on the number and nature of the questions, the administration methods (e.g., using scantrons, open-ended questions) and the age of the respondents. The number of respondents was based on the sampling plan and power analysis for the main hypotheses.

A.12.A. Burden
Table A.12- Estimate of Annual Burden Hours.

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (Hours)	Total Burden (Hours)
Student Program Participant	Student Outcome Survey Baseline Attachment D	15,048	1	45/60	11286
Student Program Participant	Student Outcome Survey Mid-Term Attachment F	14,652	1	45/60	10989
Student Program Participant	Student Outcome Survey Follow-up Attachment E	14,256	1	45/60	10692
School data extractor	School Indicators Attachment G:	44	342	15/60	3762
Parent Program Participant	Parent Outcome Baseline Survey Attachment H	2,424	1	1	2424
Parent Program Participant	Parent Outcome Follow-up Survey Attachment EEEE	2,181	1	1	2181

	T T				
Educator	Educator Outcome Survey Attachment I	1,584	2	30/60	1584
Student Brand ambassador	Brand Ambassador Implementation Survey Attachment J:	80	2	20/60	53
School leadership	School Leadership Capacity and Readiness Survey Attachment K	22	1	1	22
Parent Curricula Implementer	Parent Program Fidelity 6th Grade Session 1-Session 6 Attachment L – Q	264	3	15/60	198
Parent Curricula Implementer	Parent Program Fidelity 7th Grade Session 1, 3, 5 Attachment R – T	132	3	15/60	99
Student Curricula Implementer	Student Program Fidelity 6th Grade Session 1-Session 6 Attachment U –Z	924	1	15/60	231
Student Curricula Implementer	Student Program Fidelity 7th Grade Session 1- Session 7 Attachment AA- GG	1078	1	15/60	270
Student Curricula Implementer	Student Program Fidelity 8th Grade Session 1-Session 10 (comprehensive) Attachment HH - QQ	1540	1	15/60	385
Communication s Coordinator	Communications Campaign Tracking Attachment RR	4	4	20/60	5
Local Health Department Representative	Local Health Department Capacity and Readiness Attachment SS	16	1	2	32

	T	T			
Student Program Participant	Student participant focus group guide (time spent in focus group) Attachment ZZ	80	1	1.5	120
Student Curricula Implementer	Student curricula implementer focus group guide (time spent in focus group) Attachment AAA	80	1	1	80
Parent Curricula Implementer	Parent curricula implementer focus group guide (time spent in focus group) Attachment BBB	80	1	1	80
Student Curricula Implementer	Safe Dates 8th Grade Session 1 – Session 10 (standard) Attachment CCC- LLL	1540	1	15/60	385
Student Master Trainer TOTAL	Student program master trainer TA form Attachment DDDD	12	50	10/60	100 44,978

The respondent burden has been estimated based on the number of respondents enrolled or otherwise involved in a given data collection effort (see sampling frames in SSB), the number of times each of these respondents needed to be contacted, and the estimated amount of time (expressed in hours or fractions thereof) required for a respondent to provide the requested information. This calculation of the total amount of time required of the respondents is then multiplied by an estimated hourly wage for the respondent population affected by the particular data collection instrument/ processes. The produce of the total amount of time require and the applicable estimated hourly cost to each respondent yields an estimate of the total respondent cost across multiple data collection instruments/processes and the four year data collection period of the project. The total estimated burden for this request is **44,978** hours per year.

# A.12.B. Estimated Annualized Burden Cost

			<u> </u>	Τ			Τ
Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (Hours)	Total Burden (Hours)	Hourly Wage Rate	Total Respondent Cost
	Student Outcome						
Student	Survey					\$7.25	
Program Participant	Baseline	15.048	1	45/60	11206		#01 022 F0
Participant	Attachment D Student	15,048	1	45/60	11286		\$81,823.50
_	Outcome						
Student Program	Survey Mid- Term					\$7.25	
Participant	Attachment F	14,652	1	45/60	10989		\$79,670.25
	Student Outcome						
Student	Survey					\$7.25	
Program	Follow-up	14.05/	_	45/00	10000		ф77 F17 00
Participant	Attachment E School	14,256	1	45/60	10692		\$77,517.00
School data	Indicators					\$28.58	
extractor	Attachment G Parent	44	342	15/60	3762		\$107,517.96
	Outcome						
Parent Program	Baseline Survey					\$15.23	
Participant	Attachment H:	2,424	1	1	2424		\$36,917.52
•	Parent						
	Outcome Follow-up						
Parent	Survey					\$15.23	
Program Participant	Attachment EEEE	2,181	1	1	2181		\$33,216.63
ranopan	Educator	2,101			2101		400,210.00
	Outcome Survey					\$28.58	
Educator	Attachment I	1,584	2	30/60	1584		\$45,270.72
	Dun and						
	Brand Ambassador					ф7 <b>Э</b> Б	
Student	Implementatio					\$7.25	
Brand ambassador	n Survey Attachment J	80	2	20/60	53		\$384.25
иньизэцион	7 ttacriment o	00		20/00	30		Ψ004.23
	School						
	Leadership Capacity and					\$47.57	
	Readiness					, -	
School leadership	Survey Attachment K	22	1	1	22		\$1,046.54
icaucistiip	Parent			<u> </u>			ψ±,040.34
	Program						
	Fidelity 6th Grade					ф1E 00	
D	Session 1-					\$15.23	
Parent Curricula	Session 6 Attachment						
Implementer	L - Q	264	3	15/60	198		\$3,015.54
	Parent						
	Program Fidelity 7th						
_	Grade					\$15.23	
Parent Curricula	Session 1, 3, 5 Attachment						
Implementer	R – T	132	3	15/60	99		\$1,507.77

Student	Student Program Fidelity 6th Grade Session 1- Session 6					\$28.58	
Curricula Implementer	Attachment U -Z	924	1	15/60	231		\$6,601.98
Student Curricula Implementer	Student Program Fidelity 7th Grade Session 1- Session 7 Attachment AA-GG	1078	1	15/60	270	\$28.58	\$7,716.60
Student Curricula	Student Program Fidelity 8th Grade Session 1- Session 10 (comprehensi ve) Attachment	1540	1	15/60	205	\$28.58	ф11 002 20
Implementer	HH – QQ Communicatio	1540	1	15/60	385		\$11,003.30
Communicati ons Coordinator	ns Campaign Tracking Attachment RR	4	4	20/60	5	\$15.23	\$76.15
Local Health Department Representati ve	Local Health Department Capacity and Readiness Attachment SS	16	1	2	32	\$15.23	\$487.36
Student Program Participant	Student participant focus group guide (time spent in focus group) Attachment ZZ	80	1	1.5	120	\$7.25	\$870.00
Student Curricula Implementer	Student curricula implementer focus group guide (time spent in focus group) Attachment AAA	80	1	1	80	\$28.58	\$2,286.40
Parent Curricula Implementer	Parent curricula implementer focus group guide (time spent in focus group) Attachment BBB	80	1	1	80	\$15.23	\$1,218.40

Student Curricula Implementer	Safe Dates 8th Grade Session 1 – Session 10 (standard) Attachment CCC-LLL	1540	1	15/60	385	\$28.58	\$11,003.30
Student Master	Student program master trainer TA form Attachment					\$15.23	
Trainer	DDDD	12	50	10/60	100		\$1,523.00
TOTAL							\$510,674.17

The respondent burden has been estimated based on the number of respondents enrolled or otherwise involved in a given data collection effort (see sampling frames in SSB), the number of times each of these respondents needed to be contacted, and the estimated amount of time (expressed in hours or fractions thereof) required for a respondent to provide the requested information. This calculation of the total amount of time required of the respondents is then multiplied by an estimated hourly wage for the respondent population affected by the particular data collection instrument/ processes. The produce of the total amount of time require and the applicable estimated hourly cost to each respondent yields an estimate of the total respondent cost across multiple data collection instruments/processes and the four year data collection period of the project. The hourly wage used to calculate the respondent costs are based on professions of comparable experience using the Department of Labor wage tables (www.dol.gov). Total Respondent Cost for this evaluation is **\$510,674.17** per year.

# **13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers** Respondents will incur no capital or maintenance costs.

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

# **Contract costs for evaluation**

Outcome Evaluation: \$640,000 per year Implementation Evaluation (non-communications): \$300,000 per year Implementation Evaluation (communications): \$50,000 per year

# Federal employee costs (OMB point of contact, PIs, and co-PIs):

Salaries: 8 federal employees @ \$88,000/year \$704,000 per year

Total per year \$1,694,000 per year

# 15. Explanation for Program Changes or Adjustments

This is a new data collection.

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

# A.16.A. Tabulation and Analysis Plan Outcome Evaluation:

The proposed data collection involves the evaluation of Dating Matters, which will be implemented in four urban communities in 2012-2016. The evaluation will utilize a cluster randomized design in which 8-

12 middle schools in each city (44 schools total) are randomized to either Dating Matters or standard practice.

# Outcome Evaluation.

The final analysis plan will be determined once preliminary analysis of the data can indicate the most appropriate plan of action for analysis. Intervention condition (Dating Matters or standard of care) will be randomly assigned at the school level, so all four sites will contain both prevention models. It is expected that random assignment will ensure relatively similar groups at baseline, but any initial differences between groups will be statistically controlled. We will analyze based on an intent-to-treat approach, but it is likely that we will also examine student and parent data with respect to exposure to the relevant curriculum. It is expected that analysis will include Hierarchical Linear Modeling (HLM) to test for intervention effectiveness, given that individuals are nested within schools which are nested within sites. HLM provides a conceptual framework and a flexible set of analytic tools to analyze the special requirements of our data emerging from a multi-stage sample from multiple sources (e.g., students, parents, schools, etc.). Classes are nested within schools and variables will be defined at any level of this hierarchy. Nesting occurs when a unit of measurement is a subset of a larger unit and the units clustered in the larger unit might be correlated. Some of our variables will be measured at the school level (e.g., school size and location), others will be derived from the class level (e.g., grade level and treatment group), and others at the student level (e.g., survey results on behavior). For example, in our models, student data will be included on level 1 and classroom data and school data will be included on levels 2 and 3 respectively, with site location included as a covariate. For example, for one of our tests we would use the following level-2 fixed effect equations:  $B_{0k} = \gamma_{00} + \gamma_{01}INTERVENTION_k + \sum \gamma_{0s}W_{sk} + u_{0k}$  in which  $y_{01}$  represents the fixed effect of the intervention at the school level on the outcome  $B_{0k}$ , W represents snumber of classroom-level confounding variables for control purposes, and *u* represents the level-2 classroom random effect. Coefficient  $y_{01}$  represents the amount of the difference the intervention makes relative to the control group, by different grades levels. We will also estimate the reduction of the residual classroom effect unexplained by the Intervention predictor to gauge the proportion of variation explained by and assess the impact of the Intervention.

#### Implementation Evaluation.

Analyses for the implementation evaluation component will focus primarily on describing program implementation in order to enhance training and technical assistance. Measures of fidelity will be used to compute a fidelity score which will be included as moderator of change in the modeling of program effects described above.

In addition a cost-effectiveness analysis will be applied to both standard and comprehensive approaches. Cost-effectiveness analysis results are expressed in a cost-effectiveness ratio which is interpreted as the cost per teen dating violence case prevented, and therefore can facilitate the comparison between standard and comprehensive approaches from an economic perspective. Costs will be classified by cost type into two broad categories: program costs and participant costs.

#### A.16.B. Publications

Table A.16-1. Time Schedule

Table 7.10-1. Time Schedule	
Activity	Time Schedule
Award contracts for data collection	Contracts for data collection will be awarded prior
	to obtaining OMB approval, such that contractors
	may prepare for data collection and so that data
	collection may be initiated as soon as approval is
	obtained. Due to the complex nature of the Dating
	Matters evaluation, contracts awarded in FY11 and

	FY12 will support the evaluation.
Administer outcome and implementation	Evaluation activities will begin within 30 days of
evaluation.	OMB approval and will continue until
	implementation is complete in 2016.
Apply for OMB approval	In anticipation of expiration of our original OMB
	approval (expected to expire 2015) in 2014 we will
	prepare and submit an application for an extension.
Analyze evaluation results.	Analysis will begin within 60 days of receiving data
	from contractors. Data will be analyzed annually to
	monitor effects with ultimate analysis (to address
	study hypotheses with sufficient power); analysis
	will be initiated within 60 days of receiving the
	fourth year of evaluation data in 2016.
Develop products and publications based on the	Within a year of receiving the complete evaluation
results of the evaluation.	data (with four years of data collection) it is
	anticipated that the main publications examining the
	outcome and implementation of Dating Matters will
	be submitted for publication. In addition to
	scientific publications, research-in-briefs and other
	non-technical reports of the evaluation results will
	be prepared and disseminated to key stakeholders.

# **17. Reason(s) Display of OMB Expiration Date is Inappropriate** Not applicable.

# **18.** Exceptions to Certification for Paperwork Reduction Act Submissions Not applicable.

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