

Evaluation of Core Violence and Injury Prevention Program (Core VIPP)

(OMB no. 0920-0916 exp. date 1/31/2014)

Justification for Change

January 30, 2013

Justification

This document is a justification for a non-material / non-substantial change to the currently approved data collection to OMB no. 0920-0916 titled Evaluation of Core Violence and Injury Prevention Program (Core VIPP).

Description of Project Goals

The primary goal of Core VIPP is to assist State Health Departments (SHDs) to build and/or maintain effective delivery systems for dissemination, implementation, and evaluation of best practice programs and policies. This includes support for general capacity building of SHDs and their local partners, as well as strategy specific capacity building for the implementation of direct best practice interventions. In addition, this program supports SHDs in their efforts towards integration of the strategic alignment of resources for meaningful change.

This ICR has two overall goals: (1) to assess state injury and violence prevention plans for completeness, measurability, and effectiveness; and (2) evaluate the effectiveness of the Core VIPP cooperative agreement. Through the evaluation of the Core VIPP, CDC plans to improve state health department program and policy activities. The ultimate goal of the Core VIPP is to assist State Health Departments (SHDs) to build and/or maintain effective delivery systems for dissemination, implementation and evaluation of best practice programs and policies. This includes support for general capacity building of SHDs and their local partners, as well as strategy specific capacity building for the implementation of direct best practice interventions (older adult falls and child injury).

Proposed changes to collection of information

This justification for change is submitted because CDC has developed new questions as a supplement to the State of the State Survey (SOTS) for year two of data collection. This new module contains questions designed to assess state injury violence prevention plans for completeness, measurability, and effectiveness. This new module aligns with the requirements of the Core VIPP FOA and will be administered to the funded state health departments (SHDs). The non-material / non-substantial change will allow for a systematic process to capture information about State Health Departments (SHDs) progress toward building and/or maintain effective delivery systems for dissemination, implementation and evaluation of best practice programs and policies. This includes support for general capacity building of SHDs and their local partners, as well as strategy specific capacity building for the implementation of direct best practice interventions (older adult falls and child injury). This change results in a minor increase in burden hours and does not change the scope of the evaluation.

Change to Burden and/or Cost

This change request increases burden hours by 42 hours for the funded SHDs. The burden hours for the instrument are illustrated below:

The supplemental SOTS Survey Questions will be completed by 28 Core Funded State Health Departments (SHDs) and take 1.5 hours to complete.

Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Response Burden (hours)	Total Burden Hours
Core VIPP Funded SHD Injury Program Management and staff	Supplemental SOTS Survey Questions (Attachment F)	28	1	1.5	42

The hourly wage used to calculate the Respondent Cost is \$32.83, which is the May 2010 average hourly wage for an epidemiologist as calculated by the Bureau of Labor Statistics (http://www.bls.gov/oes/current/oes_nat.htm, accessed June 1, 2011).

Estimated Annualized Burden Costs

Data Collection Instrument Name	Number of Respondents	Frequency of Response	Average Burden Response (Hours)	Average Hourly Wage Rate	Total Respondent Cost
Supplemental SOTS Survey Questions (Funded) – Attachment F	28	1	1.5	\$32.83	\$1378.86

Attachments

Attachment F: Supplemental SOTS Survey Questions