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

CDC ID# 0920-12QR

PART A: JUSTIFICATION

March 8, 2013

MONITORING AND REPORTING SYSTEM FOR DELTA FOCUS AWARDEES

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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TABLE OF CONTENTS

3. Performance Management Information System (PMIS) Draft Data Elements - Screenshots

Overview

CDC seeks OMB approval for a new information collection request. Information will be collected electronically from awardees funded under the DELTA FOCUS (Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States) cooperative agreement program. The DELTA FOCUS program is an initiative authorized by 42 U.S.C. 10418; and Sections 317(k)(2) and 393 of the Public Health Service Act (42 U.S.C. Sections 247b(k)(2) and 280b-1a, as amended (see **Attachment 1a and 1b**).

DELTA FOCUS builds on three prior cycles of DELTA funding through DELTA I-III from 2002 to 2012. The DELTA FOCUS FOA, like the 2002 DELTA I FOA, was open to all 56 state and territorial domestic violence coalitions. DELTA I-III funding went to the same 14 SDVCs (state domestic violence coalitions). We anticipated the broader intimate partner violence (IPV) field viewed this FOA as a welcome opportunity. Many current DELTAs were highly competitive for FOCUS awards, given their experience and accomplishments under DELTA I-III. Also the 19 former DELTA PREP grantees as well as the remaining 23 state and territorial domestic violence coalitions who have been engaged in IPV prevention were competitive.

DELTA FOCUS awardees will report progress and activity information to CDC on an interim and semi-annual schedule using an electronic Performance Management Information System (PMIS). Information collected through the PMIS will be used to inform performance monitoring, program evaluation, responding to requests from Center, HHS, White House, Congress, and other sources. Over the five-year award period, additional advantages of the electronic PMIS include: reducing respondent reporting burden; improving real-time CDC-awardee communications; and strengthening CDC's ability to monitor awardee progress and provide data-driven technical assistance. OMB approval is requested for three years.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

Background

Intimate Partner Violence (IPV) is a serious, preventable public health problem that affects millions of Americans and results in serious consequences for victims, families, and communities. IPV occurs between two people in a close relationship. The term "intimate partner" describes physical, sexual, or psychological harm by a current or former partner or spouse. IPV can impact health in many ways, including long-term health problems, emotional impacts, and links to negative health behaviors. IPV exists along a continuum from a single episode of violence to ongoing battering; many victims do not report IPV to police, friends, or family.

Research indicates that:

- On average, 24 people per minute are victims of rape, physical violence, or stalking by an intimate partner in the United States.

- Over the course of one year, more than 12 million women and men reported being a victim of rape, physical violence, or stalking by an intimate partner.
- On average, nearly three women are murdered each day by an intimate partner.
- In 2007, IPV resulted in more than 2,300 deaths. Of these deaths, 30 percent were men and 70 percent were women.
- The medical care, mental health services, and lost productivity (e.g., time away from work) cost of IPV is estimated at $8.3 billion per year.

Primary prevention means stopping IPV before it occurs. In 2002, authorized by the Family Violence Prevention Services Act (FVPSA), CDC developed the Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Program, with a focus on the primary prevention of IPV. Since that time, DELTA has funded state domestic violence coalitions (SDVCs) to engage in statewide primary prevention efforts and to provide training, technical assistance, and financial support to local communities for local primary prevention efforts. DELTA FOCUS builds on that history by providing focused funding to states and communities for intensive implementation and evaluation of IPV primary prevention strategies that address the structural determinants of health at the societal and community levels of the social-ecological model (SEM).

The purpose of the DELTA FOCUS program is to promote the prevention of IPV through the implementation and evaluation of strategies that create a foundation for the development of practice-based evidence. By emphasizing primary prevention, this program will support comprehensive and coordinated approaches to IPV prevention. The strategies will address the structural determinants of health at the outer layers (societal and community) of the SEM that coordinate and align with existing prevention strategies at the inner layers of the SEM. This program addresses the “Healthy People 2020” focus area(s) of Injury and Violence Prevention and Social Determinants of Health.

On March 2, 2013, CDC awarded 10 cooperative agreements totaling $3.9 million per fiscal year to state domestic violence coalitions. The cooperative agreements were open to all state domestic violence agencies. If additional funding is made available to the DELTA FOCUS program, CDC will submit a Change Request to authorize participation of additional DELTA FOCUS awardees in the PMIS data collection.

Activities that may be supported with DELTA FOCUS funding include supporting coordinated community IPV prevention at the local level; supporting IPV prevention at the state and national levels through the emphasis of primary prevention; program evaluation; and program administration and reporting. DELTA FOCUS awardees are required to identify and fund one to two well-organized, broad-based, active local coalitions that are already engaging in, or are at capacity to engage in, IPV primary prevention strategies affecting the structural determinants of health at the societal and/or community levels of the SEM. Awardees must facilitate and support the development of local level action plans and the implementation and evaluation of IPV prevention strategies by the local coalitions. Some additional activities required of the DELTA FOCUS awardees include identifying and facilitating a state steering committee whose responsibilities include developing, implementing, and reviewing the state action plan; and

ensuring linkages between the state and local level prevention strategies. DELTA FOCUS awardees must also implement and evaluate state-level IPV prevention strategies.

Each DELTA FOCUS awardee is required to dedicate sufficient staff time to achieve stated goals and objectives and to provide leadership for the project both within the grantee organization and with external partners at the local, state and national levels. They must provide regular interim, semi-annual and annual reports on status of required recipient activities and outcomes of interest. The first interim report is due within 90 days post award (no later than June 1, 2013). CDC plans to begin using the PMIS immediately upon receipt of OMB approval to develop and administer trainings internally and to awardees, and to provide technical assistance to awardees.

There are significant advantages to collecting information with an electronic, web-based PMIS:

- The PMIS data structures and rules will help awardees formulate objectives that are specific, measurable, achievable, relevant and time-framed (SMART). This formulation is intended to facilitate successful achievement of objectives and is integral to CDC's evaluation strategy for the DELTA FOCUS program.
- The information being collected provides crucial information about each awardee's state and local action and evaluation plans, activities, and progress over the award period which will facilitate data-driven technical assistance.
- Awardees will have the capacity to enter updates on an ongoing basis. This feature of the PMIS is expected to facilitate real time communications with and interim review by CDC, resulting in more timely technical assistance. The ability to enter updates as activities occur may also result in more complete enumeration of DELTA FOCUS-funded efforts.
- Capturing the required information electronically will allow CDC to formulate actionable- and synthesized- analyses and reports that would be impracticable using paper-based information sources, facilitating program improvements and organizational learning.

1.1 Privacy Impact Assessment

A) Overview of the Data Collection System

The sole method of information collection will be the electronic PMIS. The primary respondents are the project coordinators of the DELTA FOCUS awardees. Data will be collected by CDC and Northrop Grumman Mission Systems (the contractor maintaining the system). Data will be kept through the end of the DELTA FOCUS funding period (February 2018) plus two additional years for analysis purposes. Thus, all data will be discarded in February 2020. Data will be housed with CDC on a CDC hosting platform.

Data placed into the PMIS will be used to produce interim and annual reports as PDFs that awardees can use to upload into grants.gov. This procedure satisfies the routine, semi-annual cooperative agreement reporting requirements. Progress reports are required twice per year, but

data entry can occur on a real-time basis. As a result, the PMIS can also be used for ongoing project management, and supports more effective, data-driven technical assistance between CDC and awardees.

B) Items of Information to be Collected

Awardees will store information about their personnel, vision and mission statements, state and local action plan and evaluation plan objectives and indicators, milestones and activities, resources, and facilitators and barriers to success. The PMIS will also collect information about the staffing resources dedicated by each awardee as well as partnerships with external organizations. The PMIS requires DELTA FOCUS awardees to define their objectives in action-oriented SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed) format (see **Attachment 3**).

The PMIS will collect a limited amount of information in identifiable form (IIF) for key program staff (e.g., Executive Director). Each awardee will provide the names of these individuals as well as their professional contact information.

2. Purpose and Use of the Information Collection

The information collection will enable the accurate, reliable, uniform and timely submission to CDC of each awardee's action plans, evaluation plans, and progress reports, including objectives and milestones. The information collection and reporting requirements have been carefully designed to align with and support the goals outlined in the DELTA FOCUS cooperative agreement. The electronic PMIS enables collection and reporting of the information in an efficient, standardized, and user-friendly manner. The PMIS will generate a variety of routine and customizable reports. Local level reports will allow each awardee to summarize its activities and progress towards meeting action plan objectives. CDC will also have the capacity to generate reports that describe activities across multiple awardees. CDC will use the information collection to respond to inquiries from the HHS, the White House, Congress and other stakeholder inquiries about DELTA FOCUS activities and their impact.

CDC will use the information collected in the PMIS monthly to monitor each awardee's progress, identify technical assistance needs, and facilitate continuous quality program improvement and organizational learning. Monitoring allows CDC to determine whether an awardee is meeting performance goals and to make adjustments in the type and level of technical assistance provided to them, as needed, to support attainment of their objectives. CDC's monitoring and evaluation activities also allow CDC to provide oversight of the use of federal funds, and to identify and disseminate information about successful prevention and control strategies implemented by awardees. These functions are central to the NCIPC's broad mission of reducing the burden of injury and violence. Finally, the information collection will allow CDC to monitor the increased emphasis on partnerships and programmatic collaboration, and is expected to reduce duplication of effort, enhance program impact and maximize the use of federal funds.

DELTA FOCUS awardees will use reports generated from the information collection at 6 months, 12 months, and 15 months post award (as outlined in the cooperative agreement) to manage and coordinate their activities and to improve their efforts to prevent IPV. The PMIS will allow awardees to fulfill their semi-annual reporting obligations under the cooperative agreements in an efficient manner by employing a single instrument to collect necessary information for both progress reports and continuation applications. The PMIS, which enables awardees to save pertinent information from one reporting period to the next, will reduce the administrative burden on the yearly continuation application and the progress review process. Awardee program staff will be able to review the completeness of data necessary to submit required reports, enter basic summary data for reports at least semi-annually, and finalize and save required reports for upload into Grants.gov.

The information collection is designed to address specific objectives outlined in FOA CDC-RFA-CE13-1302, DELTA FOCUS (Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States). CDC will use the results of this information collection to evaluate awardees accomplishments relating to implementation and (program or strategy) outcome objectives and inform future data collection and funding opportunities. Thus, this data collection is an essential program evaluation activity and the results will not be generalizable to the universe of study. Not collecting this data could result in inappropriate programs being implemented DELTA FOCUS grantees, failure by CDC to effectively demonstrate improvements in the program or to adequately account for federal dollars spent on this public program.

2.1 Privacy Impact Assessment

The PMIS is a centralized, Web-based system that supports the collection and reporting of information that will be used by CDC to help assess the contributions of DELTA FOCUS funding on building the practice-based evidence of IPV prevention strategies at the community and society levels. The PMIS will be used to describe, evaluate and enhance opportunities for collaborative efforts and partnerships. Having all this information in a single and secure database will allow CDC Project Officers to search across multiple awardees, help ensure consistency in documenting progress and technical assistance, enhance accountability of the use of federal funds, and provide timely reports as frequently requested by HHS, the White House, and Congress. Limited individually identifiable information will be collected. Only names and professional contact information will be collected, limiting the potential negative impact this data collection might have on the privacy of awardees.

3. Use of Improved Information Technology and Burden Reduction

Taking advantage of electronic database technology, 100 percent of responses to this information collection will occur using the PMIS. The PMIS will improve information quality by minimizing errors and redundancy. The structure of the PMIS will minimize or eliminate many elements that would otherwise be repeated within stand-alone systems (see **Attachment 3**). Having all of the information collected in the same place in the same manner will reduce the level of burden attributable to redundancy and reduce the workload to enter and maintain the data. Programs will be able to transfer data from one year to another to minimize data re-entry.

Typically terms that are used to define similar data requirements often vary greatly from one awardee to another. With the PMIS, the use of a standard set of data elements, definitions, and specifications at all levels will help to improve the quality and comparability of performance information that is received by CDC from multiple awardees. Further, standardization will enhance the consistency of action plans and reports, enable cross-program analysis, and will facilitate a higher degree of reliability by ensuring that the same information is collected on all objectives and activities. Finally, the report generation capabilities of the electronic PMIS will reduce the respondent burden associated with paper-based reports. Without the automated PMIS and the integrated approach to information collection and reporting, awardees and CDC would need to continue to use time consuming, labor intensive procedures for information collection and reporting.

4. Efforts to Identify Duplication and Use of Similar Information

Since CDC is the only federal agency providing funding for state domestic violence coalitions to conduct prevention work by emphasizing prevention of intimate partner violence before it occurs; the information collected from DELTA FOCUS awardees is not available from other sources. The U.S. Department of Justice Office of Violence Against Women (OVW) makes available to territorial domestic and sexual violence coalitions funding that is primarily focused on victim service provision for individuals. The CDC DELTA FOCUS cooperative agreement cannot be used to fund victim services. Therefore information collected from DELTA FOCUS awardees will not duplicate information collected from OVW awardees.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

Reports will be collected semi-annually. The interim progress report is due no less than 90 days before the end of the budget period and also serves as a non-competing continuation application. The semi-annual progress report is due 155 days before the end of the budget period. The annual progress report is due no more than 90 days after the end of the budget period. Less frequent reporting would undermine accountability efforts at all levels and negatively impact monitoring awardee progress. The semi-annual reporting schedule ensures that CDC responses to inquiries from HHS, the White House, Congress and other stakeholders are based on timely and up-to-date information.

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

This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency

A) A 60-day Federal Register Notice was published in the Federal Register on 08/17/2012, vol. 77, No. 160, pp. 49798 (see **Attachment 2a**). One public comment was received and acknowledged (see **Attachment 2b**).

B) The PMIS was designed collaboratively by staff across CDC Centers, Institute, and Offices. The Funding Opportunity Announcement for DELTA FOCUS was published. There were 36 applications and the objective review panels were scheduled in December 2012. The notices of awards were sent in February 2013. Upon receipt of OMB approval, CDC will consult awardees during the training period and throughout the implementation process.

9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive payments or gifts for providing information.

10. Assurance of Confidentiality Provided to Respondents

All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of key DELTA FOCUS awardees' program staff (e.g. executive director and project coordinator) will be protected and maintained. The CDC National Center for Injury Control and Prevention's human subjects coordinator has determined that the Privacy act does not apply.

Key program staff will be notified that their responses in the PMIS will be treated in secure manner. Project coordinators will be informed that this evaluation is being conducted for programmatic improvement and their responses will not be used as a means of reducing or canceling funding. Staff identifiers will not be used in any evaluation reports.

Access to the PMIS will be controlled by a password-protected login. Access levels vary from read-only to read-write, based on the user's role and needs. Each awardee will have access to its own information and decide the level of access for each of its authorized users. The extent to which local partners may access an awardee's information will be decided by that awardee. CDC staff and an evaluation contractor will have varying levels of access to the system with role-appropriate security training, based on the requirements of their position(s). Aggregated information will be stored on an internal CDC SQL server subject to CDC's information security guidelines. The PMIS will be hosted on the National Center for Chronic Disease Prevention and Health Promotion's Intranet and Internet Application platforms, which undergo security certification and accreditation through CDC's Office of the Chief Information Security Officer.

<u>IRB Approval</u>

The PMIS data collection is not research involving human subjects. IRB approval is not required.

10.1 Privacy Impact Assessment Information

Respondents are state domestic violence coalition awardees. Limited individually identifiable information will be collected. Names and professional contact information will be obtained for

each awardee. Awardees are required to provide this information and provide PMIS data as a condition of cooperative agreement funding.

11. Justification for Sensitive Questions

The PMIS will collect a limited amount of information in identifiable form (IIF) for key program staff (e.g., Executive Director) in the form of staff names and professional contact information. The PMIS instrument does not collect sensitive information. The contact person will only provide information about activities conducted under the collaborative award, .While the information collected will not be used as a means of reducing or canceling funding, awardees might view the information as sensitive. For example the organization might fear repercussions if information entered is not perceived to favorably represent the organization.

12. Estimates of Annualized Burden Hours and Costs

A) Awardees will report information to CDC about their objectives and activities (see **Attachment 3**). Anticipated respondents are the 10 awardees for the DELTA FOCUS (Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States) FOA, CDC-RFA-CE13-1302. The maximum number of awardees will be used for estimating burden hours. All awardees will be state domestic violence coalitions.

CDC anticipates that burden to respondents will vary substantially over the DELTA FOCUS award period. The time commitments for data entry and training are greatest during the initial population of the PMIS, typically in the first six months of funding. Estimated burden for the first-time population of the PMIS is fifteen hours.

The efficiencies of the electronic PMIS are realized in subsequent reporting periods. After the initial population of the PMIS has been completed, ongoing maintenance of the system is limited to entering changes, progress information, and new activities. The estimated burden for routine semi-annual reporting is three hours per response.

Over the three-year period of this information collection request, the total estimated annualized burden for the proposed 10 awardees is 210 hours, as summarized in Table A.12-A.

Table A.12-A. Estimated Annualized Burden to Respondents

Type of respondents	Form Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Domestic Violence Coalitions	DELTA FOCUS PMIS: Initial population (Attachment 3)	10	1	15	150

	DELTA FOCUS PMIS: Semi-annual reporting (Attachment 3)	10	2	3	60
				Total	210

B) A program manager will prepare the progress report for each area. The average hourly wage for a program manager is $24.00. The hourly wage rates for program managers are based on wages for similar mid-to-high level positions in the public sector. The total estimated annualized cost to respondents is $5,040, as summarized in Table A.12-B.

Table A.12-B. Estimated Annualized Cost to Respondents

Type of respondents	Form Name	Number of respondents	Number of responses per respondent	Average burden per response	Total Burden Hours	Hourly wage Rate	Total Respondent cost
State Domestic Violence Coalitions	DELTA FOCUS PMIS: Initial population (Attachment 3)	10	1	15	150	$24.00	$3,600
	DELTA FOCUS PMIS: Semi-annual reporting (Attachment 3)	10	2	3	60	$24.00	$1,440
						Total	$5,040

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

The PMIS is designed to use existing hardware within funded sites, and all respondents are expected to have access to the Internet to use the information system. No capital or maintenance costs are expected. Additionally, there are no start-up, hardware or software costs.

14. Estimates of Annualized Cost to the Federal Government

The average annualized cost to the federal government is $166,800, as summarized in Table A.14-A. Major cost factors for the PMIS include application design and development costs and system maintenance costs. Other cost factors include the CDC program consultants (8) who will enter a limited amount of data and whose schedules and steps vary. CDC wages will be averaged at a GS-13, step 1 for the estimate. The PMIS developer and data collection contractor is Northrup-Grumman.

Table A.14-A. Annualized Cost to the Federal Government	
Cost Category	**Total**
CDC Personnel • 20% GS-13@$85,500/year x 8 = $171,000 Subtotal, CDC Personnel	$136,800
Data Collection Contractor	$ 30,000
Total	$166,800

15. Explanation for Program Changes or Adjustments

This is a new collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The cooperative agreement cycle is five years. OMB approval is being requested for three years. Reports will be generated by the awardees per the FOA requirements twice a year. Data collection will begin with the awarding of the grants and will continue throughout the funding cycle.

Information collected through the PMIS will be reported in internal CDC documents and shared with state domestic violence coalitions.

CDC will not use complex statistical methods for analyzing information. All information will be aggregated and reported with no program identifiers present in external documents. Most statistical analyses will be descriptive. Statistical modeling may be included to examine predictors of specified outcomes.

A.16 - 1 Project Time Schedule

Activity Time Schedule	
Notification of Electronic Tool Availability	Immediately upon OMB approval
User Training	Immediately upon OMB approval and ongoing through expiration date
Data Collection	1-36 months after OMB approval
Data Publication	Twice annually
Data Analysis	1-36 months after OMB approval

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

The display of the OMB expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.