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

PART A: JUSTIFICATION

June 28, 2013

DELTA FOCUS PROGRAM EVALUATION

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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a. PDF screenshots

Overview

CDC seeks OMB approval for a new**,** one-year information collection request. Information will be collected electronically from awardees funded under FOA-CE13-1302, 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. 10401; Sections 201, 301, 302, 303, 304 and 42 U.S.C. 10401; Sections 314(see **Attachment 1a and 1b, respectively**).

DELTA FOCUS awardees, sub-recipients, and empowerment evaluators will respond to the DELTA FOCUS Program Evaluation Survey (referred to as DF Survey) to report on satisfaction with each bi-directional communication and support channel (CDC-awardee, awardee-sub-recipient, & awardee-empowerment evaluator); process, program and strategy implementation factors that affect their ability to meet the requirements of the FOA; prevention knowledge and use of the public health approach; and sustainability of prevention activities and successes. This information will be collected in the first and fourth years of the project period. Information collected through the DF Survey will be used to improve the national DELTA FOCUS program, program implementation at local and state levels, and provide CDC with information to respond to requests from within CDC, HHS, White House, Congress, and other sources about the program. OMB approval is requested for one year.

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.

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. On March 2, 2013, CDC awarded 10 cooperative agreements to state domestic violence coalitions (SDVCs).

Each SDVC is required to identify and fund one to two well-organized, broad-based, active local organizations (referred to as coordinated community responses or CCRs) 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. SDVCs must facilitate and support local-level implementation and hire empowerment evaluators (EEs) to support the evaluation of IPV prevention strategies by the CCRs. SDVCs must also implement and with their empowerment evaluators, evaluate state-level IPV prevention strategies.

Additionally the cooperative agreement requires SDVCs to:

a) integrate, institutionalize, and sustain prevention principles, concepts, and practices within the grantee organization beyond DELTA FOCUS-funded personnel,

b) work collaboratively with other DELTA FOCUS SDVC awardees and CDC and/or CDC designees to create and sustain national-level dialogue on IPV prevention that emphasizes the importance of primary prevention, and

c) participate in and facilitate CCRs' participation in the program-wide collaborative learning environment facilitated by CDC and/or CDC designees to support networking and learning opportunities.

In support of the SDVCs, CDC will provide technical assistance (TA) and subject matter expertise to awardees, in order to support a) awardees' statewide efforts, b) awardees' provision of TA, training and monitoring to the CCRs on local efforts, and c) awardees' evaluation efforts. CDC will also collaborate with SDVCs on facilitating and sustaining a national dialogue to promote IPV prevention, supporting a collaborative learning environment among awardees, and developing a centralized evaluation of the national DELTA FOCUS program that is aligned with awardee evaluation plans.

The DF Survey will assess: a) satisfaction with each bi-directional communication and support channel (CDC-SDVC, SDVC-CCR, & SDVC-EE), b) program and strategy implementation factors that affect their ability to meet the requirements of the cooperative agreement, c) awardee prevention knowledge and use of the public health approach, and d) sustainability of awardee prevention activities and successes. CDC plans to administer the DF Survey immediately upon receipt of OMB approval.

1.1 Privacy Impact Assessment

A) Overview of the Data Collection System

This is a request for one-year approval. Data will be collected in year one and analyzed and disseminated in years two and three. A reinstatement request will be made to collect data again in the fourth year of the program. The sole method of information collection will be a web-based survey (**attachment 3a**). The primary respondents are the 10 executive directors and 10 project coordinators at the SDVCs; the 19 project coordinators at the funded CCRs, and the 10 SDVC-hired empowerment evaluators. The information collection will be conducted by the CDC and the evaluation contractor. Data will be used for programmatic improvement and reporting. 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 initially be housed with the evaluation contractor and shared with CDC via a MS EXCEL or SPSS file; however, by the end of the evaluation contract all data will be transferred to the CDC.

B) Items of Information to be Collected

Data will consist of questions regarding processes for program and strategy implementation, prevention knowledge, data systems and use, partnerships, collaboration, program and strategy implementation accomplishments, public health knowledge, and sustainability. Specific questions can be seen in **Attachment 3a**. Respondents will be asked to indicate which awardee and which staff position they represent.

2. Purpose and Use of the Information Collection

The proposed information collection will use a web-based survey to collect program evaluation data in the first and fourth years of the project period. A reinstatement request will be made to collect data in the fourth year of the program. The website will be housed on the evaluation contractor's web server. Each respondent will be sent a direct link where they can fill out the survey. The information collection will be used to:

1) improve the national DELTA FOCUS program,
2) improve program implementation at local and state levels,
3) provide CDC with information to respond to requests from within CDC, HHS, White House, Congress, and other sources about the program, and
4) disseminate findings and lessons learned to the prevention field.

The information collection is designed to address specific objectives outlined in the DELTA FOCUS cooperative agreement. Thus, results of this program evaluation are not generalizable in the statistical sense. Instead, evaluation results can be used to modify existing practices when areas for improvement are discovered. Specifically, the information will be used to guide program improvements by CDC in the national DELTA FOCUS program implementation and program improvements by SDVCs in implementation of the program within their state. Not collecting this data could result in inappropriate implementation, resulting in ineffective use of tax payer resources. Thus, this data collection is an essential program evaluation activity and the results will not be generalizable to the universe of study.

The practical utility of this evaluation to the federal government is to assess opportunities and barriers to implementing the DELTA FOCUS program at the state and local levels, benefits and

challenges of focusing on prevention strategies at the societal and community levels, and what data informed program improvements are needed. This information will contribute to answering the larger question of how well the national DELTA FOCUS program is being implemented. Thus, the information will allow CDC to provide more extensive oversight of the use of federal funds and to support the National Center for Injury Prevention and Control's mission to reduce the burden of injury and violence (caused by intimate partner violence).

DELTA FOCUS awardees, SDVCs, can use the information collected to improve their implementations of prevention programs and strategies at the state level and to improve CCRs implementations at the local level. Like CDC's efforts at continuous quality improvement on the national level, SDVCs are required in the cooperative agreement to engage in their own continuous quality improvement. The evaluation contractor will present the results of the survey to SDVCs and they can make data-informed corrections as needed. In this way the use of federal funds can be maximized.

CDC will also use the results of the information collection to generate reports, case studies, peer-reviewed publications, and translation materials in order to describe program performance, opportunities, and successes for the prevention field, CDC, and federal partners. Specifically the reports can be used to respond to inquiries from the HHS, the White House, Congress and other stakeholder inquiries about the DELTA FOCUS program at national, state, and local levels. The reports and case studies may influence future cooperative agreements in terms of supports needed for implementation and evaluation, level of funding; and may identify future data collection needs.

2.1 Privacy Impact Assessment

The information collection will be shared with SDVCs by providing each analysis of their data in electronic form and reporting cross-site analyses via webinar. Data sets and all analyses will be shared electronically with CDC staff and CDC leadership for the purposes of continuous quality improvement and reporting. The impact of this data collection on respondents is low because we are not asking sensitive questions and the survey is asking questions about program implementation. Limited individually identifiable information will be collected. Recipients will be asked to indicate which awardee and which staff position they represent.

3. Use of Improved Information Technology and Burden Reduction

The DF Survey will be a web-based questionnaire via Survey Monkey (**attachment 3a**), taking advantage of electronic technology to improve information quality and reduce burden. 100% of responses involve electronic data collection to ensure better data quality due to reductions in data entry errors, as well as greater efficiency in administration.

4. Efforts to Identify Duplication and Use of Similar Information

The DF Survey complements and is informed by the electronic Program Management Information System (PMIS; *Monitoring and Reporting System for DELTA FOCUS awardees*, CDC ID# 0920-12QR) in which grantees report their progress toward cooperative agreement

objectives for the purpose of generating their interim and annual progress reports. The DF survey differs from the PMIS because it will assess information about the overall program and its implementation and does not focus on program monitoring of ongoing activities to meet specific annual goals. To date there has been no data collection on evaluating implementation and changes that result from the implementation of the DELTA FOCUS program. The DF Survey information collection occurs twice in five years and is thus less frequent than the PMIS, which collects data twice each year for five years.

Since CDC is the only federal agency providing funding for state domestic violence coalitions to do 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) does make funds available to territorial domestic and sexual violence coalitions primarily for providing services to victims of sexual and intimate partner violence. OVW also funds state coalitions with a focus on sexual violence to provide victim services and collaborate with federal, state, and local entities engaged in violence against women activities. DELTA FOCUS funding, directed to prevention activities that aim to have a population impact, does not duplicate the OVW funding focused on service provision for individuals.

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

Data collection using the DF Survey will occur in the first (2013) and fourth (2017) years of the project period of the DELTA FOCUS program. A reinstatement request will be made to collect data in the fourth year. The frequency of this data collection is needed to inform program improvement and capture changes that result from the program implementation. To collect this data less frequently or not conduct this evaluation at all would result in CDC failing to effectively demonstrate improvements in the program or adequately account for federal dollars spent on this public program.

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 60-day Federal Register Notice was published in the Federal Register on 04/03/2013, vol. 78, No. 64, pp. 20114 (see **Attachment 2a**). Two public comments were received and acknowledged (see **Attachment 2b**)

Seven representatives of the DELTA FOCUS awardees reviewed the survey (1 SDVC project coordinator, 1 SDVC executive director, 3 CCR representatives, and 2 empowerment evaluators).

This information collection request is associated with the DELTA FOCUS cooperative agreement therefore the following program staff were actively involved in the conceptualization and development of the DF Survey:

- Theresa Armstead, Senior Service Fellow, science lead, (770) 488-3904 tarmstead@cdc.gov

- Kirsten Rambo, Senior Service Fellow, project lead, (770) 488-0544 krambo@cdc.gov

- Jennifer Dills, Health Scientist, project officer, (770) 488-4273 jdills1@cdc.gov

- Pam Brown, Associate Service Fellow, project officer, (770) 488-1345 pbrown8@cdc.gov

- Rosalyn Lee, Behavioral Scientist, science officer, (770) 488-1530, rdl3@cdc.gov

The following members of the Research and Evaluation branch were consulted:

- Linda Anne Valle, Lead Behavioral Scientist, (770) 488- 4297 adv2@cdc.gov

- Kendell Cephas Childers, Public Health Program Specialist, (770) 488-1463 koc9@cdc.gov

- Greta Massetti, Lead Behavior Scientist, (770) 488-3943 ghz6@cdc.gov

A CDC staff person outside of the division of violence prevention was consulted:

- Chris Jones, Health Scientist, (770) 488-4993, vey2@cdc.gov

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.

IRB Approval

The data collection is under a non-research contract and it has been determined by the National Center for Injury Prevention and Control's IRB coordinator that IRB approval is not required. Please see the attached IRB determination form.

10.1 Privacy Impact Assessment Information

Recipients of the DF Survey are staff and sub-recipient staff of DELTA FOCUS awardees and the information request is mandatory under the cooperative agreement. Awardees 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. DF Survey recipients will be notified that their responses are not anonymous but will be treated in a secure manner and assured that evaluation findings will only be reported in the aggregate. Access to the survey will be controlled through a direct link sent only to recipients. Only CDC staff and the evaluation contractor will have access to this information. There is no system of records being created under the Privacy Act.

11. Justification for Sensitive Questions

Limited individually identifiable information will be collected and consists solely of identifying which awardee and staff position the recipient represents. The DF Survey does not collect sensitive information. The recipient will only provide information about implementation activities under the cooperative agreement. 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 coalition might fear repercussions if information entered is not perceived to favorably represent the coalition.

12. Estimates of Annualized Burden Hours and Costs

A) This is a request for one-year approval. Data will be collected in year one and analyzed and disseminated in years two and three. A reinstatement request will be made to collect data again in the fourth year of the cooperative agreement. Table A-12-A details the annualized number of recipients, the average response burden per survey, and the total response burden for the DF Survey (attachment 3a). Estimates of burden for the survey are based on previous experience with evaluation data collections by the evaluation staff and review by representatives of the DELTA FOCUS awardees. The DF Survey will be completed by 10 SDVC executive directors, 10 SDVC project coordinators, 19 SDVC-funded CCR project coordinators (9 SDVCs fund 2 CCRs and 1 SDVC funds 1 CCR), and 10 SDVC empowerment evaluators. The DF survey will take an average of 1 hour to complete for each respondent. The total estimated annualized burden is 49 hours.

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	Total burden (in

				hours)	hours)
State Domestic Violence Coalition Executive Director	DELTA FOCUS Survey	10	1	1	10
State Domestic Violence Coalition Project Coordinator	DELTA FOCUS Survey	10	1	1	10
Coordinated Community Response Project Coordinator	DELTA FOCUS Survey	19	1	1	19
State Domestic Violence Coalition Empowerment Evaluator	DELTA FOCUS Survey	10	1	1	10
				Total	49

B) The average hourly wage for an executive director is $48.00. The average hourly rate for the SDVC project coordinator/prevention manager is $21.00 and for the CCR project coordinator is $19.00. The empowerment evaluator average hourly rate is $22.00. The hourly wage rates for the executive director, project coordinator/prevention manager, and empowerment evaluator are based on the approved budgets of the DELTA FOCUS awardees. The total estimated annualized cost to respondents is $1,271, 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 Coalition Executive Director	DELTA FOCUS Survey	10	1	1	10	$48.00	$480
State Domestic Violence Coalition Project Coordinator	DELTA FOCUS Survey	10	1	1	10	$21.00	$210
Coordinated Community Response Project Coordinator	DELTA FOCUS Survey	19	1	1	19	$19.00	$361
State Domestic Violence Coalition Empowerment Evaluator	DELTA FOCUS Survey	10	1	1	10	$22.00	$220

Total	$1,271

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

Respondents will incur no capital or maintenance costs.

14. Estimates of Annualized Cost to the Federal Government

Two types of government costs will be incurred: (1) government personnel, and (2) contracted evaluation services. Government personnel include up to two behavioral scientist at 60% time each and one project officer at 30%. GS-13 Step 1 will be used to average the cost for the behavioral scientist and GS-12 Step 1 will be used for the project officer. CDC has submitted a procurement request for an annually severable evaluation contract over five years with an annual cost up to $300,000 in the first year. This data collection accounts for approximately 20% of the evaluation annually. The average annualized cost to the federal government is $184,170, as summarized in Table A.14-A.

Table A.14-A. Annualized Cost to the Federal Government

Cost Category	**Total**
CDC Personnel • 60% GS-13@$85,500/year x 2= $102,600 • 30% GS-12@$71,901/year= $21,570 Subtotal, CDC Personnel	$124,170
Evaluation Contractor • 20% of $300,000= $60,000	$60,000
Total	$184,170

15. Explanation for Program Changes or Adjustments

This is a new collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The evaluation contractor is required to propose analytic strategies for data analysis (e.g. frequency analysis, trend analysis, crosstab analysis, and limited qualitative analysis). Most statistical analyses will be descriptive. CDC will have final approval of proposed analytic strategies. Statistical modeling may be included to examine predictors of specified outcomes. All information will be aggregated in evaluation reports.

A.16 - 1 Project Time Schedule

Activity Time Schedule	

The evaluation contractor will submit to CDC a proposed survey administration schedule for CDC approval	August 1, 2013
Survey administered	Immediately upon OMB approval and no later than February 2014

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.