

Institutional Awareness and Commitment to Ensuring Safe, Stable, and Nurturing Relationships  
and Environments for Children

SUPPORTING STATEMENT  
INFORMATION COLLECTION REQUEST

Part B

Supported by:

Department of Health and Human Services (DHHS)  
Centers for Disease Control and Prevention (CDC)  
National Center for Injury Prevention and Control (NCIPC)  
Division of Violence Prevention (DVP)

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## **B. Collections of Information Employing Statistical Methods**

Statistical methods will not be used to select respondents.

### **1. Respondent Universe and Sampling Methods**

The universe of respondents is five state health departments and the partner organizations (10 partner organizations at each site) chosen by the health department for their steering committee. Each health department and each partner engaged will select 3 staff members in their agency that are knowledgeable about the agency's mission, resources, and activities to collectively respond to this survey. If five health departments engage each with 10 partners and 3 staff respond to the survey from each organization we will have 165 respondents. No sample will be selected.

### **2. Procedures for the Collection of Information**

In this program (FOA CE13-1303), the funded state health departments have been asked to partner with other sectors to form a steering committee. This ICR will collect the information described in Part A from the state health department and their steering committee partner organizations in each of the 5 states once, at the start of the funding cycle, using a standardized survey formatted in SurveyMonkey. The partners responding to this survey will be chosen by each health departments based on their assessment of key stakeholders.

Health departments have already been informed of this data collection and CDC has asked health departments to inform their partners that they will be asked to respond to this survey as part of their commitments. Once the ICR is approved, CDC will send an e-mail with the link to the survey to each health department and will ask that the health department forward the link to each of their partners (see appendix E). In this e-mail, we ask that the point of contact at each agency bring in others from their agency to answer the questions collectively (as a group). If a respondent answers the survey alone, they are asked to try to answer the questions from their agency's perspective. CDC will compile all responses through SurveyMonkey.

SurveyMonkey has quality control strategies embedded in their surveys such as requiring responses before respondent moves onto another question to avoid skipping questions, automatically coding and entering responses into a database, and validating responses by limiting response options. Respondents will not be re-contacted for validation.

### **3. Methods to Maximize Response Rates and Deal with No response**

Non-respondents will be sent a personalized (first name) follow-up e-mail with the Essentials for Childhood logo as well as a postal reminder with a hard copy of the questionnaire after one week. Personalized contact is the factor most strongly associated with high response rates (Cook,

Heath, & Thompson, 2000). Pictures also increase response rates (Cochrane review, 2009) and sending a postal reminder along with a hard copy of the questionnaire has led to response rates as high as 76% (Burgess, Nicholas & Gulliford, 2012).

#### **4. Tests of Procedures or Methods to be Undertaken**

This survey has been pilot-tested among 6 staff with experience at the state-level government or community organizations. All revisions have been incorporated.

#### **5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

No individuals have been consulted on the statistical aspects of this ICR. No random sampling or statistical techniques other than simple frequencies will be used to analyze data.