

# **Systematic Identification and Assessment of Sexual Violence Prevention Strategies**

OSTLTS Generic Information Collection Request  
OMB No. 0920-0879

## **Supporting Statement – Section B**

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## Section B – Information Collection Procedures

### 1. Respondent Universe and Sampling Methods

The respondent universe for this information collection is 55 SV program managers within health departments in 50 states, the District of Columbia, and four U.S. territories (i.e., Commonwealth of Northern Mariana Islands, Guam, Puerto Rico, U.S. Virgin Islands). The respondent universe will also include 470 of delegates (i.e., non-profit organizations, public academic institutions, private organizations, local health departments) located in all 50 states, the District of Columbia, and one territory acting on behalf of those health departments in their official capacities funded through CDC’s Rape Prevention and Education (RPE) Program cooperative agreement. The total number of potential respondents is 525. The delegates are sub-awardees and include 396 non-profit organizations (e.g., rape crisis centers and state sexual assault coalitions), 52 public academic institutions, 16 private organizations (e.g., evaluation consultants and private academic institutions), and 6 local health departments (**see Att. A—RPE Awardees and Sub-Awardees Count**). They are considered delegates of the states, the District of Columbia, and U.S. territories health agencies for the following reasons:

- As per 0920-0879 Generic ICR language, “delegates are governmental or non-governmental agents (agency, function, office or individual) acting for a principal or submitted by another to represent or act on STLT government behalf.” SV programs in the state and territorial health departments are legislatively required by the Violence against Women Act of 1994 (VAWA) and Violence against Women Reauthorization Act of 2013 (**see Att. B—VAWA Reauthorization Legislation**) and under the Public Health Service Act Title 42 Chapter 6A Subchapter II Part J Section USC 280b-1b (**Att. C—Public Health Service Act 42 USC 280b-1b**) to allot RPE funding to those local organizations to provide legislatively mandated public health provisions on their behalf to raise awareness, affect community change, and ultimately prevent SV from occurring in the first place.
- Through the RPE funding, State and Territorial health departments contracted out to those delegates to provide the following essential public health services, which include
  - Informing, educating, and empowering people about SV issues
  - Mobilizing community partnerships to identify and solve SV problems
  - Developing plans and strategies that support individual and community prevention efforts
  - Assessing the effectiveness, accessibility, and quality of SV prevention strategies
- Using those delegates, State and Territorial health departments are able to implement SV prevention strategies throughout their jurisdictions to comply with the VAWA legislation and the RPE Program.

The target respondent universe for this information collection are all RPE awardees and their delegates (N=525). No sampling method will be employed. Submission of information is voluntary to nominate a prevention strategy that they wish to be reviewed and considered for a site visit by CDC. CDC aims for high level of participation in this information collection to solicit a long list of practice-based prevention strategies. Therefore, the maximum number of respondents (525) is estimated in this IC.

CDC will ensure that only RPE awardees and sub-awardees submit information by using the screening questions, which ask potential respondents to confirm that they are an RPE awardee or sub-awardee (**see Att. E—Instrument Word Version page 3 and Att. F—Instrument Web Version pages 2–3**). If a potential respondent answers that the nominating agency is not currently funded by the RPE cooperative agreement, the nomination form has a programmed skip pattern that leads to a page that says, “At this time, we are only able to accept nominations submitted by RPE awardees and sub-awardees.”

RPE awardees may submit up to three responses while RPE sub-awardees may submit one. As noted, there is diversity in which SV prevention efforts are organized and managed in the health departments across 50 states, the District of Columbia, and four U.S. territories (i.e., Commonwealth of Northern Mariana Islands, Guam, Puerto Rico, U.S. Virgin Islands) because of their context in terms of geographic location and size, their organizational capacities and infrastructure, and their selected strategic approach to SV prevention. Some may implement multiple SV prevention strategies, for some of which they may sub-contract to sub-awardees and for some of which they may implement using health department capacities. Without an inventory or accurate report of these contextual information, an upper limit of three responses was used for RPE awardees to account of these contexts in order to meet the purpose of this information collection. RPE sub-awardees may only submit one nomination. To ensure that respondents submit no more than the number of response per respondent type, CDC will conduct weekly review of data submitted and will follow up with respondents to notify them of their current number of submitted responses (**see Att. I—Follow-up Email**).

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

Potential respondents will be informed of the information collection by the National Sexual Violence Resource Center (NSVRC), CDC’s partner, who provides technical assistance to organizations implementing SV prevention efforts. To announce the call for nominations, CDC is using various mechanisms to reach the respondent universe.

CDC SSA website: The Division of Violence Prevention (DVP) Communications Team created an SSA Project webpage that houses information about the SSA method and project to advance SV evidence base. The webpage is not accessible from the main DVP website and must be accessed through the URL generated by the Communications Team. The URL will only be provided to awardees via email, and awardees will then send the URL to their sub-awardees via email. This means that information on the webpage will not be available to the general public accessing the regular DVP website. The Call for Nomination for this

information collection will be posted on the website (**see Att. G—Call for Nominations**). The information includes who is eligible to submit a nomination and timeline for submission and review. If someone outside the target respondent universe responds to the nomination, he/she will be screened out through screening questions on the nomination form (**see Att. E—Instrument Word Version page 3 and Att. F—Instrument Web Version pages 2–3**).

Partner advertising: NSVRC will post the SSA website link and brief information from the call for nomination on their website (www.nsvrc.org). The SSA website link will be posted on the section of NSVRC’s website that is only accessible to RPE awardees. The messaging will be similar to the language in the call for nominations (**see Att. G—Call for Nominations**) and briefly explain the call for nominations and also link potential respondents to the SSA website for more information.

Emails: The link to the SSA project webpage will be sent to RPE awardees through the RPE listserv, which includes RPE awardees and partners. CDC manages the listserv. Specific language will state that the link is intended for only RPE awardees and delegates. CDC will also email each of the 55 RPE program managers with the webpage link, information about the SSA project, and anticipated nomination process as detailed in the call for nomination. Messaging will include similar language in the call for nominations (**see Att. G—Call for Nominations**).

Informational session: An informational session will be conducted to inform potential respondents (525 RPE awardees and delegates) about the overall SSA process, potential benefits to the agency for nominating a prevention strategy, the nomination process and procedures, and the types of information to be collected about the nominated prevention strategy to be rated by the review panel (i.e., strategy goals and focus, strategy implementation, information collection and assessment efforts). The information session will be announced through the RPE listserv. Registration for the information session will only allow the 525 eligible RPE awardees and delegates to attend. Potential respondents will be informed about the review panel process to review, rate, and recommend the prevention strategies for a site visit evaluability assessment (EA). Potential respondents will be informed that the site visit EA provides an opportunity for CDC to provide technical assistance to the sites by assessing strategy implementation, data availability, intended outcomes, and staff capacity. Further, CDC will summarize the site visit, describe the prevention strategy and current supports, and offer recommendations for program improvement and assessment activities.

Webinar: Upon approval of OMB, a webinar will be delivered to the 525 RPE awardees and delegates to review the information collection instrument (**see Att. E—Instrument Word Version and Att. F—Instrument Web Version**) and the submission process. Registration for the webinar will only allow the 525 eligible awardees and delegates to attend.

Frequently Asked Questions (FAQs): Following the information session and webinars, answers to FAQs will be compiled and posted to the CDC's SSA website.

Information will be collected through a web-based information collection instrument via Survey Monkey. Respondents will be able to respond to the call for nomination posted on CDC and NSVRC websites, and through an email to the RPE listserv (**see Att. G—Call for Nominations**). The call for nomination will explain:

- The purpose of the information collection, and why their participation is important
- The method used to safeguard their responses
- That participation is voluntary
- The expected time to complete the strategy description form
- The use of the information collection instrument
- Contact information for CDC

The call for nominations will also state instructions for participating and will include a link to the online Sexual Violence Prevention Strategy Description. The online collection portal will reduce the burden of subscribers by allowing them to complete the form at their own convenience. A portable document format of the nomination form will be posted on CDC's SSA webpage so that eligible respondents can download, preview, and prepare answers to the questions outside the online collection portal.

CDC will ensure that only RPE awardees and sub-awardees submit nominations via the online nomination form based on the screening questions, which ask potential respondents to confirm that they are an RPE awardee or sub-awardee (**see Att. E—Instrument Word Version page 3 and Att. F—Instrument Web Version pages 2-3**). If a potential respondent answers that the nominating agency is not currently funded by the RPE cooperative agreement, the nomination form has a programmed skip pattern that leads to a page that says, "At this time, we are only able to accept nominations submitted by RPE awardees and sub-awardees."

RPE awardees may submit up to three nominations and RPE sub-awardees may only submit one nomination. To ensure that respondents submit no more than the number of response per respondent type, CDC will conduct weekly review of data submitted and will follow up with respondents to notify them of their current number of submitted responses (**see Att. I—Follow-up Email**).

The online collection will be open for four weeks to allow ample time for respondents to complete the form for the nomination. A reminder email will be sent to the RPE listserv RPE program managers (**see Att. H—Reminder**). The reminder will also be posted on CDC's SSA website and NSVRC website on the last week to urge them to submit the nomination. If needed, potential respondents will be given an additional two weeks to respond following the reminder.

Information from the online nomination form will be downloaded, reviewed, and analyzed in Excel and SPSS. CDC staff and contractors will perform a content analysis and create summaries of each nominated prevention strategy. Descriptive statistics will also be performed to describe categorical and numerical information about the nominated prevention strategies. The summarized reports will be presented to a review panel. The review panel will consist of assessors, practitioners, subject matter experts, and allies in the field of SV prevention who will review, rate, and make recommendations to inform CDC's selection of SV prevention strategies for a site visit EA. All nominated prevention strategies will receive a letter indicating final results, selection, and the next steps.

### **3. Methods to Maximize Response Rates Deal with Nonresponse**

Although participation in the nomination is voluntary, the CDC and its contractors will make every effort to maximize the rate of response. The form was designed to collect only the necessary information for the review panel to rate the prevention strategies. Respondents may consult the CDC point of contact to clarify information and ask questions or refer to FAQs posted on the CDC's SSA website. A reminder email will be sent to the RPE listserv and RPE program managers on the last week (**see Att. H—Reminder**). The reminder will also be posted on CDC's SSA website and NSVRC website on the last week to urge them to submit the nomination. If needed, potential respondents will be given an additional two weeks to respond following the reminder.

The informational session and webinar will help to maximize response rates. The purpose of the informational session is to inform potential respondents (525 RPE awardees and delegates) about the overall SSA process, potential benefits to the agency for nominating a prevention strategy, the nomination process and procedures, and the types of information to be collected about the nominated prevention strategy to be rated by the review panel (i.e., strategy goals and focus, strategy implementation, information collection and assessment efforts), and also allow potential respondents to ask questions. The information session will be announced through the RPE listserv and registration will only allow the 525 eligible RPE awardees and delegates to attend.

Upon receipt of OMB approval, a webinar will be delivered to the 525 RPE awardees and delegates to review the information collection instrument (**see Att. E—Instrument Word Version and Att. F—Instrument Web Version**) and the submission process. Registration for the webinar will only allow the 525 eligible awardees and delegates to attend.

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

The estimate for burden hours is based on a pilot test of the information collection instrument by 3 public health professionals. In the pilot test, the time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was averaged approximately 30 minutes for each submission. Based on these results, the estimated time range for actual respondents to complete each instrument submission is 20 to 40 minutes. For the purposes

of estimating burden hours, the upper limit of this range (i.e., 40 minutes) is used for each response. This burden is used for each response by RPE awardees and sub-awardees.

Note, RPE awardees may submit up to three responses while RPE sub-awardees may submit one. As noted, there is diversity in which SV prevention efforts are organized and managed in the health departments across 50 states, the District of Columbia, and four U.S. territories (i.e., Commonwealth of Northern Mariana Islands, Guam, Puerto Rico, U.S. Virgin Islands) because of their context in terms of geographic location and size, their organizational capacities and infrastructure, and their selected strategic approach to SV prevention. Some may implement multiple SV prevention strategies, for some of which they may sub-contract to sub-awardees and for some of which they may implement using health department capacities. Without an inventory or accurate report of these contextual information, an upper limit of three responses was used for RPE awardees to account of these contexts in order to meet the purpose of this information collection. RPE sub-awardees may only submit one nomination. Since RPE awardees can submit up to three responses, the burden is multiplied by three whereas one response was used for sub-awardees.

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

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Contracting Agency (to be selected by June 2016)

#### **LIST OF ATTACHMENTS – Section B**

- A. RPE Awardees and Sub-Awardees Count
- B. VAWA Reauthorization Legislation
- E. Instrument Word Version
- F. Instrument Web Version
- G. Call for Nominations
- H. Reminder
- I. Follow-up Email