Supporting Statement
For OMB Information Collection Request

SUPPORTING STATEMENT: PART A

OMB# 0920-0968

January 22, 2016

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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CONTENTS

SUMMARY TABLE

- **Goal**: The goal of this ICR is to continue collecting information needed to monitor cooperative agreement programs funded under Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States DELTA FOCUS) - FOA CDC-RFA-CE13-1302. This request is to extend the time and slightly reduce burden.
- **Intended use of the resulting data**: Information to be collected will provide crucial data for program performance monitoring and to provide CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources. Typical inquiries involve requests for specific details on what types of activities states and communities are implementing, how those activities are being implemented, what the grantees' objectives are, and what successes have been achieved by grantees. The information collection enables the accurate, reliable, uniform and timely submission to CDC of each awardee's action plans, evaluation plans, and progress reports, including objectives and milestones.
- **Methods to be used to collect**: Awardees will report progress and activity information to CDC on an annual schedule using the Program Management Information System (PMIS) consisting of fillable electronic templates and submitted via Grant Solutions. No research design or human subjects involved.
- **The subpopulation to be studied**: 100% of population (awardees of the DELTA program), no sampling.
- **How data will be analyzed**: The data will be analyzed using descriptive and summary statistics

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

This is a revision request for the currently approved "MONITORING AND REPORTING SYSTEM FOR DELTA FOCUS AWARDEES," OMB# 0920-0968, expiration date May, 31, 2016 for 3 years. This request is to extend the time and slightly reduce burden.

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 DELTA FOCUS program promotes 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 supports comprehensive and coordinated approaches to IPV prevention. The strategies 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 Program Management Information System (PMIS) data collection.

Activities that are 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. 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 was due within 90 days post award (no later than June 1, 2013). CDC began 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 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 facilitates data-driven technical assistance.
- Awardees have the capacity to enter updates on an ongoing basis. This feature of the PMIS facilitates 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 allows CDC to formulate actionable- and synthesized- analyses and reports that would be impracticable using paper-based information sources, facilitating program improvements and organizational learning.

The prior OMB approval had an initial entry into the monitoring and reporting system that was a onetime collection, and not necessary for this semi-annual reporting collection. Therefore, as a result of removing the initial population the burden is slightly reduced for the continuation of this ongoing collection. There are no other significant program changes or adjustments impacting this data collection system since the prior OMB approval was received.

The DELTA FOCUS program is an initiative authorized under Sections 201 and 314 of the Family Violence Prevention and Services (42 U.S.C.10401) (Attachments A1 and A2).

A.2. Purpose and Use of Information Collection

The purpose of this ICR is to continue collecting information needed to monitor cooperative agreement programs funded under Domestic Violence Prevention Enhancements and Leadership through Alliances (DELTA) Program.

The original ICR approval for the PMIS has allowed the DELTA program to successfully collect programmatic information from grantees in fulfillment of their semi-annual reporting

requirements to CDC. The information collected has been used to monitor grantee progress and to allow CDC to more accurately assess progress of the project as a whole.

The current information collection is to 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 generates a variety of routine and customizable reports. Local level reports allow each awardee to summarize its activities and progress towards meeting action plan objectives. CDC also has the capacity to generate reports that describe activities across multiple awardees. CDC uses 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. Typical inquiries involve requests for specific details on what types of activities states and communities are implementing, how those activities are being implemented, what the grantees' objectives are, and what successes have been achieved by grantees in a particular time period. This data collection system allows us to access that information, structured by each grantee and then by their objectives and progress on those objectives. We collect that information twice a year to ensure that the information is always current, given that grantees' work is often shifting as they modify their plans as they achieve objectives, as partner participation varies, as needs shift, etc. 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 allows 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.

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 uses 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.

This system primarily collects process data that will be used for performance monitoring and evaluation of progress towards grantee objectives. In addition, the DELTA FOCUS program has two main evaluation questions:

1. To what degree do the prevention strategies implemented by grantees at state and local levels contribute to what we know about IPV prevention?
2. How well is the national DELTA FOCUS program being implemented?

Information shared by grantees will be used to help identify promising prevention strategies and learn how best to improve the implementation of this program in the future.

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 by 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.

A.3. Use of Improved Information Technology and Burden Reduction

Taking advantage of electronic database technology, 100 percent of responses to this information collection occur using the PMIS. The PMIS improves information quality by minimizing errors and redundancy. The structure of the PMIS minimizes or eliminates many elements that would otherwise be repeated within stand-alone systems (see Attachment D). Having all of the information collected in the same place in the same manner reduces the level of burden attributable to redundancy and reduces the workload to enter and maintain the data. Programs are 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 helps to improve the quality and comparability of performance information that is received by CDC from multiple awardees. Further, standardization enhances the consistency of action plans and reports, enables cross-program analysis, and facilitates 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 reduces 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.

A.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.

A.5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

A.6. Consequences of Collecting the Information Less Frequently

Reports will be collected semi-annually. We collect that information twice a year to ensure that the information is always current, given that grantees' work is often shifting as they modify their plans as they achieve objectives. The annual 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 data on performance measures 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.

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

The request fully complies with the regulation 5 CFR 1320.5.

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

A.8.a) Federal Register Notice

A 60-day Federal Register Notice was published in the Federal Register on November 24, 2015, vol. 80, No. 226, pp. 73190-73191 (Attachment B). There were no comments to the 60-day Federal Register Notice.

A.8.b) Efforts to Consult Outside the Agency

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. Since OMB approval, CDC has consulted awardees during the training period and throughout the implementation process.

A.9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive payments or gifts for providing information.

A.10 Assurance of Confidentiality Provided to Respondents

The CDC National Center for Injury Control and Prevention's human subjects coordinator has determined that the Privacy act does not apply The primary respondents are the project coordinators of the DELTA FOCUS awardees. Data are 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. 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 is used to describe, evaluate and enhance opportunities for collaborative efforts and partnerships. Having all this information in a single and secure database allows 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 is collected. Only names and professional contact information are collected, limiting the potential negative impact this data collection might have on the privacy of awardees.

Awardees 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 also collects 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 D).

The PMIS collects a limited amount of information in identifiable form (IIF) for key program staff (e.g., Executive Director). Each awardee provides the names of these individuals as well as their professional contact information.
Information collected through the PMIS is reported in internal CDC documents and shared with state domestic violence coalitions, the evaluation contractor for the purpose of analysis and generating reports, and sometimes with external audiences for the purpose of explaining the DELTA FOCUS program.

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 has access to its own information and decides the level of access for each of its authorized users. The extent to which local partners may access an awardee's information are decided by that awardee. CDC staff and an evaluation contractor have varying levels of access to the system with role-appropriate security training, based on the requirements of their position(s). Aggregated information is 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.

A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

The CDC/NCIPC Human Subject Contact has determined that IRB approval is not required because the PMIS data collection is not research involving human subjects. See Attachment C for a copy of the IRB documents.

Sensitive Questions

The PMIS collects 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 only provides information about activities conducted under the collaborative award. While the information collected is not 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.

A.12. Estimates of Annualized Burden Hours and Costs

Awardees report information to CDC about their objectives and activities (see Attachment D). 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 has been used for estimating burden hours. All awardees are state domestic violence coalitions.

DELTA FOCUS awardees use reports generated from the information collection at 6 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 allows 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, reduces the administrative burden on the yearly continuation application and the progress review process. Awardee program staff are able to review the completeness of data necessary to submit required reports, enter basic summary data for reports semi-annually, and finalize and save required reports for upload into Grants.gov.

Table 1. Estimated Annualized Burden Hours

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	Instrument-PMIS Data Elements (Att. D)	10	2	3	60
				Total	60

A.12.b) Annual burden cost

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 $1,440, as summarized in Table 2.

Table 2. Estimated Annualized Burden Costs

Type of Respondent	Form Name	Average Burden per Responses	Average Hourly Wage Rate (in dollars)	Total Respondent Cost
State Domestic Violence Coalitions	Instrument-PMIS Data Elements (Att. D)	3	60	$24.00
			Total	$1,440

A.13. Estimates of Other Total Annual Cost Burden to Respondents or 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.

A.14. Annualized Cost to the 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 previously include application design and development costs and currently include 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 3. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
CDC Personnel (20% GS-13@$85,500/year x 8 = $171,000)	Data entry and review	$136,800

Data Collection Contractor	System maintenance	$ 30,000
	Total Annual Estimated Costs	$166,800

A.15. Explanation for Program Changes or Adjustments

The prior OMB approval had an initial entry into the monitoring and reporting system that was a onetime collection, and not necessary for this semi-annual reporting collection. Therefore, as a result of removing the initial population the burden is slightly reduced for the continuation of this ongoing collection. There are no other significant program changes or adjustments impacting this data collection system since the prior OMB approval was received.

A.16. Plans for Tabulation and Publication, and Project Time Schedule

The cooperative agreement cycle is five years. Current OMB approval is being requested to extend for another three years, through May 2019. Reports are generated by the awardees per the FOA requirements twice a year. Data collection began with the awarding of the grants and will continue throughout the funding cycle.

Information collected through the PMIS is 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.

Project Time Schedule

Activity Time Schedule	
User Training	Ongoing as new staff join the project
Data Collection	0-36 months after OMB approval
Data Publication	Twice annually
Data Analysis	0-36 months after OMB approval

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

The display of the OMB expiration date is not inappropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.