Supporting Statement
For OMB Information Collection Request

SUPPORTING STATEMENT: *PART A*

OMB# 0920-16BZ

February 11, 2016

"MONITORING AND REPORTING FOR THE CORE STATE VIOLENCE AND INJURY PREVENTION PROGRAM COOPERATIVE AGREEMENT"

Supported by:

Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Analysis, Research, and Practice Integration

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SUMMARY TABLE

- **Goal of the study**: The goal of this ICR is to collect information needed to monitor cooperative agreement programs funded under the Core State Violence and Injury Prevention Program (Core SVIPP) (CDC-RFA-CE16-1602).

- **Intended use of the resulting data:** Information to be collected will provide crucial data for program performance monitoring and 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. Also, monitor state health departments' injury and violence prevention program performance, provide suggestions for improvement, and disseminate injury and violence prevention surveillance data.

- **Methods to be used to collect:** Awardees will report progress and activity information to CDC on an annual schedule using Excel-based fillable electronic templates. No research design or human subjects involved.

- **The subpopulation to be studied:** 100% of population, no sampling

- **How data will be analyzed:** The data will be analyzed using descriptive and summary statistics as well as qualitative summaries.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) seeks approval for a NEW information collection request for 3 years. This is a new request for collection of annual progress reports from awardees funded under the Core State Violence and Injury Prevention Program cooperative agreement program, hereafter known as Core SVIPP. Progress reports will be used to monitor and report progress toward meeting established goals and objectives. Information to be collected will also 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.

Background

CDC's National Center for Injury Prevention and Control (NCIPC) is committed to working with its partners to promote action that reduces injuries, violence, and disabilities, by providing

leadership in identifying priorities, promoting prevention strategies, developing useful tools, and monitoring the effectiveness of Injury and Violence Prevention (IVP) program activities. Unintentional and violence-related injuries and their consequences are the leading causes of death for the first four decades of life, regardless of gender, race, or socioeconomic status. More than 192,000 individuals in the United States die each year as a result of unintentional injuries and violence, and more than 31 million others suffer non-fatal injuries requiring emergency department visits each year.

NCIPC recognizes that most events that result in injury and/or death from injury could be prevented through the use of evidence-based public health strategies, practices, and policies and many of these strategies are cross-cutting, addressing shared risk and protective factors among varying types of injury. Given these factors, the Public Health Service Act (PHS Act) provides an important opportunity for states to advance public health across the lifespan and to reduce health disparities. Section 301(a) of the PHS Act 42 U.S.C. 241(a), (Attachment A) authorizes grants to aid other "other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man." Based on this legislation, NCIPC is requesting to collect data from Core SVIPP awardees that describes state health departments' approaches to preventing and reducing unintentional and intentional injuries and associated outcomes from program activities ("2016-2021 Core State Violence and Injury Prevention Program (Core SVIPP)," FOA CE16-1602, also called "Core SVIPP").

A.2. Purpose and Use of Information Collection

Core SVIPP awardees will be expected to employ cross-cutting strategies to prevent violence and unintentional injuries and address shared risk and protective factors associated with the following public health priorities: 1) Child abuse and neglect, 2) Motor vehicle crash injuries, 3) Intimate Partner/Sexual Violence, and 4) Traumatic brain injury (TBI).

Core SVIPP is comprised of three separate components: BASE, Regional Network Coordinating Organization (RNCO), and Surveillance Quality Improvement (SQI). All awardees are funded to do activities related to the BASE component during the project cycle; however those successfully competing for BASE funding may also be funded for one or more of the Enhanced Components (RNCO or SQI) which is determined at time of application funding review.

All awardees will monitor and report progress on their program goals, objectives, activities, and performance measures using the Annual Progress Report (Attachment C). Awardees will also document a process for developing program evaluation questions, data collection procedures, and program management using the Evaluation and Performance Management Plan (Attachment D). A draft of this plan will be required at time of application to the Core SVIPP FOA, thus awardees will be required to revisit and revise annually in conjunction with the submission of the APR. Finally, awardees will collect surveillance data on causes of unintentional and intentional injuries using the Injury Indicator Spreadsheet (Attachment E). Information will be transmitted to CDC electronically through an email to assigned Project Officers.

Data Collection Schedule	
Annual Progress Report (Attachment C)	1 year post award and annually thereafter
Evaluation and Performance Management Plan (Attachment D)	6 months post award and annually thereafter
Injury Indicator Spreadsheet (Attachment E)	1 year post award and annually thereafter

Evaluating the impact of population-based strategies and identifying new insights and innovative solutions to health problems are two of the noted public health activities that all public health systems should undertake. For NCIPC, these objectives cannot be satisfied without the systematic collection of data and information from state health departments. The information collection will enable the accurate, reliable, uniform and timely submission to NCIPC of each awardee's evaluation plan and progress report, including strategies and performance measures. The information collection plan proposed here will also generate a variety of routine and customizable reports. State specific reports will allow each awardee to summarize activities and progress towards meeting strategies and performance measure targets related to the reduction and prevention of unintentional and intentional injuries. NCIPC will also have the capacity to generate reports that describe activities and health outcomes across multiple awardees, which will enable better reporting of trends and provision of technical assistance through linking partners across state health departments, RNCOs, and collaborating divisions within CDC.

The information collection and reporting requirements have been carefully designed to align with and support the specific goals and outcomes outlined in the Core SVIPP cooperative agreement. Although the evaluation results and data are limited to the 20 awardees of the Core SVIPP FOA, the results can be generalizable and inform the injury and violence prevention work. Moreover, it is steadfastly asserted that the results of the data collection are vital to ensuring the Core SVIPPs efficient management. Results will not only allow NCIPC staff to provide data-driven technical assistance, but also to assess patterns across other NCIPC injury and violence prevention programs such as, Prescription Drug Overdose Prevention for States and the Injury Control Research Centers. In addition, the data collection will inform the continuous quality improvement process and allow NCIPC staff to make mid-course corrections and describe the impact on health outcomes.

The information collection procedures will also allow NCIPC to respond to inquiries from the HHS, the White House, Congress and other stakeholders about program activities and their impact; as well as, work towards CDCs overarching mission to protect America from health, safety and security threats, both foreign and in the U.S.

NCIPC will use the information collected to perform program and evaluation activities to accomplish the following objectives:

- Monitor each awardee's progress and identify facilitators and barriers to program implementation and achievement of outcomes. Monitoring allows NCIPC to determine whether an awardee is meeting performance goals, to inform awardee continuous quality improvements, and to inform the type of intensity of CDC-provided technical assistance to support attainment of their performance measures.

- Identify trends in unintentional and intentional injury surveillance data to inform the state the targeting of prevention and intervention strategies as well as the production of relevant reports, journal articles, and resources for state health departments.
- Identify, translate, and disseminate information about successful prevention and control strategies implemented by awardees through the development of journal articles, tools, templates, and other unintentional and intentional violence prevention resources/products.
- Monitor the increased emphasis on strategies that affect health outcomes and impact through addressing shared risk and protection factors. This strategy is expected to reduce duplication of effort, enhance program impact and maximize use of federal funds. In addition, NCIPC will use the results of this information collection to appraise the model for future program reporting efforts and improvement.

Program awardees will use the information collected to manage and coordinate their activities and to improve their efforts to prevent and control unintentional and intentional injuries. The tools will allow awardees to fulfill their annual reporting obligations efficiently by employing user-friendly instruments to collect necessary information for both progress reports and continuation applications including work plans. This approach, 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 needed to generate required reports, enter basic summary data for reports annually, and finalize and save required reports for upload into other reporting systems as required.

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

Taking advantage of electronic technology, 100 percent of responses to this information collection occur using email. Awardees will email completed Excel spreadsheets, tailored for their specific work plans, and Word documents to the assigned NCIPC staff on an annual basis. CDC staff will input the data into NCIPC's internal Monitoring and Evaluation Tool Access database for examination and reporting. These tools improve information quality by minimizing errors and redundancy. 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 have data self-populated from one year to another, which minimizes data re-entry, burden, and potential errors.

NCIPC has developed the Annual Progress Report (Attachment C) and Injury Indicator Spreadsheet (Attachment E) using the Excel platform. Additionally, the Evaluation and Program Management Plan tool has been developed using MS Word. Since the use of Excel, Word and similar Microsoft products is common, it is proposed these user-friendly interfaces will be easier and more intuitive for awardees to use than special-purpose tools or software. Use of Excel and Word will require very little training and awardees will use the tools provided to record and update grant information.

There are significant advantages to collecting information using these reporting tools:

- The data structures and business rules will help awardees formulate performance measures that are specific, measurable, achievable, relevant and time-framed (SMART).

This formulation is intended to facilitate successful achievement of performance measures and is integral to CDC's program evaluation strategy for the program.
- The information being collected provides crucial information about each awardee's work plan, activities, partnerships, successes, challenges and progress over the award period.
- Excel-based tools contain built in data definitions, formulas, and macros to allow for easy entry, calculations, data validation, and reporting.
- Capturing the required information uniformly will allow CDC to formulate ad hoc analyses and reports for program evaluation and manuscript development.

These tools and 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 for multiple awardees and multiple award types. Further, standardization will enhance the consistency of plans and reports, enable examination of cross-program performance and strategies, and will facilitate a higher degree of reliability by ensuring that the same information is collected on all strategies and performance measures with slightly different areas of emphasis, depending on the awardee type (BASE, SQI, RNCO). Finally, the report generation capabilities of the tools will reduce the respondent burden associated with paper-based reports. Without the reporting tools 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 violence and injury prevention to conduct prevention work, the information collected from Core State Violence and Injury Prevention Program (Core SVIPP) (CDC-RFA-CE16-1602) awardees is not available from other sources. The collection of this information is part of a federal reporting requirement for funds received by awardees. The tools will consolidate information necessary for both continuation applications and progress reports so that information entered once can be used to generate multiple types of reports without having to duplicate efforts. The information collected from awardees is not available from other sources.

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 annually. The annual progress report is due 120 days before the end of the budget period and serves as a non-competing continuation application. Less frequent reporting would undermine accountability efforts at all levels and negatively impact monitoring awardee progress. The 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 9, 2015 vol. 80 No. 216, pp. 69225-69226 (Attachment B). CDC received one non-substantive response (Attachment B2). There were no replies with the standard CDC response. Contact information wasn't provided.

A.8.b) Efforts to Consult Outside the Agency
The data collection instruments were designed by CDC, there were no external consultations.

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

Respondents will not receive payments or gifts for providing information.

A.10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The CIO's Information Systems Security Officer reviewed this submission and determined that the Privacy Act does not apply for this information collection request. The Privacy Act of 1974 refers to an individual in a "system of records" where information is retrieved by the name of an individual or by some identifying number, symbol, or other identifying particular. Respondents are cooperative agreement awardees. Key program staff will provide information related to programmatic improvement and they will be notified that their responses on the electronic information system will be treated in a secure manner. Staff identifiers will not be used in any progress reports. The information collection does not require consent from individuals. No personal contact information will be collected. All data will be reported in aggregate form, with no identifying information included. Because data are maintained in a secure, password protected system, and information will be reported in aggregate form, there is no impact on respondent privacy. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of key awardees' program staff (e.g. program director) will be protected and maintained. Activities do not involve the collection of individually identified information.

While consent is not required to report aggregate data, awardee approval will be obtained if specific state data is used for publications, reports, or other publicly disseminated information. Respondents are state governmental agencies. Although contact information is obtained for each awardee, the contact person provides information about the organization, not personal information. No system of records will be created under the Privacy Act. Submission and access to state data will be controlled by a password-protected login to the secure Monitoring and Evaluation Tool site. Access levels vary from read-only to read-write, based on the user's role

and needs. CDC staff, and evaluation contractors 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 Access server subject to CDC's information security guidelines.

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 data collection is not research involving human subjects. See Attachment F for a copy of the IRB documents.

Sensitive Questions

The proposed tools do not collect sensitive information.

A.12. Estimates of Annualized Burden Hours and Costs

A. Annualized Burden Hours
   Respondents will be the awardees of the Core SVIPP cooperative agreement. Awardees will report information to NCIPC about their activities, performance measures, outcomes, and evaluation progress. Three information collection tools will be used: Annual Progress Report (Attachment C and C2), Evaluation and Performance Management Plan (Attachment D), and Injury Indicator Spreadsheets (Attachment E).

The same instruments will be used for all information collection and reporting. However, burden estimates for each information collection vary according to:

1. Whether the awardee is funded for BASE only or Enhanced components. Overall, burden is expected to be greater for awardees funded for Enhanced components than awardees funded for BASE alone, since awardees funded with Enhanced components will report on more domains of activity.
2. Reporting year (Year 1, vs. Year 2 and Year 3 of the three-year OMB approval period). CDC anticipates that burden will vary substantially over the award period. The time commitments for data entry and training will be greatest during the first 6-12 months, and the efficiencies of the reporting tools will be realized in subsequent reporting years, when burden is limited to entering changes, progress information, and new activities.

To facilitate completion of the Injury Indicator Spreadsheets in the first year, NCIPC has developed a detailed guidance document for completing the Injury Indicator Spreadsheets (Attachment E2). The Injury Indicator Spreadsheets (Attachment E) and Annual Progress Report (Attachment C) also contain built-in formulas and definitions to aid the user in data entry and reporting. NCIPC will also provide technical assistance.

Therefore, for each information collection, the burden table presents separate estimates for:

1. Awardees funded for BASE versus Enhanced components.
2. Annual reporting versus initial start-up burden.
    a. Annual reporting is applicable to Year 1, Year 2, and Year 3. The estimated number of respondents is 20 awardees for BASE and 5 for Enhanced components.
    b. A supplemental allocation for initial start-up burden which will occur one time only in Year 1.

Annually, all respondents will complete the Word-based Annual Progress Report (Attachment C). For the 20 awardees funded for BASE component, the burden per response is estimated to be 22 hours for initial population of the tool, and the annual burden per response is estimated at 11 hours. For the 5 respondents funded for 1-Enhanced component, the burden per response for the Annual Progress Report (Attachment C2) is initially estimated at 73 hours, and the annual burden per response is estimated at 58 hours. For the 5 respondents funded for 2-Enhanced components, the burden per response for the Annual Progress Report (Attachment C2) is initially estimated at 146 hours, and the annual burden per response is estimated at 116 hours.

Annually, all respondents will complete the Word-based Evaluation and Performance Management Plan (Attachment D). For the 20 awardees funded for BASE component, the annual burden per response is estimated at 2 hours. For the 5 respondents funded for 1-Enhanced component, the annual burden per response is estimated at 3 hours. For the 5 respondents funded for 2-Enhanced components, the annual burden per response is estimated at 4 hours.

Annually, all 20 respondents will complete the Excel-based Injury Indicator Spreadsheet (Attachment E). For the 20 awardees funded for BASE component, the annual burden per response is estimated at 14 hours. For the 5 respondents funded for 1-Enhanced component, the annual burden per response is estimated at 14 hours. For the 5 respondents funded for 2-Enhanced components, the annual burden per response is estimated at 14 hours.

Over the three-year period of this information collection request, the total estimated annualized burden for the current awardees is 3120 hours, as summarized in Table A.12-A.

Table A.12-A. 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)
Core SVIPP BASE Awardees	Initial Population-Annual Progress Report (Attachment C – Base)	20	1	22	440

	Annual Progress Report (Attachment C – Base)	20	1	11	220
	Evaluation and Performance Management Plan (Attachment D)	20	1	2	40
	Injury Indicator Spreadsheet (Attachment E)	20	1	14	280
Core SVIPP 1- Enhanced Component Awardees	Initial Population- Annual Progress Report (Attachment C2 – Enhanced)	5	1	73	365
	Annual Progress Report (Attachment C2 – Enhanced)	5	1	58	290
	Evaluation and Performance Management Plan (Attachment -D)	5	1	3	15
	Injury Indicator Spreadsheet (Attachment–E)	5	1	14	70
Core SVIPP 2- Enhanced Component Awardees	Initial Population- Annual Progress Report (Attachment C2 – Enhanced)	5	1	146	730
	Annual Progress Report, (Attachment C2 – Enhanced)	5	1	116	580
	Evaluation and Performance Management Plan (Attachment D)	5	1	4	20

	Injury Indicator Spreadsheet (Attachment E)	5	1	14	70
				Total	3120

B Annualized Burden Cost

A program manager will prepare the progress reports for each area. The average hourly wage for a program manager is $31. 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 is $13,671, as summarized in Table A.12-B.

Table 2. Estimated Annualized Burden Costs

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Responses	Average Hourly Wage Rate (in dollars)	Total Respondent Cost
Core SVIPP Program Awardees	Initial Population-Annual Progress Report	20	1	22	$31	$682
	Annual Progress Report	20	1	11	$31	$341
	Evaluation and Performance Management Plan	20	1	2	$31	$62
	Injury Indicator Spreadsheet	20	1	14	$31	$434
Core SVIPP Program 1-Enhanced Component Awardees	Initial Population-Annual Progress Report	5	1	73	$31	$2263
	Annual Progress Report	5	1	58	$31	$1798
	Evaluation and Performance Management Plan	5	1	3	$31	$93
	Injury Indicator Spreadsheet	5	1	14	$31	$434

Core SVIPP Program 2-Enhanced Components Awardees	Initial Population-Annual Progress Report	5	1	146	$31	$4526
	Annual Progress Report	5	1	116	$31	$3596
	Evaluation and Performance Management Plan	5	1	4	$31	$124
	Injury Indicator Spreadsheet	5	1	14	$31	$434
					Total	$14,787

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

This data collection will not result in costs for respondents or record keepers. 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 $242,723, as summarized in Table 3. Major cost factors for the project include the CDC federal employees who will enter a limited amount of data and whose schedules and steps vary, and the cost of the data collection contractor.

Table 3. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
CDC Personnel	• 100% GS-12@$73,347/year = $73,347 • 50% GS-13 @ $87,219 /year = $43,610 • 25% GS-14 @ $103,065/year = $25,766	$142,723
Contractor	Data Collection Contractor	$100,000
	Total Annual Estimated Costs	**$242,723**

A.15. Explanation for Program Changes or Adjustments

This is a new collection.

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

A. Time schedule for the entire project

The cooperative agreement cycle is five years. OMB approval is being requested for three years. Per the FOA, data collection must begin 6 months post award with the Evaluation and Performance Management Plan. Other collections will occur per the FOA requirements once a

year due 120 days before the end of the budget period. Data collection began with the awarding of the grants and will continue throughout the funding cycle.

B. Publication plan
Information collected by the awardees will be reported in internal CDC documents and shared with state-based programs. Publication in a peer-reviewed scientific journal will be determined post-data collection.

C. Analysis plan
CDC will not use complex statistical methods for analyzing information. Most statistical analyses will be descriptive. Statistical modeling may be included to examine predictors of specified outcomes. For example, the difference between baseline rates and achieved rates on indicators will be documented and analyzed. In addition, the percent of objective met versus proposed will also be documented and analyzed. Furthermore, the information in the work plan will allow for CDC staff to monitor program activities and implementation and provide technical assistance to awardees after an internal qualitative review has been completed.

Project Time Schedule	
Activity	**Time Schedule**
Evaluation and Performance Management Plans due	6 months after OMB approval
Annual Progress Report due	12 months after OMB approval
Injury Indicator Spreadsheets due	12 months after OMB approval
Validation	12-15 months after OMB approval
Analyses	15-18 months after OMB approval
Reporting to awardees	18-22 months after OMB approval
Manuscript development	22-30 months after OMB approval
Publication	30-36 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.