

**Supporting Statement  
For OMB Information Collection Request**

***SUPPORTING STATEMENT: PART B***

**OMB# 0920-16BZ**

**January 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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## **COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

- B.1. Respondent Universe and Sampling Methods
- B.2. Procedures for the Collection of Information
- B.3. Methods to Maximize Response Rates and Deal with Nonresponse
- B.4. Tests of Procedures or Methods to be Undertaken
- B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

## **LIST OF ATTACHMENTS**

- A. Public Health Service Act (PHSA) 42 U.S.C. 241(a), Section 301(a)
- B. Published 60-Day Federal Register Notice
- B2. 60-Day Federal Register Notice Public Comment
- C. Annual Performance Report BASE
- C2. Annual Performance Report Enhanced
- D. Evaluation and Performance Management Plan
- E. Injury Indicator Spreadsheet
- E2. Injury Indicator Spreadsheet Instructions

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

Respondents are the 20 current awardees funded through FOA CE16-1602, Core State Violence and Injury Prevention Program (“Core SVIPP”). A list of awardees is provided in Attachment 2. There are two funding levels: 20 respondents receive funding for the BASE component, and 10 respondents receive funding for Enhanced components. 5 will be chosen to receive funding for one enhanced component. 5 will be chosen to receive funding for two enhanced components. Reporting burden for awardees funded at the Enhanced level is higher since they will be reporting on more extensive activities.

No statistical sampling method will be used.

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

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 via email. Instructions and training will be provided to users for completing the templates.

Upon receipt of information from each awardee, CDC staff or CDC’s contractor will enter the information into an Access database. The database will only be available to authorized CDC program staff and contractors. Responses will be stored on secure network servers, subject to the agency’s computer security measures. CDC staff will have the capacity to query the database to extract individual or aggregate awardee-related data. CDC staff will generate reports for each of their assigned states on an annual basis.

Pilot testing sessions were used to calculate and test the collection for the progress report of this project. For all pilot sessions, 9 or less respondents were contacted from the pool of currently funded awardees under the Core VIPP FOA (CE11-1101). These awardees were selected due to their familiarity with NCIPCs reporting tools, templates, and sources for the various types of data requested given priority focus areas and enhanced components. It is also anticipated that there will be great similarity in the type of information requested and the format in which it be collected between awardees of both FOAs (CE16-1602, CoreSVIPP).

- Methodology for calculating burden hours is as follows:
  - Annual Progress Report: Estimates used information gained from feedback sessions from current Core VIPP (CE11-1101) awardees.
    - BASE funded only: Respondent estimated 11 hours for reviewing instructions, conferring with colleagues, searching existing data sources, data collection, and

- completion of the Tool. Estimated double that time spent, in year one getting familiar with format and identifying measures for SMART objectives
  - o 1-Enhanced component: Average was taken across three respondents currently funded for one enhanced component. Respondents represented those funded for SQI and RNL, so as to account for differences in the types of information collected.
  - o 2-Enhanced components: It was assumed that those funded for two components, would do roughly double the work of those funded for one.
- Evaluation and Performance Management Plan: Estimates derived from information gained from feedback sessions from current Prescription Drug Overdose: Boost for State Prevention (funding opportunity announcement CE14-1404; referred to as “Boost”) awardees. Estimates from Boost respondents was used for a few reasons:
  - o Core VIPP (CE11-1101) were not required to complete an evaluation plan, so they could not provide burden estimates.
  - o The authors of the Boost evaluation plan template are the same for instrument proposed here (Attachment D). Thus, the format and type of information requested is the same. The only difference is content.
  - o Boost respondents were required to complete an evaluation plan, under the requirements of the FOA. Thus, they have familiarity with the format and content.
  - o Since, Core SVIPP (CE16-1602) will be required to submit an evaluation plan at the time of application, it is estimated that the time spent each year updating would be approximately half of that for Boost awardees, with an additional hour allocated for each enhanced component.
- Injury Indicator Spreadsheets: Used information gained from feedback sessions from current Core VIPP (CE11-1101) awardees. Average was taken across three respondents. The estimate is the same across all respondents for a few reasons:
  - o Respondents have access to SAS coding that automates the data pull, as well as, access to a detailed guidance document.
  - o There are no differences in information collected, in regard to funding type.
  - o Information requested does not change, eliminating the need to augment or revise established SAS coding.

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

Annual reports are a requirement for each program awarded funding under the FOA in order to continue to receive cooperative agreement funding. Hence, response rates are expected to be 100%.

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

Beta-testing of the reporting tool with no more than 9 awardees from select states and CDC program staff will occur prior to full scale implementation of the reporting tool for annual data collection with all awardees. Beta-testing will occur via a link to the tool provided by CDC’s data management contractor as part of an explanatory email. Beta-testing will assess the content of the reporting tool, the design of the tool including skip patterns and drop-down menus, the

time needed to complete the tool and the ease of completing the tool. Awardees and staff will provide feedback via completion of a questionnaire and limited participation in focus groups.

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

A workgroup has been established to assist in the development of the reporting tool. The CDC members provided input on content, functionality, and usability of the database, and will be primarily tasked with data collection.

The individuals responsible for design and management of the data collection system include:

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