

**SUPPORTING STATEMENT: PART B**

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**Progress Report for Injury Control Research Centers (ICRC)**

**Point of Contact:**

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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

### Attachments

1. Public Health Services Act (PHSA) 42 U.S.C. 241 (a), Section 301 (a)
2. List of Grantees
3. Information Collection Templates
  - a. Injury Control Research Centers (ICRC) Indicators Data Collection
  - b. IDC Supplement 1: Non-CDC Funded Studies
  - c. IDC Supplement 2: Personnel and Publication Table
4. Cross-Walk of ICRC Program Evaluation Questions and Indicators
5. ICRC indicator template guidance
6. Federal Register Notice
  - 6a. Summary of Public Comments and CDC Response
7. NCIPC-CIO Privacy Act applicability
8. NCIPC Research Determination

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

Respondents will include all 10 grantees funded under CDC RFA CE12-001/ CE12-0010501SUPP16 (seven ICRCs) and CDC RFA CE14-001 (three ICRCs) — FOA Grants for Injury Control Research Centers (ICRCs). A list of grantees is provided (**Attachment 2**).

No statistical sampling method will be used.

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

Per the terms of the Notice of Award (NOA) and the Funding Opportunity Announcement (FOA), CDC will require submission of progress reports. Funded grantees will monitor and report progress on their goals, performance indicators, activities, and specific aims. The progress reporting templates will capture indicators using: two Word Macro-enabled progress report templates (**Attachment 3a and 3b**) and an Excel data collection spreadsheet (**Attachment 3c**) designed to capture personnel and publication data. All forms will be pre-populated with grantee data, and include drop-down categories (where relevant) to decrease time and burden. Grantees will send an electronic Word copy of the report to the CDC Project Officer. Information is due to CDC ninety days after the end of the budget period.

Progress reports are required semi-annually. Upon receipt of information from each grantee, CDC's data management contractor will compile all of the aggregate information into Excel spreadsheets for ease of review and analysis as well as into a data visualization software Tableau. Tableau serves as a clearinghouse and storage site for information reported by the grantees. Progress reports, with complete data, from the entire year will be entered into Tableau. Tableau transforms grantees reports into a visually appealing report (dashboard). CDC staff will have the capacity to query the database to extract individual or aggregate grantee-related data. The CDC Project Officer will generate technical reports for grantees' (ICRCs). The Tableau file may be shared with ICRC grantees for viewing of aggregate program activities and performance. The information will be used to support data-driven technical assistance and communication updates between NCIPC and grantees.

Information will be stored in a CDC secured Share Drive consistent with CDC computer security policy and procedures. The Tableau file and the CDC secured Share Drive are only available to authorized CDC program staff and contractors.

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

Semi-annual reports are a requirement for each grantee awarded funding under the FOA in order to continue to receive grant funding. Hence, response rates are expected to be 100%.

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

The reporting tool was beta-tested with 9 grantees - ICRCs – including a substantial portion of currently funded Centers. Therefore, additional beta-testing will not be necessary. Beta-testing was conducted thoroughly by the Cloudburst group and CDC Staff assessed the content of the

reporting tool, the design of the tool including data collection tables, forms, templates, the time needed to complete the tool, and the ease of completing the tool. Beta-testing consisted of submission of data and follow-up phone interviews.

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

An NCIPC/CDC workgroup was established to assist in the development of the reporting tool. The NCIPC/CDC members provided input on content, functionality, and usability of the database, and worked with the contractor in the design of the tool. ICRC input was sought throughout the process. The reporting tool is mostly qualitative and no statistical analyses will be conducted on the data.

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

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