Qualitative Assessment of CDC-funded Local Health Departments' Violence Prevention Efforts

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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- **Purpose of the data collection:** The purpose of this data collection is to gather information and lessons learned about how local health department (LHD) receiving CDC 1605 Program funding (Preventing Teen Dating and Youth Violence by Addressing Shared Risk and Protective Factors) are implementing strategies to prevent community-wide violence, with specific focus on preventing teen dating violence (TDV) and youth violence (YV).

- **Intended use of the resulting data:** The findings from this data collection will be used to identify facilitators and barriers, best practices, and areas for improvement for implementing TDV and YV prevention efforts. This data collection will also be used to improve technical assistance provided to recipients to assist them in achieving the goals of the CDC 1605 Program. Additionally, the findings will supplement other data to highlight recipients' context and experiences around using a multifaceted primary prevention approach to prevent TDV and YV.

- **Methods to be used to collect data:** Information will be collected via telephone interviews with program coordinators responsible for coordination and delivery of the prevention strategy. The interview guide primarily open-ended questions with probes to clarify or elaborate on the main questions.

- **Respondent Universe:** The respondent universe includes a total of 22 respondents across the five funded recipients: Baltimore City Health Department, Houston Health Department, Minneapolis City Health Department, Monterey County Health Department, and Multnomah County Health Department. Of the 22, 15 are local government staff and 7 delegates. Local government staff include program coordinators within the health department. Delegates include program directors and coordinators of non-profit organizations or academic institutions acting on behalf of the local government agencies. Under the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879 generic mechanism, 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.

- **How data will be analyzed.** A thematic analysis of the qualitative data will be conducted, which will involve defining priority topics and emerging themes.

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This information collection is being conducted using the Generic Information Collection mechanism of the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879. The respondent universe for this information collection aligns with that of the O2C2. Data will be collected from a total of 22 respondents across five local health departments (LHDs) funded through the CDC 1605 Program (Preventing Teen Dating and Youth Violence by Addressing Shared Risk and Protective Factors). Respondents acting in their official capacities include program coordinators who are employees of local government agencies (e.g. municipal, city, or county) with responsibilities of coordination, management, or delivery of violence prevention programs or services. Delegates include program directors and coordinators of organizations acting on behalf of the local government agencies. Respondents will be invited to participate from a list of potential respondents that each funded LHDs' project director or principal investigators identified (see **Attachment A—Respondent List**).

These individuals are considered as delegates of the local health departments under the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879 generic mechanism 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." The delegates in this information collection include program directors and coordinators of non-profit organizations or academic institutions that are either contracted to or granted by the local health departments to coordinate and implement violence prevention strategies on their behalf, especially teen dating violence (TDV) and youth violence (YV).
- The following essential public health services are tasked by the LHD to the delegates:
    - Educating and informing the community about violence prevention, especially TDV and YV
    - Mobilizing community partnerships to identify violence problems and implement solutions for violence prevention, especially TDV and YV
    - Developing violence prevention and response plans that support community-wide efforts
    - Linking individuals to needed health, social, and community services
    - Evaluating effectiveness, accessibility, and quality of violence prevention programs
- Using these delegates, LHDs are able to implement and evaluate violence prevention strategies that reach their population of focus throughout their respective jurisdictions. These delegate organizations often have access to the population of focus where the LHDs may not.

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service(s) of

☐ 1. Monitoring health status to identify community health problems
☐ 2. Diagnosing and investigating health problems and health hazards in the community
☐ 3. Informing, educating, and empowering people about health issues
☒ 4. Mobilizing community partnerships to identify and solve health problems
☐ 5. Development of policies and plans that support individual and community health efforts
☐ 6. Enforcement of laws and regulations that protect health and ensure safety
☐ 7. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable
☐ 8. Assuring a competent public health and personal health care workforce
☒ 9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services
☐ 10. Research for new insights and innovative solutions to health problems [1]

Violence affects people in all stages of life. However, violence is preventable and preventing violence before it happens is a priority for the Division of Violence Prevention (DVP), housed within CDC's National Center for Injury Prevention and Control. YV is a significant public health problem that affects thousands of young people each day. Homicide is the third leading cause of death among persons aged 10-24.[2] TDV is widespread with serious long-term and short-term effects, and is underreported by tends as they are afraid to tell friends and families.

Traditionally, prevention efforts are often focused solely on one specific topic area and addressed mainly individual and relationship factors. DVP has learned that different forms of violence are highly connected and share common consequences, and common risk and protective factors.[3] DVP has a strategic vision to maximize impact of violence prevention efforts by doing more to recognize and address the connections among different forms of violence. Therefore, DVP funded five LHDs to expand existing prevention efforts to address shared risk and protective factors across multiple forms of violence and levels of the Social Ecological Model by collaborating with a multisector coalition and by using a multifaceted primary prevention approach.[4] This funding program is referred to as 1605 Program.

The multifaceted primary prevention approach provides an opportunity to integrate responses in a way that recognizes these connections and considers the individual in the context of their home environment, neighborhood, and larger community. This approach includes the following characteristics: 1) implement at multiple levels of the Social Ecology; 2) implement strategies based on the best available evidence; 3) address shared risk and protective factors of both TDV and YV; 4) implement complementary strategies that are design to work across the Social Ecology to address identified needs in a community or focus on both population with elevated risk and general population; and 5) have the reach and dosage necessary to have a community-wide effects.

The 1605 Program is the first DVP program that funds LHDs to implement a crosscutting approach in practice settings.

The purpose of this data collection is to gather information and lessons learned about how local health departments (LHD) receiving CDC 1605 Program funding (Preventing Teen Dating and Youth Violence by Addressing Shared Risk and Protective Factors) are implementing strategies to prevent community-wide violence, with specific focus on preventing teen dating violence (TDV) and youth violence (YV).

The findings from this data collection will be used to identify facilitators and barriers, best practices, and areas for improvement for implementing TDV and YV prevention efforts. Data collected will also be used to improve technical assistance provided to recipients to assist them in achieving the goals of the CDC 1605 Program. Additionally, the findings will supplement other data to highlight recipients' context and experiences around using a multifaceted primary prevention approach to prevent TDV and YV.

Overview of the Information Collection System

Data will be collected via a telephone interview guide (see **Attachment B—Telephone Interview Guide**) to gather information regarding LHD implementation of the 1605 Program prevention strategies from a total of 22 program coordinators. Of which, 15 are employees of local government agencies and 7 are employees of organizations acting for a principal or submitted by another to represent or act on STLT government behalf.

Specifically, the interviews will focus on how the prevention strategies are being implemented, and how they are working to prevent TDV and YV.

The telephone interview guide was pilot tested by three public health professionals. Feedback from this group was used to refine questions as needed and establish the estimated time required to complete the information collection instrument.

Items of Information to be Collected

The telephone interview guide (see **Attachment B—Telephone Interview Guide**) consists of 18 main questions, all of which are open-ended. Telephone interviews will be conducted by two staff members from CDC. Interviews will be recorded in order to capture the conversation accurately. Verbal permission to be recorded will be obtained from the participants prior to the beginning of the interview. The telephone interview guide will collect data on the following:

- How prevention strategies are being implemented to ensure feasibility while maintaining or promoting high quality of implementation
- How the prevention strategy is reaching its intended population of focus
- How partnerships are leveraged and coordinated to complement and enhance the prevention strategy implementation in the population and setting of focus
- How the prevention strategy is working to address shared risk and protective factors of TDV and YV
- How sustainability is perceived and planned for the prevention strategy

2. Purpose and Use of the Information Collection

The purpose of this data collection is to gather information and lessons learned about how local health department (LHD) receiving CDC 1605 Program funding (Preventing Teen Dating and Youth Violence by Addressing Shared Risk and Protective Factors) are implementing strategies to prevent community-wide violence, with specific focus on preventing teen dating violence (TDV) and youth violence (YV).

The findings from this data collection will be used by DVP to

- Identify facilitators and barriers, best practices, and areas for improvement for implementing TDV and YV prevention efforts.
- Improve technical assistance provided to recipients to assist them in achieving the goals of the 1605 Program.
- Supplement other data sources, such as annual performance data, to highlight and share the experiences, contexts, and efforts of each of the funded LHDs around using a multifaceted primary prevention approach to prevent TDV and YV.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via telephone interviews. Using qualitative data collection methods will help solicit rich data on how something is done, why, and related contexts. Moreover, staff will be able to verify responses and request clarification in real time as needed during the data collection process. The telephone interview method was chosen to reduce the overall burden on respondents by being able to talk to them at the time and day most convenient for them rather than having to organize time when all of the program coordinators for each funded LHD would available for an in-person interview. The telephone interview guide was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 18 main questions). Additional probes and prompts are included to aid the interviewers with clarifying and elaborating on the main questions.

4. Efforts to Identify Duplication and Use of Similar Information

To date, no other data collections have been conducted to gather information and lessons learned about how 1605-funded LHDs are implementing strategies to prevent community-wide violence, with specific focus on preventing TDV and YV, using a multifaceted primary prevention approach. The information that will be gathered through this information collection is not available from other data sources or through other means. This is the only known funding provided to LHDs to address shared risk and protective factors of TDV and YV using a multifaceted primary prevention approach.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this information collection.

6. Consequences of Collecting the Information Less Frequently

This request is for a one time data collection. There are no legal obstacles to reduce the burden. If no data are collected, CDC will be unable to:

- Identify strengths, barriers, and lessons learn and share 1605 recipient' experiences to inform other LHDs, communities, and practitioners in the field trying to implement similar approach and efforts
- Identify areas for improvement and additional technical assistance by CDC to help funded LHDs achieve the goals of the 1605 Program in the remaining funding period
- Develop an in-depth understanding of the of how a multifaceted primary prevention approach is used to prevent multiple forms of violence

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

There are no special circumstances with this data collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

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

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on April 27, 2017, Vol. 82, No. 80, pp 19371-19373. One non-substantive comment was received. CDC sent forward the standard CDC response.

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

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

The Privacy Act does not apply to this data collection. STLT governmental staff and / or delegates will be speaking from their official roles.

This data collection is not research involving human subjects.

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

No information will be collected that are of personal or sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on a pilot test of the telephone interview guide by three public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 50 minutes (range: 38 – 55). For the purposes of estimating burden hours, the upper limit of this range (i.e., 55 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for Administrative Service Managers (11-3011) and Social and Community Service Managers (11-9151) http://www.bls.gov/oes/current/oes_nat.htm. Based on DOL data, an average hourly wage of $33.91 is estimated for program coordinators of government and delegate organizations. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents

Data collection Instrument: Form Name	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Telephone Interview Guide	Local Government: Program Coordinators	15	1	55 / 60	14	$33.91	$475
	Delegates: Program Coordinators	7	1	55 / 60	6	$33.91	$203
	TOTALS	**22**	**1**		20		$678

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

There will be no direct costs to the respondents other than their time to participate in each data collection.

14. Annualized Cost to the Government

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff and contractors to develop the data collection instrument, collect data, and perform data analysis. The total estimated cost to the federal government is **$15,230.20**. Table A-14 describes how this cost estimate was calculated.

Table A-14: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Total Average Cost
Behavioral Scientist – GS-13, Step 2; OMB package Development, Project Management, Data Collection Planning and Design, Data Collection and Analysis Oversight, Report Development	50	$45.37/hour	$2,268.50
Behavioral Scientist – GS-13, Step 2; OMB package Development, Project Coordination, Data Collection Planning and Design, Data Collection and Analysis Oversight, Report Development	50	$45.37/hour	$2,268.50
ORISE Fellow – GS-9 equivalent; Instrument Development	20	$25.46/hour	$509.20
ORISE Fellow – GS-9 equivalent; Data Collection, Data Analysis, Reporting	200	$25.46/hour	$5,092
ORISE Fellow – GS-9 equivalent; Data Collection, Data Analysis, Reporting	200	$25.46/hour	$5,092
Estimated Total Cost of Information Collection			**$15,230.20**

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

During the interviews, the project team members will take notes, which will be compiled and finalized after each telephone interview is completed. The telephone interviews will be audio-recorded to aid with development and compilation of notes. Verbal permission will be obtained from respondents at the beginning of the interview. All notes, audio recordings, and materials will be kept on a secure password protected CDC server accessible only to project team members. At the end of the project, the audio recordings will be destroyed.

Once the data collection period has closed, project team members will conduct thematic analysis of the notes. Themes will be generated inductively from reading the notes as well as deductively organized by the topics covered during the interviews. Information collected from

these interviews will be compiled into case profiles that comprise high-level findings and lessons learned.

Themes and findings identified across the LHDs will also be synthesized into aggregated reports. These reports will not link specific findings to a funded LHD. These aggregated findings and lessons learned will be shared with all funded LHDs, local organizations participating in violence prevention work, researchers and practitioners working in the field of violence prevention, as well as CDC program stakeholders and leadership. Aggregated findings will be shared through presentations, webinars, meetings, conferences, translation products for recipients and scientific manuscripts.

Project Time Schedule

- ✓ Design instrument ..... (COMPLETE)
- ✓ Develop protocol, instructions, and analysis plan ..... (COMPLETE)
- ✓ Pilot test instrument ..... (COMPLETE)
- ✓ Prepare OMB package ..... (COMPLETE)
- ✓ Submit OMB package ..... (COMPLETE)
- ❑ OMB approval ..... (TBD)
- ❑ Recruit and conduct phone interviews ..... (4–6 weeks)
- ❑ Compile notes for each interview ..... (2 weeks)
- ❑ Code data and analyze interview data..... (3 weeks)
- ❑ Disseminate results/reports ..... (4–6 weeks)
- ❑ Disseminate aggregate/cross-site reports ..... (4–6 months)

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

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

A. Attachment A—Respondent List
B. Attachment B—Telephone Interview Guide

REFERENCE LIST

1. Centers for Disease Control and Prevention (CDC). "National Public Health Performance Standards Program (NPHPSP): 10 Essential Public Health Services." Available at http://www.cdc.gov/nphpsp/essentialservices.html. Accessed on 8/14/14.

2. David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N. & Hall, J. E. (2016). A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
3. Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots. Atlanta, GA: Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2016.
4. CDC. Preventing Teen Dating and Youth Violence by Addressing Shared Risk and Protective Factors: A Cross-Cutting Approach to Violence Prevention, 2017: https://www.cdc.gov/violenceprevention/fundedprograms/teendating.html