

SUPPORTING STATEMENT PART A

OMB No. 0920-XXXX

**DELTA IMPACT RECIPIENT MONITORING AND
ASSESSMENT TOOLS**

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ATTACHMENTS

1. Family Violence and Prevention Services Act (FVPSA)
2. List of Grantees
3. Information Collection Instrument: Annual Progress Report Tool
 - 3a. Screenshots APR Tool
4. Cross-Walk of Program Evaluation Questions and Indicators
5. Federal Register Notice
 - 5a. Summary of Public Comments and CDC Response
6. Privacy Act applicability
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- **Goal:** The goal of this ICR is to collect information from recipients related to implementation and performance monitoring of cooperative agreement CDC-RFA-CE18-1801: Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Impact.
- **Intended use of the resulting data:** Information to be collected will provide crucial data for performance monitoring, implementation of prevention strategies, and budget tracking, 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.
- **Methods to be used to collect:** DELTA Impact program recipients or designated personnel will submit data annually with their non-competing continuation application. Recipients will monitor and report progress on their goals, objectives, and activities, as well as relevant information on the implementation of their prevention strategies annually using an online data collection system. No research design or human subjects are involved.
- **The subpopulation to be studied:** Sampling methods will not be used because data will only be collected from funded recipients. Data collection will include 100% of DELTA Impact recipients.
- **How data will be analyzed:** The data will be analyzed using descriptive and summary statistics, as well as qualitative summaries of any narrative items.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) seeks OMB approval for three years for a new information collection request to collect information from 10 recipients (State Domestic Violence Coalitions) funded through CDC's Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Impact Program cooperative agreement (NOFO CDC-RFA-CE18-1801). DELTA Impact recipients will report activity information to CDC annually. The Annual Progress Report will collect information on their progress on their work plan objectives, state action plan objectives, performance measures and their implementation and evaluation of specific strategies.

Violence is a serious, yet preventable, public health problem. Intimate partner violence (IPV) affects millions of women, men, and children. In the United States, 1 in 4 women and 1 in 9 men experience contact sexual violence, physical violence, and/or stalking by an intimate partner with a negative impact such as injury, fear, concern for safety, or needing services (Smith et al, 2017).

The Centers for Disease Control and Prevention's (CDC) National Intimate Partner and Sexual Violence Survey (NISVS) data showed many victims of IPV began experiencing these forms of violence prior to adulthood (Smith, et al, 2017). About 7% of women and 4% of men in the US reported their first experience of IPV before age 18 (Smith et al, 2017). People who experience IPV, at any stage of life, are impacted physically, emotionally, and financially. Studies have shown that partner violence affects various bodily systems, such as, reproductive, nervous, and cardiovascular. Victims experience adverse health outcomes and risky behavior, including high blood pressure, depression, anxiety, asthma, smoking, heavy drinking (Black, 2011). There are societal costs to IPV because of medical needs, loss of paid work and household productivity, and loss of life (CDC, 2003). Community and societal-level prevention activities can address risk and protective factors associated with IPV.

CDC's DELTA Impact Program is an initiative focused on decreasing IPV risk factors and increasing IPV protective factors by increasing strategic data-driven planning and sustainable use of community and societal level primary prevention activities that address the social determinants of health (SDOH) and are based on the best available evidence. In addition, the program helps to develop further the evidence base for community and societal-level programs and policy efforts to prevent IPV by increasing the use of evaluation and existing surveillance data at the state and local level. Another goal of the program is for State Domestic Violence Coalitions to support the integration of primary prevention goals and action steps throughout the state and local level IPV planning and capacity building activities. The aim of integrating primary prevention into state planning is to help states leverage diverse funding and partnerships to increase the implementation of primary prevention above and beyond DELTA funding.

Authorized by the Family Violence and Prevention Services Act (FVPSA) statute (42 USC § 10414) (**Attachment 1**), CDC has funded the Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Program since 2002. The DELTA program funds State Domestic Violence Coalitions (SDVCs) to implement statewide IPV prevention efforts, while also providing assistance and funding for local communities to implement IPV prevention activities. Different iterations of DELTA have focused funding on increasing organizational capacity, implementation and evaluation of IPV primary prevention activities.

The DELTA Impact cooperative agreement advances IPV prevention activities through four components:

1. Implementation and program evaluation of state and local level IPV prevention strategies targeting community or societal level change using a public health approach and effective prevention principles
2. Development or enhancement of a State Action Plan (SAP) to increase the use of data for planning and the prioritization of primary prevention of IPV based on any existing health inequities within their jurisdictions.
3. Provision of training and technical assistance (TA) to DELTA Impact organizations on the implementation of IPV prevention strategies
4. Participation in DELTA Impact Program technical assistance and evaluation activities

Recipients are required to adhere to general principles of effective prevention, which include addressing modifiable risk and protective factors for perpetration and victimization, addressing multiple levels of the social ecological model, emphasizing primary prevention, having sufficient dosage or intensity, being culturally relevant, and being developed and implemented in collaboration with stakeholders and based on best available evidence.^{i,ii} Individual-level strategies alone will have limited reach and sustainability; community-level strategies will more likely lead to population-level changes in SV outcomes and related risk and protective factors. Therefore, recipients are implementing community and society level change strategies.

Through DELTA Impact, CDC is monitoring the recipient's successful implementation of statewide planning, as well as the extent to which they implement and evaluate multiple specific prevention programs. As will be required by the DELTA Impact cooperative agreement, recipients monitor and report progress on their goals, objectives, and activities using the Annual Progress Report. Recipients will report relevant information on the implementation of their prevention strategies. These data will be submitted through an electronic reporting system at the time of their annual non-competing continuation application. Due to the diversity of recipients' infrastructure, capacity, and funding strategy for sub-recipients, the report has been designed in a way that collects consistent information across recipients while allowing the flexibility to account for varying prevention strategies.

As grantees transition to new funding cycles, CDC will use the change request mechanism to update the List of Grantees (see **Attachment 2**, List of Grantees) and to make any needed adjustments to the burden estimates.

A.2. Purpose and Use of Information Collection

The goal of this information collection effort is to collect DELTA Impact program recipient data related to implementation, program evaluation and performance monitoring. This information collection is necessary to assure that programs are progressing toward achievement of their stated goals and objectives and consistently demonstrating efficient and appropriate use of federal funds. CDC will use information collected to inform its technical assistance, program improvement, and capacity building, and to monitor the performance of recipients in achieving the objectives of the DELTA Impact program over time. The report provides a systematic format to collect these data consistently across all recipients. Having all this information in a single and secure data system will allow CDC to analyze and synthesize information across multiple DELTA Impact recipients, help ensure consistency in documenting progress and TA, enhance accountability of the use of federal funds, and provide timely reports as frequently requested by HHS, the White House, and Congress. CDC will then have the capacity to respond in a timely manner to requests for information about the program, improve real-time communications between CDC and DELTA Impact recipients, and strengthen CDC's ability to monitor and evaluate recipients' progress and performance.

The Work Plan section within the Annual Progress Report consists of items about recipients' annual goals, objectives, progress, and performance towards overall cooperative agreement

purpose and strategies. The Strategic Planning section consists of items about recipients State Action Plan goals and progress. The Coalition Level Evaluation section consists of items about the recipients' progress on the evaluation of overall cooperative agreement purpose and strategies. The Program section consists of items to assess recipients' implementation of prevention strategies and evaluation of those strategies. Each of the sections will also ask questions about the activities planned for the next year. The tool provides a systematic format to collect these data consistently across all recipients. A complete crosswalk of DELTA impact program evaluation questions and indicators is provided in **Attachment 4**. Considered together, the indicators and evaluation questions holistically describe the activities, products, and other outcomes relating to the core missions of research, training, and outreach for injury prevention and control.

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 U.S. Department of Health and Human Services (HHS), the White House, Congress, and other sources. The tools will improve real-time communications between CDC and DELTA Impact recipients, and strengthen CDC's ability to monitor and evaluate recipients' progress and performance.

The Annual Progress Report (APR Tool. **Attachment 3 and 3a**) is designed to address four key program evaluation questions, as well as performance reporting requirements established by CDC's Office of Financial Resources (OFR, formerly the Procurement and Grants Office). The key evaluation questions are:

1. To what extent have funded Coalitions accomplished the short term and intermediate outcomes in the grantee's established Logic Model?
2. To what extent do recipients effectively implement community and societal level primary prevention programs and policy efforts during the project period?
3. To what extent was there an increase in statewide capacity to implement, evaluate and sustain community and societal primary prevention of IPV?
4. What factors are critical to implementing and sustaining community and societal level primary prevention approach to prevent IPV?

The Annual Progress Report has been carefully designed to align with and support the specific goals and outcomes outlined in the grantee's established budget and timeline for DELTA Impact. The report also incorporates elements of the continuation application and reporting requirements of OFR so as to reduce the burden on the recipients.

This information collection will enable the accurate, reliable, uniform, and timely submission to CDC of each recipient's work plan and progress reports, including strategy implementation, program evaluation and performance measures. The information collection and reporting requirements have been carefully designed to align with and support the specific goals and outcomes outlined in the DELTA Impact cooperative agreement. The information collection plan will enable collection and reporting of the information in an efficient, standardized, and user-friendly manner that will be used to generate a variety of routine and customizable reports. CDC

will be able to generate reports that summarize recipients' activities and progress towards meeting work plan strategies and performance measure targets. In addition to CDC's tracking of program goals and outcomes, the data collected will provide a way for recipients to track their own activities and funding to local organizations as required by legislation. CDC will also have the capacity to generate reports that describe activities across multiple recipients and will be able to provide this information back to recipients or to respond to inquiries from HHS, the White House, Congress and other stakeholders about the national DELTA Impact Program activities and their impact.

There are significant advantages to collecting the Annual Progress Report with an online system:

- The information collected will provide crucial information about each recipient's work plan, activities, partnerships, and progress over the project period.
- The format of requested information is flexible in the sense that additional items can be added so that recipients can capture complete information in a format that matches the structure of their grant activities.
- Capturing the required information uniformly will allow CDC to formulate aggregate analyses and reports.

CDC will use the information collected to monitor each recipient's progress and to identify facilitators and barriers to program implementation and achievement of outcomes. In addition, CDC will use the information collected to look at the aggregate impact of program activities on program outcomes across all 10 recipients. Monitoring allows CDC to determine whether a recipient is meeting performance and budget goals and to make adjustments in the type and level of technical assistance provided to them, as needed, to support attainment of their performance measures. Performance monitoring activities also allow CDC to identify and disseminate information about successful prevention strategies implemented by recipients. These functions are central to the NCIPC's broad mission of protecting Americans from violence and injury threats. The information collection will allow CDC to monitor the increased emphasis on strategies that affect health outcomes and impact, and is expected to reduce duplication of effort, enhance program impact and maximize the use of federal funds.

Working with CDC staff, recipients will use the information collected to manage and coordinate their activities and to improve their efforts to prevent IPV perpetration and victimization. Data collected using the tools will allow recipients to fulfill their annual reporting obligations under the funding opportunity announcement in an efficient manner by employing user-friendly online systems to collect necessary information for both progress reports and continuation applications. This approach, which enables recipients 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. Recipient program staff will be able to review the completeness of data needed to generate required reports, enter basic summary data for reports at least 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

CDC has developed the data entry interface for the Annual Progress Report using DVP-owned, Microsoft Azure, Platform as a Service (PaaS) cloud solution. The user-friendly online interface will require very little training and will be easy and intuitive for recipients to use. Recipients will use the system to record and update cooperative agreement information and will be able to upload pdf versions of their report with their non-competing continuation applications to Grant Solutions website to satisfy funding annual performance reporting requirements. Recipients may also send a courtesy copy to their assigned Project Officer for technical review and feedback. Upon completion, the data will be integrated into an internal database for analysis and reporting.

These tools improve information quality by minimizing errors and redundancy. Having recipients report information in the same tool each year will reduce the level of burden. Programs will have data transferred from one year to another and only modify information instead of reentry, which minimizes data re-entry, burden, and potential errors. Moreover, the system has been designed in such a way that is flexible for recipients' program context and structure; they are able to use and print the report for their use in a manner that fit their use.

With the use of the system, 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 reported by recipients to CDC recipients. Further, standardization will enhance the consistency of plans and reports, enable examination of cross-program performance and strategies, and facilitate a higher degree of reliability by ensuring that the same information is collected on all strategies and performance measures. Finally, the report generation capabilities of the system will reduce the burden associated with paper-based reports. Without the reporting system and the integrated approach to information collection and reporting, both recipients 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 SDVCs to conduct community and societal level IPV prevention work by emphasizing prevention of first time perpetration, the information collected from DELTA Impact recipients is not available from other sources. This information is specific to the DELTA Impact Program. The collection of this information is part of a federal reporting requirement for funds received by recipients. 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. As CDC's primary IPV prevention initiative, DELTA Impact occupies a unique niche within the larger scope of Health and Human Services' (HHS) violence prevention initiatives. Health and Human Services Administration for Children and Families makes funding available to territorial domestic and IPV coalitions to focus on victim service provision for individuals. The CDC DELTA Impact cooperative agreement, however, can only be used for prevention and cannot be used to fund victim services; therefore, information collected from DELTA Impact recipients will not duplicate information collected from ACF recipients.

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

CDC will collect reports 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 affect monitoring recipient 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 (FRN) was published in the Federal Register on January 19, 2018, vol. 83 No.13, and pp. 2782-2784 (**Attachment 5**). CDC received two anonymous non-substantive public comments (**Attachment 5a**)

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

CDC staff have designed the tools, and has awarded a task order to a contractor to complete programming and to design reports and data visualization. Data elements were informed by previous iterations of DELTA annual progress reports and other grant programs targeting IPV prevention and working with SDVCs.

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 Office of the Chief Information Officer has determined that the Privacy Act does not apply to this information collection request. The Privacy Impact Assessment (PIA) is attached (**Attachment 6**). Respondents are DELTA Impact cooperative agreement recipients (i.e., state domestic violence coalitions) or their designated personnel. No sensitive information or personal contact information will be collected. Only names of the organizations for whom the DELTA Impact recipients provide sub-awards will be collected.

Data will be kept through the end of the DELTA Impact funding period February 2022 plus two additional years for analysis purposes. All data will be discarded in February 2024. Data will be maintained in a secure, password-protected system, and information will be reported in aggregate form. All data will be reported in aggregate form, with no identifying information included. Recipients or their designee will provide programmatic information. The information collection does not require consent from individuals. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of key recipients' program staff (e.g. program director) will be protected and maintained. While consent is not required to report aggregate data, recipient approval will be obtained if specific data are used for publications, reports, or other publicly disseminated information.

No system of records will be created under the Privacy Act. Submission and access to data will be controlled by a password-protected login to the secure site. Access to data will be controlled by a password-protected Microsoft Access database. Access levels vary from read-only to read-write, based on the user's role and needs. Each recipient will have access to viewing its own information in pre-determined reports, which they can share with designated program staff and designees. The extent to which local partners may access a recipient's information will be decided by that recipient. CDC 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 National Center for Injury Prevention and Control's OMB and human subject research officer has determined that IRB approval is not needed for this non-research project (**Attachment 7**).

Sensitive Questions

The proposed tools do not collect sensitive information.

A.12. Estimates of Annualized Burden Hours and Costs

Respondents will be the 10 recipients of the DELTA Impact Program cooperative agreement. Respondents will report information to CDC about their progress, implementation, and performance using an electronic data collection system: **Annual Progress Report**. Progress reporting is conducted annually. The same instruments will be used for all annual information collection and reporting. Because recipients do not need to reenter information for subsequent years and only need to modify or update their information, the burden estimates for each information collection tool vary for initial and subsequent years. The time commitments for data collection, entry, and training will be greatest during the initial reporting as they will report on their performance for the finishing funding year and plan for the upcoming funding year. The burden for subsequent reporting years is limited to entering changes, providing progress information, and adding new activities. They would not have to reenter information.

For each respondent, the burden per response for the Annual Progress Report is estimated to be fifteen hours for initial population of the tool or initial reporting year, and ten hours for each subsequent year or annual reporting period. The total burden for the first year will be 150 hours while each subsequent year will be 100 hours.

Over the three-year period of this information collection request, the annualized estimated burden for 10 recipients is 117 with a total three year burden of 350 hours, as summarized in Table A.12-A.

Table 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 per year (in hours)
DELTA Impact Program Recipients State Domestic Violence Coalitions	APR Tool – Year 1 (Att. 3)	10	1	5	50
	APR Tool - Year 2 and 3 (Att. 3)	10	2	3.3	67
	Total				117

A.12.b) Annual burden cost

For each of the 10 DELTA Impact Program recipient, a program manager or designee will complete the tools. The average hourly wage for a program manager is \$30.65. 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 cost over three years is \$10,758 with an average annual cost of \$3,586, as summarized in Table A.12-B.

Table A.12-B. Estimated Annualized Burden Costs

Type of respondents	Form Name	Total burden (in hours)	Hourly wage Rate	Total Respondent cost
DELTA Impact Program Recipients (State Domestic Violence Coalitions)	APR Tool (Year 1)	50	\$30.65	\$1,532.5
	APR Tool (Year 2 and 3)	67	\$30.65	\$2,053.5
Total				\$3,586

A.13. Estimates of Other Total Annual Cost Burden to 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 \$49,000, as summarized in Table A.14. Major cost factors for the electronic information collection system include design and development costs as well as data analysis and reporting costs.

Table A.14. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
CDC Personnel	10% salary (GS-13 at \$90,500/year)	\$9,000
System	Electronic information collection system	\$40,000
Total		\$49,000

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. Reports will be generated by the recipients per the FOA requirements once a year due 120 days before the end of the budget period.

B. Publication plan

Information collected by the recipients will be reported to CDC leadership and shared back with recipients. CDC will also generate reports that describe activities across multiple recipients and able to provide this information back to recipients or to respond to inquiries from HHS, the White House, Congress and other stakeholders about the DELTA Program activities and their impact. CDC will also report data to other external audiences, as needed, to describe the state of sexual violence prevention activities across the nation. Information will be analyzed and synthesized for specific reporting purpose and response to inquiries. Such reports will be used inform DELTA Impact Program impact as well as TA and planning of programmatic efforts.

C. Analysis plan

CDC will not use complex statistical methods for analyzing information. Most statistical analyses will be descriptive (i.e., frequencies and crosstabs) and content analysis. For example, the percent of objectives met versus proposed will also be documented and analyzed.

Furthermore, the information in the work plan will allow CDC staff to monitor program activities and implementation and provide TA to recipients after a review has been completed.

Table 4. Project Time Schedule

Activities	Timeline
Notification of Tool Availability	Immediately upon OMB approval
User Training	Immediately upon OMB approval and ongoing through expiration date
Data Collection for ending funding year and upcoming funding year	Immediately upon OMB approval
Data Publication	Annually
Data Analysis	1-6 months after data collection

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.

REFERENCES

ⁱ Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58(6-7):449-456.

ⁱⁱ Niolon, P.H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., Gilbert, L. (2017). *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.