SUPPORTING STATEMENT PART B

OMB No. 0920-XXXX

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DELTA IMPACT RECIPIENT MONITORING AND ASSESSMENT TOOLS

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B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1. Respondent Universe and Sampling Methods

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 the Annual Progress Report. In addition, they will report information about their infrastructure and capacity to implement primary prevention at the community and societal level using the Prevention Infrastructure Assessment. Statistical sampling methods are not applicable to this information collection because information will only be collected from funded recipients. Information on all recipients is essential for CDC's performance monitoring and assessment of program impacts.

B.2. Procedures for the Collection of Information

The Annual Progress Report will be collected from recipients through an electronic data collection system on an annual basis. Recipients will report on their progress on their work plan objectives, state action plan objectives, performance measures and their implementation and evaluation of specific strategies. 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 NOFO Evaluation section consists of items about the recipients' 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.

Upon OMB approval, the Annual Progress Report will be provided to recipients accompanied by training and technical assistance (TA) provided by NCIPC staff. Basic information about the goals, objectives, and activities will be prepopulated in the system. The recipients will then enter data into the system and submit as part of their Annual Performance Report (APR) with their annual non-competing continuation application through GrantSolutions.

The submission of the Annual Performance report also satisfies the routine cooperative agreement reporting requirements set by OFR in order to reduce the burden on the recipients. The system will allow recipients to fulfill their annual reporting obligations under the funding opportunity announcement in an efficient manner by employing user-friendly electronic instruments to collect necessary information for both progress reports and continuation applications. Basic information about the goals, objectives, and activities entered by recipients in Year 1 will be prepopulated by the system for subsequent annual reports. In addition, each year the recipient will be able to update relevant information from the previous year in the system. 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.

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. 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 national DELTA Impact Program activities and their impact. CDC will also report data to other external audiences, as needed, to describe the state of intimate partner violence primary prevention activities within the funded states. 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 technical assistance and planning of programmatic efforts.

The reporting system can also be used for ongoing program management, continuous program improvement, and support more effective, data-driven TA. 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. The system supports the collection and reporting of information that will be used by CDC to help examine and monitor program performance and implementation. The information collected will be used to describe, appraise, and enhance opportunities for collaborative efforts and partnerships. The system provides a common format to collect these data consistently across all recipients.

Data entered into the online system will also be imported into a reporting database, available only to CDC staff and contractors. It will serve as the clearinghouse and secure storage site for information reported by recipients. Having all of this information in a single and secure database will allow CDC analyze and synthesize information across multiple 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. It provides CDC with 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.

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

Annual reports are a requirement for each program awarded funding under the cooperative agreement in order to continue to receive funding. Hence, response rates are expected to be 100%. For subsequent funding years after the initial completion, recipients will not have to reenter information, which reduces the burden to complete the tools resulting in more accurate, reliable information being reported.

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

The Annual Progress Report was developed in consultation with other CDC staff who have developed similar reports for other programs. The reports for those programs were pilot tested with nine recipients from select states and CDC program staff. In addition, the report was designed to match the language in the recipients work plan, implementation plan and evaluation plan templates so that as to minimize confusion for recipients.

CDC project officers will solicit feedback from recipients on routine project calls about any challenges they had with completing the Annual Progress Report. In addition, the data collected in year one will be analyzed to identify any common issues with reporting. Based on this feedback and analysis, a summary of minor changes required to minimize reporting burden and increase data quality will be prepared and if appropriate, the recommended changes will be requested through an OMB amendment.

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

The following individuals consulted on the monitoring and reporting tools:

Kimberly Freire, Lead Behavioral Scientist, CDC (770) 488-4994, https://docs.gov Pari Chowdhary, ORISE Fellow, CDC (770) 488-1424, LII2@cdc.gov Gayle Payne, PPTB Branch Chief, CDC (770) 488-8050, hFN5@cdc.gov

The contractor responsible for the design and management of the online system for collecting the Annual Progress Report is Booz Allen Hamilton, which is contracted through CDC's Management Information Systems Office.

The core CDC personnel who will collect and/or analyze the data include:

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