CDC/ATSDR Formative Research and Tool Development

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SUPPORTING STATEMENT: PART B

Strengthening hospital-based youth violence prevention

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B. Collection of Information Employing Statistical Methods

B.1. Respondent Universe and Sampling Methods

The potential respondent universe for this proposed information collection includes personnel and stakeholders responsible for implementing the Hospital-Based Violence Prevention (HBVP) program. Nine programs, across 7 states, have been previously identified. This is a qualitative research study. The virtual interviews will focus on five study populations:

1. HBVP Lead Program Administrator: Responsible for providing oversight and program leadership.
2. HBVP Program Manager: Responsible for managing the day-to-day activities of the HBVP program.
3. Program/Other Staff: Responsible for delivering program services or supporting program implementation.
4. Evaluator: Responsible for evaluating outcomes for the HBVP program.
5. Stakeholder/Partner: Responsible for partnering with and/or supporting the HBVP program in some capacity, as described by the program point of contact prior to the site visit and/or the Lead Program Administrator/HBVP Program Manager during the site visit.

Table 1 summarizes, by data collection activity, the study populations (respondent universe), and targeted respondents. No statistical sampling method will be used.

Table 1. Summary of Study Populations for Proposed Information Collection

Data Collection Activity	Study Populations	Targeted Respondents
Virtual Interviews (45 participants)	HBVP Lead Program Administrator	9 individuals
	HBVP Program Manager	9 individuals
	Program/Other Staff	9 individuals
	Evaluator	9 individuals
	Stakeholder/Partner	9 individuals

Below, we describe the data collection activity.

Virtual Interviews & Follow-up Phone Interviews

We will conduct up to 45 virtual interviews with personnel and stakeholders responsible for implementing the Hospital-Based Violence Prevention (HBVP) program. Each virtual interview will last approximately one hour. As shown in Table 1, we will conduct 9 virtual interviews each with HBVP Lead Program Administrators, HBVP Program Managers, Program/Other Staff, Evaluators, and Stakeholder/Partner (one person from each HBVP program). Due to COVID-19 social distancing restrictions and concern for the safety and welfare of respondents, it is necessary for the interviews to be conducted virtually.

B.2. Procedures for the Collection of Information

No statistical methods will be used to draw the sample for virtual interviews. Our procedures for the information collection are described below.

The informed consent and virtual interview protocols, identified by the type of respondent, are in Attachments A and B. Virtual interviews and consent statement will be reviewed and signed by hospital personnel and stakeholders/partners responsible for implementing the program. Each protocol is tailored to a particular type of respondent. Virtual interviews will be one hour in length. Participation is completely voluntary. Due to COVID-19 social distancing restrictions and concern for the safety and welfare of respondents, it is necessary for the interviews to be conducted virtually.B.3. Methods to Maximize Response Rates and Deal with Nonresponse

The procedures discussed below are designed to maximize responsiveness among recruited study participants.

The information collection activities described in this request are for a one-time data collection. The virtual interview protocols are designed to collect only the minimum information necessary for the purposes of the project. The virtual interviews will be no more than one hour in duration. This design is intended to minimize burden and maximize response.

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

The data collection instruments for virtual interviews will not undergo any testing prior to data collection. These instruments are qualitative in nature and designed to be semi-structured.

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

CDC staff consulted are in the National Center for Injury Prevention and Control (NCIPC) and include: Khiya Mullins, DrPH; Brad Bartholow. These staff were consulted about the methodological design of the study. Their recommendations were incorporated into the study design and instruments on an ongoing basis. Karna, LLC and Abt Associates staff consulted on the study design, and who will be responsible for overseeing and executing the data collection and analysis include: Leslyn Wong, MPH; Tara Earl, PhD, MSW; Esther Piervil, PhD; Malikah Waajid, PhD; and Nicole Katapodis, MPH. Table 2 lists the individuals consutled and their contact information.

Table 2. Individuals Consulted on Methods

Name	Title	Contact Information
Khiya Mullins, DrPH	Behavioral Scientist, Division of Violence Prevention, NCIPC, CDC	Phone: (770) 488-3911 Email: fys7@cdc.gov
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