CDC/ATSDR Formative Research and Tool Development

OMB# 0920-1154

Expiration Date 01/31/2023

SUPPORTING STATEMENT: PART A

Strengthening hospital-based youth violence prevention

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SUMMARY TABLE

- Goal of the study: Identify Hospital-Based Violence Prevention (HBVP) programs which seek to reduce violence-related injuries and decrease future involvement in the criminal justice system.
- Intended use of the resulting data: The study will help CDC determine the HBVP programs that are promising, scalable, and ready to be evaluated in the future.
- Methods to be used to collect: Qualitative data collection via in-person interviews with personnel and stakeholders responsible for the implementing HPVP program
- How data will be analyzed: The data will be analyzed using descriptive and summary statistics as well as qualitative summaries.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) is requesting approval for a new GenIC under OMB Control No. 0920-1154, titled " Strengthening hospital-based youth violence prevention." The purpose of this project is to identify Hospital-Based Violence Prevention (HBVP) programs which seek to reduce violence-related injuries and decrease future involvement in the criminal justice system. CDC's NCIPC- Division of Violence Prevention's (DVP) has produced technical packages providing guidance and support on implementing the best available evidence for approaches that can prevent multiple forms of violence, including youth violence, such as the *A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors*. This information collection is necessary to enable DVP to gather formative research in an efficient and timely manner to inform future updates to CDC's Division of Violence Prevention's technical packages. One of the strategies in the youth violence technical package includes intervening to lessen harms and prevent future risks and the specific approaches include hospital-community partnerships. To date, only one evidence-based HBVP program exists to support our funded recipients interested and engaged in this work. Therefore, this formative research will allow CDC to develop actionable approaches in collaboration with the agency and our stakeholders to improve the implementation of violence prevention programs. Specifically, perceptions, experiences and expectations of HBVP program administrators and stakeholders about their HBVP program will inform future CDC services, technical packages, and communication materials that can support funded recipients to implement HBVP programs.

The information collected will be used to improve delivery of products and services (e.g., the youth violence technical package). The information collected will also be used to augment the baseline review for determining characteristics of promising, HBVP programs.

The proposed information collection will help CDC determine the HBVP programs that are promising, scalable, and ready to be rigorously evaluated. CDC will use the information collection to:

1. Describe the nine selected HBVP programs, and
2. Understand the various components (i.e., history, program, community support and partnerships, evaluation, and funding) of HBVP programs.

Data Collection Activities under this OMB Request

CDC is seeking approval from OMB to conduct:

- **Interviews** with personnel and stakeholders responsible for implementing the HBVP program. The interviews will collect detailed information of respondents' experiences with the HBVP program.

To address the goals of the study, the information collection activities will involve 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.

A.2. Purpose and Use of Information Collection

The purpose of this information collection is to identify HBVP programs which seek to reduce violence-related injuries and decrease future involvement in the criminal justice system. This study is focused around two goals:

1. Describe the nine selected HBVP programs, and
2. Understand the various components (i.e., history, program, community support and partnerships, evaluation, and funding) of HBVP programs.

To reach these goals, we will follow these information collection activities:

- History of the program (e.g., program description)
- Program specific information (e.g., potential impact, implementation feasibility, sustainability, replicability/transferability)

- Community support and partnerships (e.g., reach to target population, staff/organizational capacity)
- Evaluation (e.g., options for further evaluation)
- Funding (e.g., sustainability, replicability/transferability)

To answer these questions, we will conduct primary data collection using in-person interviews with personnel and stakeholders responsible for implementing the HBVP program. In total, up to 45 in-person interviews will be conducted.

Table 1 presents the linkage between each study area, the information collection activity (interviews), and the study population (personnel and stakeholders), and Table 2 presents data collection activities by study population.

Table 1. Research Areas Mapped to Information Collection Activities

CDC Research Areas	Information Collection Activities				
	Interviews (n=45)				
	HBVP Lead Program Administrator	HBVP Program Manager	Program/ Other Staff	Evaluator	Stakeholder/ Partner
1. History of the program (e.g., program description)	√	√	√	√	√
2. Program specific information (e.g., potential impact, implementation feasibility, sustainability, replicability/transferability)	√	√	√	√	√
3. Community support and partnerships (e.g., reach to target population, staff/organizational capacity)	√	√	√	√	√
4. Evaluation (e.g., options for further evaluation)	√	√	√	√	√
5. Funding (e.g., sustainability, replicability/transferability)	√	√	√	√	√

Table 2. Data Collection Activities by Study Population

		Number of Interviews
In-person Interviews	HBVP Lead Program Administrator	9
	HBVP Program Manager	9
	Program/Other Staff	9
	Evaluator	9
	Stakeholder/Partner	9
	TOTAL	45

Below, we describe each data collection method and discuss the use of the information collected.

In-person Interviews

A total of up to 45 in-person interviews with personnel and stakeholders responsible for implementing the HBVP program. Each interview will last approximately one hour. As shown in Table 2, we will conduct 9 interviews each with HBVP Lead Program Administrators, HBVP

Program Managers, Program/Other Staff, Evaluators, and Stakeholder/Partner (one person from each HBVP program).

We will use the interview protocol (Attachment B) to collect information about:

- History of the program (e.g., program description)
- Program specific information (e.g., potential impact, implementation feasibility, sustainability, replicability/transferability)
- Community support and partnerships (e.g., reach to target population, staff/organizational capacity)
- Evaluation (e.g., options for further evaluation)
- Funding (e.g., sustainability, replicability/transferability)

We will select study participants for the in-person interviews from the previously collected information of personnel and stakeholders responsible for implementing the HBVP program included in the American Hospital Association's (AHA) 2017 database. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of respondents will be protected and maintained.

A.3. Use of Improved Information Technology and Burden Reduction

All information will be collected via in-person interviews using semi-structured protocols (Attachment B). In-person interviews will be scheduled to occur at a time that is convenient for the respondents and will allow for accommodation requests to reschedule.

A.4. Efforts to Identify Duplication and Use of Similar Information

This information collection request represents a new effort to collect qualitative data from personnel and stakeholders responsible for implementing HBVP programs. The data collection effort will allow CDC to describe currently available HBVP programs. There is no known information available that can substitute data collection.

A.5. Impact on Small Businesses or Other Small Entities

The collection of information does not involve small businesses or other small entities.

A.6. Consequences of Collecting the Information Less Frequently

The proposed data collection is a direct response to CDC's need to help CDC determine the HBVP programs that are promising, scalable, and ready to be rigorously evaluated.

This request is for a one-time data collection. There will be no additional information collections under this OMB request.

Not collecting this information would negatively impact CDC's mission to promote and improve the health of people in the United States. Specifically, the consequences of *not* collecting the information would be:

1. Failure to describe currently available HBVP programs to prevent violence against youth, and
2. Failure to understand the HBVP programs that are promising, scalable, and ready to be rigorously evaluated.

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

This request fully complies with the regulation 5 CFR 1320.5. There are no special circumstances.

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 has already been published for the Generic Clearance. No Federal Register Notice is required for this GenIC submission.

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

CDC's National Center for Injury Prevention and Control— Khiya Mullins, DrPH; Brad Bartholow, PhD; and Theresa Armstead, PhD —reviewed the study methodology and protocols and provided written and verbal feedback on the study methodology and all attachments.

Karna, LLC and Abt Associates staff consulted to develop the study include: Leslyn Wong, MPH; Tara Earl, PhD, MSW; Esther Piervil, PhD; Malikah Waajid, PhD; and Nicole Katapodis, MPH

A.9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive payments or gifts for providing information

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

Privacy Act does not apply for this information collection request (Attachment C). Personal Private Information is not collected. All data will be reported in aggregate unlinked form. Participants for the interviews will be selected from the previously collected information of personnel and stakeholders responsible for implementing the HBVP program included in the American Hospital Association's (AHA) 2017 database. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of respondents will be protected and maintained.

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's liaison has determined that IRB approval is not needed for this none research activity

Sensitive Questions

The proposed tools do not collect sensitive information.

A.12. Estimates of Annualized Burden Hours and Costs

The in-person interviews will include up to 45 respondents. The interviews will require one hour of each respondent's time. The burden estimates were obtained from a test run with 9 or less participants.

Participation in this study is voluntary, and there are no costs to respondents beyond the time spent completing the surveys. The cost to respondents was calculated using the National Occupational Employment and Wage Estimates, United States.

Table 3. Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Personnel and stakeholders HBVP	Interview Guide (Att. B)	45	1	60/60	45
				Total	45

Table 4. Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden (in hours)	Hourly Wage Rate[1]	Total Cost
In-person Respondents	Site Visit Key Informant Guides by Informant Type (Att. B)	45	$34.46	$1550.7
			Total	$1550.7

[1] Median Hourly Wage for All Occupations. From *May 2016 National Occupational Employment and Wage Estimates, United States*. United States Department of Labor, Bureau of Labor Statistics. Retrieved from: https://www.bls.gov/oes/current/oes_nat.htm#00-0000. Accessed December 5, 2017.

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

There are no capital or start-up costs to respondents associated with this data collection.

A.14. Annualized Cost to the Government

The total cost of the contract awarded to Karna, LLC has been determined to be $331,848 per year.

Table 5. Estimated Annualized Costs to the Government

Type of Cost	Description of Services	Annual Cost
Labor	Contractor costs for labor, support from a contractor, data collection, travel, and other overhead costs, per contract year	$331,848
	Total Annual Cost	$331,848

A.15. Explanation for Program Changes or Adjustments

This is a new information collection.

A.16. Plans for Tabulation and Publication and Project Time Schedule

CDC will not use complex statistical methods for analyzing information. Most statistical analyses will be descriptive. Information will be synthesized for specific reporting purposes and future updates to CDC's Division of Violence Prevention's technical packages.

Table 6 Project Time Schedule

Activities	Timeline
Data Collection	Immediately upon OMB approval
Data analysis	Within 4 months of data collection
Finalized Submission	Within 6 months of data collection

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

We are not requesting an exemption; 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.