#### Request for Nonmaterial/Non-substantive Change to an OMB Approved Information Collection

# Annual Reporting of the Rape Prevention and Education (RPE) Program: CE19-1902 Cooperative Agreement OMB # 0920-1286

Exp. Date: 03/31/2023

### Justification and Explanation for the Change Date of Submission:

#### **Project Description**

This is a change request for the Center for Disease Control and Prevention's (CDC) Annual Reporting of the Rape Prevention and Education (RPE) Program: CE19-1902 Cooperative Agreement. CDC's Division of Violence Prevention (DVP) administers the RPE Program, which provides funding to health departments in all 50 states, the District of Columbia (DC), Puerto Rico, Guam, the U.S. Virgin Islands, and the Commonwealth of Northern Mariana Islands. RPE Program recipients or designated delegates will submit data annually into the online data system, DVP Partners Portal. The Annual Reporting for RPE in the DVP Partners Portal consists of eight forms for recipients to monitor and report progress on their goals, objectives, and activities, as well as relevant information on the implementation of their prevention strategies, outcomes, evaluation, and state action plan.

The purpose of this request is to seek OMB approval of proposed modifications and reformatting of questions, instructions, and forms in the data system. The requested changes mostly include modifications to question formats and text, as well as added instructions to clarify the information respondents should provide in response to a question. In addition, a few questions were added or deleted/collapsed to improve their relevance to the recipients' prevention work and to capture data accurately. The RPE Program is using the online data system, DVP Partners Portal, for the first time. Changes included in this request were identified through recipients' and CDC program officers' feedbacks on the data elements and other programs' analysis of initial data collected through this data system. The proposed changes will improve the clarity and accuracy of the questions, answer options, and instructions, which in turn will improve the quality of data reported. In addition, the formatting and text changes will improve user experience and alignment to RPE recipients' work and approach. These proposed changes will not alter the purpose of the project, the methods for data collection, the burden on respondents, or the interpretation of data reported by recipients.

## **Proposed Changes**

The proposed changes will improve clarity and accuracy of reporting, increase the tools' alignment and relevance with the RPE recipients' work and strategies, and allow recipients to track existing efforts and report on any new efforts. The proposed changes include the following:

- Adding clarification by making more specific wording of questions and instructions to improve clarity
- Streamlining questions by combining or collapsing questions to improve clarity and reduce data burden
- Replacing existing questions with more relevant questions to streamline and improve relevance
- Adding answer options to offset writing open-ended responses when selecting "Other"
- Shifting how recipients will report community mobilization from the Coalition Building form into the Prevention Strategy Form to align and increase relevance and accuracy of what a community mobilization is
- Streamlining how recipients are reporting on their evaluation progress and findings to reduce burden and increase utility. Recipients will report on summary of findings for each outcome instead of reporting on each indicator which would be less useful for CDC's evaluation of the program across all recipients.
- Adding optional questions for recipients who wish to add comments and provide more context

Across the eight forms, guiding prompts and instructions for each question and increasing character limits for open-ended questions to accommodate the needs of larger scoped programs are proposed.

The below table is a summary of the proposed changes specific to each form. The number in the table corresponds to each form as follows:

- 1. Work Plan Form
- 2. Barriers, Facilitators, and Successes Form
- 3. Training and Technical Assistance Form
- 4. Continuation Narrative Form
- 5. State Action Plan Form
- 6. Coalition Building Form
- 7. Prevention Strategy Form
- 8. Evaluation Form

Proposed Changes	Form Number:	1	2	3	4	5	6	7	8
Change wording to clarify question		х	х	х		х	х	х	х
Delete irrelevant answer option		х							
Add answer option to reduce entering open answers			х	х		х		х	х
Replace answer option with relevant option							х	х	х
Delete question that may be irrelevant, unclear, or not useful			х		х			х	х
Combine and replace existing questions with relevant and useful questions			х			х		х	х
Add close-ended response to improve utility and reduce burden						х			х
Add open-ended question useful for descriptive information that may be			х					х	х
difficult to categorize to improve relevance and reduce burden									
Add optional questions for recipient to add context or other information as			х				х	х	
desired									
Move reporting of community mobilization from Coalition Building Form to							Х	х	
a more relevant form (Prevention Strategy form)									

Please see the Crosswalk of Changes for the detailed list of changes for each section/question set within each form.

## Change to Burden and/or Cost

These proposed changes to information collection do not change the currently approved burden and/or costs. The proposed changes—replacing, collapsing, or deleting existing questions—offset the burden of adding questions or instructions by making the forms more aligned with recipients' processes and work. Therefore, CDC estimates that the time gained and lost will be approximately equal, and thus there is no change in the current burden estimate.