

SUPPORTING STATEMENT PART A

OMB No. 0920-XXXX

02/11/2020

**DELTA IMPACT COOPERATIVE AGREEMENT
EVALUATION DATA COLLECTION INSTRUMENTS**

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TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
A. JUSTIFICATION.....	3
A.1. Circumstances Making the Collection of Information Necessary.....	3
A.2. Purpose and Use of Information Collection.....	5
A.3. Use of Improved Information Technology and Burden Reduction.....	7
A.4. Efforts to Identify Duplication and Use of Similar Information.....	8
A.5. Impact on Small Businesses or Other Small Entities.....	8
A.6. Consequences of Collecting the Information Less Frequently.....	8
A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....	9
A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency.....	9
A.9. Explanation of Any Payment or Gift to Respondents.....	9
A.10. Assurance of Confidentiality Provided to Respondents.....	9
A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions.....	10
A.12. Estimates of Annualized Burden Hours and Costs.....	10
A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers.....	12
A.14. Annualized Cost to the Government.....	12
A.15. Explanation for Program Changes or Adjustments.....	12
A.16. Plans for Tabulation and Publication, and Project Time Schedule.....	13
A.17. Reason(s) Display of OMB Expiration Date is Inappropriate.....	14
A.18. Exceptions to Certification for Paperwork Reduction Act Submissions.....	14
REFERENCES.....	14

Attachments

- Att. 1 Authorizing Legislation: Family Violence and Prevention Services Act (FVPSA) statute (42 USC § 10414)
- Att. 2 Published 60-Day Federal Register Notice
- Att. 3 Protocol: Key Informant Interview – Project Lead
- Att. 4 Protocol: Key Informant Interview – Evaluator
- Att. 5 Instrument: Subrecipient Survey
- Att. 6 Instrument: Prevention Infrastructure Assessment
- Att. 7 Institutional Review Board (IRB) Determination
- Att. 8 Crosswalk of DELTA Impact Evaluation Questions and Data Collection Methods
- Att.9 Privacy Impact Assessment

- **Goal:** The goal of this ICR is to collect information from recipients related to program

evaluation activities for cooperative agreement CDC-RFA-CE18-1801: Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Impact.

- **Intended use of the resulting data:** The findings from this data collection will be used to identify facilitators and barriers, best practices, and areas for improvement for implementing and evaluating DELTA Impact prevention efforts. This data collection will inform technical assistance provided to recipients to assist them in achieving the goals of the DELTA Impact program. This data collection will supplement other data to highlight recipient and subrecipients' experiences implementing their primary prevention efforts to prevent intimate partner violence and their related program evaluation activities.
- **Methods to be used to collect:** Information will be collected via telephone interviews and web-based surveys. Telephone interviews will be conducted with designated personnel from each DELTA Impact recipient. The interview guides will consist of open-ended questions with probes to clarify or elaborate on the main questions. DELTA Impact program recipients and subrecipients will also complete two different web-based surveys (Prevention Infrastructure Assessment and Subrecipient Survey) that will primarily consist of close ended questions.
- **The subpopulation to be studied:** Sampling methods will not be used because data will only be collected from all funded recipients. Data collection will include 100% of DELTA Impact recipients and subrecipients.
- **How data will be analyzed:** Quantitative survey data will be analyzed using descriptive and summary statistics. A thematic analysis of the qualitative data will be conducted, which will involve defining priority topics and emerging themes.

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 all 10 recipients (State Domestic Violence Coalitions) and all 17 subrecipients (Coordinated Community Response teams) funded through CDC's Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Impact Program cooperative agreement (NOFO CDC-RFA-CE18-1801). CDC will collect information from DELTA Impact recipients as part of its program evaluation to assess the implementation and impact of the NOFO and further understand the facilitators, barriers, and critical factors to implement specific violence prevention strategies and conduct program evaluation activities.

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 services¹. The Center 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 adulthoodⁱ. About 7% of women and 4% of men in the US reported their first experience of IPV before age 18ⁱ. 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 systems. Victims experience adverse health outcomes and risky behavior, including high blood pressure, depression, anxiety, asthma, smoking, and heavy drinkingⁱⁱ. There are societal costs to IPV because of medical needs, loss of paid work and household productivity, and loss of lifeⁱⁱⁱ. Community and societal level prevention activities can address risk and protective factors associated with IPV and may have the broadest public health impact.

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). Strategies described in the NOFO are based on the best available evidence and are included in CDC's technical package on IPV prevention. In addition, the program helps to further develop the evidence-base for community and societal level programs and policy efforts to prevent IPV by increasing the use of program 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 to promote 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), CDC has funded the 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 through Coordinated Community Response teams (CCR's). Each SDVC provides funding and technical assistance to 1-2 CCRs selected to implement program and policy efforts at the local level and conduct program evaluation activities. CCRs are local coalitions comprised of members from a variety of sectors engaged in IPV prevention.

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 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 to DELTA Impact organizations on the implementation of IPV prevention strategies

4. Participation in DELTA Impact Program support activities

Recipients are required to adhere to general principles of effective prevention, which includes 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, being developed and implemented in collaboration with stakeholders, and based on best available evidence.^{iv,v} Individual level strategies alone will have limited reach and sustainability; community level strategies will more likely lead to population level changes in IPV outcomes and related risk and protective factors. Therefore, recipients are implementing community and society level change strategies that are consistent with effective principles of prevention.

Through DELTA Impact, CDC is monitoring recipients' implementation, program evaluation, and planning for sustainability of prevention programs at the state and local level. To complement annual performance reporting, CDC will use interviews and surveys to collect information from recipients and subrecipients on their experiences planning, collaborating, and implementing primary prevention efforts within their communities.

A.2. Purpose and Use of Information Collection

The goal of this information collection is to support CDC's program evaluation of the implementation and impact of the DELTA Impact NOFO and further understand the facilitators, barriers, and critical factors to implement specific violence prevention strategies and conduct related program evaluation activities. CDC will use information collected to inform its technical assistance, program improvement, and capacity building. It will also use the information to assess progress on NOFO goals and inform the development of future funding opportunities.

Data collection is designed to address the following key program evaluation questions:

1. To what extent have funded Coalitions accomplished the short term and intermediate outcomes in the NOFO 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?

Information will be collected through the following instruments; a) Key Informant Interviews with Coalition Project Leads and Coalition Evaluators (Attachment 3 and 4), b) the Subrecipient Survey (Attachment 5), and c) the Prevention Infrastructure Assessment (Attachment 6). This information collection will supplement the data collected via the Annual Performance Reporting Tool to further contextualize recipients' experiences implementing community and societal level primary prevention strategies.

The data collection instruments have been designed to align with and support CDC’s program evaluation of specific goals and outcomes outlined in the NOFO for DELTA Impact. For a complete crosswalk of DELTA Impact program evaluation questions and indicators, see Attachment 8.

Information collected will provide valuable insight into implementation of the IPV prevention strategies in the DELTA Impact recipient states and local communities. Additionally, these instruments will enable in-depth exploration of the barriers and facilitators to achieving the specific goals and outcomes outlined in the recipient’s implementation and evaluation plans for each program or policy effort.

a. Coalition Key Informant Interviews (Attachments 3 and 4)

Telephone interviews will be conducted with key personnel from each State Domestic Violence Coalition. The qualitative data collected will provide valuable insight into the facilitators and barriers to implementing the State Action Plan, supporting subrecipients to implement prevention efforts, and coordinating program evaluation and implementation activities. Interviews will be conducted with one project lead from each of the 10 SDVCs and one evaluator from each of the 10 SDVCs. Interview guide questions are tailored to focus on topics that are most relevant to each of the two roles (project lead versus lead program evaluator).

b. Subrecipient Survey (Attachment 5)

A web-based survey will collect data on the experiences and perspectives of the subrecipients. One designated staff member from each of the 17 organizations receiving funding from SDVCs for DELTA Impact will complete the Subrecipient Survey. The survey provides a unique opportunity to systematically gather lessons directly from the subrecipients regarding implementation and program evaluation of community and societal level primary prevention strategies. CDC will use the information collected to understand facilitators and barriers experienced by community-based organizations operating in their local contexts. The information will allow CDC to identify areas for additional technical assistance to support both SDVCs and subrecipients. The survey instrument is designed to assess progress made in reaching intermediate outcomes related to capacity, prioritization, and resources to implement community and societal level primary prevention efforts.

c. Prevention Infrastructure Assessment (Attachment 6)

The primary contact at each SDVC will report information about their infrastructure and capacity to implement primary prevention at the community and societal level using the Prevention Infrastructure Assessment. The assessment will be conducted via a web-based survey in years 3 and 5. The tool assesses change in prioritization, resources, and capacity among the SDVCs. CDC will use the data from the Prevention Infrastructure Assessment Survey to tailor technical assistance and training for recipients and to track changes in infrastructure over the project period. The information collection will also allow CDC to measure the aggregate increase in support for and resources devoted to community and societal level prevention across all 10 recipients.

The survey instruments provide a systematic format to collect data consistently across all recipients while allowing narrative responses for site-specific insight and context. The findings will be synthesized and communicated to inform similar prevention efforts implemented by practitioners in other communities and states. Due to the diversity of recipients' infrastructure, capacity, and funding strategy for subrecipients, the tools have been designed in a way that collects consistent information across recipients while allowing the flexibility to account for varying prevention strategies.

There are significant advantages to collecting information with these data collection methods:

- The information collected will provide unique insight into the collaboration and coordination between recipients and subrecipients.
- The mixed methods approach takes advantage of the strengths of both quantitative and qualitative approaches.
- Tailoring the data collection tools to the subgroups of recipients will allow CDC to identify facilitators and barriers, best practices, and areas for improvement for implementing prevention efforts in different contexts.

CDC will use the information collected across all three years to understand each recipient's experiences and progress toward NOFO outcomes as well as to identify facilitators and barriers to program implementation. In addition, data collected in project years 3 and 4 will inform adjustments in the type and level of technical assistance provided to recipients, as needed, to support attainment of the goals of the NOFO. Program evaluation activities 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 impact of the strategies implemented by the recipients on outcomes related to intimate partner violence prevention. It is also expected to reduce duplication of effort, enhance program impact and maximize the use of federal funds.

Program evaluation is an essential public health function and important for performance monitoring. DELTA Impact is a non-research NOFO. Per CDC's programmatic NOFO requirements, data collected for non-research (i.e., programmatic) NOFOs are not population-based samples and are only generalizable to the DELTA recipients. The intention of this data collection is not to make causal inferences. The conclusions drawn from these data may not generalize to the entire country due to differences in the demographics of targeted populations, policies, and implementing agencies. In addition, because this is not a research cooperative agreement, states are not required to implement rigorous research designs that have strong internal validity and produce generalizable knowledge. As such, the information CDC collects may make a strong inference of correlation, but causation cannot be inferred.

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

Coalition Key Informant Interviews:

Data will be collected via telephone interviews. Using qualitative data collection methods will help solicit rich data on how recipients implemented activities. Moreover, CDC program

evaluators will be able to verify responses and request clarification in real time as needed during the data collection process. The telephone interview method was chosen to reduce the overall burden on respondents by allowing more scheduling flexibility than in-person interviews. The telephone interview guides were designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 20 main questions). Additional probes and prompts are included to aid the interviewers with clarifying and elaborating on the main questions.

Subrecipient Survey and Prevention Infrastructure Assessment:

To reduce burden on both participants and CDC staff, data will be collected through the use of web-based data entry systems. Surveys will be conducted online using a secure web-based survey engine. The automated nature of the information collection greatly increases the efficiency of data collection over standard paper-and-pencil data collection methods given the geographic diversity of the participants. The web-based survey will contribute to data quality as built in prompts and skip patterns will ensure only relevant questions are presented to respondents.

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. 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. HHS Administration for Children and Families (ACF) 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

This request is for a one-time data collection for the Coalition Key Informant Interviews and Subrecipient Surveys. The Prevention Infrastructure Assessment will be collected on years 3 and 5.

If no data are collected, CDC will be unable to:

- Assess the barriers, facilitators, and critical factors to evaluate and implement primary prevention efforts identified by DELTA Impact subrecipients

- Identify areas for improvement and additional technical assistance by CDC to help recipients achieve the goals outlined in the NOFO for DELTA Impact in the remaining funding period
- Develop an in-depth understanding of how national, state, and local approaches can be coordinated and implemented to prevent primary perpetration of IPV

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 was published in the Federal Register on Feb 28, 2020 Volume 85, Number 40, pp 11990 (**Attachment 2**). CDC Received two anonymous non-substantive comments (Attachment 2a). Follow up information was not provided, so there was no reply from CDC to the non-substantive comment.

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

The evaluation questions for assessing the overall program were identified by NCIPC and further refined by feedback and lessons learned from previous iterations of DELTA 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 (Attachment 9). Respondents are DELTA Impact cooperative agreement recipients (State Domestic Violence Coalitions and Local Coalitions) or their designated personnel. No sensitive information or personal contact information will be collected.

Survey data collected and interview summary notes 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. All data will be reported in aggregate form, with no identifying information included. Recipients and subrecipients will provide programmatic information only and will not include

any personally identifying 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 data specific to any particular coalition are used for publications, reports, or other publicly disseminated information.

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

The estimate for burden hours is based on the experience of projects using similar types of interview guides and surveys.

Coalition Key Informant Interviews - Interview respondents will be project leads and program evaluation leads employed by or contracting with the SDVCs; the recipients of the DELTA Impact Program cooperative agreement. This will be a onetime data collection in year 3. The key informant protocol is designed to take 60 minutes total for the Project Lead Interview and 45 minutes total for the Evaluator Interview.

Subrecipient Survey - The 17 subrecipient program leads will complete a Subrecipient Survey using a web-based survey tool. This will be a onetime data collection in year 4. The questions are primarily close ended, multiple-choice questions with optional open-ended questions. The survey should not take staff longer than 30 minutes to complete.

Prevention Infrastructure Assessment - SDVC program leads will complete a web-based Prevention Infrastructure Assessment in years 3 and 5. The questions are multiple-choice, with a few open-ended questions. The tool should not take staff longer than sixty minutes to complete.

The abovementioned estimated burden hours per respondent for each data collection was used to calculate the total estimated burden. The Coalition Key Informant interviews will be completed one time in year 3 with two different types of respondents (Project Leads and Evaluators). The interview guide for the Evaluators is shorter resulting in a lower burden than that of the Project Leads (7.5 versus 10 hours).

In year 3, the estimated burden hours are greater than the remaining years because multiple data collection methods will take place: Project Lead Key Informant Interview, Evaluator Key Informant Interview, and the Prevention Infrastructure Assessment, Therefore, in year 3, the aggregate burden hours, summing the proposed data collection methods to be conducted in that period, is 27.5. In year 4, the total estimated burden hours for the proposed subrecipient survey is 8.5. Lastly, in year 5, the prevention infrastructure assessment is estimated to result in 10 total burden hours.

Over the three-year period of this information collection request, the average annual estimated burden for 10 recipients and 17 subrecipients is 15.3 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 (Hours)	Total burden (Hours)
DELTA Impact Program Recipients State Domestic Violence Coalitions	Key Informant Interview – Project Lead (Att. 3)	10	1	1	10
	Key Informant Interview - Evaluator (Att. 4)	10	1	45/60	8
	Subrecipient Survey (Att. 5)	17	1	30/60	9
	Prevention Infrastructure Assessment (Att. 6)	10	2	1	20
Average Annualized Burden					47

A.12.b) Annual burden cost

For each of the DELTA Impact Program recipients and subrecipients a program manager or 10evaluator will complete the survey or interview. The average hourly wage for a program manager or evaluator 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 \$1440.55, with an average annual cost of \$480.13, 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 and Subrecipients	Key Informant Interview – Project Lead (Att. 3)	10	\$30.65	\$306.50
	Key Informant Interview - Evaluator (Att. 4)	8	\$30.65	\$245.20
	Subrecipient Survey (Att. 5)	8.5	\$30.65	\$275.85
	Prevention Infrastructure Assessment (Att. 6)	20	\$30.65	\$613.00
	Average Per Year			\$480.13

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 \$10,573, as summarized in Table A.14.

Table A.14. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
CDC Personnel	10% salary (GS-13 at \$105,729/year)	\$10,573

	Subtotal, CDC Personnel	
	Total Annual Estimated Costs	\$10,573

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 the final three years of the cooperative agreement.

B. Publication plan

Information collected from the recipients will be reported to CDC leadership and shared back with recipients. CDC will generate reports that describe activities across multiple recipients and will be able 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 aggregate findings to other external audiences, as needed, to describe the state of intimate partner violence prevention activities across the nation. This may include manuscripts in peer-reviewed journals as well as presentations at national conferences. Information will be analyzed and synthesized for specific reporting purposes and response to inquiries. Such reports will be used to describe DELTA Impact program impact as well as inform technical assistance and planning of programmatic efforts.

C. Analysis plan

CDC will not use complex statistical methods for analyzing quantitative findings from the web-surveys. Most statistical analyses will be descriptive (i.e., frequencies and crosstabs) and content analysis. For example, scores from Likert scales will be calculated and compared across recipients and/or at different time points.

During the interviews, the project team members will take notes, which will be compiled and finalized after each telephone interview is completed. The telephone interviews will be audio-recorded only to aid with development and compilation of notes. Verbal permission will be obtained from respondents at the beginning of the interview. Once the data collection period has closed, project team members will develop final interview summaries and then conduct thematic analysis of the summaries.

All survey results, interview notes, audio recordings, and materials will be kept on a secure password protected CDC server accessible only to project team members. Audio recordings will be destroyed as soon as the interview summaries are finalized.

Themes and findings identified across the recipients will be synthesized into aggregated reports. These reports will not link specific findings to a recipient. These aggregated findings and lessons learned will be shared with recipients, local organizations participating in violence prevention

work, researchers and practitioners working in the field of violence prevention, as well as CDC program stakeholders and leadership. Aggregated findings will be shared through presentations, webinars, meetings, conferences, translation products for recipients and scientific manuscripts.

Table 4. Project Time Schedule

Activities	Timeline
Interviewer Training	Immediately upon OMB approval
Key Informant Interview Data Collection	1–6 months after OMB approval
Prevention Infrastructure Survey Data Collection	1–6 months after OMB approval
Data Analysis	1–6 months after Data Collection and ongoing through expiration date

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 Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
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