Project Determination

DELTA Impact Cooperative Agreement Evaluation Data Collection Instruments

Project ID:	0900f3eb81ac39dc
Project Contact:	Barranco_Lindsey (yzi9)
Organization:	OS/OS/OSI
Status:	Pending Regulatory Clearance
Intended Use:	Project Determination
Estimated Start Date:	08/01/20
Estimated Completion Date:	03/01/23
CDC/ATSDR HRPO/IRB Protocol#:	
OMB Control#:	

Description

Priority

Standard

Date Needed

02/14/20

Determination Start Date

01/31/20

Description

CDC' s DELTA Impact Program is an initiative focused on decreasing IPV risk factors and increasing IPV protective factors. It is focused on increasing strategic data-driven planning and sustainable use of community and societal level primary prevention activities that address the social determinants of health (SDOH) and are based on the best available evidence. 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 evaluation and existing surveillance data at the state and local level. The Centers for Disease Control and Prevention (CDC) seeks a new information collection request to collect information from DELTAâ s 10 funding recipients (State Domestic Violence Coalitions)

and 17 sub-recipients (Coordinated Community Response Teams) funded through CDCâ s Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Impact Program cooperative agreement (NOFO CDC-RFA-CE18-1801). 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. The data collected will be used for program evaluation and improvement purposes.

Goals/Purpose

The information collection effort will support the program evaluation of the DELTA Impact NOFO. Information collected will provide valuable insight into the implementation of the IPV prevention strategies at the state and local levels. Additionally, these instruments will enable in-depth exploration of the barriers and facilitators DELTA recipients have experienced with respect to achieving the specific goals and outcomes outlined in their implementation and evaluation plans for each program or policy effort. CDC will use information collected to evaluate the initiative and inform technical assistance, program improvement, and capacity building.

Objective

The objectives of this information collection are to increase CDC's understanding of: a) the implementation of the NOFO; b) achievement of the NOFO outcomes, and c) facilitators, barriers, and critical factors related to implementation and evaluation of specific violence prevention strategies.

Activities or Tasks

New Collection of Information, Data, or Biospecimens

Target Population to be Included/Represented

Awardee Program Managers: Other-Evaluators; Sub-awardees

Tags/Keywords

Data Collection: Primary Prevention: Intimate Partner Violence: Program Evaluation: Quality Improvement

CDC's Role

Activity originated and designed by CDC staff, or conducted at the specific request of CDC, or CDC staff will approve study design and data collection as a condition of any funding provided: CDC employees of agents will obtain data by intervening or interacting with participants: CDC employees will participate as co-authors in presentation(s) or publication(s)

Method Categories

Individual Interviews (Qualitative): Survey

Methods

Key Informant Interviews: Data will be collected via telephone using a semi-structured interview guide. Using qualitative data collection methods will help solicit rich data on how activities were performed, why, and related contexts. Moreover, 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 purpose of the data

collection by limiting questions to those that address the specific data collection objectives. Additional probes and prompts are included to aid the interviewers with clarifying and elaborating on the main questions. Subrecipient Survey: CDC will collect a web-based survey from sub-recipients to obtain insight into the experience and perspectives of the Coordinated Community Response Teams. One designated staff member from each the 17 CCRs will complete the Subrecipient Survey. The survey provides a unique opportunity to systematically gather lessons learned directly from the sub-recipients regarding their implementation and 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 specific contexts. The information will allow CDC to identify areas of improvement and additional technical assistance to support both SDVCs and sub-recipients. The survey instrument is designed to assess progress made by sub-recipients in reaching their intermediate outcomes related to capacity, prioritization, and resources to implement community and societal level primary prevention efforts. Prevention Infrastructure Assessment: The primary contact at each State Domestic Violence Coalition 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 of the project period. 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 increases 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. We will notify respondents that all of the information we collect will be kept secure, and the only people who will have access to identifiable information are the people on the CDC team involved with the project. After the interviews are conducted, the evaluation team will conduct thematic analysis and the findings will only be shared in aggregate form.

Collection of Info, Data, or Bio specimens

Information will be collected through the following instruments; a) Key Informant Interviews with Coalition Project Leads and Coalition Evaluators, b) Sub-Recipient Surveys, and c) Prevention Infrastructure Assessments. Data collection is not expected to last more than 30-60 minutes depending on the method and respondent.

Expected Use of Findings/Results and their impact

The findings from both of the web-based surveys and interviews will be used to help CDC identify facilitators and barriers, best practices, and areas for improvement for implementing IPV prevention efforts. Information collected will also be used to improve technical assistance provided by CDC to recipients and to inform planning of future programmatic efforts. The results of analysis will be included in the development of evaluation briefs, one pagers, other communication materials, presentations at national public health conferences and manuscripts.

Will PII be captured?

Yes

Does CDC have access to the Identifiers

Yes

Is a certificate or assurance of confidentiality in place or planned?

No

Is a non-disclosure agreement in place?

No

Funding

Funding Type	Funding Title	Funding #	Original Fiscal Year	# of Years of Award
CDC Cooperative Agreement	Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Impact Program	CDC-RFA-CE18-1801	2018	5

Institutions

Institution	FWA #	FWA Exp. Date	IRB Title	IRB Exp. Date	Funding #

Staff

Staff Member	SIQT Exp. Date	Citi Biomedical Exp. Date	Citi Social and Behavioral Exp. Date	Citi Good Clinical Exp. Date	Staff Role	Email	Phone #	Organization/ Institution
Candace Girod	03/03/2020		11/30/2021		Co-Investigator	mrv7@cdc.gov	404-498-1329	PROGRAM EVALUATION AND TRANSLATION TEAM
LINDSEY BARRANCO	12/16/2022		01/15/2020		Program Lead	yzi9@cdc.gov	404-498-5221	PROGRAM EVALUATION AND TRANSLATION TEAM

DMP

Proposed Data Collection Start Date	08/01/20
Proposed Data Collection End Date	03/03/23
Proposed Public Access Level	Non-Public

Reason for not Releasing the Data	Other- Program Evaluation – specific data not generalizable – small sample of awardee and sub awardee staff
Public Access justification	We will not be sharing the raw data from this evaluation. It is a small non-generalizable sample of project directors, evaluators and implementers and the data are being used primarily to improve the program. However, we will share findings in aggregate form with other recipients, researchers and evaluators and public health officials to inform practice and share lessons learned. The findings will help with program improvement and our TA. Data from interviews will not be useful for additional analyses beyond the summarized information that will be provided publicly through a peer-reviewed publication, fact sheets, and other communication materials.
How Access Will Be Provided for Data	The raw data will be accessed by the evaluation team only. All of the information we collect will be kept secure on a share drive accessible by the project team. The only people who will have access to personal identifiable information are those on the CDC team involved with the project. The audio-recording will be destroyed after the project ends.
Plans for archival and long-term preservation of the data	The data will be accessed by the evaluation team only. All of the information we collect will be kept secure on a share drive accessible by the project team only. 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, and information will be reported in aggregate form.

Spatiality (Geographic Location)

Country	State/Province	County/Region
United States	Alaska	
United States	California	
United States	Delaware	
United States	Florida	
United States	Michigan	
United States	North Carolina	
United States	Ohio	
United States	Pennsylvania	
United States	Rhode Island	
United States	Tennessee	

Determinations

Determination	Justification	Completed	Entered By & Role
HSC: **Does NOT Require HRPO Review**	Not Research	01/31/20	Angel_Karen C. (idy6) CIO HSC
PRA: **PRA Applies**		01/31/20	Angel_Karen C. (idy6) OMB / PRA
ICRO: **Returned with No Decision**		02/04/20	Zirger_Jeffrey (wtj5) ICRO Reviewer