

SUPPORTING STATEMENT: PART B

Core State Injury Prevention Program Evaluation

OMB# 0920-21GB

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B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1. Respondent Universe and Sampling Methods

CDC will conduct a mixed methods data collection for the respondent universe including 23 funded recipients (state health departments). Data will be reported annually by funded recipients of CE21-2101 as part of the annual program evaluation data collection. Recipients will submit data on enhancements in program implementation capacity (Attachment E), leveraged resources/funds through economic indicators (Attachment F), and challenges and successes, programmatic improvements, and impact through interviews (Attachment G). Finally, awardees will annually submit injury and violence prevention surveillance data using an Excel-based Injury Indicator Spreadsheets (Attachment H) and Special Emphasis Reports (Attachment I).

B.2. Procedures for the Collection of Information

Information will be collected by CDC through the following modes:

- 1) The Core SIPP Implementation Capacity Development Rubric will be implemented once at the start of program funding (baseline collection), and subsequently during the middle of each reporting year. Recipients will self-administer the rubric via CDC's Partner Portal, where they will self-score their state injury prevention programs according to their current level of capacity for components of interest. These scores will be used to identify recipient strengths, areas for improvement, and additional needs for CDC TA support. Measuring recipient improvements in implementing public health actions in this standard way will greatly increase the ability for CDC to measure the impact of the program investment. CDC will also aggregate these scores across recipients to identify larger program needs and to inform internal CQI activities. This information will be shared back with recipients individually during annual technical review calls, as well as in aggregate at annual partnership meetings. Additionally, increased capacity will increase the likelihood of sustainability beyond the funding cycle.
- 2) Recipient-level Group Interviews will take place at the end of Program Years 2 and 3. The purpose of these interviews is to evaluate progress and challenges in implementing the Core SIPP program within the individual recipient-level context to inform tailored supports from CDC and partners. The tailored support will be in effort to facilitate solutions to programmatic barriers, adjust recipient strategies as needed, and ensure the quality of data reported annually to CDC.
- 3) Economic Indicators will be collected to better understand the cost of IVP implementation by strategy as well as how recipients have leveraged funds and resources to increased sustainability for injury and violence prevention work.
- 4) Injury Indicator Spreadsheets and Special Emphasis Reports will be collected annually to track state level injury and violence morbidity and mortality data. This will allow CDC to measure trends over time within a state, across states, and against the national average to identify changes during the Core SIPP funding period. Completion of the spreadsheets and reports will also ensure recipient surveillance capacity and reporting is in alignment with best practices. No research design or human subjects involved.

B.3. Methods to Maximize Response Rates and Deal with Nonresponse

All data collection is a component of required reporting for recipients of CE21-2101.

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

The Partners Portal has been in use for two funding cycles of several funded programs across the Injury Center. The 2021 Partners Portal includes some modifications which will be pilot tested by 9 current recipients after all 2021 applications have been received. Similarly, the Implementation Capacity Development Rubric is an adaptation of a validated and previously cleared instrument currently being used by State Health Department Injury Units for state plan assessment. The adapted version will be tested in coordination with the testing of the Partners Portal. Recipient interview guides will be tested with a CDC internal group of program team members. The economic spreadsheet and injury indicators have been used and revised previously during past funding cycles.

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

CDC Evaluation Consultation

- Brandon Nesbit, lead health scientist
- Stacey Willocks, behavioral scientist
- Sally Thigpen, health scientist
- Lauren Wilson, health scientist
- Susi McGhee, health scientist

CDC Programmatic Consultation

- Dave Sullivan, lead public health advisor
- Rachel Kossover-Smith, public health advisor
- Enjol Willis, public health advisor

CDC Injury Indicator Consultation

- Renee Johnson, senior health scientist
- Karen Thomas, health scientist

CDC Economic consultation

- Curtis Florence, lead health economist
- Sarah Beth Barnett, health economist
- Ketra Rice, health economist