

SUPPORTING STATEMENT: PART B

**DELTA Achieving Health Equity through Addressing Disparities
(AHEAD) COOPERATIVE AGREEMENT EVALUATION
DATA COLLECTION INSTRUMENTS**

OMB#

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B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B1. Respondent Universe and Sampling Methods

Information will be collected from a total of 13 respondents across all 13 recipients of the DELTA AHEAD Program cooperative agreement. Project leads from each of the 13 State Domestic Violence Coalitions (SDVCs) will complete Annual Progress Reports (APRs) in Years 1-3. Project leads and program evaluation leads from each of the 13 SDVCs will also participate in key informant interviews. Respondents will report information to CDC about their experiences planning and implementing DELTA AHEAD program or policy efforts and conducting related evaluation activities. Category B SDVC staff will complete a web-based survey in years 1 and 3 to measure changes in capacity to implement community and societal level prevention efforts and changes. Category A recipients will complete a web-based survey in years 1 and 3 to measure changes in capacity to integrate health equity into their primary prevention efforts. Statistical sampling methods are not applicable to this information collection because information will only be collected from all funded recipients.

B2. Procedures for the Collection of Information

Respondents for data collection are DELTA AHEAD cooperative agreement recipients (SDVCs) or their designated personnel. No sensitive information or personal contact information will be collected. Each measure includes a section at the beginning to explain to respondents the purpose of the data collection, how data is stored and protected, and how data will be reported in aggregate form without identifying specific coalitions.

Information will be collected through the following instruments:

Att. 3a, 3b Annual Performance Report (APR) Tool - Project Lead

Recipients will enter APR data into the DVP Partners Portal, a web-based system that collects performance data from funded recipients annually.

The data are used for program monitoring and evaluation purposes and submitted to the Grants Management Module of Grant Solutions to serve as the official record of Annual Performance Report and continuation application. CDC will use the information to be collected to do the following:

- Enhance accountability of the use of federal funds

- Provide timely program reports and responses to information request
- Improve real-time communications between CDC and recipients
- Strengthen CDC's capacity to provide responsive and data-driven TA
- Strengthen CDC's capacity to monitor and evaluate recipients' progress and performance towards activities required as part of the cooperative agreement
- Allow both CDC and recipients to track their own state activities and outcomes, and ensure alignment between their state and local activities
- Generate a variety of routine and customizable reports specifically for each recipient and in aggregate nationally for CDC stakeholders

Att. 4a Instrument and Protocol: Key Informant Interview (KII) - Project Lead

Virtual web-based 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 sub-recipients to implement prevention efforts, and coordinating program evaluation and implementation activities. Interviews will be conducted with one project lead from each of the 13 SDVCs twice over the project period. Interview guide questions are tailored to focus on topics that are most relevant to the project lead role.

Att. 4b Instrument and Protocol: Key Informant Interview (KII) - Evaluator

Virtual web-based interviews will be conducted with key personnel from each State Domestic Violence Coalition. The qualitative data collected will provide valuable insight into the role of the evaluators on the team and the factors that facilitate or hinder evaluation of the program. Interviews will be conducted with one evaluator from each of the 13 SDVCs twice over the project period. Interview guide questions are tailored to focus on topics that are most relevant to the evaluator role.

Att. 5a,b Instrument and Protocol: Prevention Infrastructure Assessment (PIA)

The primary contact at each Category B 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 1 and 3. The tool assesses change in prioritization, resources, and capacity among the SDVCs. CDC will use the data from the PIA 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 Category B recipients.

Att. 6a,b Instrument and Protocol: Health Equity Capacity Assessment (HECA)

A web-based survey will collect data about capacity to enhance and expand health equity work and activities that address social determinants of health and the inequities that create disproportionate burden of intimate partner violence (IPV). One designated staff member from each of the 10 Category A SDVCs for DELTA AHEAD will complete the assessment. The assessment will be conducted via a web-based survey in years 1 and 3. CDC will use the information collected to understand SDVCs capacity to integrate health equity into their primary prevention efforts. The information will allow CDC to identify areas for additional technical assistance to support SDVCs. The survey instrument is designed to assess progress made in reaching intermediate outcomes related to capacity, prioritization, and resources for impacting health equity through community and societal level primary prevention efforts.

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 sub-recipients, the tools have been designed in a way that collects consistent information across recipients while allowing the flexibility to account for varying prevention strategies.

Interview recordings will be kept until data analysis has been completed, and interview summary notes will be kept through the end of the DELTA AHEAD funding period (February 2028) plus two additional years for analysis purposes. All data will be discarded in February 2030. Data will be maintained in a secure, password-protected system and accessed only by relevant CDC personnel working on the evaluation. All data will be reported

in aggregate form, with no identifying information included. Recipients will provide programmatic information only and will not include any personally identifying information. 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, recipients will be notified of intent to use aggregate data and approval will be obtained if data specific to any particular coalition are used for publications, reports, or other publicly disseminated information.

CDC will use statistical methods for analyzing information. Quantitative data will be analyzed using descriptive and summary statistics. Qualitative data will be analyzed through thematic analysis to define priority area topics and emerging themes. For example, the difference between baseline rates and achieved rates on indicators will be documented and analyzed. Furthermore, the data collected in the mixed methods design will allow for CDC staff to evaluate implementation and provide technical assistance to awardees after an internal qualitative review has been completed.

B3. Methods to Maximize Response Rates and Deal with No Response

Annual reporting is a requirement for each recipient awarded DELTA AHEAD funding under the cooperative agreement to continue to receive funding. Therefore, response rates are expected to be 100%. The DVP Partners Portal's ability to populate information and generate reports allow recipients to fulfill their annual reporting obligations efficiently by submitting necessary information for both progress reports and continuation applications into the system once. Moreover, this ability to save and update pertinent information from one reporting period to the next will reduce the administrative burden of the annual reporting on recipients. Respondents will only need to modify or update the information, report data on measures, provide updates, or add new items as applicable. An additional advantage of using the DVP Partners Portal is that recipients that received funding from multiple DVP programs can access and report information in one place using forms in a standard format. These advantages will encourage and maximize response rates for the annual reporting

B4. Tests of Procedures or Methods to be Undertaken

The instruments were developed in consultation with other CDC staff who have developed similar instruments for other programs and previous iterations of the DELTA program. The instruments were also pilot tested with CDC program staff.

B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The following individuals consulted on development of the data collection tools:

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