

Advancing Violence Epidemiology in Real-Time (AVERT)

Proposed Changes: Justification and Overview

(OMB no. 0920-1414 exp. date 9/30/2026)

11/30/2023

Justification

- This document requests approval of non-substantive changes to the currently approved information and data collection, Advancing Violence Epidemiology in Real-Time (AVERT) (OMB no. 0920-1414). The request is to update the AVERT Emergency Department (ED) Violence Data Form (Attachment E). There are five minor changes: 1) modify the data quality questions; 2) modify the NCHS age categories for the older age groups; 3) update race/ethnicity and age categories; 4) add new school age categories for some of the indicators; 5) change to the total burden hours increasing from 30 to 36 total burden hours. These changes will align with the center-wide Adverse Childhood Experiences (ACEs) program and Youth Violence Prevention efforts of understanding violence-related injuries among school age children.

Project Description

Originally, the data collection form utilized identical age categories (NCHS age groups) across all syndrome definitions that AVERT plans to monitor from 2023–2028. However, upon review of the most up-to-date syndrome definitions and other considerations explained below, we propose minor changes to the data collection form for CDC and AVERT recipients as follows:

- **Modify the data quality questions:** This change will align with National Syndromic Surveillance Program's (NSSP - OMB# 0920-0824) best practices on NSSP data quality dashboard.
- **Combine NCHS Older Age Categories:** This change will align with Overdose Data To Action (OD2A) best practices. The combined age group will contain a larger number of observations, and it will better facilitate the analytical process of monitoring violence injury trends in emergency departments (EDs).
- **Update to utilize combined Race/Ethnicity Categories:** This change aligns with NSSP's data analysis and also increase the cell size for statistical analysis and data display. The combined race/ethnicity categories have been implemented by NSSP since COVID-19 pandemic to monitor health conditions.
- **Add School Age Categories:** NCHS age groups allow data users to stratify data into ten age groups, but specific school age groups (e.g., pre-school, elementary school, middle school, and high school) are currently combined into wider range of categories (0-10/11-14/15-24 year olds) that cannot be disaggregated. In order to monitor ED trends among pediatric populations as well as support the ACEs program and Youth Violence Prevention efforts, we propose to add school age categories.
- CDC was able to fund two additional jurisdictions through the AVERT program, so we have total of twelve jurisdictions instead of ten. We are providing the updated burden table below, calculated for 12 rather than 10 jurisdictions. The total burden hours increase from 30 to 36.

Change to Burden and/or Cost

The proposed changes to the form described in this request do not impact how CDC collects data from states, and there is no change in burden as a result of these changes.

However, CDC was able to fund two additional jurisdictions through the AVERT program, so we have total of twelve jurisdictions instead of ten. We are providing the updated burden table below, calculated for 12 rather than 10 jurisdictions. The total burden hours increase from 30 to 36 total burden hours.

Type of Respondent	Form Name	No. of Respondents	Total No. of Responses per Respondent	Average Burden per Response (Hours)	Total Annual Burden (Hours)
Participating health departments sharing case-level ED data with CDC through NSSP BioSense (OMB #0920-0824)*	ED form (ED violence data form)	12	6	30/60	36
Total					36

Thank you for your time and consideration.