

SUPPORTING STATEMENT: PART B

OMB# 0920-xxxx

Date: 09/18/2023

**REPORTING OF THE ESSENTIALS FOR CHILDHOOD (EFC):
PREVENTING ADVERSE CHILDHOOD EXPERIENCES
THROUGH DATA TO ACTION PROGRAM
DATA COLLECTION INSTRUMENTS**

Point of Contact:
Khiya Mullins, DrPH
Lead Behavioral Scientist
National Center for Injury Prevention and Control (NCIPC)
Centers for Disease Control and Prevention (CDC)
Phone: 770-488-3911
Email: fys7@cdc.gov

TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS.....	3
B.1. Respondent Universe and Sampling Methods.....	3
B.2. Procedures for the Collection of Information.....	3
B.3. Methods to Maximize Response Rates and Deal with Nonresponse.....	4
B.4. Tests of Procedures or Methods to be Undertaken.....	5
B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting an/or Analyzing Data....	5

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1. Respondent Universe and Sampling Methods

Information will be collected from up to 12 recipients of the EfC cooperative agreement. Project staff from each recipient will complete Annual Performance Reports (APRs) annually. Project staff from each recipient will also participate in key informant interviews and a recipient survey. Respondents will report information to CDC about their experiences planning and implementing EfC and conducting related evaluation activities. In addition, designated staff will complete two web-based assessments to measure changes in capacity to support an ACE surveillance infrastructure and implement ACE prevention efforts. Statistical sampling methods are not applicable to this information collection because information will only be collected from all funded recipients and sub-recipients.

B.2. Procedures for the Collection of Information

Respondents for data collection are EfC cooperative agreement recipients 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 are 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. 3 Annual Performance Report (APR) Tool

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. All recipients will complete the APR for each budget period.

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 Technical Assistance (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 reports specifically for each recipient

Att. 4a Instrument and Protocol: Key Informant Interview (KII) – Principal Investigator (PI)

Web-based interviews will be conducted with the PI from each recipient. The qualitative data collected will provide valuable insight into the overall statewide plan to expand efforts to prevent adverse childhood experiences. Interviews will be conducted with one principal investigator from each recipient twice over the project period. Interview guide questions are tailored to focus on topics that are most relevant to the PI role.

Att. 4b *Instrument and Protocol: Key Informant Interview (KII) – Principal Investigator (PI)/Implementer*

Web-based interviews will be conducted with the PI and/or implementer from each recipient where the PI also serves as an implementer or is most knowledgeable about program implementation. The qualitative data collected will be heavily focused on both the PI and program implementer perspectives and will provide valuable insight into how recipients are implementing prevention strategies to prevent adverse childhood experiences. This interview will include a deeper understanding of the quality of feasibility statewide implementation efforts and their relationship with internal and external partners to achieve desired outcomes. Interviews will be conducted with the PI and/or implementer from each recipient twice over the project period. Interview guide questions are tailored to focus on topics that are most relevant to the principal investigator and/or implementor role.

Att. 5a *Instrument and Protocol: Surveillance Capacity Assessment (SCA) – Surveillance Lead*

The primary surveillance contact for each recipient will report information about their ACEs surveillance infrastructure. The web-based assessment will be conducted to assess each recipient's capacity to collect, analyze, and use data to inform prevention strategy implementation. CDC will use the data from the assessment to tailor technical assistance and training for recipients and to track changes in infrastructure over the project period. The information collection will allow CDC to measure the aggregate increase in support for and resources devoted to an ACEs surveillance infrastructure across all recipients.

Att. 5b *Instrument and Protocol: Implementation Capacity Assessment (ICA) – Principal Investigator/Implementer*

The primary implementation contact for each recipient will report information about their infrastructure and capacity to implement primary prevention strategies and approaches. The web-based assessment will be conducted to assess change in leadership, collaboration, and partnership, staffing and resources, skills and expertise, and evaluation among the recipients. CDC will use the data from the assessment to tailor technical assistance and training for recipients and to track changes in general institutional capacity over the project period. The information collected will allow CDC to measure the aggregate increase in support for and resources devoted to prevention across all recipients.

Att. 6 *Instrument and Protocol: Evaluation and Surveillance Survey – Surveillance Lead/Evaluator*

The web-based survey will be conducted with the surveillance and evaluation leads from each recipient. The evaluation information collected will provide valuable insight into how recipients are evaluating their surveillance and evaluation activities, including how they have leveraged existing and new resources and multi-sectoral partnerships to expand efforts to prevent adverse childhood experiences. Web-based surveys will be conducted with one implementer and evaluator from each recipient once over the project period. Survey questions are tailored to focus on topics that are most relevant to the principal investigator and or evaluator role.

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

Annual performance reporting is a requirement for recipients awarded EfC 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 performance reports

allow recipients to fulfill their annual performance reporting obligations efficiently by submitting necessary information for both performance 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 performance reporting on recipients. Respondents will modify or update the information, report data on measures, provide updates, and/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 performance reporting.

B.4. 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 EfC program. The instruments were also pilot tested with CDC program staff.

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

The following individuals consulted on the data collection tools:

Phyllis Ottley, Associate Director for Program, CDC, (404) 498-1613, vci8@cdc.gov

Gayle Holmes, PPTB Branch Chief, CDC, (770) 488-8050, hfn5@cdc.gov

Khiya Mullins, Lead Behavioral Scientist, CDC, (770) 488-3911, fys7@cdc.gov

Lisa Martin, Public Health Advisor, CDC, (404) 498-3906, uvx2@cdc.gov

The core CDC personnel who will collect and/or analyze the data include:

Angie Guinn, Behavioral Scientist, CDC, (404) 498-1508, lsj8@cdc.gov

Phinda Hillmon, Public Health Advisor, CDC, (770) 488-1577, lwg4@cdc.gov

Adebukola Helen Adegbite, Health Scientist, CDC, (404) 639-6433, vrt2@cdc.gov

Kayla Anderson, Epidemiologist, CDC, (404) 498-1481, lsx7@cdc.gov

Tia Rogers, Epidemiologist, CDC, (404) 498-2911, xgf1@cdc.gov