



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

*Print Date: 12/18/23*

**Title:** Rape Prevention and Education PeRPEtual (Promoting Equity in RPE Through Understanding, Action, and Leadership)

**Project Id:** 0900f3eb821d7e28

**Accession #:** NCIPC-PPTB-8/4/23-d7e28

**Project Contact:** Ishaka O Oche

**Organization:** NCIPC/DVP/PPTB

**Status:** **Project In Progress**

**Intended Use:** **Project Determination**

**Estimated Start Date:** 02/01/2024

**Estimated Completion Date:** 01/31/2029

**CDC/ATSDR HRPO/IRB Protocol #:**

**OMB Control #:**

## Determinations

Determination	Justification	Completed	Entered By & Role
HSC: Does NOT Require HRPO Review	Not Research / Other <i>45 CFR 46.102(l)</i> Other - Continuing to enhance the capacity of state and territorial health departments	8/22/23	Angel_Karen C. (idy6) CIO HSC
PRA:	<b>Exclusion:</b> Information collection not conducted or		

PRA does not apply	sponsored by Federal government <i>Justification:</i> NCIPC provides TA	8/22/23	Angel_Karen C. (idy6) OMB / PRA
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## Description & Funding

### Description

**Priority:** Urgent

**Date Needed:** 08/15/2023

**Priority Justification:** Need to submit OMB clearance as soon as possible.

**Determination Start Date:** 08/10/23

**Description:**

The purpose of this NOFO is to build on the previous RPE NOFO, CDC-RFA-CE19-1902, by continuing to enhance the capacity of state and territorial health departments (hereafter referred to as SHDs) to facilitate and monitor the implementation of sexual violence (SV) prevention programs, practices, and policies. This five-year funding opportunity requires that recipients build infrastructure for SV prevention; develop/enhance a state/territory action plan; implement community- and societal-level SV prevention strategies that promote health equity; and utilize data to inform action. Completing these activities should lead to increased capacity to promote health equity, capacity to implement/evaluate SV prevention at the community- and societal-levels, increased partner and community awareness of effective prevention strategies, and increased partner coordination to prevent SV. Completion of these activities should also result in increased community-level implementation of SV prevention strategies, implementation of prevention strategies that reach high-burden communities and address social determinants of health (SDOH), use of data to understand inequities, and monitoring and evaluation activities related to SV prevention. The activities outlined in this NOFO will build the foundation for recipients to decrease rates of SV perpetration and victimization at the state/territory level and reduce disparities in SV by addressing associated inequities in social and structural determinants of health.

**IMS/CIO/Epi-Aid/Lab-Aid/Chemical Exposure Submission:**

No

**IMS Activation Name:** Not selected

**Primary Priority of the Project:** Not selected

**Secondary Priority(s) of the Project:** Not selected

**Task Force Associated with the Response:** Not selected

**CIO Emergency Response Name:** Not selected

**Epi-Aid Name:** Not selected

**Lab-Aid Name:** Not selected

**Assessment of Chemical Exposure Name:** Not selected

**Goals/Purpose**

The purpose of this NOFO, PerPETual, is to build upon lessons learned from CDC-RFA-CE19-1902, by encouraging the expansion of strategies being implemented and evaluated at the community- and societal-level using a comprehensive approach across the SEM. The PerPETual NOFO will seek to reduce SV victimization rates and risk factors while increasing the protective factors

associated with SV perpetration and victimization.

**Objective:**

Under PerPEtual, recipients will have an opportunity to: (1) continue to build program and partner capacity to facilitate and monitor the implementation of SV prevention programs, practices, and policies; (2) continue to support state and territorial health departments# implementation of community-and societal-level programs, practices, and policies to prevent SV; (3) continue to support the implementation of data-driven, comprehensive, evidence-based SV primary prevention strategies and approaches focused particularly on health equity; and to (4) continuously conduct data to action activities to inform changes or adaptations to existing SV strategies or on selected and implemented additional strategies.

**Does your project measure health disparities among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?:** Yes

**Does your project investigate underlying contributors to health inequities among populations /groups experiencing social, economic, geographic, and/or environmental disadvantages?:** Yes

**Does your project propose, implement, or evaluate an action to move towards eliminating health inequities?:** Yes

**Activities or Tasks:** New Collection of Information, Data, or Biospecimens ; Programmatic Work

**Target Populations to be Included/Represented:** General US Population

**Tags/Keywords:** Program Evaluation ; Violence ; Primary Prevention

**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 will provide substantial technical assistance or oversight ; CDC is providing funding

**Method Categories:** Individual Interview (Quantitative); Individual Interviews (Qualitative); Survey; Technical Assistance

**Methods:** Recipient's will report performance data to CDC annually using a web-based system (i.e., Partners Portal) and via virtual interviews. No research design or human subjects involved; personally identifiable information will not be collected.

**Collection of Info, Data or Biospecimen:** Information will be collected annually from funded recipients' staff through the online data system, DVP Partners Portal and through interviews and surveys.

**Expected Use of Findings/Results and their impact:** Implementation and outcomes information to be collected will provide crucial data for performance monitoring and program evaluation of the implementation of prevention strategies and approaches, outcomes, and budget of the cooperative agreement. Information to be collected will be used to inform technical assistance, program improvement, capacity building, and RPE Program's impacts on SV outcomes over time. National reports that describe information across all recipients will be provided to CDC leadership, RPE collaborators, and RPE recipients. Reports will be generated to respond to inquiries from HHS, the White House, Congress and other partners, and these may include aggregate findings segmented or filtered by certain characteristics or information. CDC will also generate reports specific to each recipient and provide a summary report to recipients to facilitate their use of data for program planning and improvement. CDC will report findings to external audiences, as needed, to describe the state of SV violence prevention across the nation; these include scientific and program conferences and meetings. Moreover, findings and program information will be published in a peer-reviewed scientific journal to share lessons learned and findings about the RPE Program's impact on SV prevention in the U.S.

Could Individuals potentially be identified based on Information Collected? No

Funding

Funding Type	Funding Title	Funding #	Original Budget Yr	# Years Award	Budget Amount
CDC Cooperative Agreement	Rape Prevention and Education PeRPEtual (Promoting Equity in RPE Through Understanding, Action, and Leadership)	CDC-RFA-CE24-0027	2024	5	2099500.00

HSC Review

HSC Attributes

Other - Continuing to enhance the capacity of state and territorial health departments Yes

Regulation and Policy

Do you anticipate this project will need IRB review by the CDC IRB, NIOSH IRB, or through reliance on an external IRB? No

Estimated number of study participants

Population - Children

Protocol Page #:

Population - Minors

Protocol Page #:

Population - Prisoners

Protocol Page #:

**Population - Pregnant Women**

Protocol Page #:

**Population - Emancipated Minors**

Protocol Page #:

**Suggested level of risk to subjects**

**Do you anticipate this project will be exempt  
research or non-exempt research**

### **Requested consent process wavers**

**Informed consent for adults** No Selection

**Children capable of providing assent** No Selection

**Parental permission** No Selection

**Alteration of authorization under HIPPA Privacy  
Rule** No Selection

### **Requested Waivers of Documentation of Informed Consent**

**Informed consent for adults** No Selection

**Children capable of providing assent** No Selection

**Parental permission** No Selection

### **Consent process shown in an understandable language**

**Reading level has been estimated** No Selection

**Comprehension tool is provided** No Selection

**Short form is provided** No Selection

**Translation planned or performed** No Selection

**Certified translation / translator** No Selection

**Translation and back-translation to/from target  
language(s)** No Selection

**Other method** No Selection

### **Clinical Trial**

**Involves human participants** No Selection

**Assigned to an intervention** No Selection

Evaluate the effect of the intervention No Selection

Evaluation of a health related biomedical or behavioral outcome No Selection

Registerable clinical trial No Selection

## Other Considerations

Exception is requested to PHS informing those bested about HIV serostatus No Selection

Human genetic testing is planned now or in the future No Selection

Involves long-term storage of identifiable biological specimens No Selection

Involves a drug, biologic, or device No Selection

Conducted under an Investigational New Drug exemption or Investigational Device Exemption No Selection

## Institutions & Staff

### Institutions

Will you be working with an outside Organization or Institution? Yes

Institutions yet to be added .....

### Staff

Staff Member	SIQT Exp. Date	CITI Biomedical Exp. Date	CITI Social & Behavioral Exp. Date	CITI Good Clinical Practice Exp. Date	Staff Role	Email	Phone	Organization
Allayna DeHond	06/26 /2026				Co-Investigator	qpi2@cdc.gov	404-498-4790	PREVENTION PRACTICE AND TRANSLATION BRANCH
Ishaka Oche	06/26 /2026				Project Coordinator	phv2@cdc.gov	404-718-3558	PREVENTION PRACTICE AND TRANSLATION BRANCH
Phillip Williams	06/26 /2026		05/17/2015		Program Lead	dpz4@cdc.gov	770-488-0548	SEXUAL VIOLENCE & CAMPUS SEXUAL VIOLENCE TEAM

## Data

### DMP

**Proposed Data Collection Start Date:** 8/31/24

**Proposed Data Collection End Date:** 4/30/29

**Proposed Public Access Level:** Non-Public

#### Non-Public Details:

**Reason For Not Releasing Data:** Other - Program Evaluation

We will not be sharing the raw data from the annual performance reporting. Recipient's specific summary data will be shared only with CDC staff and the recipients. It is a small non-generalizable sample of project directors, and the data are being used primarily to monitor and 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 technical assistance. Data from interviews will not be used for additional analysis beyond the summarized information that will be provided publicly through a peer-reviewed publications, factsheets and other communication materials.

**Public Access Justification:**

**How Access Will Be Provided for Data:**

These data will not be publicly released. Summarized information that will be provided publicly through a peer-reviewed publications, factsheets and other communication materials.

**Plans for Archival and Long Term Preservation:**

The information collected will be stored and archived permanently for future program analysis and reporting. Data storage is encrypted to standard requirements. The data entry interface of the DVP Partners Portal was developed using DVP-owned, Microsoft Azure, and Platform as a Service (PaaS) cloud solution approved for use by CDC programs. 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 will be protected and maintained. While consent is not required to report aggregate data, recipient's approval will be obtained if specific data are used for publications, reports, or other publicly disseminated information.

## Spatiality

Spatiality (Geographic Locations) yet to be added .....

## Dataset

Dataset	Dataset	Data Publisher	Public Access	Public Access	External	Download	Type of Data	Collection	Collection End
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Title	Description	/Owner	Level	Justification	Access URL	URL	Released	Start Date	Date
Dataset yet to be added...									

## Supporting Info

Current	CDC Staff Member and Role	Date Added	Description	Supporting Info Type	Supporting Info
Current	Oche_Ishaka (phv2) Project Contact	08/10/2023	New RPE NOFO	Notice of Funding Opportunity	RPE PeRPEtual NOFO_CDC_RFA_CE24_0027Version 2_Leadership edits (1).docx



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