

SUPPORTING STATEMENT: PART A

OMB# 0920-1431

February 5, 2024

RAPE PREVENTION AND EDUCATION (RPE) PROGRAM

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ATTACHMENTS

Att. 1	Public Health Service Act (PHSA) 42 Section 301(a) USC 241a and Section 393(a)
Att. 2	Published 60-Day Federal Register Notice (FRN)
Att. 2a	Public comments and Responses
Att. 3	Annual Performance Report (APR)
Att. 4 and 4a	Program Director Survey - Screenshots
Att. 5 and 5a	Lead Evaluator Survey - Screenshots
Att. 6	Privacy Act Determination
Att. 7	Research Determination

Summary Table

- **Goal:** The goal of this ICR is to collect data to monitor project performance from recipients funded under the Rape Prevention and Education Program (RPE) funding opportunity.
- **Intended use of the resulting data:** Information collected from recipients will be used to monitor and evaluate progress of program goals and objectives, identify technical assistance needs, and be accountable for the funding by responding to requests for information about the cooperative agreement from the Department of Health and Human Services (HHS), the White House, Congress, and other sources in a timely manner.
- **Methods to be used to collect:** RPE Program recipients or designated delegates will submit data annually into the online data system, DVP Partners Portal. Recipients will monitor and report progress on their goals, objectives, and activities, as well as relevant information on the implementation of their prevention strategies, outcomes, evaluation, and state action plan. Information will be also collected via online web-based survey software.
- **The subpopulation to be studied:** All recipients under the Rape Prevention and Education Program are required to submit information. No statistical sampling will be performed. RPE recipients are health departments and sexual assault coalitions in all 50 states, the District of Columbia, and territories.
- **How data will be analyzed:** Descriptive analyses (e.g., frequencies and crosstabs) will be performed on numeric or categorical data, and content analyses (e.g., categorization) on open-ended or text data.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) seeks OMB approval for this new information collection request to collect data from recipients funded through their two Rape Prevention and Education (RPE) NOFOs. OMB approval is requested for 3 years. CDC will collect data from RPE recipients to assess how recipients are improving prevention infrastructure, implementing and evaluating prevention strategies to expand efforts to prevent sexual assault, and using data to inform prevention action. The RPE program is funded under the Violence Against Women Act (VAWA) and Section 393A(a) of the PHS Act (42 USC § 280b-1b(a) and Section 392(a)(1) of the PHS Act (42 USC § 280b-1(a)(1)) legislative authority. Eligible entities are based on the VAWA legislation. The legislative authority requires CDC to fund the Rape Prevention and Education Program (RPE) The proposed information collection is authorized by the Public Health Services Act (PHS Act) which provides the

legislative means for states to advance public health across the lifespan and to reduce health disparities. Section 301(a) of the PHS Act 42 U.S.C. 241(a) authorizes funding grants and cooperative agreements to aid other “other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man” (**Attachment 1a**). The Centers for Disease Control and Prevention (CDC) administers the Rape Prevention and Education (RPE) Program, which is authorized under the statutory authorities of the Section 393A Public Health Service Act (PHS) 42 U.S.C. 280b-1a (**Attachment 1b**).

Sexual violence (SV) is a major public health problem: 1 in 3 women and 1 in 4 men experienced sexual violence involving physical contact during their lifetimes. Nearly 1 in 5 women and 1 in 38 men have experienced completed or attempted rape. Sexual violence starts early: 1 in 3 female and 1 in 4 male rape victims experienced it for the first time between 11-17 years old.¹ CDC’s Division of Violence Prevention (DVP) provides national leadership in prevention SV perpetration and victimization before it begins, i.e., primary prevention. DVP administers the RPE Program, which provides funding to health departments and sexual violence coalitions in all 50 states, the District of Columbia (DC), and U.S. territories as well as up to 10 tribal coalitions.

These NOFOs encourage the expansion of strategies implemented and evaluated at the community- and societal level using a comprehensive approach across the SEM. 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 mainly on health for all and especially for those at greatest risk; 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.

The RPE Program is the principal federally funded program focused on SV primary prevention. Collecting information about the implementation and outcomes of funded recipient through the online data system, DVP Partners Portal, is crucial to informing SV prevention nationally; enhancing accountability of the use of federal funds; providing timely program reports and responses to information requests, such as Congressional requests mandated by the authorizing legislation; improving real-time communications between CDC and RPE recipients; and strengthening CDC’s capacity to provide responsive data-driven technical assistance and to monitor and evaluate recipients’ progress and performance.

A.2. Purpose and Use of Information Collection

The purpose of this ICR is to collect information related to implementation and outcomes annually from recipients .The information collection has been carefully designed to align with and support the goals of the funding and answer following key program evaluation questions:

1. To what extent has the recipient accomplished the short term and intermediate outcomes in the NOFO logic model
2. To what extent has the recipient increased internal and partner capacity to facilitate/monitor the implementation of SV prevention strategies and promote health for all and especially for those at greatest risk?
3. To what extent has the recipient leveraged multisector partnerships and resources toward

SV prevention?

4. To what extent has the recipient implemented strategies that address SDOH?
5. To what extent has the recipient achieved high-quality implementation of SV prevention strategies that increase health for all and especially for those at risk at the community- and societal levels.
6. To what extent has the recipient increased use of data-driven decision making, as well as state/territory- and community-level monitoring of trends, related SV prevention and SDOH?
7. Which factors are critical for implementing selected prevention strategies and approaches?

Information will be collected annually from recipients through the online data system, DVP Partners Portal. The DVP Partners Portal is organized by forms, which are further organized by sections and sub-sections. Recipients and program staff will be able to review information reported in previous years within the DVP Partners Portal per their authenticated access to the Portal. In addition, information from previous reports will be carried over and pre-populated for the next annual reporting as appropriate. Thus, with DVP Partners Portal most of the burden is required during the initial population of information (Year 1), Recipients will only need to enter changes, provide progress information, and add new information after Year 1.

Information will be collected through the following instruments:

Att. 3 Annual Performance Report (APR) Tool

Recipients will complete the APR for each budget period of years 1 through 3.

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
- 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.

The Annual Performance Report in DVP Partners Portal consists of seven forms:

1. Work Plan form collects information on progress towards work plan goals, objectives, and milestones.
2. Continuation Application form collects information on aspects of the program implementation for the next budget period.
3. Challenges, Supports and Accomplishments form collects information about challenges, facilitators, and successes experienced by the program.
4. State Action/Strategic Plan form collects information on progress towards enhancing partnership, state violence prevention planning and coordination.
5. Implementation form collects information on state-level program, policy, or practices implemented during the reporting period. Coalition Building form collects information about the recipients' coalition building efforts.

6. Evaluation Plan form collects information about the recipients' progress on evaluation activities and on indicators measuring the outcomes of their efforts for CE19-1902.
7. Data to Action form collects information about progress on data to action activities conducted during the reporting period.

Att. 4 Program Director Survey

The web-based survey will be conducted with program directors from each recipient. The responses collected will provide valuable insight into how recipients are implementing their activities, including how they have leveraged resources and multi-sectoral partnerships, promoted health for all and especially for those at greatest risk in their program strategies, and increased capacity to expand efforts to prevent sexual violence. Web-based surveys will be administered once over the project period with one project lead from each recipient. Survey questions are tailored to focus on topics that are most relevant to the project lead role.

Att. 5 Lead Evaluator Survey

The web-based survey will be conducted with the lead evaluator from each recipient. The responses will provide valuable insight into recipients' evaluation capacity and progress, recipient evaluators' experiences with CDC-provided technical assistance, and how recipients are evaluating their progress towards goals. Web-based surveys will be administered once over the project period and may be completed by a single recipient evaluator or a group of recipient evaluators working together on a single submission. Survey questions are tailored to focus on topics that are most relevant to the evaluator role.

There are significant advantages to collecting information with these data collection methods:

- The information collected will provide unique insight into the collaboration and coordination between recipients and partners.
- The mixed methods approach takes advantage of the strengths of both quantitative and qualitative approaches.
- Tailoring the data collection tools to the recipients will allow CDC to identify facilitators and barriers, best practices, and areas for improvement for implementing prevention efforts in different contexts.

The RPE Program is the principal federally funded program focused on SV primary prevention. Collecting information about the implementation and outcomes of the funding is crucial for CDC to analyze and synthesize information across RPE recipients for performance monitoring and program evaluation of the implementation of prevention strategies and approaches, outcomes, and budget of the cooperative agreement. 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 and customizable reports specifically for each recipients and in aggregate nationally for CDC stakeholders.

CDC will also be able to inform SV prevention nationally and RPE Program’s impact on SV outcomes over time. RPE recipients can use the reports generated to manage and coordinate their activities, and to improve their efforts. Both CDC and RPE recipients will be able to use the information collected to

- Assess the increased emphasis on strategies that affect health outcomes and impact, especially at the community level
- Identify facilitators and barriers to program implementation and the achievement of outcomes.
- Assess factors and partnerships critical to successful primary prevention of SV.
- Identify trends and assess the impact of the program on outcomes across all recipients.
- Identify, translate, and disseminate information about the successes of the RPE recipients and their implementation of prevention strategies and approaches.

Using the information to be collected can help CDC and the RPE recipients reduce duplication of effort, enhance program impact, maximize use of federal funds, and improve future efforts. These functions are central to the NCIPC’s broad mission of protecting Americans from violence and injury threats.

Program evaluation is an essential public health function and important for performance monitoring. Evaluation activities allow CDC to identify and disseminate information about best practices for successful implementation of violence prevention programs by recipients. Per CDC’s NOFO requirements, data The intention of this data collection is not to make causal inferences. The conclusions drawn from these data may not be generalized to the entire country due to differences in the demographics of targeted populations, policies, and implementing agencies. In addition, because this is not a research cooperative agreement, states are not required to implement rigorous research designs that have strong internal validity and produce generalizable knowledge. As such, the information CDC collects may make a strong inference of correlation, but causation cannot be inferred.

An Annual Federal Financial Report (OMB# 0920-1132) is also required to be submitted to OFR separately by grantees. This report is not required, developed, or reviewed by CDC-NCIPC program staff as part of any evaluation and performance monitoring. It is handled by OFR as part of its grants financial management responsibilities. As such, it is not included as part of this request.

A.3. Use of Improved Information Technology and Burden Reduction

Each recipient is required to complete an APR for each budget period during years 1 through 3 to report on progress toward performance outcomes as described in their logic model. The performance report includes updates to their work plan, implementation plan, and evaluation plan. It also includes items to report successes, challenges, and requests for technical assistance. While the APR is a federal oversight requirement and serves as a non-competing continuation application, the CDC will use some of the data provided for program evaluation.

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.

Recipients will enter APR data into the DVP Partners Portal, a web-based system that collects performance data from funded recipients annually. The use of the DVP Partners Portal facilitates several advantages:

- The online interface requires minimal training, is user friendly, and intuitive for recipients to enter data.
- Creates standard data elements, definitions, and specifications at all levels to improve quality and comparability of information that recipients submit. This standardization enhances the consistency of reports to examine information across recipients.
- The data collection structure is flexible such that each recipient can capture and report information relevant to their program context and structure.
- Reports are easily generated from the system, which allows recipients to fulfill their annual reporting obligations and continuation application efficiently into one document.
- Recipients can generate multiple formats of their report (i.e., .docx, pdf, etc.).
- Recipients can pre-populate from one reporting period to the next, thereby increasing the efficiency of data entry, reduce errors and redundancies, and increase the quality and reliability of information that recipients submit each year.

This information and data collection system assures compliance with the Government Paperwork Elimination Act (GPEA), Public Law 105-277, title XVII, 1998, lowers the burden to the respondents, as compared to paper-based systems, allows respondents to submit information to CDC electronically, and provides capabilities for CDC to maintain records electronically. The capabilities of the data system to generate reports will reduce the burden associated with paper-based reports. Without the reporting system and the integrated approach to information collection and reporting, both recipients and CDC would need to continue to use time consuming, labor-intensive information collection and reporting procedures. CDC will also have the capacity to generate timely national program reports that describe the RPE Program activities and their outcomes for recipients and for response to inquiries from HHS, the White House, Congress, and other stakeholders.

Program Director Survey and Lead Evaluator Survey

Data will be collected via a web-based survey. CDC evaluators will employ qualitative collection methods which will help solicit rich data on how recipients implemented surveillance and evaluation activities. CDC program evaluators will employ qualitative and quantitative methodological strategies to synthesize data collected. Recipients will review their responses and confirm they reflect the actual content from the survey.

The survey protocol and guides are designed to collect the minimum information necessary for evaluation. Additional probes and prompts are included to aid the interviewers with clarifying contexts for questions.

A.4. Efforts to Identify Duplication and Use of Similar Information

Since CDC is the only federal agency providing funding for state and territorial health departments to conduct SV primary prevention, the information to be collected from RPE recipients is not available from other sources. This information is specific to the RPE Program and for the funds received by recipients through the cooperative agreement. The DVP Partners Portal facilitates the consolidation of information required for multiple purposes (e.g., annual progress reporting, continuation application, and monitoring and evaluation reporting) to be entered only once. Information collected will be used to generate multiple types of reports without having to duplicate efforts.

As CDC's primary SV prevention initiative, RPE occupies a unique niche within the larger scope of HHS violence prevention initiatives. The U.S. Department of Justice, Office of Violence against Women (OVW) makes funding available to territorial domestic and SV coalitions to focus on victim service provision for individuals. The funding for the CDC RPE Program cooperative agreement, however, may only be used for SV prevention and cannot be used to fund victim services; therefore, information collected from RPE recipients will not duplicate information collected from OVW recipients.

In order to fully understand the implementation and evaluation of sexual violence prevention strategies across a wide variety of geographies and organizations, this ICR request is for data elements that will enable CDC to conduct process and outcome evaluation of two new NOFOs beginning in FY 24 funding. The focus of these NOFOs will be to enhance capacity for eliminating inequities and promoting health for all and especially for those at greatest risk to prevent sexual violence. This data will be collected from staff serving as representatives of State Sexual Violence Coalitions, Tribal Coalitions and State Health Departments funded under these two new funding opportunities whose period of performance begins in February 2024 and July 2024. Both of these funding opportunities were part of the VAWA reauthorization that took effect in October 1, 2022. The focus of the data collection is the evaluation of the activities and outcomes of these two specific funding opportunities. The request covers data collection elements and data collection methodology for program evaluation that will not be collected under any other active ICRs.

A.5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

A.6. Consequences of Collecting the Information Less Frequently

Information will be collected annually. The cooperative agreement requires the annual progress report, which is due 120 days before the end of the budget period and serves as a non-competing continuation application. Less frequent reporting would undermine accountability efforts at all levels and negatively affect monitoring recipient progress. The annual reporting schedule ensures that CDC responses to inquiries, such as Congressional requests mandated by the authorizing legislation, are based on timely and up-to-date information. Program Director and Evaluator survey will be collected once in year 3.

Less frequent reporting would undermine accountability efforts at all levels and negatively affect monitoring and evaluation of recipient progress. If less frequent or no data are collected, CDC will be unable to:

- Evaluate impact and changes of the RPE program over the project period,
- Assess the barriers, facilitators, and critical factors to evaluate and implement primary prevention efforts identified by RPE recipient and subrecipients,
- Identify areas for improvement and additional technical assistance by CDC to help recipients achieve the goals outlined in the NOFO in the remaining funding period,
- Develop an in-depth understanding of how national, state, and local approaches can be coordinated and implemented to prevent sexual violence,
- Respond in a timely manner to inquiries, such as Congressional requests mandated by the authorizing legislation.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The request fully complies with the regulation 5 CFR 1320.5.

A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A.8.a) Federal Register Notice

A 60-day Federal Register Notice was published in the Federal Register on October 16, 2023, Volume #88, Number #198, pp #71362 (**Attachment 2**). There were three non-substantial comments to the 60-day Federal Register Notice, CDC responded as needed (**Attachment 2a**).

A.8.b) Efforts to Consult Outside the Agency

CDC staff and contractor designed the information collection instruments and DVP Partners Portal. Data elements were informed by annual progress reports of previous and other existing DVP programs. The following individuals were consulted in the development of the data elements in 2020-2021. The consultations resulted in streamlining of questions for improved reporting.

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CDC worked with a contractor who has experience in designing similar information collection instruments and systems. No consultations occurred outside of CDC.

A.9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive payments or gifts for providing information.

A.10. Assurance of Confidentiality Provided to Respondents

The CDC Office of the Chief Information Officer has determined that the Privacy Act does not apply to this information collection request. The Rape Prevention and Education (RPE) program is housed within the Partner's Portal web-based system. The Partner's Portal system has a current Authorization to Operate. The Privacy Impact Assessment (PIA) is attached (**Attachment 6**).

RPE recipients or their designated delegates will provide information about their program efforts funded through the NOFOs. No sensitive information or personal identifying information will be collected. Only names of the organizations for whom the RPE recipients partner with or provide sub-awards will be collected. The information collection does not require consent from individuals. 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.

Submission and access to data will be controlled by password-protected login to the secure site. To access the DVP Partners Portal, staff must have been authenticated and have a Secure Access Management Services (SAMS) login and password. Access is limited to staff members of the organization who are authorized to enter data on behalf of their organization. Since the access to the DVP Partners Portal is external and through SAMS, Active Directory is not used for authentication; therefore, no User IDs or passwords are maintained or used by the DVP Partners Portal.

Access to the data varies from read-only to read-write, based on the user's role and permissions. Each funded recipient will have access to viewing their own information in pre-determined reports, which they can share with designated program staff and sub-recipients. The recipients determine the extent to which sub-recipients may access their state/territory's information. CDC staff will also have varying levels of access to the system with role-appropriate security training based on the requirements of their position, roles, and responsibilities. The information collected will be stored and archived permanently for future program analysis and reporting. Data storage is encrypted to standard requirements. Apart from APRs, survey data will be collected via web-based platform. Survey results will be kept until data analysis has been completed. All data will be discarded in September 2030. Data will be maintained in a secure, password-protected system and accessed only by relevant CDC personnel working on the project.

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., principal investigator) 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 maintain IIF in the information technology systems (i.e., Partners Portal and CDC Microsoft OneDrive Excel datasets) utilized to monitor progress and outcomes. The information and passwords to these IT systems kept by CDC are private and secure to the extent permitted by law. Administrators cannot view user password credentials.

A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

The CDC National Center for Injury Prevention and Control (NCIPC)'s OMB and human subject research officer has determined that this collection is non-research and therefore, IRB approval is not needed (**Attachment 7**). The information does not involve the collection of personal information or participation of Human Subjects.

Sensitive Questions

The proposed information collection does not collect sensitive information.

A.12. Estimates of Annualized Burden Hours and Costs

A.12.a) Annual Burden Hours

The estimate for annual burden hours is based on actual hour burden for projects using similar types of interviews and surveys.

Annual Performance Report (APR) Tool (Att. 3) – Project leads will complete the Annual Performance Report (APR) annually for years 1-3. The APR tool is expected to take an average of 10 hours each year per APR report per respondent because it will include time for reviewing instructions, searching existing data sources, gathering and maintaining data needed for reporting, and completing and reviewing the collection of information.

Program Director Survey (Att. 4 and 4a-Screenshots) –Project Leads will complete the web-based survey once in year 3. The majority of questions will be close ended using a multiple-choice format, with some open-ended questions. The survey should take approximately 30 minutes to complete.

Lead Evaluator Survey (Att. 5 and 5a- Screenshots) – Lead evaluators will complete the web-based survey once in year 3. The majority of questions will be close ended using a multiple-choice format, with some open-ended questions. The survey should take approximately 30 minutes to complete.

Table A.12-A. Estimated Annualized Burden Hours

Type of respondents	Form Name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
RPE-funded Health Departments (State, DC, and Territories), Sexual Assault Coalitions, Tribal Coalitions and their Designated Delegates	Annual Performance Report (Att. 3)	128	1	10	1280
	Program Director Survey (Att. 4)	128	1	30/60	64
	Lead Evaluator Survey (Att. 5)	128	1	30/60	64
	Total				1408

A.12.b) Annual Burden Costs

For each of the RPE Program recipients, respondents will be health department or coalition program staff or designated delegates, who are all program managers. The average hourly wage for a social and community program manager is \$33.46 according to the 2020 National Occupational Employment and Wage Estimates from the U.S. Bureau of Labor Statistics. The hourly wage rates for program managers are based on wages for similar mid-to-high level positions in the public sector. The total estimated annualized burden cost of \$47,111.68, as summarized in Table A.12-B.

Table A.12-B. Estimated Annualized Burden Costs

Type of Respondents	Form Name	Total Burden (in hours)	Hourly Wage Rate	Total Respondent Cost
RPE-funded Health Departments (State, DC, and Territories), Sexual Assault Coalitions, Tribal Coalitions and their Designated Delegates	Annual Performance Report (Att. 3)	1280	\$33.46	42,828.80
	Program Director Survey (Att. 4)	64	\$33.46	2141.44
	Lead Evaluator Survey (Att. 5)	64	33.46	2141.44
Total				\$47,111.68

A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

This data collection will not result in costs for respondents or record keepers. No capital, maintenance, start-up, hardware, or software costs are expected for respondents or record keepers.

A.14. Annualized Cost to the Government

The average annualized cost to the federal government is \$116,494, as summarized in Table A.14. Major cost factors for the electronic information collection system include design and development costs as well as data analysis and reporting costs.

Table A.14. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
CDC Personnel	20% of five GS-13 Behavioral/Health Scientist at \$97,078/year for data collection design, collection, analysis, and reporting	\$97,078
	20% of GS-13 Health Informatician at \$97,078 for data system design, development, and maintenance	\$19,416
Total		\$116,494

A.15. Explanation for Program Changes or Adjustments

This is a new ICR.

A.16. Plans for Tabulation and Publication, and Project Time Schedule

A. Time schedule for the entire project

The cooperative agreement and grant project periods are five years. OMB approval of this ICR is being requested for the first three years of the funding. Annual reporting by the recipients is due 120 days before the end of the budget period. CDC will conduct analysis, visualization, and reporting after data are submitted and finalized each year.

B. Publication plan

National reports that describe information across all recipients will be provided to CDC leadership, RPE stakeholders, and RPE recipients. Reports will be generated to respond to inquiries from HHS, the White House, Congress and other stakeholders, and these may include aggregate findings segmented or filtered by certain characteristics or information. CDC will also generate reports specific to each recipients and

provide a summary report to that 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.

B. Analysis plan

CDC will not use complex statistical methods for analyzing information. Most statistical analyses will be multilevel descriptive (e.g., frequencies and crosstabs of numeric or categorical data) and content (e.g., categorization of open-ended or text data). Information will be synthesized for specific reporting purposes and responses to inquiries. These reports may include aggregate national reports, or filtered by certain characteristics or information.

A.17. Reason(s) Display of OMB Expiration Date is Inappropriate

No exceptions from display of expiration date are requested.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

No exemptions to certification are sought.

References

1. Smith SG, Zhang X, Basile KC, Merrick MT, Wang J, Kresnow M, Chen J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief— Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
2. Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). STOP SV: A Technical Package to Prevent Sexual Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.