

SUPPORTING STATEMENT: PART B

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**REPORTING OF THE RAPE PREVENTION AND EDUCATION (RPE)
PROGRAM**

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B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1. Respondent Universe and Sampling Methods

Respondents will be the recipients or designated delegates funded through the Rape Prevention and Education program. Recipients are state health departments and sexual assault coalitions in all 50 states, the District of Columbia (DC), and U.S. territories as well as up to 10 tribal violence prevention coalitions. Due to the varying implementation and funding structures, some recipients may delegate designees (e.g., an organization who are sub-recipients) to enter some information on their behalf into the DVP Partners Portal for Annual Reporting (Attachment 3)

Statistical sampling methods are not applicable to data collection because information only will be collected from RPE-funded recipients.

B.2. Procedures for the Collection of Information

Att. 3. Annual Performance Report (APR)

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

The APR consists of seven forms. 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. Considered together, the indicators and evaluation questions holistically describe RPE activities, products, and other outcomes relating to the goals of the RPE program.

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

Attachment 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.

Attachment 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.

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

Annual reporting is a requirement for each recipient awarded RPE funding under the cooperative agreement in order to continue to receive funding. Hence, 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.

B.4. Tests of Procedures or Methods to be Undertaken

The Annual Reporting was developed in consultation with other CDC staff who have developed similar reports for other programs, while ensuring that it met the requirements of the NOFOs. The DVP Partners Portal has also been previously tested and used for annual reporting for other programs. The burden estimates were obtained from these efforts.

CDC project officers will solicit feedback from recipients and provide support on routine project calls about any challenges with the Annual Reporting in the DVP Partners Portal. In addition, the data collected and quality assurance conducted will be analyzed to identify any common issues with reporting and to improve subsequent reporting. Based on this feedback and analysis, a summary of changes to TA, data collection process, or annual reporting data elements required to minimize reporting burden and increase data quality will be prepared. If appropriate, OMB approval will be requested for recommended changes to data elements or instruments.

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

The following individuals consulted on the data collection tools:

Lindsey Barranco, Health Scientist, CDC, 404-498-5221, yzi9@cdc.gov
Ishaka Oche, Health Scientist, CDC, (404) 718-3558, phv2@cdc.gov

Allayna DeHond, Health Scientist, CDC (404) 498-4790, qpi2@cdc.gov
Lisa Martin, Public Health Advisor, CDC, (404) 498-3906, uvx2@cdc.gov

The contractor responsible for the design and management of DVP Partners Portal is Booz Allen Hamilton, which is contracted through CDC's Management Information Systems Office.

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

Ishaka Oche, Health Scientist, CDC, (404) 718-3558, phv2@cdc.gov
Allayna DeHond, Health Scientist, CDC (404) 498-4790, qpi2@cdc.gov