Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes

Strategies To Respond to Intimate Violence Effectively (STRIVE)

Formative Data Collections for Program Support

0970 – 0531

Supporting Statement

Part A

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Part A

Executive Summary

- **Type of Request:** This Information Collection Request is for a generic information collection under the umbrella generic, Formative Data Collections for Program Support (0970-0531).

  Description of Request: The Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) at the Department of Health and Human Services (HHS) proposes to conduct a pre- and post-survey with approximately 200 program participants and semi-structured interviews with approximately 12 staff members across four Healthy Marriage and Responsible Fatherhood (HMRF) grant recipients as part of the Strategies To Respond to Intimate Violence Effectively (STRIVE) study. The purpose of this data collection is to formatively test the feasibility and preliminary outcomes associated with implementing a short educational intervention (called CUES, which stands for Confidentiality, Universal Education + Empowerment, Support) aimed at preventing and addressing intimate partner violence (IPV) within HMRF programs. The CUES approach uses 10-panel "safety" cards that fold to the size of a business card with information about IPV and relevant resources that can be shared with participants.

  Findings will support ACF efforts to determine the types of activities that HMRF programs can implement to help prevent and address IPV. Findings will also allow ACF to identify the processes and training and technical assistance that future grant recipients may need to implement these services. Although findings from this study will not be generalizable, results from quantitative and qualitative data collection efforts will be disseminated broadly to support HMRF and similar programs in increasing their capacity to address IPV.

  We do not intend for this information to be used as the principal basis for public policy decisions.

- **Time Sensitivity:** This request is time sensitive. The study team aims to begin data collection by the beginning of March 2025 in order to complete data collection prior to the end of the current HMRF funding cycle in September 2025.

A1. Necessity for Collection

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The Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) at the Department of Health and Human Services (HHS) proposes to conduct a pre- and post-survey with program participants and semi-structured interviews with staff members across four Healthy Marriage and Responsible Fatherhood (HMRF) grant recipients as part of the Strategies To Respond to Intimate Violence Effectively (STRIVE) study, funded by the Office of Family Assistance (OFA), and overseen by OPRE through a contract awarded to Child Trends with a subcontract to Futures Without Violence.

As part of the STRIVE study, OPRE and its contractor Child Trends and their subcontractor Futures Without Violence (hereafter referred to as "the study team") seek to improve understanding of effective methods for addressing intimate partner violence (IPV) in HMRF program settings. Prior research has shown that some HMRF populations have higher-than-average rates of IPV (McKay et al., 2016). As such, ACF has prioritized preventing and addressing IPV within HMRF programs; yet many HMRF programs express a need for additional resources to work with participants experiencing IPV. **As such, this study will allow ACF to better support grant recipients by providing tailored strategies and resources to support HMRF programs in addressing IPV.**

Specifically, the project will formatively test the feasibility and preliminary outcomes associated with implementing a short educational intervention (called CUES, which stands for Confidentiality, Universal Education + Empowerment, Support) aimed at preventing and addressing IPV within HMRF programs. The CUES approach uses 10-panel "safety" cards that fold to the size of a business card with information about IPV and relevant resources that can be shared with participants (see Attachments C-E).

The information collection activities are designed to inform efforts to:

- Provide guidance and inform training and technical assistance for future HMRF grant recipients related to practical strategies for addressing IPV.
- Enhance staff and program capacity to address IPV effectively.

There are no legal or administrative requirements that necessitate this collection. ACF is undertaking the collection at the discretion of the agency.

A2. Purpose

Purpose and Use

As noted above, the main purpose of this information collection is to formatively test the feasibility and preliminary outcomes associated with implementing CUES, which is aimed at preventing and addressing IPV within HMRF programs. Findings will be used to:

- Share guidance identifying specific practical strategies for addressing and preventing IPV in HMRF programs with HMRF grant recipients.
- Summarize training and technical assistance (TTA) needs related to addressing and preventing IPV

  Develop a public-facing report that includes descriptive statistics and key themes from qualitative data. The purpose of the report will be to support the capacity of HMRF and similar programs in addressing IPV.

This proposed information collection meets the following goals of ACF's generic clearance for formative data collections for program support (0970-0531):

- Planning for provision of programmatic TTA.
- Obtaining input to inform future TTA.
- Obtaining feedback about processes and/or practices to inform ACF program support.

The information collected is meant to contribute to the body of knowledge on ACF programs. It is not intended to be used as the principal basis for a decision by a federal decision-maker, and it is not expected to meet the threshold of influential or highly influential scientific information.

Research Questions

To inform training and technical assistance resources and support for future grant recipients, the study team will conduct a small-scale formative evaluation to assess preliminary signs of effectiveness and feasibility of the CUES intervention as a strategy for HMRF programs to address IPV among their participants. To achieve this, the study will explore the following research questions

1. To what extent do participants' IPV-related outcomes show preliminary signs of improvement after receiving the CUES intervention?
    - Understanding indications of change in participants' IPV-related outcomes potentially associated with CUES will help shape training and technical assistance by identifying effective strategies and areas for improvement in program delivery.
2. To what extent does implementing CUES support staff and program capacity to address IPV?
    - Examining whether CUES enhances staff and program capacity will provide insights into the training and resources needed to strengthen IPV response efforts and ensure staff are equipped to implement the intervention effectively.
3. What are implementation considerations for the CUES intervention within HMRF programs?
    - Identifying key factors that influence CUES implementation will help tailor technical assistance efforts to address challenges, optimize integration into HMRF programs, and promote long-term sustainability.

Study Design

This formative work includes a pre- and post-survey with approximately 200 program participants and semi-structured interviews with approximately 12 staff members across four HMRF grant recipients.

- The study team aims to answer research question 1 through electronic surveys of program participants to be administered by program staff at each HMRF site. The surveys will be conducted through a secure survey software, and each participant will complete the survey prior to the intervention (pre-test) and after completing the intervention (post-test). Each participant will complete a short contact information form following completion of the pre-survey.
- To answer research questions 2 and 3, the study team also proposes conducting semi-structured interviews with staff from each implementation site. The interviews will be conducted via a secure online meeting platform such as Zoom for Government. Lastly, HMRF program staff will be asked to complete implementation logs following completion of the intervention with each participant.

As part of this study, we plan to implement the CUES intervention across all four participating HMRF programs. Importantly, this includes data collection within two Healthy Marriage and Relationship Education (HMRE) and two Responsible Fatherhood (RF) programs so we can examine implementation factors and outcomes across these different program types.

Implementing across all four participating programs will maximize our insights into implementation considerations but will limit our ability to make causal inferences or account for other programming differences that may influence outcomes. However, since this is a formative test, the findings are not intended to be generalizable or representative of broader populations.

Data Collection Activity	*Instruments*	*Respondent, Content, Purpose of Collection*	*Mode and Duration*
Survey administration	Pre-survey Post-survey (Instrument 1. HMRE pre- and post-survey and Instrument 2. RF pre- and post-survey)	**Respondents**: Study participants from 2 RF and 2 HMRE program sites **Content**: Questions about demographics; knowledge of IPV behaviors, prevalence, impacts; comfort/worry around discussing challenges in relationships; comfort asking for help to stay safe from IPV; knowledge of IPV resources and comfort accessing those services; knowledge and use of healing and emotional regulation strategies **Purpose**: To capture baseline outcomes and demographic information (pre-test), then reassess outcomes and gather perceptions on CUES intervention	**Mode**: Secure online survey platform **Duration**: -18 minutes for consent and pre-survey/respondent -10 minutes for post-survey/respondent
Contact information	Instrument 3. Contact	**Respondents**: Study participants from 2 RF and 2 HMRE program sites	**Mode**: Secure online survey platform

collection	information form	**Content**: Questions on contact information (i.e., name, phone number, email address), and preferred method to receive a token of appreciation **Purpose**: To collect contact information for distributing tokens of appreciation	**Duration**: 2 minutes/form/respondent
Fidelity monitoring	Instrument 4. Implementation log	**Respondents:** Program case managers from 2 RF and 2 HMRE sites **Content:** Questions about implementation fidelity, participant disclosures of IPV, and provision of resources **Purpose:** To collect information on implementation fidelity to help contextualize study findings	**Mode:** Secure online survey platform **Duration:** 2 minutes/implementation log
Interview	Instrument 5. Semi-structured interviews with staff	**Respondents**: Program directors and case managers from 2 RF and 2 HMRE sites **Content**: Questions related to implementation processes, perceptions of the intervention, and additional approaches to addressing IPV **Purpose**: To gather staff insights on implementation considerations and staff capacity	**Mode**: Secure virtual meeting platform **Duration**: 60-minute interview. Scheduling and prep will take approximately 15 minutes

Please note, the study team plans to collect information about respondents' race and ethnicity on the pre-test survey described in the table above. However, the study team requests an exemption from the requirement to collect detailed information, as outlined in the revised "Statistical Policy Directive No. 15 (SPD-15): Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity." The study team plans to use the minimum categories in asking respondents to report on their race/ethnicity. The study team does not plan to collect detailed information on race/ethnicity (as outlined in SPD-15) as this is not necessary for planned data analysis and reporting and could compromise respondents' identity given the small sample size. Asking the straightforward question using the minimum categories will provide necessary information with minimal respondent burden.

Other Data Sources and Uses of Information

No other data sources or information will be used as part of this effort.

A3. Use of Information Technology to Reduce Burden

Surveys will be administered through a secure online data collection platform. HMRF staff will open the survey link on a tablet where participants can complete the survey or provide a QR code that participants can scan to complete the survey on their personal device. Interviews will be conducted virtually, via a secure meeting platform, which will allow HMRF program staff to access the interview via computer or tablet from their preferred location at a time that is convenient to them. Participating in this information collection will not require printing of any materials.

A4. Use of Existing Data: Efforts to reduce duplication, minimize burden, and increase utility and government efficiency

This research will not duplicate any other work by ACF. ACF program offices and OPRE collaborate regularly and will continue to collaborate to prevent any duplication of information collection efforts.

A5. Impact on Small Businesses

Some of the HMRF programs participating in this study may be small nonprofit organizations. We will minimize the burden to respondents by limiting the survey length and providing the surveys in a web-based format that can be completed when respondents are already on-site for program participation or case management meetings. Further, the study team will schedule the staff interviews at convenient times for program staff.

A6. Consequences of Less Frequent Collection

Administering only a post-survey would eliminate the study team's ability to measure changes in outcomes over time because there would be no baseline responses to compare outcomes to. If we reduced the survey duration to be shorter than 10 minutes, we would not capture sufficient data about participants' experiences and knowledge.

We plan to ask participants to fill out a short contact information form after completing both the pre-survey and post-survey. Asking participants to complete this form at both time points is important to ensure we send their token of appreciation to their preferred phone number or email address. Since their preferred contact method or details may change between the two surveys, this process helps maintain accurate and up-to-date information.

Reducing the duration of the staff interviews to less than 60 minutes would limit our ability to have a meaningful discussion about their feedback and experiences with the intervention. Removing or shortening the length of the implementation logs would limit our ability to assess the intervention

fidelity, which will be important to contextualizing our study findings and supporting ACF efforts for program improvement.

Further, it is important that we conduct data collection across different types of HMRF programs (i.e., RF and HMRE) as well as in different contextual settings (e.g., geographic region, population served) to understand if outcomes differ based on these factors and to provide more robust guidance for ACF for the TTA efforts with grant recipients.

A7. Now subsumed under 2(b) above and 10 (below)

A8. Consultation

Federal Register Notice and Comments

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13) and Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), ACF published a notice in the Federal Register announcing the agency's intention to request an OMB review of this information collection request to extend approval of the umbrella generic with minor changes. The notice was published on January 28, 2022, (87 FR 4603), and provided a sixty-day period for public comment. ACF did not receive any comments on the first notice. A second notice was published, allowing a thirty-day period for public comment, in conjunction with submission of the request to OMB. ACF did not receive any comments on the second notice.

Consultation with Experts

To prepare for and inform the development of the study plan and instruments, the study team convened an advisory group made up of six individuals with experience and knowledge in this field, including both personal and subject matter expertise. The input from these experts is helping the study team to ensure safe and appropriate implementation and evaluation of the CUES intervention, to develop practical and actionable recommendations for HMRF programs, and to consider factors like intersectionality and historical inequities throughout the study.

A9. Tokens of Appreciation

We propose providing survey respondents with $10 tokens of appreciation for each survey they complete (two survey opportunities: pre-survey and post-survey). We also propose providing interview respondents with a $40 token of appreciation for the 60-minute, virtual interview.

We propose the use of tokens of appreciation to increase participant engagement and maximize survey response rates. Maximizing response rates is important for this study because of the limited window for data collection due to the end of the current grant cycle in September 2025. Research indicates that

modest tokens of appreciation can significantly improve response rates and reduce nonresponse bias. For example, studies demonstrate that providing monetary tokens of appreciation can boost participation by up to 20 percentage points, particularly in human services and educational research contexts (Singer, E., & Ye, C. 2013). Offering tokens of appreciation is particularly effective in addressing underrepresentation from populations with lower income or educational attainment (Albanese, Weiss, Gonzalez & Kirby, 2023), who are priority populations for HMRF programs.

A10. Privacy: Procedures to protect privacy of information, while maximizing data sharing

Personally Identifiable Information (PII)

The study team will collect participants' names, contact information (phone and email), and demographic data, and relevant staff's names and email addresses. Participant names and contact details will be used for distributing tokens of appreciation and for sending reminders about the post-survey. Staff names and email addresses will be used for scheduling interviews with HMRF staff. Demographic data will allow the study team to analyze study outcomes in relation to participant characteristics.

Participants' names and contact information will be collected using an electronic contact information sheet that will be separate from the pre- and post-surveys and will not be connected to survey responses or demographic data. Pre- and post-surveys will be linked using an ID number that HMRF staff will provide to participants. The document that links participant names and ID numbers will be saved on a secure drive and accessible only to the study team and the relevant HMRF program staff. The study team will compare the ID numbers on received post-surveys to the full set of ID numbers on the key to identify which participants to send reminder messages to.

Assurances of Privacy

Information collected will be kept private to the extent permitted by law. Respondents will be informed of all planned uses of data, that their participation is voluntary, and that their information will be kept private to the extent permitted by law. As specified in the contract, the Contractor will comply with all Federal and Departmental regulations for private information.

At least some of the information collected under this ICR will likely be retrieved by an individual's personal identifier in a way that triggers the Privacy Act of 1974, as amended (5 U.S.C. 552a). The system of records notice (SORN) for this collection is OPRE Research and Evaluation Project Records, 09-80-0361. Each individual will be provided with information that complies with 552a(e)(3) prior to being asked for information that will be placed into that system of records. This means respondents will receive information about the authority, the purposes for use, the routine uses, that the request is voluntary, and any effects of not providing the requested information.

Data Security and Monitoring

The study team is in the process of securing an Authority to Operate (ATO). Survey data and participant contact information will be collected using a secure, online survey collection platform, only accessible to authorized project team members. All study data will be downloaded, analyzed, and stored on secure drive to which only authorized project team members will have access. The secure drive is a cloud-based environment that resides in Microsoft Azure Commercial, a FedRAMP authorized cloud service. We will ensure that all employees, subcontractors (at all tiers), and employees of each subcontractor who have access to these data are trained on data privacy issues and comply with the above requirements.

In instances where the study team and HMRF program staff need to share participant PII, a secure file transfer platform (SFTP) will be used. In all other instances, PII will be removed before information is shared.

Once data collection and analysis are complete, the study team will permanently delete any data files that include PII. To do this, the data files will be permanently deleted from the secure file server using File Shredder, a secure data destruction tool that overwrites files multiple times with random data. This method ensures that the original data cannot be reconstructed or recovered by any means; however, a backup of the data is retained for 30 days. This backup period provides a temporary recovery option in case of accidental deletions or data loss. After 30 days, the data is permanently removed. At this point, the data will be completely unrecoverable.

A11. Sensitive Information [1]

The study team will collect information about whether participants receiving the CUES intervention disclose experiences with IPV (either as a survivor or person who has used violence), and whether program staff provided referrals to those who have experiences with IPV. This information will be recorded by HMRF program staff on the implementation log and not asked directly of participants. Further, the team is not collecting any detailed information about the experiences with violence (e.g., type, frequency, etc.)–only whether a disclosure occurred. Disclosures will not be linked to participant IDs or any PII. While the implementation log does collect participant IDs, we plan to program the log as two separate, unlinked forms in a secure online survey collection platform. This approach will enable the study team to track which participants received the intervention (using the participant ID on the implementation log) without associating any disclosures of intimate partner violence (IPV) with participant PII. We also will obtain IRB approval for this data collection.

[1] Examples of sensitive topics include (but are not limited to): social security number; sex behavior and attitudes; illegal, anti-social, self-incriminating and demeaning behavior; critical appraisals of other individuals with whom respondents have close relationships (e.g., family, pupil-teacher, employee-supervisor); mental and psychological problems potentially embarrassing to respondents; religion and indicators of religion; community activities which indicate political affiliation and attitudes; legally recognized privileged and analogous relationships, such as those of lawyers, physicians and ministers; records describing how an individual exercises rights guaranteed by the First Amendment; receipt of economic assistance from the government (e.g., unemployment or WIC or SNAP); immigration/citizenship status.

A12. Burden

Explanation of Burden Estimates

The study is expected to take place over about six months. Table 2 includes the maximum number of sites each data collection activity will be conducted at, the proposed range of participants for each data collection activity at each site, and the maximum number of participants the study team is expecting for each data collection activity. Specifically, we have calculated the burden estimates based on the following assumptions.

- 85 participants per study site (of the ~100 who receive information about the study) will consent and complete the pre-survey and one contact information form. Therefore, we anticipate 340 participants in total will complete the pre-survey and first contact information form. We anticipate that reviewing the consent information and completing the pre-survey will take participants up to 18 minutes.
- 50 participants per study site (of the ~65 we anticipate will receive the CUES intervention) will complete the post-survey and second contact information form. Therefore, we anticipate 200 participants in total will complete the post-survey and the second contact information form. We anticipate it will take participants up to 10 minutes to complete the post-survey.
- HMRF staff (~12 case managers), across the four study sites will be asked to complete implementation logs as they implement the CUES approach. We anticipate that it will take the staff two minutes to complete the log for each CUES conversation they have.
- HMRF staff, including both program directors and case managers, may be asked to participate in an interview about their experiences using the CUES approach within their program. We anticipate that approximately four program directors and eight case managers will participate in interviews. We anticipate that scheduling the interviews will take around 15 minutes per interview and the interviews will last 60 minutes, therefore we have used 75 minutes to calculate the burden estimates.

Estimated Annualized Cost to Respondents

The estimated annualized cost was calculated based on the following:

- HMRF participants will be asked to complete two surveys (pre- and post-intervention) and two contact information forms. We have used the federal minimum wage of $7.25 to estimate burden for program participants.
- We have used an average earning of $21.27 for Social and Human Service Assistants to estimate burden for HMRF practitioners.[2]
- The average earning used to calculate burden for case managers is $21.27 (as noted above). The average earning used to calculate the burden for program directors is that of a Social and Community Service Manager at $40.10.[2]

Table 2 – Estimated Annual Burden and Costs to Respondents

Instrument	No. of	No. of	Avg. Burden	Total	Average	Total

[2] The source for these estimates is the Bureau of Labor Statistics, Occupational Employment and Wages 2023.

	Respondents (total over request period)	Responses per Respondent (total over request period)	per Response (in hours)	Annual Burden (in hours)	Hourly Wage	Annual Respondent Cost
Pre-survey	340	1	.30	102	$7.25	$739.5
Contact information form 1	340	1	.03	10	$7.25	$72.50
Post-survey	200	1	.17	34	$7.25	$246.50
Contact information form 2	200	1	.03	6	$7.25	$43.50
HMRF staff interviews – case managers	8	1	1.25	10	$21.27	$212.70
HMRF staff interviews – program directors	4	1	1.25	5	$40.10	$200.50
Implementation logs	12	21.67	.03	8	$21.27	$170.16
Total	356			175		$1,685.36

A13. Costs

There are no additional costs to respondents.

A14. Estimated Annualized Costs to the Federal Government

The total cost for the data collection activities will be $465,299.76. The study team developed these estimates based on hourly estimates for staff contributions, other direct costs (including participant tokens of appreciation and subcontractor expenses), and overhead costs associated with each activity.

Cost Category	Estimated Costs
OMB and IRB approval	$76,299.05
Survey Administration/Analysis	$225,087.44
Obtaining ATO	$90,785.00
Publications/Dissemination	$73,128.27
Total costs over the request period	$465,299.76

A15. Reasons for changes in burden

This is for an individual information collection under the umbrella formative generic clearance for program support (0970-0531).

A16. Timeline

Activity	*Anticipated Duration after OMB approval*
Begin recruitment	Within 1 month
Data collection	Months 1 -6
Data analysis	Months 6-10
Draft report	Months 8-12
Final report	Months 12-24

A17. Exceptions

No exceptions are necessary for this information collection.

Attachments

Attachment A. Study consent form for HMRF participants

Attachment B. Study consent form for HMRF staff interviews

Attachment C. CUES safety card for HMRE programs

Attachment D. CUES safety card for RF programs

Attachment E. CUES safety card for AIAN participants at HMRE programs

Attachment F. Information and outreach scripts

Instruments

Instrument 1. HMRE pre- and post-survey

Instrument 2. RF pre- and post-survey

Instrument 3. Contact information form

Instrument 4. Implementation log

Instrument 5. Interview protocol for HMRF staff