

SUPPORTING STATEMENT PART B

OMB No. 0920-XXXX

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**MONITORING AND REPORTING SYSTEM FOR
RAPE PREVENTION AND EDUCATION (RPE) PROGRAM
AWARDEES**

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Attachments

Att. 1a	Authorizing Legislation: Public Health Service Act (42 U.S.C. Section 247b)
Att. 1b	Authorizing Legislation: Public Health Service Act (42 U.S.C. Section 280b-1b)
Att. 1c	Authorizing Legislation: Violence against Women Act of 1994
Att. 2	Published 60-Day Federal Register Notice
Att. 3a	Instrument: Work Plan Tool
Att. 3b	Instrument: Work Plan Tool Screenshots
Att. 4a	Instrument: Program Report Tool
Att. 4b	Instrument: Program Report Tool Screenshots
Att. 5	Institutional Review Board (IRB) Determination

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1. Respondent Universe and Sampling Methods

Respondents will be the 55 awardees of the RPE Program cooperative agreement. Respondents will report information to CDC about their progress, implementation, and performance using the Monitoring and Reporting System. Due to varying structures of their programs, some awardees may delegate a designee (such as their sub-awardee) to complete information on their behalf. Statistical sampling methods are not applicable to this information collection and cannot be used to accomplish the functions of the proposed MRS system.

B.2. Procedures for the Collection of Information

Information will be collected from awardees on an annual basis. Awardees will report on their progress on their work plan objectives, activities, and performance measures using the Work Plan Tool (Attachment 3a–3b) and their implementation of strategies, use of evidence-based prevention strategies, and use of the public health approach using the Program Report Tool (Attachment 4a–4b). The Work Plan Tool consists of items about awardees' annual goals, objectives, progress, and performance towards overall cooperative agreement purpose and strategies. The Program Report Tool consists of items to assess awardees' implementation, use of evidence-based prevention strategies, and use of the public health approach.

Upon OMB approval, the tools will be provided to awardees accompanied by training and technical assistance (TA). The awardees will complete the tools and submit as part of their annual performance report (APR) with their annual non-competing continuation application through GrantSolutions. Awardees may also send a courtesy copy to their assigned Project Officer for technical review. Upon completion, the Project Officer will send the completed tools to be integrated into the MRS database for analysis and reporting.

The MRS database is an internal portal available only to CDC staff and contractors. It serves as the clearinghouse and secure storage site for information reported by awardees. This procedure satisfies the routine cooperative agreement reporting requirements. The tools will allow awardees to fulfill their annual reporting obligations under the funding opportunity announcement in an efficient manner by employing user-friendly instruments to collect necessary information for both progress reports and continuation applications. This approach, which enables awardees to save pertinent information from one reporting period to the next, will reduce the administrative burden on the yearly continuation application and the progress review process. Awardee program staff will be able to review the completeness of data needed to generate required reports, enter basic summary data for reports at least annually, and finalize and save required reports for upload into other reporting systems as required.

CDC will not use complex statistical methods for analyzing information. Most statistical analyses will be descriptive (i.e., frequencies and crosstabs) and content analysis. For example, the percent of objectives met versus proposed will also be documented and analyzed.

Information collected by the awardees will be reported to CDC leadership and shared back with awardees. CDC will also generate reports that describe activities across multiple awardees and able to provide this information back to awardees or to respond to inquiries from HHS, the White House, Congress and other stakeholders about the national RPE Program activities and their impact. CDC will also report data to other external audiences, as needed, to describe the state of sexual violence prevention activities across the nation. Information will be analyzed and synthesized for specific reporting purpose and response to inquiries. Such reports will be used to inform RPE Program impact as well as TA and planning of programmatic efforts.

The reporting tools can also be used for ongoing program management, continuous program improvement, and support more effective, data-driven TA. Working with CDC staff, awardees will use the information collected to manage and coordinate their activities and to improve their efforts to prevent SV perpetration and victimization. The tools support the collection and reporting of information that will be used by CDC to help examine and monitor RPE Program performance and implementation. The information collected will be used to describe, appraise, and enhance opportunities for collaborative efforts and partnerships. The tools in the MRS provide a systematic format to collect these data consistently across all awardees. Having all of this information in a single and secure database will allow CDC to analyze and synthesize information across multiple RPE programs, help ensure consistency in documenting progress and TA, enhance accountability of the use of federal funds, and provide timely reports as frequently requested by HHS, the White House, and Congress. It provides CDC with the capacity to respond in a timely manner to requests for information about the program, improve real-time communications between CDC and RPE awardees, and strengthen CDC's ability to monitor and evaluate awardees' progress and performance.

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

Annual reports are a requirement for each program awarded funding under the cooperative agreement in order to continue to receive funding. Hence, response rates are expected to be 100%. For subsequent funding years after the initial completion, awardees will not have to reenter information, which reduces the burden to complete the tools resulting in more accurate, reliable information being reported.

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

Pilot testing of the Work Plan and Program Report Tools with nine awardees from select states and CDC program staff was completed. The tools were sent with instructions to provide feedback about content, design, relevance, and usability of the tools. Comments were extracted and information inputted were reviewed. Awardees also tracked the amount of time it took for them to complete the tools. Follow up interviews were conducted with eight of the nine awardees to clarify feedback and obtain suggestions to improve the tools. A thematic analysis was conducted across all feedback and the findings were used to modify order of question items, reword questions, modify instructions to be clearer, and modify design to allow flexibility for respondents to add additional items. The tools were revised to accommodate the wide variety in which awardees structure and track RPE funding and activities. The revised tools allowed for

adding additional objectives to accommodate awardees in larger state and those with larger range. The revisions also reduced duplication of information for the same prevention strategies implemented in different settings.

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

The following individuals consulted on the MRS include:

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The contractors responsible for the design and management of the MRS include:

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

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