

# Qualitative Assessment of CDC-funded Local Health Departments' Violence Prevention Efforts

OSTLTS Generic Data collection Request  
OMB No. 0920-0879

## Supporting Statement – Section B

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## Section B – Data collection Procedures

### 1. Respondent Universe and Sampling Methods

Data will be collected from a total of 22 respondents across five local health departments (LHDs) funded through the CDC 1605 Program (Preventing Teen Dating and Youth Violence by Addressing Shared Risk and Protective Factors). Respondents acting in their official capacities include program coordinators who are employees of local government agencies (e.g. municipal, city, or county) with responsibilities of coordination, management, or delivery of violence prevention programs or services. Delegates include program directors and coordinators of non-profit organizations or academic institutions acting on behalf of the local government agencies. Respondents will be invited to participate from a list of potential respondents that each funded LHDs' project director or principal investigators identified (**see Attachment A—Respondent List**).

These individuals are considered as delegates of the local health departments under the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879 generic mechanism for the following reasons:

- As per 0920-0879 Generic ICR language, “delegates are governmental or non-governmental agents (agency, function, office or individual) acting for a principal or submitted by another to represent or act on STLT government behalf.” The delegates in this information collection include program directors and coordinators of non-profit organizations or academic institutions that are either contracted to or granted by the local health departments to coordinate and implement violence prevention strategies on their behalf, especially teen dating violence (TDV) and youth violence (YV);
- The following essential public health services are tasked by the LHD to the delegates:
  - Educating and informing the community about violence prevention, especially TDV and YV
  - Mobilizing community partnerships to identify violence problems and implement solutions for violence prevention, especially TDV and YV
  - Developing violence prevention and response plans that support community-wide efforts
  - Linking individuals to needed health, social, and community services
  - Evaluating effectiveness, accessibility, and quality of violence prevention programs
- Using these delegates, LHDs are able to implement and evaluate violence prevention strategies that reach their population of focus throughout their respective jurisdictions. These delegate organizations often have access to the population of focus where the LHDs may not.

Information will be collected from respondents via telephone interviews.

In total, 11 interviews will be conducted, with up to 22 participants. Interviews may be individual or group, depending on the number of program coordinators of each prevention strategy (range 1 – 4). See Attachment A for a breakdown of respondents per LHD.

### 2. Procedures for the Collection of Information

Data will be collected via telephone interviews (see **Attachment B—Telephone Interview Guide**). The members of the CDC project team will send the potential respondents an email notification (see **Attachment C—Notification Email**). The notification email will explain:

- The purpose of the data collection, and why their participation is important
- Method to safeguard their responses
- That participation is voluntary
- The expected response time to schedule the interview
- Contact information for the project team

Following the distribution of the invitation to participate in the interview, respondents will have 14 business days to reply and schedule a time for their respective interview. Those who do not respond within 14 business days will receive a reminder (see **Attachment D—Reminder Email**) urging them to respond. Those who do not respond within 14 business days from the reminder email will be considered non-responders. Those who respond will receive a confirmation email (see **Attachment E—Confirmation Email**).

Each interview will be conducted by two CDC staff members. During the interviews, the project team members will take notes, which will be compiled and finalized after each telephone interview is completed. The telephone interviews will be audio-recorded to aid with development and compilation of notes. Verbal permission will be obtained from respondents at the beginning of the interview. All notes, audio recordings, and materials will be kept on a secure password protected CDC server accessible only to project team members. At the end of the project, the audio recordings will be destroyed.

Once the data collection period has closed, project team members will conduct thematic analysis of the notes. Themes will be generated inductively from reading the notes as well as deductively organized by the topics covered during the interviews. Information collected from these interviews will be compiled into case profiles comprised of high-level findings and lessons learned.

Themes and findings identified across the LHDs will also be synthesized into aggregated reports. These reports will not link specific findings to a funded LHD. These aggregated findings and lessons learned will be shared with all funded LHDs, local organizations participating in violence prevention work, researchers and practitioners working in the field of violence prevention, as well as CDC program stakeholders and leadership. Aggregated findings will be shared through presentations, webinars, meetings, conferences, translation products for recipients and scientific manuscripts.

### **3. Methods to Maximize Response Rates Deal with Nonresponse**

Although participation in the data collection is voluntary, the project team will make every effort to maximize the rate of response. The data collection instrument was designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden.

Following the distribution of the invitation to participate, (see **Attachment C—Notification Email**), respondents will have 14 business days to reply and schedule a time for their respective

interview. Those who do not respond within 14 business days will receive a reminder (see **Attachment D—Reminder Email**) urging them to respond. Those who do not respond within 14 business days from the reminder email will be considered non-responders.

#### **4. Test of Procedures or Methods to be Undertaken**

The estimate for burden hours is based on a pilot test of the telephone interview guide by three public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 50 minutes (range: 38 – 55). For the purposes of estimating burden hours, the upper limit of this range (i.e., 55 minutes) is used.

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

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**LIST OF ATTACHMENTS – Section B**

- D. Attachment C—Notification Email**
- E. Attachment D—Reminder Email**
- F. Attachment E—Confirmation Email**