U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Print Date: *1/31/22*

Title: Rape Prevention and Education Program Using the Best Available Evidence for Sexual Violence Prevention

Project Id: 0900f3eb81e3a55b

Accession #: NCIPC-PPTB-12/10/21-3a55b

Project Contact: Ishaka O Oche

Organization: NCIPC/DVP/PPTB

Status: **Project In Progress**

Intended Use: **Project Determination**

Estimated Start Date: 04/01/2020

Estimated Completion Date: 01/31/2024

CDC/ATSDR HRPO/IRB Protocol #:

OMB Control #: 0920-1286

Determinations

Determination	Justification	Completed	Entered By & Role
HSC: **Does NOT Require HRPO Review**	Not Research / Other *45 CFR 46.102(l)* Quality Assurance / Improvement	1/26/22	Angel_Karen C. (idy6) CIO HSC
PRA:			

PRA Applies		1/26/22	Angel_Karen C. (idy6) OMB / PRA
ICRO: **PRA Applies**	OMB Approval date: 3/3/20 OMB Expiration date: 3/31/23	1/28/22	Zirger_Jeffrey (wtj5) ICRO Reviewer

Description & Funding

Description

Priority:	Standard
Determination Start Date:	12/10/21
Description:	The RPE Program is a national initiative to address sexual violence through funding and technical assistance to health departments in all 50 states, the District of Columbia, and two U.S. territories. The present cooperative agreement (CDC-RFA-CE19-1902) restructures the RPE Program and includes new data collection and reporting requirements for recipients using a new online data system. PURPOSE: CDC will develop online Annual Progress Report (APR) forms for RPE Recipients. The goal of this information collection is to track recipients progress; implementation and program evaluation activities for the purpose of program monitoring and assessing the impact of the program across the program recipients. METHODS: The 53 recipients will complete APR forms annually directly in the online data system. Recipients will be able to download information entered in the system to submit to CDC officials as part of their required annual reporting and continuation application. OUTCOMES: CDC will use the information collected to monitor recipients progress and to identify facilitators and barriers to program implementation and achievement of outcomes. In addition, CDC will examine the aggregate impact of program activities on program outcomes across recipients.
IMS/CIO/Epi-Aid/Chemical Exposure Submission:	No
IMS Activation Name:	Not selected
Primary Priority of the Project:	Not selected
Secondary Priority(s) of the Project:	Not selected
Task Force Associated with the Response:	Not selected
CIO Emergency Response Name:	Not selected
Epi-Aid Name:	Not selected
Assessment of Chemical Exposure Name:	Not selected
Goals/Purpose	The purpose is to collect information related to implementation and outcomes annually from recipients of the funding opportunity CDC-RFA-CE19-1902: Rape Prevention and Education (RPE): Using The Best Available Evidence for Sexual Violence Prevention cooperative agreement. Collecting information about the implementation and outcomes of CE19-1902 cooperative agreement 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. 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.
Objective:	The objective of this information collection is to increase CDC#s understanding of the implementation of the NOFO; achievement of the NOFO outcomes, facilitators, barriers, and critical factors related to implementation and evaluation of specific violence prevention strategies; partnerships and alignment of state level prevention work; recipients# capacity, use of data, and their successes.
Does this project include interventions, services, or policy change work aimed at improving the health of groups who have been excluded or marginalized and /or decreasing disparities?:	Yes
Project does not incorporate elements of health equity science:	Not Selected
Measuring Disparities:	Yes
Studying Social Determinants of Health (SDOH):	Not Selected
Assessing Impact:	Yes
Methods to Improve Health Equity Research and Practice:	Yes
Other:	Not Selected
Activities or Tasks:	New Collection of Information, Data, or Biospecimens
Target Populations to be Included/Represented:	Other - Recipient Program Managers, Evaluators, Sub-recipients
Tags/Keywords:	Data Collection ; Primary Prevention ; Violence ; Program Evaluation ; Quality Improvement
CDC's Role:	Activity originated and designed by CDC staff, or conducted at the specific request of CDC, or CDC staff will approve study design and data collection as a condition of any funding provided ; CDC employees or agents will obtain data by intervening or interacting with participants ; CDC employees will participate as co-authors in presentation(s) or publication(s) ; CDC is provider of technical assistance or staff time in the absence of CDC support ; CDC is providing funding
Method Categories:	QA/QI; Technical Assistance; Other - NA
Methods:	The RPE funding opportunity, CDC-RFA-CE19-1902: Rape Prevention and Education (RPE): Using The Best Available Evidence for Sexual Violence Prevention cooperative agreement builds upon previous funding cycle and projects; and the program will be collecting information for the first time on recipient outcomes. RPE recipients will work to increase data use, alignment between state and local level, multisector collaboration, implementation of evidence-based prevention strategies and approaches especially at the community level, evaluation and tracking of state level indicators, and capacity and sustainability of SV prevention. 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. No research design or human subjects are involved. All 53 (100%) recipients of CE19-1902 cooperative agreement are required to submit information. No statistical sampling will be performed. RPE recipients are health departments in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. 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. Information will be reported only in aggregate form. Recipient and national reports will

	be generated and shared with different stakeholders. Collecting information about the implementation and outcomes of CE19-1902 cooperative agreement 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.
Collection of Info, Data or Biospecimen:	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 reported only in aggregate form. No identifying information included. The recipients# state or territory names will not be included in the national aggregate report. CDC will produce reports for each recipient and those reports will contain data only for that particular recipient. Aggregated information will be stored on an internal CDC server subject to CDC#s information security guidelines. While consent is not required to report aggregate data, recipient approval will be obtained if specific data are used for publications, reports, or other publicly disseminated information.
Expected Use of Findings/Results and their impact:	Implementation and outcomes 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. 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 recipient and provide a summary report to 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.
Could Individuals potentially be identified based on Information Collected?	No

Funding

Funding Type	Funding Title	Funding #	Original Budget Yr	# Years Award	Budget Amount
CDC Cooperative Agreement	Rape Prevention and Education Program Using the Best Available Evidence for Sexual Violence Prevention	CDC-RFA-CE19-1902	2019	5	

HSC Review

HSC Attributes

Quality Assurance / Improvement	Yes

Regulation and Policy

Do you anticipate this project will be submitted to the IRB office	No
Estimated number of study participants	

Population - Children	Protocol Page #:
Population - Minors	Protocol Page #:
Population - Prisoners	Protocol Page #:
Population - Pregnant Women	Protocol Page #:
Population - Emancipated Minors	Protocol Page #:

Suggested level of risk to subjects	
Do you anticipate this project will be exempt research or non-exempt research	

Requested consent process waviers

Informed consent for adults	No Selection
Children capable of providing assent	No Selection
Parental permission	No Selection
Alteration of authorization under HIPPA Privacy Rule	No Selection

Requested Waivers of Documentation of Informed Consent

Informed consent for adults	No Selection
Children capable of providing assent	No Selection
Parental permission	No Selection

Consent process shown in an understandable language

Reading level has been estimated	No Selection
Comprehension tool is provided	No Selection
Short form is provided	No Selection
Translation planned or performed	No Selection
Certified translation / translator	No Selection
Translation and back-translation to/from target language(s)	No Selection
Other method	No Selection

Clinical Trial

Involves human participants	No Selection
Assigned to an intervention	No Selection
Evaluate the effect of the intervention	No Selection
Evaluation of a health related biomedical or behavioral outcome	No Selection
Registerable clinical trial	No Selection

Other Considerations

Exception is requested to PHS informing those bested about HIV serostatus	No Selection
Human genetic testing is planned now or in the future	No Selection
Involves long-term storage of identfiable biological specimens	No Selection
Involves a drug, biologic, or device	No Selection
Conducted under an Investigational New Drug	No Selection

exemption or Investigational Device Exemption

Institutions & Staff

Institutions

Institutions yet to be added .....

Staff

Staff Member	SIQT Exp. Date	CITI Biomedical Exp. Date	CITI Social & Behavioral Exp. Date	CITI Good Clinical Practice Exp. Date	Staff Role	Email	Phone	Organization
Candace Girod	10/02 /2023		11/30/2021		Co-Investigator	mrv7@cdc.gov	404-498-1329	PROGRAM EVALUATION AND TRANSLATION TEAM
Colleen McCarty	12/07 /2024				Program Official	ocy0@cdc.gov	404-718-6536	PROGRAM STRATEGY UNIT
Gayle Payne	12/26 /2022		12/13/2021		Program Lead	hfn5@cdc.gov	770-488-8050	PREVENTION PRACTICE AND TRANSLATION BRANCH

Data

DMP

Proposed Data Collection Start Date: 4/1/20

Proposed Data Collection End Date: 2/1/24

Proposed Public Access Level: Non-Public

Non-Public Details:

Reason For Not Releasing Data: Other - Program Evaluation, specific data not generalizable

We will not be sharing the raw data from this evaluation publicly. While each recipient can get access to their own data in raw form or reports, the data are being used primarily to improve the program by CDC and by each recipient. The recipients determine the extent to which sub-recipients may access their state/territory#s information. We will share findings in aggregate form with

Public Access Justification:	recipients, researchers and evaluators and public health officials to inform practice and share lessons learned. The findings will help with program improvement and our TA. Sharing of raw data beyond the summarized information that will be provided publicly through a peer-reviewed publication, fact sheets, and other communication materials will not be useful to the public.
How Access Will Be Provided for Data:	The data will not be made available to the public. Summarized data will be provided through peer-reviewed publications, fact sheets, and other communication materials.
Plans for Archival and Long Term Preservation:	The information collected will be stored and archived permanently for future program analysis and reporting. Data storage is encrypted to standard requirements. 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.

Spatiality

Country	State/Province	County/Region
U.S. Virgin Islands		
Puerto Rico		
United States	Wyoming	
United States	Wisconsin	
United States	West Virginia	
United States	Washington, D.C.	
United States	Washington	
United States	Virginia	
United States	Vermont	
United States	Utah	
United States	Texas	
United States	Tennessee	
United States	South Dakota	
United States	South Carolina	
United States	New Jersey	

United States	New Hampshire	
United States	Nevada	
United States	Nebraska	
United States	Montana	
United States	Missouri	
United States	Mississippi	
United States	Rhode Island	
United States	Pennsylvania	
United States	Minnesota	
United States	Michigan	
United States	Massachusetts	
United States	Maryland	
United States	Maine	
United States	Louisiana	
United States	Kentucky	
United States	Kansas	
United States	Iowa	
United States	Oregon	
United States	Oklahoma	
United States	Ohio	
United States	North Dakota	
United States	North Carolina	

United States	New York	
United States	New Mexico	
United States	Indiana	
United States	Illinois	
United States	Idaho	
United States	Hawaii	
United States	Georgia	
United States	Florida	
United States	Delaware	
United States	Connecticut	
United States	Colorado	
United States	California	
United States	Arkansas	
United States	Arizona	
United States	Alaska	
United States	Alabama	

Dataset

Dataset Title	Dataset Description	Data Publisher /Owner	Public Access Level	Public Access Justification	External Access URL	Download URL	Type of Data Released	Collection Start Date	Collection End Date
Dataset yet to be added...									

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention