

Request for Reinstatement

**Indicators of the Performance of Local, State, Territorial, and Tribal Education Agencies
in HIV Prevention, Coordinated School Health Program, and Asthma Management
Activities for Adolescent and School Health Programs**

OMB #0920-0672

Supporting Statement Part A

Supported by:

**Division of Adolescent and School Health
Centers for Disease Control and Prevention
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Abstract

The purpose of this statement is to request a 3-year reinstatement with change of Indicators of the Performance of Local and State Education Agencies In HIV Prevention and Coordinated School Health Program Activities for Adolescent and School Health Programs, OMB number 0920-0672. The information collection is based on an annual Web-based questionnaire (named the Indicators for School Health Programs) which assesses programmatic activities among local education agencies (LEA), state education agencies (SEA), territorial education agencies (TEA), and tribal government education agencies (TG) funded by the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). The previous approval expired on February 29, 2008.

Currently, the Indicators for School Health Programs is the only standardized annual reporting process for HIV prevention activities or coordinated school health program for physical activity, nutrition, and tobacco-use prevention (CSHP/PANT) activities funded by DASH. DASH presently requires both an annual narrative report on program activities and the Indicators for School Health Programs. The Indicators for School Health Programs are Web-based questionnaires corresponding to the specific funding priorities from DASH. There are three questionnaires for FY2007 data collection. Two pertain to HIV-prevention program activities among LEAs and SEAs/TEAs, and the third pertains to CSHP/PANT activities among SEAs. FY2007 data are scheduled for transmission 06/02/2008. The revised versions of the forms will be implemented in FY2008 and will apply to information transmitted to CDC in 2009 and 2010. There are four questionnaires for FY2008-FY2010 data collection. Three questionnaires are revised versions of the HIV-LEA, HIV-SEA/TEA, and CSHP/PANT questionnaires. The fourth is a new questionnaire designed to track activities of asthma management programs for LEAs.

Data gathered from the proposed questionnaires: 1) provides standardized information about how HIV prevention, CSHP/PANT, and asthma management funds are used by LEAs and SEAs/TEAs/TGs; 2) assesses the extent to which programmatic adjustments are indicated; 3) provides descriptive and process information about program activities; and 4) provides greater accountability for use of public funds.

The two HIV questionnaires include questions on:

- * Planning and improving projects.
- * Distribution of professional development and individualized technical assistance on school policies.
- * Distribution of professional development and individualized technical assistance on education curricula and instruction.
- * Distribution of professional development and individualized technical assistance assessment of student standards.
- * Collaboration with external partners.

- * Reducing disparities among populations of youth at disproportionate risk.
- * Information about additional program activities.

The CSHP/PANT questionnaire also asks the questions above, but focuses on physical activity, healthy eating, and tobacco-use prevention activities. It includes additional questions on:

- * Joint activities of the State Education Agency and State Health Agency (SHA).
- * Activities of the CSHP state-wide coalition.
- * Distribution of professional development and individualized technical assistance on health promotion programs and environmental approaches to Physical Activity, Nutrition and Tobacco (PANT).

The asthma management questionnaire includes questions on:

- * Planning and improving projects.
- * Joint activities of the Local Education Agency and Local Health Agency (LHA).
- * Distribution of professional development and individualized technical assistance on school policies.
- * Distribution of professional development and individualized technical assistance on health promotion programs and environmental approaches to asthma management.
- * Distribution of professional development and individualized technical assistance on asthma-related education.
- * Distribution of professional development and individualized technical assistance on and provision of health services.
- * Collaboration with external partners.
- * Reducing disparities among populations of youth at disproportionate risk.
- * Information about additional program activities.

Section A: Justification for Information Collection

A.1 Circumstances Making the Collection of Information Necessary

The purpose of this statement is to request a three year reinstatement with change of three annual Web-based questionnaires designed to assess programmatic activities among local, state, territorial, and tribal education agencies (LEA, SEA, TEA, and TG) funded by the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health, (DASH). The questionnaires are referred to as the Indicators for School Health Programs. The current OMB number for the Indicators for School Health is 0920-0672, and it expired on February 29, 2008. Programmatic activities in the Indicators for the School Health Programs include HIV prevention activities, coordinated school health program for physical activity, nutrition, and tobacco-use prevention (CSHP/PANT) activities, and asthma management activities. The questionnaires focus on distribution of professional development and individualized technical assistance on school policies; distribution of professional development and individualized technical assistance on education curricula and instruction; distribution of professional development and individualized technical assistance on assessment of student standards; distribution of professional development and individualized technical assistance on health promotion and environmental approaches; distribution of professional development and individualized technical assistance on and provision of health services related to asthma management; collaboration with external partners; reducing disparities among populations of youth at disproportionate risk; planning and improving projects; and information about additional program activities.

Program activities through February 29, 2008, have been conducted under Program Announcement number 03004: *Improving the Health, Education, and Well-Being of Young People Through Coordinated School Health Programs*. A list of funded awardees participating in this data collection is provided in Attachment G. For FY2007, a total of 18 local education agencies will complete the LEA HIV prevention questionnaire; 7 territorial and 48 state education agencies will complete the SEA/TEA HIV prevention questionnaire; and 23 state education agencies will complete the SEA CSHP/PANT questionnaire. The FY2007 data will be transmitted June 2, 2008.

Program Announcement 03004 ended February 29, 2008, and will be replaced by Funding Opportunity Announcement DP08-801: *Improving Health and Educational Outcomes of Young People* which starts on March 1, 2008, and ends February 28, 2013. A list of awardees funded in the new project period is provided in Attachment H. Data collection in 2009 will incorporate an additional questionnaire on the effectiveness of asthma management activities. The asthma management questionnaire was added for FY2008-FY2010 in response to an increase in the number of asthma management programs receiving funds from DASH in the new Funding Opportunity Announcement. For FY2008-FY2010, a total of 16 local education agencies will complete the LEA HIV prevention questionnaire annually; 1 tribal, 4 territorial,

and 50 state education agencies will complete the SEA/TEA HIV prevention questionnaire annually; 1 tribal and 22 state education agencies will complete the SEA CSHP/PANT questionnaire annually; and 10 local education agencies will complete the LEA asthma management questionnaire annually. FY2008 data will be transmitted June 1, 2009, and FY2009 data will be transmitted May 31, 2010.

In 1987, CDC established cooperative agreements with many of the nation's state education agencies, territorial education agencies, and local education agencies to help them implement health education programs designed to reduce health risks among the nation's young persons. Through these cooperative agreements, funded SEAs, TEAs, TGs, and LEAs have helped schools by developing health-related policies, training teachers and other school personnel, developing and disseminating health-related materials and resources, monitoring the prevalence of risk behaviors among students, and evaluating and consequently improving the impact of programs and activities. To accomplish these ends, funded SEAs, TEAs, TGs, and LEAs have established management systems for coordinating their activities and have developed partnerships with other institutions, such as health departments, community-based organizations, and institutions of higher education.

Currently, DASH requires annual submission the Indicators for School Health data and annual narrative reports of HIV prevention, CSHP/PANT, and asthma management activities from its funded partners. However, the annual narrative reports do not standardize reporting of activities. Standardized reports are necessary to increase SEA, TEA, TG, and LEA accountability because the comparability of these program measures will be more consistent than the narrative reports. The Indicators for School Health Programs provide the necessary standardized reporting.

CDC is authorized to collect the data described in this justification by Section 301 of the Public Health Service Act (42 USC 241). A copy of this enabling legislation is provided in Attachment A.

A.2 Purpose and Use of Information Collection

Data gathered from these questionnaires assist CDC to: 1) provide standardized information about how HIV prevention, CSHP/PANT, and asthma management funds are used by LEAs and SEAs/TEAs/TGs; 2) assess the extent to which programmatic adjustments are indicated; 3) provide descriptive and process information about program activities; and 4) provide greater accountability for use of public funds.

To date, the information received from the current data collection has been used to keep CDC informed of the scope and nature of the funded partners' program activities, and the data have been compiled into aggregate reports and facts sheets on funded partner activities. In addition, the results of the questionnaires are used by the CDC to make recommendations about

HIV prevention, CSHP/PANT, and asthma management programming in LEAs and SEAs/TEAs/TGs and about future program needs in these areas. The data may be used by other federal agencies to make policy decisions and to set priorities for research, demonstration and service projects. State, territorial, tribal, and local health and education agencies use the results to make similar policy decisions or program modifications. The results of the questionnaires also are used by school districts nationally to plan programs for youths in schools to reduce adolescent risk-taking behavior.

Without a standardized data collection procedure, there are few methods available to accurately account for public funding for the HIV prevention, CSHP/PANT, and asthma management activities of LEAs and SEAs/TEAs/TGs. The findings from these questionnaires enable CDC to aggregate and collect consistent documentation.

A.3 Use of Improved Information Technology and Burden Reduction

The questionnaires were carefully developed to ensure that they can be used as a Web-enabled indicator survey which greatly reduces the reporting burden of documenting annual progress. Automation of the questionnaires ensures thorough and measurable assessments of constituents that receive HIV prevention, CSHP/PANT, and/or asthma management funding. The objective of the Web-enabled indicators survey is to provide CDC and its constituents with standardized annual reports on the LEA and SEA/TEA/TG program activities. A set of integrated components – such as survey management, results in a tabulation package, and a separate program for generating reports – provide CDC the data it needs for tracking indicators online.

The Web-based indicator surveys offer the following advantages for burden reduction:

- Easy and secure access for SEAs/TEAs/TGs and LEAs, decreasing the burden of reporting program activities.
- Instant publication of survey results, with no printing, labeling, or postage costs, no lost paperwork, and no misprints.
- Automatic sequencing of questions based on responses to previous questions, eliminating problems of inapplicable questions.
- Error-checking to ensure the integrity of responses before they are submitted for review.
- Automatic reporting of data, including summaries for each respondent, comparisons across programs, and graphical representations of the data.

Specifically, the Web-based indicators surveys help constituents in the following ways:

- Responding to the survey through the Web.
- Providing a means of giving feedback through the Web to DASH on the survey

- content and process.
- Reviewing and analyzing their own survey responses through the Web at any time.

A.4 Efforts to Identify Duplication and Use of Similar Information

These questionnaires are not duplicated by other survey efforts or program evaluation activities. Currently, CDC requires annual narrative reports of HIV prevention, CSHP/PANT, asthma management activities from its constituents which are not standardized. Additionally, there are no existing data collected by SEAs, TEAs, TGs, or LEAs funded by CDC that can be used to generate data that are similar to the information collected under this clearance.

A.5 Impact on Small Business or Other Small Entities

No small businesses will be involved in the questionnaires.

A.6 Consequences of Collecting the Information Less Frequently

The data collection is scheduled to provide information on HIV prevention, CSHP/PANT, and asthma management activities on an annual basis. The SEAs/TEAs/TGs and LEAs are funded on an annual basis (March 1 to February 28 or 29 of the following year) and reporting occurs 90 days after the conclusion of the funding cycle. Collecting these data on an annual basis enables CDC to track the progress of SEAs/TEAs/TGs and LEAs in meeting grant funding criteria. This annual contact also enables CDC to maintain up-to-date records on the impact of HIV prevention, CSHP/PANT, and asthma management activities for youth and school officials. Without this data collection, CDC would not be able to assess the impact of funding changes on assistance and training on school policies, assistance and training on curricula and instruction, training on student standards and assessment for prevention, training on and provision of health services for asthma management, collaboration with external partners, reducing disparities among populations of youth at disproportionate risk, planning and improving projects and information about additional activities. Policy makers and education officials would lack data with which to make sound decisions about implementing or refining prevention programming for youths in school settings.

Collecting this data less than once a year will result in inconsistent data for the purpose of accurately tracking the impact of funded programs. There are no legal obstacles to reduce the burden.

A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances that affect information collection. The data collection fully complies with the regulation.

A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. As required by 5 CFR 1320.8(d), a copy of the 60-day notice that was published in the Federal Register is provided in Attachment B. The notice appeared on December 20, 2007, Vol. 72, No. 244, pages 72363-72364. No public comments have been received regarding this notice.

B. The following individuals have provided initial consultation in 2003 and 2004 regarding the project, email addresses have been provided where available:

HIV Prevention Questionnaire: Local Education Agency Officials

Danette Fitzgerald
School District of Palm Beach County
3340 Forest Hill Boulevard
West Palm Beach, FL 33406
(561) 357-7570
fitzged@palmbeach.k12.fl.us

Michael Penrod
School Board of Boward County
600 S.E. 3rd Avenue
Ft. Lauderdale, FL 33301
(754) 321-2273

HIV Prevention Questionnaire: State and Territorial Education Agency Officials

Kris Meurer
New Mexico Department of Education
300 Don Gaspar
Santa Fe, NM 87501
(505) 827-1828
kristine.meurer@state.nm.us

Sunny Kaste
Wyoming Department of Education
2300 Capitol Avenue
Cheyenne, WY 82002
(307) 777-5315

Brian Weaver
Wisconsin Department of Public Instruction
125 S. Webster Street
Madison, WI 53702
(608) 266-7921
brian.weaver@dpi.state.wi.us

Martha Holloway
Alabama Department of Education
Gordon Persons Office Building
Montgomery, AL 36130
(334) 242-8179

CSHP/PANT Questionnaire: State Education Agency Officials

Suzanne Crouch
Indiana Department of Education
100 N. Capitol Street
Indianapolis, IN 46204
(317) 234-0325
scrouch@doe.state.in.us

Linda Nightingale Greenwood
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Providence, RI 02903
(401) 222-4600 ext 2364

Paula Collins
North Carolina Department of Public Instruction
301 N. Wilmington Street
Raleigh, NC 27601
(919) 807-3859

Carol Goodenow
Massachusetts Department of Education
350 Main Street
Malden, MA 02148
(781) 338-3603
cgoodenow@doe.mass.edu

A.9 Explanation of Any Payments or Gift to Respondents

No material or financial incentives will be provided to respondents for completing the questionnaires.

A.10 Assurance of Confidentiality Provided to Respondents

The CDC staff have reviewed this Information Collection request and determined that the Privacy Act is not applicable. Respondents are organizations, not individuals. No sensitive information will be collected. The data collection does not involve collection of sensitive and/or personally identifiable information. Data collection involves collecting programmatic reporting data. No personal information will be maintained. Data will be filed by the name of the local, state, territorial, or tribal agency and all data pertains to programmatic activities. Although the name of the contact person submitting the Indicators is maintained for each responding organization, the contact person provides information about the program, not personal information pertaining to himself or herself. The contact person's name will be maintained until the end of the data collection. The progress monitoring information is collected and reported at the state, territorial, tribal, and local level. CDC's data collection contractor, Northrop Grumman, will maintain information in secure electronic files that will only be accessible to authorized members of the team. Electronic files will be stored on secure network servers, and access will be restricted to approved team members identified by user ID and password.

IRB approval is not required for this data collection.

A.11 Justification for Sensitive Questions

There are no questions of a sensitive nature that are included on the questionnaires. All questions concern programmatic activities.

A.12 Estimates of Annualized Burden Hours and Costs

Burden hours. Table A.12-1 provides estimates of burden for the data collection. The amount of time required to complete the HIV prevention and CSHP/PANT questionnaires is based on reported averages on three years of data collection from funded SEA/TEAs and LEAs from across the country. Administration of the questionnaires was conducted via the Web. The average amount of time to complete the two HIV prevention questionnaires, including instructions and data collection, was 7.2 hours each. The average time to complete the CSHP/PANT questionnaire, including instructions and data collection, was 9.5 hours. The average time to complete the asthma management questionnaire is estimated at 7.2 hours; although it has yet to be completed by respondents, it is similar in scope to the HIV prevention

questionnaire for LEAs. The FY2007 instruments associated with this information collection were approved under the previous OMB clearance request and will be used for information collection scheduled on June 2, 2008. Those instruments are provided in attachments C-1, D-1, and E-1. The revised HIV prevention and CSHP/PANT questionnaires for FY2008-2010 are provided in attachments C-2, D-2, and E-2 and will be used for information collection scheduled for June 1, 2009 and May 31, 2010. The new asthma management questionnaire for FY2008-2010 is provided in attachment F. The total estimated annualized burden hours are 787.

A summary of proposed changes to the HIV and CSHP instruments is provided in Attachment I. The proposed changes do not change the burden estimate for those instruments.

The respondents for the first year of this 3-year clearance request (FY2007 awardees) are listed in Attachment G. The respondents for the second and third years of this clearance request are listed in Attachment H. For more information about how the number of responses in the burden table was calculated, see Table B.1-1.

Table A.12-1: Estimated Annualized Burden Hours for Respondents

Types of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Response Burden (in hours)
Local Education Agency Officials	Indicators for School Health Programs: HIV Prevention (LEA)	17	1	7.2	122
State and Territorial Education Agency Officials	Indicators for School Health Programs: HIV Prevention (SEA)	55	1	7.2	396
State Education Agency Officials	Indicators for School Health Programs: Coordinated School Health Programs	23	1	9.5	219
Local Education Agency Officials	Indicators for School Health Programs: Asthma Management (LEA)	7	1	7.2	50
Total					787

Annualized cost. Table A.12-2 provides estimates of the annualized cost to respondents for the collection of data. Cost estimates are based on an average hourly salary of \$22.96 for the SEA officials and \$22.58 for the LEA officials. Total estimated cost to respondents is \$18,011.

Table A.12-2: Estimated Annualized Cost to Respondents

Types of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Avg. Hourly Wage Rate	Total Cost
Local Education Agency Officials	Indicators for School Health Programs: HIV Prevention (LEA)	17	1	7.2	\$22.58	\$2,764
State and Territorial Education Agency Officials	Indicators for School Health Programs: HIV Prevention (SEA)	55	1	7.2	\$22.96	\$9,092
State Education Agency Officials	Indicators for School Health Programs: Coordinated School Health Programs	23	1	9.5	\$22.96	\$5,017
Local Education Agency Officials	Indicators for School Health Programs: Asthma Management (LEA)	7	1	7.2	\$22.58	\$1,138
					Total	\$18,011

A.13 Estimates of Other Annual Cost Burden to Respondents and Record Keepers

None.

A.14 Annualized Cost to the Federal Government

Cost will be incurred by the government in personnel time for overseeing the surveys. A contractor will conduct the majority of the tasks associated with this data collection. CDC time and effort for overseeing the contract and answering questions posed by the contractor and funded partners are estimated at 50% for one CDC employee, and 5% for two senior CDC employees (see table below for details) a year for the three years of the project. Dr. Robin supervises Dr. Raspberry and Ms. Finch. Mr. Canfield provides programmatic expertise to the project. Dr. Raspberry serves as a content expert on the Indicators for School Health. Ms. Finch is the contractor responsible for the data collection and analysis of the Indicators for School Health data (100% FTE).

Name	Grade	FTE on project	Salary	Cost
Leah Robin	GS-14 (CDC)	5%	\$104,634	\$5,232
John Canfield	GS-14 (CDC)	5%	\$101,463	\$5,073
Catherine Raspberry	GS-13 (CDC)	50%	\$80,497	\$40,249
Evelyn Finch	Northrop Grumman Contractor	100%	\$75,000	\$75,000
Total				\$125,554

A.15 Explanation for Program Changes or Adjustments

Please see explanation for Program Changes. The annualized burden estimate for the previous clearance period was 718 hours. The previous clearance expired February 29, 2008.

The current request is for a three-year reinstatement, with changes that will be implemented in years 2 and 3. The first information collection (FY2007 data scheduled for transmission to CDC in June 2008) will be identical to the last information collection conducted during the previous clearance period (expiration date 2/29/2008). Respondents will complete HIV and CSHP questionnaires that have been previously approved. No information on Asthma management programs will be collected in year 1.

In years 2 and 3, the information collection for HIV-LEA data (transmissions in 2009 and 2010) will involve 16 respondents, a decrease of 2 respondents (and thus a decrease in burden associated with the HIV-LEA instrument). In years 2 and 3, the number of respondents will not change for the HIV-SEA information collection (55 respondents) or the CSHP information collection (23 respondents). For years 2 and 3, minor changes to the HIV and CSHP instruments

are proposed in order to clarify wording and response options, however, the changes are not expected to affect the burden estimates for those instruments.

The information collections in years 2 and 3 will also involve implementation of a new questionnaire on Asthma management activities. Ten (10) respondents will complete the Asthma questionnaire in years 2 and 3. An increase in burden is associated with implementation of the new questionnaire.

Table B.1-1 shows how the annualized number of respondents was calculated for each instrument over the 3-year period of this reinstatement request. The annualized number of respondents for each instrument was used to estimate the annualized burden for each instrument (see Table A.12-1). The total annualized burden estimate for the period of the reinstatement is 787 hours per year. This estimate represents a net increase of 69 hours per year, when changes are annualized over the 3 year period ($787 - 718 = 69$).

A.16 Plans for Tabulation and Publication and Project Time Schedule

No complex analytical techniques will be used for the tabulation of data. Descriptive statistics will be used to describe answers.

The questionnaires will be conducted annually. A three year clearance is being requested.

Project Time Schedule	
Activity	Time Schedule
Year 5 of Program Announcement 03004 (FY2007) Data Collection March 1, 2007 – February 29, 2008	
Collect data via web-based system.	Immediately after OMB approval
Questionnaire submission deadline.	June 2, 2008 (May 31 is a Saturday)
Analyze data and compile reports.	June 2, 2008 – August 31, 2008
Year 1 of Funding Opportunity Announcement DP08-801 (FY2008-FY2010) Data Collection March 1, 2008 – February 28, 2009	
Notify cooperative agreement recipients of Indicators requirement for completion of Year 1 data (March 1, 2008 – February 28, 2009).	Immediately after OMB approval
Provide URL of web-based data collection system, log-in name, and password for LEA and SEA/TEA/TG staff.	Immediately after OMB approval
Provide technical assistance on data collection strategies for LEA and SEA/TEA/TG staff to complete the appropriate Indicators questionnaire.	Immediately after OMB approval – June 1, 2009 (May 31 is a Sunday)
Collect data via web-based system.	March 1, 2009 – June 1, 2009
Questionnaire submission deadline.	June 1, 2009 (May 31 is a Sunday)
Analyze data and compile reports.	June 1, 2009 – August 31, 2009
Repeat process for Year 2 of FOA DP08-801 (FY 2009) Data Collection March 1, 2009 – February 28, 2010	
Post URL of web-based data collection system for Year 2 data (March 1, 2009 – February 28, 2010)	March 1, 2009
Provide technical assistance on data collection strategies for LEA and SEA/TEA/TG staff to complete the appropriate Indicators questionnaire.	March 1, 2009 – February 28, 2010
Collect data via web-based system.	March 1, 2010 – May 31, 2010
Questionnaire submission deadline.	May 31, 2010
Analyze data and compile reports.	May 31, 2010 – August 31, 2010
Repeat process for Year 3 of FOA DP08-801 (FY2010) Data Collection March 1, 2010 – February 28, 2011	
Post URL of web-based data collection system for Year 3 data (March 1, 2010 – February 28, 2011)	March 1, 2010
Provide technical assistance on data collection strategies for LEA and SEA/TEA/TG staff to complete the appropriate Indicators questionnaire.	March 1, 2010 – February 28, 2011
Collect data via web-based system.	March 1, 2011 – May 31, 2011
Questionnaire submission deadline.	May 31, 2011
Analyze data and compile reports.	May 31, 2011 – August 31, 2011

A.17 Reason(s) Display of OMB Expiration is Inappropriate

Not Applicable.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions being requested.