

Revision Request

**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 Revision request is to obtain OMB approval for three additional years of data collection for “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 No. 0920-0672, exp. 6/30/2011). 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).

Currently, the Indicators for School Health Programs is the only standardized annual reporting process for DASH-funded HIV prevention activities, asthma management activities, or coordinated school health programs for physical activity, nutrition, and tobacco-use prevention (CSHP/PANT) activities. 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 four questionnaires for FY2010 data collection. Two pertain to HIV-prevention program activities among LEAs and SEAs/TEAs, the third pertains to CSHP/PANT activities among SEAs, and the fourth pertains to asthma management program activities among LEAs. FY2010 data are scheduled for transmission 06/01/2011; The revised versions of the forms will be implemented in FY2011 and will apply to information transmitted to CDC for FY2011 (data are scheduled for transmission 06/01/2012) and FY2012 (data are scheduled for transmission 06/03/2013).

Minor adjustments to the average estimated number of respondents (+4) and total annualized burden hours (+28) will occur over the three-year period of this Revision request. These changes are itemized as follows: the HIV indicators for SEAs data collection will increase by 14 burden hours per year (+2 respondents); the Asthma indicators data collection will increase by 21 burden hours (+3 respondents); and the HIV indicators for LEAs will decrease by seven hours (-1 respondent). There are no changes to the estimated number of respondents or burden hours for the CHSP information collection.

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.
- * Development and distribution of materials, professional development and individualized technical assistance on school policies.
- * Development and distribution of materials, professional development and individualized technical assistance on education curricula and instruction.
- * 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.
- * Development and distribution of materials, 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).
- * Development and distribution of materials, professional development and individualized technical assistance on school policies.
- * Development and distribution of materials, professional development and individualized technical assistance on health promotion programs and environmental approaches to asthma management.
- * Development and distribution of materials, professional development and individualized technical assistance on asthma-related education.
- * Development and distribution of materials, 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

Background

The purpose of this Revision request is to obtain a three-year approval of continued data collection for four annual Web-based questionnaires. The questionnaires are 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 (exp. 6/30/2011). This Revision Request also reflects a minor change in the title of the clearance.

The current questionnaires will be used in FY2010. The revisions to questionnaires will go into effect for FY2011 and FY2012. The changes to the revised set of questionnaires were made to better align the questionnaires with other guidance from DASH on priority activities. General changes include:

- Adding questions for each content area that directly align with the School Level Impact Measures for that FOA priority area.
- Revising questions on the “development” of resources and materials to include a question that specifically asks if the respondents’ agencies “have” such resources and materials (in the event they were not developed in the current fiscal year).
- Revising questions on information not collected or estimated to better reflect a respondent’s agency’s need for technical assistance.
- Consolidating questions about the number of schools, districts, regional support units, and external agency partners reached. This change was made to reduce the burden on the respondent.
- Deleting all questions about (and references to) “information sessions.” This change was made to reduce the burden on the respondent.
- Deleting all questions related to “types of external agency partners reached.” This change was made to reduce the burden on the respondent.
- Renumbering questions to provide better clarity on flow of the questionnaire.

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 are being conducted under Funding Opportunity Announcement DP08-801: *Improving Health and Educational Outcomes of Young People* which started on March 1, 2008, and ends February 28, 2013. A list of awardees funded in the current project period is provided in Attachment G. For FY2010-FY2012, 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. FY2010 data will be transmitted June 1, 2011; FY2011 data will be transmitted June 1, 2012; and FY2012 data will be transmitted June 3, 2013.

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.

Privacy Impact Assessment

The CDC staff have reviewed this Information Collection request and determined that the Privacy Act is not applicable. Respondents are organizations, not individuals. Data collection

involves collecting programmatic reporting data; it does not involve the collection of sensitive, personal, and/or personally identifiable information. The progress monitoring information is collected and reported at the state, territorial, tribal, and local level. 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. Response data will be filed by the name of the local, state, territorial, or tribal agency and all data pertains to programmatic activities.

Overview of the Data Collection System

The data collection system consists of four self-administered, Web-based questionnaires (the Indicators for School Health Programs) that help CDC collect data annually on CDC-funded programmatic activities in the areas of HIV prevention, coordinated school health programs for physical activity, nutrition, and tobacco-use prevention (CSHP/PANT), and asthma management. Program activities are being conducted under Funding Opportunity Announcement DP08-801: *Improving Health and Educational Outcomes of Young People* which started on March 1, 2008, and ends February 28, 2013. For FY2010-FY2012, 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. FY2010 data will be transmitted June 1, 2011; FY2011 data will be transmitted June 1, 2012; and FY2012 data will be transmitted June 3, 2013.

Items of Information to be Collected

The two HIV questionnaires include questions on:

- * Planning and improving projects.
- * Development and distribution of materials, professional development and individualized technical assistance on school policies.
- * Development and distribution of materials, professional development and individualized technical assistance on education curricula and instruction.
- * 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.
- * Development and distribution of materials, 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).
- * Development and distribution of materials, professional development and individualized technical assistance on school policies.
- * Development and distribution of materials, professional development and individualized technical assistance on health promotion programs and environmental approaches to asthma management.
- * Development and distribution of materials, professional development and individualized technical assistance on asthma-related education.
- * Development and distribution of materials, 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.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

The IC involves use of web-based data collection methods. The website does use cookies, and access to the web-based questionnaire is password-protected and given only to the staff of the DASH-funded local, state, territorial, and tribal education agencies who will complete the questionnaires. There is no content directed at children under 13 years of age.

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) annually 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 on cooperative agreements that support programming through February 2013.

Privacy Impact Assessment

The information is being collected so that CDC can: 1) provide standardized information about how HIV prevention, CSHP/PANT, and asthma management funds are used by LEAs and SEAs/TEAs/TGs; 2) annually 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.

The intended use of the information is to provide CDC with data on the scope and nature of the funded partners' program activities, including the types of activities, number of activities, and reach of activities conducted. Data will be used by 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. Data also 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 can use the results to make similar policy decisions or program modifications. In addition, data can be used by school districts nationally to plan programs for youths in schools to reduce adolescent risk-taking behavior.

No information in identifiable form (IFF) is being collected. There is no sensitive information being collected; therefore, the proposed data collection will have little or no effect on the respondents' privacy.

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. It is anticipated that 100% of questionnaires will be complete electronically.

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.

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.
- Reducing burden to the respondent by reducing overall time spent completing questionnaires as a result of appropriately programmed skip patterns.

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. The respondents' CDC Project Officers were consulted in the revision process for these questionnaires to ensure that the data reported in this system were not being collected currently through any other mechanism.

A.5 Impact on Small Business or Other Small Entities

No small businesses will be involved in this data collection.

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. This request fully complies with the regulation 5 CFR 1320.5.

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 60-day Notice was published in the *Federal Register* on January 11, 2011, Vol. 76, No. 7, pages 1618-1619 (see Attachment B). No public comments were received.

B. The following individuals provided initial consultation 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

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
Rhode Island Department of Elementary and Secondary Education
255 Westminster Street
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

In addition, the following individuals were asked to provide feedback in January 2011 on the versions of the questionnaires for FY 2011. There were no major problems reported.

CSHP/PANT Questionnaire: State Education Agency Officials

Stephanie Bunge
Kentucky Department of Education
2545 Lawrenceburg Road
Frankfurt, KY 40601
502-564-2706 Ext.334
stephanie.bunge@education.ky.gov

Hope Wilson
Arizona Department of Education
150 N. 18th Avenue, Suite 310
Phoenix, AZ 85007
602-542-1879
hope.wilson@azdhs.gov

HIV Prevention Questionnaire: State and Territorial Education Agency Officials

Terri Campbell
Alaska Department of Education & Early Development
801 West 10th Street, Suite 200
Juneau, AK 99801
907-465-8719
terri.campbell@alaska.gov

Jean Zimmerman
Maine Department of Education
Bureau of Instruction, State House Station #23
Augusta, ME 04333
207-624-6687
jean.zimmerman@maine.gov

HIV Prevention Questionnaire: Local Education Agency Officials

Margaret Silva
San Diego Unified School District
Comprehensive Health and Wellness
4100 Normal Street
San Diego, CA 92103
619-725-7123
msilva@sandi.net

Asthma Management Questionnaire: Local Education Agency Officials

Teresa Blake
Houston Independent School District
5827 Chimney Rock, Suite 2068
Houston, TX 77081
713-942-1951
tblake@houstonisd.org

A.9 Explanation of Any Payment 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

Privacy Impact Assessment Information

A. Privacy Act Determination. The CDC staff have reviewed this Information Collection request and determined that the Privacy Act is not applicable. Respondents are organizations, not individuals. Data collection involves collecting programmatic reporting data; it does not involve the collection of sensitive, personal, and/or personally identifiable information. The progress monitoring information is collected and reported at the state, territorial, tribal, and local level. 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. Response data will be filed by the name of the local, state, territorial, or tribal agency and all data pertains to programmatic activities.

B. Safeguards. The information collection involves use of web-based data collection methods. The website does use cookies, and access to the web-based questionnaire is password-protected and given only to the staff of the DASH-funded local, state, territorial, and tribal education agencies who will complete the questionnaires. CDC 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.

C. Consent. This information collection does not involve research with human subjects, and IRB approval is not required. Because the information collected pertains to organizational policies and activities, an individual-level consent process is not applicable.

D. Nature of Response. Participation is required by the terms of cooperative agreement funding.

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, CSHP/PANT, and asthma management questionnaires is based on reported averages on three years of data collection from funded SEA/TEAs/TGs 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 and asthma management questionnaire, including instructions and data collection, was 7 hours each. The average time to complete the CSHP/PANT questionnaire, including instructions and data collection, was 10 hours. The revised HIV prevention, CSHP/PANT, and asthma management questionnaires are provided in attachments C-2, D-2, E-2, and F-2, and although they have yet to be completed by respondents, they are estimated to have the same burden because they are similar in scope. The total estimated annualized burden hours are 811.

A summary of revisions to the instruments is provided in Attachment H. The revisions do not change the burden estimate for those instruments.

The respondents (currently funded partners) for this clearance request are listed in Attachment G. 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

| Type of Respondents | Form Name | No. of Respondents | No. of Responses per Respondent | Avg. Burden per Response (in hrs) | Total Burden (in hrs) |
|------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------|---------------------------------|-----------------------------------|-----------------------|
| Local Education Agency Officials | Indicators for School Health Programs: HIV Prevention (LEA) | 16 | 1 | 7 | 112 |
| | Indicators for School Health Programs: Asthma Management (LEA) | 10 | 1 | 7 | 70 |
| State and Territorial Education Agency and Tribal Government Officials | Indicators for School Health Programs: HIV Prevention (SEA) | 57 | 1 | 7 | 399 |
| | Indicators for School Health Programs: Coordinated School Health Programs | 23 | 1 | 10 | 230 |
| Total | | | | | 811 |

Annualized cost. Table A.12-2 provides estimates of the annualized cost to respondents for the collection of data. Cost estimates are based on average hourly rates for social and community service managers reported on the Department of Labor Statistics website. Estimates are \$28.19 an hour for the SEA/TEA/TG officials and \$32.07 an hour for the LEA officials. Total estimated cost to respondents is \$23,569.

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

| Type of Respondent | 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) | 16 | 1 | 7 | \$32.07 | \$3,592 |
| | Indicators for School Health Programs: Asthma Management (LEA) | 10 | 1 | 7 | \$32.07 | \$2,245 |
| State and Territorial Education Agency and Tribal Government Officials | Indicators for School Health Programs: HIV Prevention (SEA) | 57 | 1 | 7 | \$28.19 | \$11,248 |
| | Indicators for School Health Programs: Coordinated School Health Programs | 23 | 1 | 10 | \$28.19 | \$6,484 |
| Total | | | | | | \$23,569 |

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 40% for one CDC employee, 10% for another CDC employee, and 5% for a senior CDC employee (see table below for details) a year for the three years of the project. Dr. Robin supervises Mr. Dunville, Dr. Rasberry, and Mr. Khalil. Mr. Dunville and Dr. Rasberry serve as the content experts on the Indicators for School Health. Mr. Khalil 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 |
|--------------|----------------------------------|----------------|-----------|-----------|
| L. Robin | GS-14 (CDC) | 5% | \$124,608 | \$6,230 |
| R. Dunville | GS-13 (CDC) | 40% | \$88,350 | \$35,340 |
| C. Rasberry | GS-13 (CDC) | 10% | \$94,049 | \$9,405 |
| G. Khalil | Columbus Technologies Contractor | 100% | \$60,000 | \$60,000 |
| Total | | | | \$110,975 |

A.15 Explanation for Program Changes or Adjustments

The annualized burden estimate for the previous clearance period was 787 hours. In the next approval period, there will be an average annualized burden of 811 hours due to minor increases in the number of respondents. Compared to the previous approval period, the next approval period will reflect an average annual reduction of one respondent for the LEA HIV indicators data collection; an average increase of two respondents for the SEA HIV indicators data collection; and an average increase of three respondents for the Asthma LEA data collection.

The current request is for a three-year revision with changes that will be implemented in years 2 and 3 (FY2011 and FY2012). The revision involves several overarching changes that will be implemented in the revised set of questionnaires. In general, changes were made to better align the questionnaires with other guidance from DASH on priority activities. Changes will be implemented in FY2011. Additions to the questionnaire were balanced by deletions to the

questions. As a result, changes are not expected to affect burden estimates for the instruments. Changes include:

- Adding questions for each content area that directly align with the School Level Impact Measures for that FOA priority area.
- Revising questions on the “development” of resources and materials to include a question that specifically asks if the respondents’ agencies “have” such resources and materials (in the event they were not developed in the current fiscal year).
- Revising questions on information not collected or estimated to better reflect a respondent’s agency’s need for technical assistance.
- Consolidating questions about the number of schools, districts, regional support units, and external agency partners reached. This change was made to reduce the burden on the respondent.
- Deleting all questions about (and references to) “information sessions.” This change was made to reduce the burden on the respondent.
- Deleting all questions related to “types of external agency partners reached.” This change was made to reduce the burden on the respondent.
- Renumbering questions to provide better clarity on flow of the 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 revision is 811 hours per year. This estimate represents a net increase of 28 hours per year, when changes are annualized over the 3 year period ($811 - 783 = 28$).

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 3 of FOA DP08-801 (FY2011) Data Collection March 1, 2010 – February 28, 2011 | |
| 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 |
| Post URL of web-based data collection system for Year 1 data (March 1, 2010 – February 28, 2011) | March 1, 2010 |
| Collect data via web-based system. | March 1, 2010 – June 1, 2011 |
| Questionnaire submission deadline. | June 1, 2011 |
| Analyze data and compile reports. | June 1, 2011 – August 31, 2011 |
| Year 4 of FOA DP08-801 (FY2011) Data Collection March 1, 2011 – February 29, 2012 | |
| Provide technical assistance on data collection strategies for LEA and SEA/TEA/TG staff to complete the appropriate Indicators questionnaire. | March 1, 2011 – February 29, 2012 |
| Post URL of web-based data collection system for Year 4 data (March 1, 2011 – February 28, 2012) | March 1, 2012 |
| Collect data via web-based system. | March 1, 2012 – June 1, 2012 |
| Questionnaire submission deadline. | June 1, 2012 |
| Analyze data and compile reports. | June 1, 2012 – August 31, 2012 |
| Year 5 of FOA DP08-801 (FY2012) Data Collection March 1, 2012 – February 28, 2013 | |
| Provide technical assistance on data collection strategies for LEA and SEA/TEA/TG staff to complete the appropriate Indicators questionnaire. | March 1, 2012 – February 28, 2013 |
| Post URL of web-based data collection system for Year 5 data (March 1, 2012 – February 28, 2013) | March 1, 2013 |
| Collect data via web-based system. | March 1, 2013 – June 3, 2013 |
| Questionnaire submission deadline. | June 3, 2013 |
| Analyze data and compile reports. | June 3, 2013 – August 31, 2013 |

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 to the certification.