

**Change Request**  
November 8, 2013

**Information Collection Request: “Process Evaluation of “Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-Wide Initiatives”**  
(OMB no. 0920-0952, exp. date 12/31/2015)

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**Summary**

CDC is currently approved to collect information from 9 state and community grantees funded under the cooperative agreement “*Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-Wide Initiatives.*” Paper-based collection instruments that are administered annually to the grantee organization include the “State and Community Awardee Performance Measure Reporting Tool” (Attachment 6). To improve usability, data quality, and respondent satisfaction in completing the assessment, CDC proposes to add fields to allow awardees to enter supplemental information to clarify responses.

There are no changes to the number of respondents or the estimated burden per response. CDC plans to begin administering the revised instruments in 2013. OMB approval is requested, effective immediately.

**Information Collection Instruments Affected by Changes**

State and Community Awardee Performance Measure Reporting Tool  
The revised paper version is included as Attachment 6 (rev)

**Background and Justification**

CDC is approved to collect information needed for a process and intermediate outcome evaluation of awardees funded under the TPP Initiative. An integral part of the process evaluation requires documenting implementation activities. In order to conduct this process evaluation, annual assessments of performance are conducted among the nine State and Community Awardees and their local partners. The collection of performance measures is critical to understanding the implementation practices associated with evidence-based programs and contraceptive access for each awardee community. Information will be collected via questionnaires and a web-based data entry system. Performance measures are collected via a paper questionnaire (see Attachment 6) annually in accordance with the standing approved ICR.

CDC requests OMB approval to modify the current form to include additional questions that are designed to improve usability and data quality based on feedback from respondents and CDC’s experience in providing technical assistance. This form does alter the content through the addition of questions that allow respondents to provide complete data and to provide clarification for reported measures (see itemized changes below). The items do not change the estimated burden per response.

## Itemized Changes in Survey Content

The changes to the performance measure reporting tool include the addition of fields as indicated below.

**Change 1. Added field to Table I.c. pages 3-4 for youth who did not report gender. Current field allows awardees to count only youth who report gender.**

Characteristics of Program Youth <sup>1</sup>	Males		Females		Youth who did not report Gender
	# served	# retained	# served	# retained	
<b>Age (one response per participant)</b>					
10 years or younger					
11-12 years					
13-14 years					
15-16 years					
17-18 years					
19 years or older					
<b>Grade (one response per participant)</b>					
6 <sup>th</sup> grade or lower					
7-8 <sup>th</sup> grade					
9-10 <sup>th</sup> grade					
11-12 <sup>th</sup> grade					
GED program					
Technical/vocational training					
College (any year)					
Not currently in school					
<b>Ethnicity (one response per participant)</b>					
Hispanic or Latino					
Not Hispanic or Latino					
Unknown/unreported					
<b>Race (one response per participant)</b>					
American Indian or Alaska Native					
Asian					
Black or African American					
Native Hawaiian or Other Pacific Islander					
White					
Other					
More than one race					
Unknown/unreported					
<b>Primary language spoken at home (one response per participant)</b>					

<sup>1</sup> Characteristics may be obtained from attendance records or pre-/post-tests

Characteristics of Program Youth	Males		Females		Youth who did
	# served	# retained	# served	# retained	
English					
Spanish					
Chinese					
Other					
<b>Special populations (one response per participant)</b>					
None					
Pregnant or parenting teens					
Youth in foster care					
Homeless youth					
Youth in the juvenile justice system					
Other (describe_____)					
<b>Total</b>					

**Change 2. The following 4 fields will be added to section I.c. page 4.**

TOTAL NUMBER OF YOUTH SERVED \_\_\_\_\_

TOTAL NUMBER OF YOUTH RETAINED \_\_\_\_\_

Method of collection and reporting for youth served: \_\_\_\_\_

Method of collection and reporting for youth retained: \_\_\_\_\_

**Change 3. The following field will be added to section I page 5.**

ID \_\_\_\_\_

**Change 4. The following question will be added to section I page 5.**

Please indicate the nature of the partnership: (Check all that apply)

- Signed MOU/MOA
- We provide funding to this partner
- We provide ongoing Technical Assistance and Training to this partner
- We have provided only Training to this partner
- This partner participates fully in the collection of Performance Measures

**Change 5. The following will be added to section 2.b. page 9.**

Data reporting period \_\_\_\_\_ indicate the date range for the data provided below.

**Change 6. The following will be added to section 2.f. page 11.**

Data reporting period \_\_\_\_\_ indicate the date range for the data in all tables below.

**Change 7. The following field will be added to section III.a.**

# of Core Partner Leadership Team Members

**Change 8. The following field will be added to section III.b.**

# of Community Action Team Members

**Change 9. The following field will be added to section III.c.**

# of Youth Leadership Team Members