

Change Request

May 30, 2014

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)

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.*” To clarify questions about reporting requirements, CDC provides technical assistance to awardees when needed. As a result of this experience, CDC proposes minor changes to one form. The changes will improve the form’s usability, improve data quality, and reduce the need for specialized technical assistance.

There are no changes to the number of respondents or the estimated burden per response. CDC plans to begin administering the revised instrument in 2014. OMB approval is requested, effective immediately.

Information Collection Instruments Affected by Changes

Clinical Partner Needs Assessment
Included as Attachment 4 (electronic v2)

Background and Justification

CDC is approved to collect information needed for a process and intermediate outcome evaluation of awardees funded under the Teen Pregnancy Prevention 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 is collected via questionnaires and a web-based data entry system. Performance measures are collected via questionnaire annually in accordance with the standing approved ICR.

CDC requests OMB approval to modify the current electronic version of the Clinic Partner Needs Assessment 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 (TA). Specifically, our TA exchanges identified

- A. Questions that were subject to interpretation. To provide clarification, we’ve added new questions or new response options to existing questions. These changes allow respondents to provide more focused answers with clearer definition of terms and reported performance measures.

- B. Questions that required respondents to calculate an answer. To provide clarification, we modified the form so that respondents report the itemized components used to calculate a summary variable. This reduces ambiguity associated with the calculated variable.

Although both approaches result in additional questions on the form, there is no change in the overall scope of the questions or the estimated burden per response. The proposed changes will improve the clarity of questions and ease of completing the form, thus reducing the need for follow-up and TA.

Itemized Changes in Survey Content

The changes to the Clinical Partner Needs Assessment include the addition of fields as indicated below. **Added responses are in italics.** **Deleted responses are in strikethrough.**

1. **Modified Q3 to clarify agency type versus practice setting(s).** Q3a was modified to ask about clinic partner institute type and Q3b. was added to ask about clinic practice setting and Title X funding status.

3a. Which of the following best describes the clinic partner institution type? Check all that apply.

Private practice <i>Family practice</i>		<i>Federally Qualified Health Center</i>
Pediatric practice (age range: _____)		Community health center (<i>non-FQHC</i>)
Adolescent clinic (age range: _____)		Community college
Obstetrics and gynecology only		Four-year college
Publicly funded family planning		School-based health center
Hospital-based ambulatory care (teaching)		School-linked health center
Hospital-based ambulatory care (non-teaching)		Job Corps
Mobile clinic		Foster care
State health department		Substance abuse treatment center
County health department		Correctional facility
City health department		Other (specify: _____)

3b. Which of the following best describes the clinic partner practice setting and their Title X funding status? Check all that apply.

	<i>Practice Setting</i>	<i>Title X funding</i>	
		Yes	No
	Primary Care		
	Pediatric practice (age range: _____)		
	Adolescent clinic (age range: _____)		
	Obstetrics and gynecology		
	Family planning		

	Hospital-based ambulatory care (teaching)			
	Hospital-based ambulatory care (non-teaching)			
	School-based health center			
	School-linked health center			
	Post-partum Unit			
	Correctional Health			
	Other (specify:)			

2. Added text to the question to clarify that the response should be regarding clinical staff who “serve adolescent clients” specifically.

Q 11. Please indicate the number and percentage of the clinical staff who *serve adolescent clients* (e.g., MDs, advance practice clinicians, nurse-extendors) that have been trained in the following areas in the past two years.

3. Modified text to update name of hormonal implant. Changed text in Q13d from “Implanon” to “Nexplanon”. Also grayed out response boxes for contraceptive methods not prescribed (i.e., IUD, hormonal implant, and condom).

	Does the health center provide the following forms of contraception (via <u>prescriptions</u> and/or <u>dispense on-site</u>) to adolescents?	Prescriptions		Dispense On-site	
		YES	NO	YES	NO
A	Emergency contraception for females				
B	Emergency contraception for males				
C	IUDs				
D	Hormonal Implants (Implanon Nexplanon)				
E	Hormonal Contraceptive Pills				
F	Hormonal Injection (Depo-provera)				
G	Patch				
H	Ring				
I	Condoms				

4. Added Q 14a and 14b to assess the health center’s availability of IUDs, hormonal implants and condoms.

14a. Please answer the following questions about your health center’s availability of IUDs and Implants.

	<i>How does the health center obtain the following forms of contraception to adolescents?</i>	<i>Stocked in advance</i>		<i>Ordered when requested by patient</i>		<i>Not Available</i>	
		<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
A	<i>IUDs</i>						
B	<i>Hormonal Implants (Nexplanon)</i>						

	<i>Does the health center provide on-site insertion or referral for insertion?</i>	<i>Method Inserted on site - typically available all days clinic open</i>		<i>Method Inserted on site - available on certain days clinic open or with certain providers</i>		<i>Method not available onsite – client counseled and referred to other site for insertion</i>		<i>Method not available--no counseling or referral provided to client</i>	
		<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
C	<i>IUDs</i>								
D	<i>Hormonal Implants (Nexplanon)</i>								

14b. Please answer the following questions regarding availability of condoms at your health center.

	<i>Does the health center provide condoms on-site?</i>	<i>Free</i>		<i>For Purchase</i>		<i>Not Available</i>	
		<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
E	<i>Condoms</i>						

5. Modified Q 15 so that the response categories match the question asked and allow the health centers to indicate the frequency of practices (i.e., “most of the time”, “some of the time”, “no”. In addition, edits were made to reflect the change in standards of practice (i.e., deleted term “offer” and changed text to “initiate” or “provide”, as appropriate.

15. Please indicate if the health center performs the following activities by checking the appropriate box.

	Does your health center...	YES-Most of the time/all of the time	Some of the time	No
A	Offer adolescents the availability of hormonal contraception or IUD at every visit that the adolescent makes to the clinical provider?			
B	Offer adolescents the option of Initiate ing hormonal contraception using the Quick Start method (starting birth control the day of the visit)?			
C	Provide Offer Quick Start initiation of hormonal contraception after an adolescent client has a negative pregnancy test?			
D	Provide Offer Quick Start initiation of hormonal contraception when an adolescent client is provided with Emergency Contraception where the pregnancy test is negative?			
E	Offer adolescents the option of having an IUD inserted using the Quick Start method (on the visit when first requested)?			
F	Provide Offer Emergency Contraception (EC) to female adolescents for future use (advance provision*)?			
G	Provide Offer Emergency Contraception to male adolescents?			
H	Provide adolescents with time alone with a health care provider at every visit ?			
I	Take or update a reproductive/sexual health history or assessment at every visit ?			
J	Follow current guidelines for Pap screening (routine Pap screening begins at age 21) or 3 years after initiation of sexual intercourse ?			
K	Offer “fast track” or streamlined visits with limited waiting time that includes access to hormonal contraception for adolescents?			

*Advance provision is defined as prescribing emergency contraception in advance to ensure that women have it on hand in case they need it.

6. Modified Q19H to include the new name of the intervention (i.e., “What Could You Do?”, now called “Seventeen Days”).

19. Please answer the following questions about the health center environment.

	Does the health center...	YES	NO
A	Have a separate space/area to provide services for adolescent clients?		
B	Have a separate waiting room for adolescent clients?		
C	Have a counseling area specifically for adolescent clients that provides both visual and auditory privacy?		
D	Have an examination room specifically for adolescent clients that		

	Does the health center...	YES	NO
	provides visual and auditory privacy?		
E	Have teen-focused magazines or posters on the walls?		
F	Display information (pamphlets, posters, flyers, fact sheets) about an adolescent's ability to access confidential contraceptive and reproductive health care without parental or caregiver consent?		
G	Provide videos or TV programs showing health related information? (Please specify:)		
H	Provide brief evidence-based or evidence-informed video Interventions designed for adolescents (e.g. "What Could You Do?", <i>now called "Seventeen Days"</i>)? (Please specify:)		
I	Provide other evidence-based interventions designed for adolescents? (Please specify:)		

7. Moved Q 25a before table. Over 60% of respondents missed the question because it was overlooked based on the placement of question on the page. There are no change to the actual question.

25a. Please specify the data source used to complete Tables 1-4.

<p>Data source used to complete Tables 1-4below. (Potential data sources: Billing, pharmacy management, electronic medical records (EMR), or other administrative and/or reporting databases.)</p>

8. Added question 25b to clarify how respondents were defining contraceptive, reproductive, or sexual health services provided in the data reported for Q25.

25b. Please indicate which of the following contraceptive, reproductive or sexual health services provided were included in the data reported (i.e. what services were queried from your EMR or billing data to produce the numbers reported in Q25 Tables 1 and 2)? Please check all that apply.

Contraceptive, Reproductive, or Sexual Health Services		
A	<input type="checkbox"/>	<i>Sexual health assessment</i>
B	<input type="checkbox"/>	<i>Contraceptive and/or sexual health counseling</i>
C	<input type="checkbox"/>	<i>Pap smear</i>
D	<input type="checkbox"/>	<i>Insertion of or prescription for hormonal contraception or IUD</i>
E	<input type="checkbox"/>	<i>STD screening and/or treatment</i>

Contraceptive, Reproductive, or Sexual Health Services		
F		<i>HIV testing</i>
C		<i>Other: Please describe as fully as possible</i>

9. Modified Q26 Tables 3 and 4 to delete the category “hormonal contraception” and to add the categories “pill”, “patch”, “ring” so that each contraceptive method has its own category and to reduce data issues in calculating percent contraceptive coverage and percent long acting reversible contraceptive (LARC) coverage (i.e., some respondents were including both hormonal contraceptive category and the individual methods in the calculation). Also, modified table to include percent contraceptive coverage and percent LARC coverage because although these are performance measures, each individual clinic filling out the Clinic Partner Needs Assessment was not required to calculate or reflect on these measures in their individual clinic partner assessment.

26. Please complete the following tables.

Table 3. FEMALE Adolescent Clients (Unduplicated) and Number Provided Hormonal Contraception or IUD, by Age Group

FEMALES	# Adolescent Clients (Unduplicated)
All Unduplicated Clients (Total)	
12-14 years	
15-17 years	
18-19 years	
Total	
Provided Hormonal Contraception (not including IUDs or Implants)	
12-14 years	
15-17 years	
18-19 years	
Total	
Provided the Pill	
12-14 years	
15-17 years	
18-19 years	
Total	
Provided the Patch	
12-14 years	
15-17 years	
18-19 years	
Total	
Provided the Ring	

FEMALES	# Adolescent Clients (Unduplicated)
12-14 years	
15-17 years	
18-19 years	
Total	
Provided Injectable Contraception (e.g., Depo Provera)	
12-14 years	
15-17 years	
18-19 years	
Total	
Provided IUD	
12-14 years	
15-17 years	
18-19 years	
Total	
Provided Contraceptive Implants (e.g., Implanon Nexplanon)	
12-14 years	
15-17 years	
18-19 years	
Total	
Provided Emergency Contraception (EC)¹	
12-14 years	
15-17 years	
18-19 years	
Total	
% Contraceptive Coverage²	
12-14 years	
15-17 years	
18-19 years	
Total	
% LARC Coverage³	
12-14 years	
15-17 years	
18-19 years	
Total	

Table 4. FEMALE Adolescent Clients (Unduplicated) and Number Provided Hormonal Contraception or IUD, by Race/Ethnicity

¹ Including the provision of EC as a backup method along with another contraceptive method

² Calculated as the proportion of all unduplicated adolescent female clients provided hormonal contraception, contraceptive implants, or IUD.

³ Calculated as the proportion of all unduplicated adolescent female clients provided contraceptive implants, or IUD.

FEMALES	# Adolescent Clients (Unduplicated)
All Unduplicated Clients (Total)	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
Total	
Provided Hormonal Contraception (not including IUDs or Implants)	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
Total	
Provided the Pill	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
Total	
Provided the Patch	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
Total	
Provided the Ring	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
Total	
Provided Injectable Contraception (e.g., Depo Provera)	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
Total	
Provided IUD	

Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
Total	
Provided Contraceptive Implants (e.g., Implanon/Nexplanon)	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
Total	
Provided Emergency Contraception (EC)⁴	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
Total	
% Contraceptive Coverage⁵	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
Total	
% LARC Coverage⁶	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
Total	

⁴ Including the provision of EC as a backup method along with another contraceptive method

⁵ Calculated as the proportion of all unduplicated adolescent female clients provided hormonal contraception, contraceptive implants, or IUD.

⁶ Calculated as the proportion of all unduplicated adolescent female clients provided contraceptive implants, or IUD.