School Health Resources:
Assessing Awareness, Satisfaction, and Utility

OSTLTS Generic Information Collection Request

OMB No. 0920-0879

Supporting Statement – Section A

Submitted: August 22nd, 2016

Program Official/Project Officer
Sarah M. Lee, PhD
Team Lead, Research Application & Evaluation Team
School Health Branch
Division of Population Health
National Center for Chronic Disease Prevention & Health Promotion
4770 Buford Hwy NE, Mail stop K78
Atlanta, GA 30341
Email: skeuplee@cdc.gov
Phone: 770-488-6126
Fax: 770-488-5964

Table of Contents

- **Goal of the Study:** The goal of this information collection is to assess state- and local-level awareness, satisfaction, and current or intended use of four school health resources from the School Health Branch:
    1. *Comprehensive School Physical Activity Program (CSPAP) Guide,*
    2. *School Health Guidelines to Promote Healthy Eating and Physical Activity,*
    3. *The Health Education Curriculum Analysis Tool (HECAT), and*
    4. *Parents for Healthy Schools*

- **Intended use of the resulting Information:** The Centers for Disease Control and Prevention (CDC) School Health Branch (SHB) and Division of Adolescent and School Health (DASH) staff will use the results of this information collection to 1) provide insight on how effective CDC resource dissemination and communication strategies were in creating awareness of tools and resources among school health coordinators; 2) identify how state school health coordinators/directors and school district staff are using or intend to use the resources and how use changes over time; and 3) inform changes to improve existing tools and resources.

- **Methods to be used to collect data:** Information will be collected via three different methods including a web-based assessment, telephone interviews, and in-person interviews. The web-based instrument consists of various question types including dichotomous (yes/no), multiple choice, response interval (rating scales), and open-ended questions. The interview guides for the telephone and in-person interviews will include primarily open-ended questions.

- **Respondents:** The respondent universe for this information collection includes a total of 120 (state n=69; District of Columbia n=1, and local n=50) school health coordinators/directors from 50 states, the District of Columbia, and 50 local school districts funded under the CDC State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health/1305 ("1305") and Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance ("1308") cooperative agreements, acting in their official capacities.

- **How data will be analyzed:** For the web-based assessment, information will be reviewed for completion and simple descriptive statistics will be run looking at response frequencies. Depending on the response distribution, frequencies may be cross-tabulated to identify response similarities and differences among subgroups of respondents. For the telephone and in-person interviews, a directed form of content analysis will be performed to analyze data, using the project's conceptual framework and logic model as guides.

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This information collection is being conducted using the Generic Information Collection mechanism of the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879. The respondent universe for this information collection aligns with that of the O2C2. Information will be collected from a total of 120 (state n=69; District of Columbia n=1, and local n=50) school health coordinators/directors from 50 states, the District of Columbia, and 50 local school districts funded under the CDC State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health/1305 ("1305") and Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance ("1308") cooperative agreements, acting in their official capacities.

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service(s) of:

☐ 1. Monitoring health status to identify community health problems
☐ 2. Diagnosing and investigating health problems and health hazards in the community
☒ 3. Informing, educating, and empowering people about health issues
☐ 4. Mobilizing community partnerships to identify and solve health problems
☒ 5. Development of policies and plans that support individual and community health efforts
☐ 6. Enforcement of laws and regulations that protect health and ensure safety
☐ 7. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable
☐ 8. Assuring a competent public health and personal health care workforce
☐ 9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services
☐ 10. Research for new insights and innovative solutions to health problems [1]

Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. The School Health Branch (SHB) in CDC's Division of Population Health (DPH), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) was established to encourage healthy behaviors during childhood and adolescence. The SHB focuses on healthy eating, physical activity, and the management of chronic conditions in school settings. The Division of Adolescent and School Health (DASH), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

also was established to encourage healthy behaviors with a focus on sexual risk behaviors. The main strategies for these initiatives are to (1) provide funding to state health and education agencies for chronic disease prevention and management and sexual risk reduction in schools; (2) evaluate new and emerging strategies for chronic disease prevention and management and sexual risk reduction in schools; (3) establish science-based guidance, tools, and resources for schools to implement behavioral, policy, and environmental change strategies; and (4) disseminate guidance, tools, and resources.

As part of CDC's efforts nationwide to reduce the risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke, all 50 states and the District of Columbia receive funds to help prevent these chronic diseases through a federal grant called "State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health/1305" (Cooperative Agreement 1305). Nineteen states receive funding through a federal grant called "Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance" (Cooperative Agreement 1308). State-level school health coordinators/directors are funded by the CDC through these grants to implement strategies to support healthier school environments and are based in state health and education departments. A subset of states receive enhanced 1305 funding to provide districts with more intensive support for school-based interventions. Collaboration between communities, public health, and education agencies results in a healthier society, with healthier students in our schools and early care and education centers, healthier workers in our workforce, and a healthier population in the health care system. Enhanced funding is allocated in order to provide additional support to districts in carrying out those goals.

To support the work of school health coordinators/directors working in state health and education departments, CDC disseminates multiple resources to augment, facilitate, and enhance the effectiveness of regulatory and voluntary school health initiatives. Including:

- **Comprehensive School Physical Activity Program (CSPAP) Guide**—Released in January 2014, the guide has been widely disseminated through Let's Move Active Schools Physical Activity Leader trainings as well as through SHAPE American train-the-trainer workshops for the CDC's 1305 state funded partners. http://www.cdc.gov/healthyschools/physicalactivity/cspap.htm, SHAPE America recently released a website for CSPAP: http://www.shapeamerica.org/cspap/index.cfm.

- **School Health Guidelines to Promote Healthy Eating and Physical Activity**—The full set of guidelines was published in September 2011. Shortly after the release, ancillary materials (e.g., public use PPT slides, executive summary) were released. The ancillary materials support knowledge, use, and implementation of the full set of guidelines. http://www.cdc.gov/healthyschools/npao/strategies.htm.

- **Health Education Curriculum Analysis Tool (HECAT)**—In 2012 the HECAT was released. Designed to assess the efficacy of a school's health program, the HECAT contains guidance, appraisal tools, and resources to conduct a clear, complete, and consistent examination of health education curricula. HECAT results can help schools select or

develop appropriate and effective health education curricula, enhance existing curricula, and improve the delivery of health education.
http://www.cdc.gov/healthyyouth/HECAT/index.htm

- **Parents for Healthy Schools**—Released in November 2015, this set of resources is to support school groups that work with parents (e.g., school health councils, PTAs). It focuses on creating and sustaining parent engagement in school nutrition, physical activity, and management of chronic conditions.
http://www.cdc.gov/healthyschools/parentengagement/parentsforhealthyschools.htm

The purpose of this information collection is to assess the level of awareness, satisfaction, and current or intended dissemination and use of the four school health tools and resources listed above. This information collection builds upon the approach used in two previous, smaller-scale assessments conducted in 2015 that assessed dissemination and use of two other school health tools (School Health Index, Health and Academic Achievement) and of the CDC Special Interest Project-funded Center for Training and Research Translation. Evaluation research has not been conducted previously to examine the level of awareness, satisfaction, and/or current or intended dissemination and use of these specific school health tools and resources or with this audience. Results of the information collection will be used to 1) provide insight on how effective CDC resource dissemination and communication strategies were in creating awareness of tools and resources among school health coordinators; 2) identify how state school health coordinators/directors and school district staff are using or intend to use the resources and how use changes over time; and 3) inform changes to improve existing tools and resources.

This information collection will provide the CDC SHB with necessary information on how resources are perceived and used by their intended audiences, information that web metrics do not provide. Furthermore, collecting information from state-level and district-level school health coordinators will provide multiple layers of information. First, state level coordinators/directors will provide insight into their knowledge, use, and distribution of the tools to the districts via the web-based assessment. Second, in-depth telephone interviews with a sub-set of the web-based assessment respondent universe will provide a more nuanced understanding of their perceptions of the resources and how they might be improved. Third, in-depth in-person interviews with district school health coordinators/directors will provide insight into how districts and schools are using (or not) the information that they are receiving from the state-level 1305/1308 coordinators/directors.

CDC is partnering with the University of North Carolina (UNC) at Chapel Hill and RTI International to develop and implement this data collection. UNC will be coordinating the overall project and leading data collection related to telephone and in-person interviews, which includes developing the interview guides, scheduling interviews, conducting interviews, and analyzing and reporting findings. RTI International will lead data collection related to the web-based assessment, which includes developing the questions, administering the assessment, and analyzing and reporting findings. The CDC-SHB will be provide subject matter expertise and input throughout the project.

Overview of the Information Collection System

Using a web-based assessment instrument and standard telephone and in-person interview guides, information will be collected from 120 school health coordinators/directors (state n=69; District of Columbia n=1, and local n=50). The three instruments will be used to gather information from respondents regarding awareness, satisfaction, and current or intended use of the four previously mentioned SHB resources. A summary of each of the information collection instruments is provided below.

Web-based Assessment Instrument

Information collected via the web-based instrument (see **Attachment A—Web-based Assessment Instrument_ Word version** and **Attachment B—Web-based Assessment Instrument_ Web version**) will allow respondents to complete and submit their responses electronically. The web-based assessment instrument was pilot tested by 4 public health professionals. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns, and to establish the estimated time required to complete the information collection instrument.

Telephone and In-Person Interview Guides

Information collected via telephone and in-person interviews will be performed using structured interview guides (see **Attachment C—State-Level Phone Interview Guide** and **Attachment D—District-Level In-person Interview Guide**). The telephone and in-person interview guides were each pilot tested by 3 different public health professionals. Feedback from these groups was used to refine questions as needed and establish the estimated time required to complete the information collection instrument.

Items of Information to be Collected

Web-based Assessment Instrument

The web-based assessment instrument (see **Attachment A—Online Assessment Instrument_ Word version** and **Attachment B—Online Assessment Instrument_ Web version**) consists of 89 questions of various types, including dichotomous (yes/no), multiple choice, response interval (rating scales), and open-ended questions. These questions reflect the assessment's logic model (see **Attachment E—Logic Model**) and key questions. In an effort to minimize response burden, the instrument was designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions. Also, an effort was made to limit questions requiring narrative responses from respondents whenever possible. The web-based assessment instrument will collect information on the following:

- Respondent descriptive information related to their official duties including position title, amount of time in professional position, and education level. This information is being

collected as these factors may influence perception and use of the four school health tools and resources.
- Basic information about use of 1305 and/or 1308 funding (agency setting/FTEs)
- Perception of school health approaches within state agency
- Awareness of and familiarity with the four CDC tools and resources
- Engagement in tool-related adoption, dissemination, training and technical assistance
- Perceptions of the tools' qualities (e.g., credibility, content, compatibility, impact)
- Perceptions of factors affecting tool dissemination and training activities
- What changes, if any, are needed to improve the tools
- Any additional feedback about the resources

Telephone Interview Guide

The telephone interview guide (see **Attachment C—State-Level Phone Interview Guide**) consists of 24 questions, most of which are open-ended. Interviews will be conducted by two staff members from either RTI and/or UNC. Interviews will be recorded in order to capture the conversation accurately. Verbal permission to be recorded will be obtained from the participant prior to the beginning of the interview. The telephone interview guide will collect information on the following:

- Respondent descriptive information, related to their official duties, including position title, amount of time in professional position, and education level. This information is being collected as these factors may influence perception and use of the four school health tools and resources.
- What resources respondents are using
- If they are not using a resource, why not?
- Perceptions of each resource that they use (e.g., content, ease of use)
- Partnerships they have formed to promote and provide support for the resources
- What they have done to promote awareness and use of the tool
- How are the tools being used
- Challenges encountered in using the resources
- Additional resources needed

In-Person Interview Guide

The in-person interview guide (see **Attachment D—District-Level In-person Interview Guide**) consists of 47 questions, most of which are open-ended. Although, there are 47 possible questions, each respondent will be asked to reflect only on two tools and resources. Therefore the number of questions per respondents will be less than or equal to 30. Interviews will be conducted by two staff members from either RTI and/or UNC. Interviews will be recorded in order to capture the conversation accurately. Verbal permission to be recorded will be obtained from the participant prior to the beginning of the interview. The in-person interview guide will collect information on the following:

- Respondent descriptive information related to their official duties including position title, amount of time in professional position, and education level.
- What resources respondents are using

- If they are not using a resource, why not?
- Perceptions of each resource that they use (e.g., content, ease of use)
- Partnerships they have formed to promote and provide support for the resources
- What they have done to promote awareness and use of the tool
- How are the tools being used
- Challenges encountered in using the resources
- Additional resources needed

2. Purpose and Use of the Information Collection

The purpose of this information collection is to assess the level of awareness, satisfaction, current or intended dissemination, and use of the four school health tools and resources. This assessment builds upon two previous, smaller-scale assessments that examined knowledge, dissemination, and use of the School Health Index and Health and Academic Achievement resources and of the resources disseminated through the SIP-funded Center for Training and Research Translation. This assessment will add to SHB's and DASH's knowledge about how school health tools and resources are used and disseminated.

As noted previously, establishing, disseminating, and assessing resources for schools are primary strategies the SHB and DASH use to accomplish their missions. Results of this information collection will be used to: 1) provide insight on how effective CDC resource dissemination and communication strategies were in creating awareness of tools and resources among school health coordinators; 2) identify how state school health coordinators/directors and school district staff are using or intend to use the resources and how use changes over time; and 3) inform changes to improve existing tools and resources.

3. Use of Improved Information Technology and Burden Reduction

Information will be collected via three methods: web-based assessment, telephone interviews and in-person interviews.

Web-based Assessment

The web-based assessment was chosen to allows respondents to complete and submit their responses electronically, reducing the overall burden on respondents. This information collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 89 questions). Also, skip patterns were incorporated to allow for streamlining responses, further reducing overall burden on respondents.

Telephone and In-Person Interviews

Although web-based assessments are quick, effective methods for collecting quantitative data from many respondents, telephone and in-person interviews can solicit rich qualitative data, which aligns to the purpose of this information collection. Collecting data via telephone and in-person interviews will also help to minimize the burden on UNC and RTI staff by reducing the time required for follow-up. Staff will be able to verify responses and request clarification in real time as needed during the information collection process. The telephone and in-person interview guides were designed to collect the minimum information necessary for the purposes of this project (i.e., telephone interview guide limited to 24 questions and in-person interview guide limited to 47 questions). Embedded within each interview guide are skip patterns which will customize the interview to respondent answers, minimizing the overall burden on respondents.

4. Efforts to Identify Duplication and Use of Similar Information

To date, no other information has been conducted to assess the awareness, satisfaction, and use of the four above-mentioned SHB school health tools. The information that will be gathered through this information collection is not available from other data sources or through other means. Prior to developing this information collection, staff at UNC and RTI conducted literature searches and consulted with members of its advisory board of key stakeholders (academics with expertise in school health, state level school health program coordinators, and SHB staff) to confirm that this effort is not duplicative.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this information collection.

6. Consequences of Collecting the Information Less Frequently

This request is for a one time information collection. There are no legal obstacles to reduce the burden. If no data are collected, CDC will be unable to:

- Assess the usefulness of CDC and its partners' dissemination activities in reaching state 1305 and 1308 coordinators/directors and district school health coordinators
- Make informed and timely revisions to dissemination approaches
- Make informed and timely adjustments to the four SHB resources or to identify necessary accompanying materials/supporting documents
- Understand the scope of actions school districts are taking (using the four resources as guides) to raise awareness of the link between healthy eating, physical activity, and improved academic achievement, to engage stakeholders in working together to support healthy school environments, and to promote and implement changes to school environments
- Assess the feasibility of school districts and schools implementing actions outlined in each of these four resources within the course of the next school year

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

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

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

This information collection is being conducted using the Generic Information Collection mechanism of the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on October 31, 2013, Vol. 78, No. 211; pp. 653 25-26. No comments were received.

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO), to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The Privacy Act does not apply to this information collection. STLT governmental staff will be speaking from their official roles. Although UNC and RTI International will collect some individually identifiable information (IIF), UNC and RTI International will remove all IIF and use only the state name in the dataset sent to CDC. All information provided will be kept secure. No IIF will be distributed publically. In reports of study findings, data on IIF will be reported in aggregate form and no statistics or quotes will be linked to individuals.

This information collection is not research involving human subjects.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

No information will be collected that are of personal or sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on pilot tests of the web-based assessment instrument by 4 public health professionals, the telephone interview guide with 3 state-level school health staff and the in-person interview guide with 3 district-level school health staff.

In the pilot test of the web-based assessment instrument, the average time to complete the instrument, including time for reviewing instructions and completing the instrument, was approximately 23 minutes (range: 20 to 25 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 25 minutes) is used.

In the pilot test of the telephone interview guide, the average time to complete each of the instruments, including time for reviewing instructions and completing the instruments, was approximately 45 minutes (range: 40 to 50 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 50 minutes) is used.

In the pilot test of the in-person interview guide, the average time to complete each of the instruments, including time for reviewing instructions and completing the instruments, was approximately 45 minutes (range: 30 to 50 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 50 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) Bureau of Labor Statistics for occupational employment for Education Administrators (11-9030) and Medical and Health Services Managers (11-9111) (http://www.bls.gov/oes/current/oes_nat.htm). Based on DOL data, an average hourly wage of $50.99 is estimated for state health department staff and an average hourly wage of $43.74 is estimated for state department of education and school district staff. There will be a total of 120 respondents and 127 responses. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents

Type of Respondent	Information collection Instrument: Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
State Public Health Department School Health Coordinator/ Director *(Includes District of Columbia)*	Web-based assessment	36	1	25/60	15	$50.99	$764.85

State Department of Education School Health Coordinator/ Director	Web-based assessment	34	1	25/60	14	$43.74	$612.36
State Public Health Department School Health Coordinator	Phone Interview	4 (of the 36)	1	50/60	3	$50.99	$152.97
State Department of Education School Health Coordinator	Phone Interview	3 (of the 34)	1	50/60	3	$43.74	$131.22
District-Level School Health Leads	In-person Interview	50	1	50/60	42	$43.74	$1837.08
	TOTALS	**120**			**77**		**$3,498.48**

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no direct costs to the respondents other than their time to participate in each information collection.

14. Annualized Cost to the Government

There are no equipment or overhead costs. Contractors, however, are being used to support development of the information collection instruments, conduct the information collection, and perform data analysis. The only cost to the federal government is the salary of CDC staff and contractors. The total estimated cost to the federal government is $116,169. Table A-14 describes how this cost estimate was calculated.

Table A-14: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
CDC Staff Time			
CDC Lead Health Scientist: (GS 14-4) Instrument development, OMB package preparation, overview of information analysis and report preparation.	100	$60.00	$6,000

CDC Health Scientist: (GS 13-4) Instrument development, OMB request preparation, overview of information analysis and report preparation.	80	$50.00	$4,000
Contractor Staff Time			
UNC Contract (minus RTI Subcontract)			$38,100
RTI Subcontract to UNC			$68,069
Estimated Total Cost of Information Collection			**$116,169**

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Web-based Assessment

Once the data collection period for the web-based assessment has closed, RTI International will manage the analysis of the data collected. RTI will export the quantitative data from SurveyGizmo Software into a Microsoft Excel file. RTI maintains strict security controls on electronic data. Data will be stored on RTI's secure servers, and access will be password protected and restricted to authorized project staff only. Users will not access or store data on personal devices. To protect respondents, RTI will store the raw dataset, including IP address, email recipient name and email address, separately from the analytic dataset, which will use a project-assigned id to replace identifying variables. RTI International staff will review information for completeness and simple descriptive statistics will be run looking at response frequencies. Depending on the response distribution, frequencies may be cross-tabulated to identify response similarities and differences among sub-groups of respondents, such as those who work for a Department of Public Health as compared to those based in a Department of Education, or those with longer versus shorter duration in their current position. These findings will be representative only of the response pool and not the total population of professionals working in state health and education departments to advance school health strategies.

Telephone and In-Person Interviews

Once the data collection period for the telephone and in-person interviews has closed, UNC staff will manage analysis of the information collected. Data from the participant responses will be stored in a secure database maintained by UNC. UNC will transcribe the qualitative information. Each of the transcribed interviews will be compared against the recording to ensure accuracy. A directed form of content analysis will be used to analyze data, using the project's conceptual framework and logic model as guides. The data will then be coded using the qualitative software management program ATLAS.ti.

Following information analysis, key findings will be shared in aggregate form with several audiences:

1) CDC staff from the Division of Population Health and the Division of Adolescent and School Health, and internal and external collaborators involved with the development of the *Comprehensive School Physical Activity Program Guide,* the *Health Education Curriculum Analysis Tool (HECAT),* the *School Health Guidelines,* the *Parents for Healthy Schools* tools and resources and other resources that address chronic disease prevention in schools
2) Communications team that works to disseminate CDC school health products to priority end users
3) Partner agencies that have helped to disseminate the *Comprehensive School Physical Activity Program Guide,* the *Health Education Curriculum Analysis Tool (HECAT),* the *School Health Guidelines,* and the *Parents for Healthy Schools* tools and resources
4) State and district staff who participated in the interviews- UNC and RTI International staff will conduct a 90-minute webinar following the distillation of the results with each state district.

Staff at UNC and RTI International will condense key findings from the web-based assessment, telephone interviews, and in-person interviews and refine them into a manuscript format, and submit for publication.

We expect that our findings will inform dissemination approaches as well as potential revisions and/or additions to the resources we make available to support efforts to address chronic disease prevention in schools. The information we gather and summarize will be used to provide feedback to the CDC in the following ways: 1) provide insight on how effective resource dissemination and communication strategies were in creating awareness among school health coordinators/directors; 2) inform changes to these resources; and 3) identify how school health coordinators/directors are using or intend to use the resources and how use changes over time.

Project Time Schedule

Year	**Task**	**Timeline**
Year 1	Kick-off meeting	COMPLETE
	Assessment plan and Logic model	COMPLETE
	Develop assessment instruments & protocols	COMPLETE
	OMB Package Submitted	COMPLETE
Year 2	Administer web-based assessment	Oct 2016
	Clean and analyze web-based information	Oct - Dec 2016
	Collect interview data	Jan – Feb 2017
	Transcribe and analyze qualitative data	Feb-Mar 2017
	Draft summary report	First draft of report 4/17;

	Final due 9/30/17
Peer reviewed publication	First draft due 7/17; Final due 9/30/17

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

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

A. **Attachment A— Web-based Assessment Instrument_ Word version**
B. **Attachment B— Web-based Assessment Instrument_ Web version**
C. **Attachment C— State-Level Phone Interview Guide**
D. **Attachment D— District-Level In-person Interview Guide**
E. **Attachment E— Logic Model**

REFERENCE LIST

1. Centers for Disease Control and Prevention (CDC). "National Public Health Performance Standards Program (NPHPSP): 10 Essential Public Health Services." Available at http://www.cdc.gov/nphpsp/essentialservices.html. Accessed on 8/14/14.