# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0990-0379)

**TITLE OF INFORMATION COLLECTION:**
Feedback on the Implementation of Evidence-Based Teen Pregnancy Prevention Programs

**PURPOSE:**
   The Office of Adolescent Health (OAH) at the U.S. Department of Health and Human Services (HHS) requests permission to contact organizations for the purpose of gathering preliminary information about the implementation of evidence-based teen pregnancy prevention (TPP)programs  The contractor will collect information from TPP program providers to assess the feasibility of addressing research questions of interest to OAH and to assess how best to design evaluations so that they are aligned with providers' implementation strategies.

**DESCRIPTION OF RESPONDENTS**:
   The contractor will contact administrators of organizations that deliver TPP programs. The universe of organizations to be contacted primarily includes current and prior federal grantees providing TPP programs.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form          [ ] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software          [ X] Small Discussion Group
[ ]  Focus Group                                                          [ ] Other:_____

**CERTIFICATION:**

I certify the following to be true:
1.  The collection is voluntary.
2.  The collection is low-burden for respondents and low-cost for the Federal Government.
3.  The collection is non-controversial and does <u>not</u> raise issues of concern to other federal agencies.
4.  The results are <u>not</u> intended to be disseminated to the public.
5.  Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.
6.  The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name:  _____<u>Amy Farb</u>_____

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**
1.  Is personally identifiable information (PII) collected?  [  ] Yes  [X ]  No
2.  If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?   [  ] Yes [  ] No
3.  If Yes, has an up-to-date System of Records Notice (SORN) been published?  [  ] Yes  [  ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  [  ] Yes [ X ] No

**BURDEN HOURS**

| Category of Respondent | No. of Respondents | Participation Time | Burden |
|---|---|---|---|
| Private Sector (Phone Call) | 60 | 1 hour | 60 hours |
| Private Sector (Teleconference or Visit) | 15 | 3 hours | 45 hours |
| **Totals** | **75** | | **105 hours** |

**FEDERAL COST:**  The estimated annual cost to the Federal government is  $254,846.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**
1.  Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
                                                        [ X] Yes          [ ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)?   If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The universe of organizations to be contacted primarily includes current and prior federal grantees providing TPP programs.  The contractor will identify a sample of up to 20 programs for this information collection after reviewing federal TPP grant applications provided by OAH and will create a list of up to 20 programs that are best suited for informing OAH's emerging  research priorities. These organizations will have previously demonstrated strong capacity, relevance, and feasibility—for example, an organization that is implementing a program of interest to the population of interest, and has a strong service delivery track record, and demonstrated potential to recruit participants. While this process will result in a limited number of programs among all TPP providers that could be contacted, it will result in contacting only those organizations that are likely to better inform the purpose of this information collection, which is to gather feedback from the field on the feasibility of designing studies to address the emerging research questions of interest to OAH and the field. Attachments A (Phone Meeting Email Template), B (Topics for Meeting), and C (Semi Structured Protocol for Initial Phone Call) contain the outreach materials and semi-structured telephone interview protocol for these conversations.

With a select group of programs (up to 5), the contractor will follow-up the initial phone call with a request for further discussion. These five organizations will be those where programming is best aligned with the final research questions and evaluation designs. An agenda will be used to guide the discussions (see Attachment D, Agenda for Program Staff Meeting). Using a semi-structured protocol (Appendix E,

Semi Structured Protocol for Teleconference or Program Visit), the study team will seek to gain a better understanding of the program's operation and solicit targeted feedback about the study design that could be feasible to implement within that organization. The follow-up discussion will involve an in-person visit to the site or a teleconference; visits will be replaced with teleconferences whenever possible.

**Administration of the Instrument**
1. How will you collect the information? (Check all that apply)
    [  ] Web-based or other forms of Social Media
    [ X ] Telephone
    [ X ] In-person
    [  ] Mail
    [  ] Other, Explain
2. Will interviewers or **facilitators** be used?  [  X] Yes [  ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

# Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

**TITLE OF INFORMATION COLLECTION:**  Provide the name of the collection that is the subject of the request. (e.g.  Comment card for soliciting feedback on xxxx)

**PURPOSE:**  Provide a brief description of the purpose of this collection and how it will be used.  If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Provide a brief description of the targeted group or groups for this collection of information.  These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box.  If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:**  Please read the certification carefully.  If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:**  Provide answers to the questions.  Note:  Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:**  If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**
**Category of Respondents:**  Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government.  Only one type of respondent can be selected per row.
**No. of Respondents:**  Provide an estimate of the Number of respondents.
**Participation Time:**  Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)
**Burden:**  Provide the Annual burden hours:  Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.**  Please provide a description of how you plan to identify your potential group of respondents and how you will select them.  If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:**  Identify how the information will be collected.  More than one box may be checked.  Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**