"Middle School Student Perspectives on Sexual Health Education in Fort Worth Independent School District"

Submitted under GenIC OMB #0920-0840
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Supporting Statement Part A

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Supported by:

Division of Adolescent and School Health
Centers for Disease Control and Prevention

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Section A: Justification for Information Collection

Goal: The goal of this study is to conduct formative research to develop evidence-based interventions (such as professional development events and other forms of support for sexual health education teachers) in order to strengthen sexual health education that is conducted in middle and high schools in Fort Worth Independent School District (FWISD), a local education agency (LEA) funded by CDC's Division of Adolescent and School Health (DASH) under PS13-1308: *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance*. This is a repeat administration of a data collection that was attempted in Spring 2016 but did not achieve sufficient participation rates.

Intended use of resulting data: The data will be used to provide information and summary reports for FWISD, and will allow FWISD district staff to better support and prepare their teachers to provide effective sexual health education to students. These findings may also help CDC/DASH identify important lessons learned that can be shared with other CDC/DASH-funded education agency partners.

Methods: The information collection uses middle school student focus groups (n=4 focus groups with up to 12 students each) to assess student experiences with and perceptions of sexual health education in Fort Worth Independent School District.

Subpopulation to be studied: Up to 48 middle school students (24 middle school males and 24 middle school females) will be invited to participate in one of 4 focus groups with students.

Data analysis: Analysis of data from focus groups will involve iterative code development, establishment of intercoder reliability, use of qualitative data analysis software (such as ATLAS.ti), and identification of major themes within the data.

A. 1 Circumstances Making the Collection of Information Necessary

Background

The Centers for Disease Control and Prevention (CDC) requests a 1-year OMB approval to conduct a new information collection entitled, "Middle School Student Perspectives on Sexual Health Education in Fort Worth Independent School District" under GenIC 0920-0840. The information collection uses focus groups with middle school students to assess student perspectives on sexual health education in Fort Worth Independent School District. This data collection will provide data and reports for FWISD, and will allow FWISD district staff to better

support and prepare their teachers to provide effective sexual health education to students. These findings may also help CDC/DASH identify important lessons learned that can be shared with other CDC/DASH-funded education agency partners.

Approximately 18% of all new HIV diagnoses are among young people aged 13-24 years, and teens and young adults have the highest rates of sexually transmitted diesases (STDs) of any age group.[1] Related to that, sexual risk behaviors associated with HIV, other sexually transmitted diseases (STD), and pregnancy often emerge in adolescence. For example, 2015 Youth Risk Behavior Surveillance System (YRBSS) data revealed 41.2% of U.S. high school students reported having had sex, and among those who had sex in the previous three months, only 56.9% reported having used a condom during last sexual intercourse.[2] After the family, schools, which have direct contact with more than 50 million students,[3] are of one of the primary entities responsible for the development of young people, and they can influence students' risk for HIV infection and other STDs in a variety of ways, including through the provision of sexual health education.

CDC's Division of Adolescent and School Health (DASH) in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) awarded funds to implement PS13-1308: *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance* in order to build the capacity of state and local education agencies and support the efforts of national, non-governmental organizations (NGOs) to help priority school districts (districts) and schools develop and implement sustainable adolescent-focused program activities. Within that cooperative agreement, education agencies are funded to implement multiple approaches to HIV and sexually transmitted disease (STD) prevention, including exemplary sexual health education. Exemplary sexual health education includes establishment of a written middle/high school standard course of study or curriculum framework, development and use of a systematic process for identifying, selecting or adapting, and implementing sexual health education curricula, and establishing and maintaining a technical assistance and professional development system to assist schools in implementing sexual health education.

Of the 17 local education agencies (LEAs) funded under PS13-1308, one LEA—Fort Worth Independent School District (FWISD) in Fort Worth, Texas—was selected to receive enhanced support from CDC/DASH to better understand their program, and more specifically the experiences and perspectives of teachers implementing sexual health education and students receiving sexual health education.

In Spring 2016, CDC collected data for "Student and Teacher Perspectives on Sexual Health Education in Fort Worth Independent School District" under GenIC 0920-0840 (CDC # 0920-16ML). That data collection was designed to include interviews with teachers and up to 8 focus groups with a total of up to 48 middle (6^{th}-8^{th} grade) and 48 high school (9^{th}-12^{th} grade) students. Data were collected successfully for the teachers and high school students, but the study did not have adequate participation from middle school students (n=7).

The current data collection request is submitted to allow for a second data collection attempt with middle school students. This project will be used to provide critical information on the way sexual health education is being taught from the perspectives of the students (the consumers). For FWISD district staff, the insight into what is being taught, how it is being taught, and how students perceive their sexual health lessons, will directly inform both the

recommended content for their sexual health education and the strategies they use to support teachers for successful implementation of sexual health education. The participant recruitment process has been changed to increase the likelihood of achieving sufficient participation; specifically, we now propose to recruit youth from existing after-school programs to eliminate problems with transportation, which we believe was our primary barrier to participation the previous year. Both the parental informed consent form and the wording of some questions in the interview guide have minor revisions informed by the previous year's data collection experience. The study goals and variables of interest have remained the same. A detailed description of changes for this new ICR is provided in **Attachment 8**.

The current GenIC is part of a larger formative research project. Several activities have already been completed and the initial findings have shown that high school students found their sexual health education classes to be extremely valuable. Unfortunately, low participation rates from middle school students in the first data collection limited our ability to confidently draw conclusions about their experiences. The purpose of the current GenIC is to ensure that the overall findings include the perspectives of middle school students. The proposed qualitative research will involve in-person, 90-minute focus groups with up to 48 middle school students (up to 12 students in each of 4 focus groups; 2 groups of middle school females and 2 groups of middle school males). In focus groups, students will be asked to reflect on the way their teachers taught about sexual health topics (abstinence, puberty, and romantic relationships) and on what they felt they learned, and what they wish they had learned, in class.

CDC is authorized to collect the data described in this request by Section 301 of the Public Health Service Act (42 USC 241). A copy of this enabling legislation is provided in **Attachment 1**. In addition to this legislation, there are several national initiatives and programs that this data collection would serve to support, including but not limited to:

- *Healthy People 2020*, which provides national health objectives and outlines a comprehensive plan for health promotion and disease prevention in the United States. Of the Healthy People 2020 objectives, 31 objectives align specifically with PS-13-1308 activities related to reducing HIV infection, other STD, and pregnancy among adolescents.[4]
- The *National Prevention Strategy* (NPS*)* calls for "medically accurate, developmentally appropriate, and evidence-based sexual health education." The NPS encourages the involvement of parents in educating their children about sexual health, the provision of sexual and reproductive health services, and the reduction of intimate partner violence.[5]
- The U.S. Department of Health and Human Services' (DHHS) *Teen Pregnancy Prevention Initiative* supports the replication of teen pregnancy prevention (TPP) programs that have been shown to be effective through rigorous research as well as the testing of new, innovative program activities to combat teen pregnancy.[6]
- The NCHHSTP program imperative calls for *Program Collaboration and Service Integration (*PCSI*)* to provide improved integration of HIV, viral hepatitis, STD, and TB prevention and treatment services at the user level.[7]
- *CDC Winnable Battles*, including prevention of HIV infection and TPP, have been chosen by CDC based on the magnitude of the health problems and the ability to make significant progress in improving outcomes. These are public health priorities with large-scale impact on health with known, effective strategies to address them.[8]

The privacy act does not apply as no individually identifiable information will be collected.

Any PII that is provided by FWISD for the purposes of participant recruitment will remain completely separate from the information gathered through the student focus groups and will be kept private by the project team. Upon completion of the focus groups, data will be stripped of any names and recruitment contact information will be destroyed.

A. 2 Purpose and Use of Information Collection

The information collection system consists of a focus group guide for use with middle school students enrolled in health education classes at FWISD (see **Attachment 3 for the middle school student focus group guide**) and it is designed to gather students' thoughts and perceptions about their teachers' implementation of the sexual health lessons from the sexual health education curriculum as well as gain a better understanding of students' attitudes and self-efficacy related to the content covered (e.g., abstinence, puberty, and romantic relationships). The focus group guide has been tailored for age and curriculum content of the middle school students. The information collection instrument is divided into distinct segments and will be administered as a series of 4 focus groups (2 for middle school males and 2 for middle school females) with up to 12 students in each focus group (48 students total). The information collection instrument (interview guide) was reviewed for content, clarity, and appropriateness by two FWISD district employees and the full research team (CDC and its contractor) which include several former teachers; revisions were made to refine the guide based on the collective input. In addition to the guide having been pilot tested with fewer than 4 youth, the original version of the guide was used in the initial data collection for this project (Spring 2016), and has been subsequently refined to ensure even better language and clarity for the youth based on the initial implementation.

The middle school focus group guide includes questions geared toward the content of the middle school curriculum (focusing on abstinence, puberty, and romantic relationships). As a note, the guide does not ever ask students to reflect on their own behavior, but rather on how their teachers taught about these topics and how their health class may have influenced their general attitudes and perceptions related to these topics. The guide is divided into 3 key domains of interest—(1) learning about sexual health, (2) quality of delivery of the sexual health lessons, and (3) student attitudes/perceptions related to the health education curriculum content (abstinence, puberty, and relationships). Questions are open-ended. No websites are used in this information collection. Therefore, there is no website content directed at children.

Data gathered from the focus groups will allow FWISD, a CDC-funded local education agency, to gather formative research to inform and improve their program activities conducted under PS13-1308. Formative data collected through the student focus groups will be analyzed by the study team to help FWISD better understand the way sexual health education is being taught from the perspectives of the students. It will allow them to ensure their activities are designed to best meet the needs of their health education teachers and students and to determine what types of approaches or strategies are necessary to have a positive impact on the delivery of sexual health education, and in turn, key sexual health outcomes among their students. More specifically, FWISD district-level staff will use this insight into what is being taught, how it is being taught, how students perceive their sexual health lessons, and the areas for which teachers feel they need additional support, to directly inform both the recommended content for their

sexual health education and the strategies they use to support teachers for successful implementation of sexual health education. This supports a major public health goal of reducing HIV, STD, and unintended pregnancy among youth, and CDC anticipates that these findings also will likely reveal important lessons learned for other CDC/DASH-funded education agency partners.

Analysis of data will involve iterative code development, use of qualitative data analysis software (such as ATLAS.ti), and identification of major themes within the data. The findings from this information collection also have practical utility to the government because they can impact both the activities used by FWISD and the strategies and approaches CDC recommends for use in schools more broadly.

Without this data collection, FWISD would be unable to tailor their strategies and approaches to the needs and experiences of their middle school students and the staff teaching middle school sexual health education. In addition, without collecting this data, CDC would have reduced understanding of emerging needs of teachers and staff in the delivery of sexual health education in schools.

A. 3 Use of Improved Information Technology and Burden Reduction

Focus groups will be conducted in-person by trained focus group moderators. The groups will be audio-taped with permission of the respondents. This may help reduce the amount of time required of participants because the moderator will not have to pause for note-taking.

A. 4 Efforts to Identify and Use of Similar Information

In preparation for collection of data from students, the study team reviewed the literature for any existing instrument or data collection activities that provide in-depth information about the domains that related to students' experiences participating in sexual health education courses. Although specific items for use in qualitative formative research were not identified, the general themes in the literature (such as teacher delivery, having a "safe" classroom environment) were incorporated into the focus group guide developed by the study team. The team did not find any other source of information that can provide the relevant in-depth information on the experiences of students participating in this project and specific to exposure to the adapted curriculum.

A. 5 Impact of Small Businesses or Other Small Entities

This data collection will not involve small businesses.

A. 6 Consequences of Collecting the Information Less Frequently

This information collection is scheduled to occur one time in Spring 2017. Collecting the data less frequently would mean not collecting the data at all, and there would be a number of

negative consequences to this. First, FWISD would be not have formative information on which to tailor future enhancement to their program or by which additional strategies or approaches to better supporting their health education teachers could be informed. Without this critical information from program consumers (students), the program might not be able to achieve its full potential. In addition, CDC would miss a valuable opportunity to develop a more in-depth understanding of the experiences, perceptions, and needs of teachers and students that can inform professional development and sexual health education approaches recommended for schools across the country.

A. 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.

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

A. The Federal Register notice was published for this collection on Thursday, June 25, 2015, Vol. 80, No. 122, pp. 36540. (**See Attachment 2**)

No other public contacts and opportunities for public comments were received.

B. The local education agency (FWISD) involved in this information collection was consulted to discuss all aspects of the data collection. They provided extensive feedback on the availability (or in this case, non-availability) of similar existing data, other data collections in their LEA and the data collection procedures for this project. In addition, CDC contractors provided extensive input into the clarity of instructions, content of questions, reporting formats, and the data elements that will be reported.

These consultations took place in 2015 and 2016. A list of organizations and individuals consulted is provided in **Attachment 4: Organizations and Individuals Providing Consultation on the Information Collection**. There were no major problems that arose during the consultation, and all issues raised were resolved.

A. 9 Explanation of Any Payment or Gift to Respondents

Tokens of appreciation for data collection participation are an important tool used in studies and are particularly important for the populations in this information collection. For students, participating in the focus group represents a large portion of the “free time” after school, and will require a substantial commitment by the students and their guardians. Participation in the focus group will take scarce discretionary time from both the students and their parents/guardians, some of whom may have to make alternate plans for transportation home from school on the day of the data collection. In our experience conducting focus groups with students, gifts to participants can be a key tool aiding in recruitment. Since participation will require active parental/guardian consent and follow-up action in the form of attending the group on the day of data collection, these gifts are required.

Given the considerations outlined above, the fact that focus groups were required to take

place after the end of the normal school day, and the estimated burden of the in-person focus groups, gifts to respondents in the form of a goody bag with items such as a water bottle, healthy snacks, and a movie ticket are proposed for students participating in the 90-minute focus group.

One of the challenges for the study team is that research shows "there is likely to be a strong association with nonresponse and the survey topics of interest".[9] Students and teachers who have interest in the topic of the formative research may be more likely to participate in interviews or focus groups, introducing a bias and limiting our ability to get a true picture of the experiences and perceptions of a variety of teachers and students—including those who may find it less appealing to talk about topics such as sexual health. Given that the topic of the proposed information collection includes questions on teaching a challenging topic (sexual health education), which is likely to have widely varying levels of appeal to students, the study team believes that the potential for bias from interest in the topic is a particular concern for the data collection. The use of gifts can help minimize bias resulting from variations in interest in the topic by helping to motivate potential participants recruited for interviews/focus groups to actually make the commitment of their time necessary for participating in the interviews/focus groups. Krueger and Casey (2009) note that the gift helps emphasize to participants that the assessment is important, which in turn will make them more inclined to make time to participate. More specifically, the gift basically "serves to protect the promised time slot from being preempted."[10] In this data collection, the use of gifts to participants is expected to reduce bias related to interest in the topic, and therefore, increase the quality of data collected.

It is for these reasons that the study team is proposing to offer gifts for student focus group participants. Both Goldenkoff (2004)[11] and Quinn Patton (2002) support the use of gifts/incentives.[12] We expect the value of the gifts (a value of approximately $30) for students to be sufficient to improve participation rates and those amounts are consistent with what has been cited in the literature on response rates; for example, in a 2008 article, Cantor, O'Hare, & O'Connor state that "a number of studies have found that promised incentives of $15-$35 increase response rates."[13] we believe this is an appropriate amount given that most focus groups will be conducted on the campuses where participants attend after-school programs. IRB approval of the study included the review and approval of the gift for students (see **Attachment 5** for IRB approval letter). In addition, FWISD's research office has approved the data collection with gifts included as part of the protocol and district staff involved in planning the formative data collection highly recommend the use of such gifts.

A. 10 Assurance of Confidentiality Provided to Respondents

The CDC NCHHSTP Coordinator has determined that the Privacy Act does not apply to this information collection. No individually identifiable information is being collected, and no sensitive information is being collected. CDC staff have reviewed this information collection request and determined that the Privacy Act does not apply.

Students will be required to secure active parental consent and then provide passive student assent prior to participating in the focus groups. Active parental consent forms (see **Attachment 6**) will be distributed to students in their health classes. From the pool of students who return parental consent forms, 48 students (24 middle school males and 24 middle school females) will be invited to participate in one of 4 focus groups. Any student names gathered through informed consent forms will be used only scheduling purposes.

In the introduction to the focus groups, students will be read language for which they will be able to provide their verbal assent for participation (see **Attachment 7** for assent language). Both the parent consent and student assent language will inform parents and students that their participation is completely voluntary and they may choose not to participate at any time.

All focus group notes and/or recordings will be kept separate from the names of participants. Responses will only be reported in aggregate due to the small sample size. Reports will focus on the overall experiences and perceptions of students rather than individual responses. The participants' names will not be associated with specific quotes or comments. In addition, all reports will be written in a way in which no comments will be attributed to any one person. All team members will be asked to sign non-disclosure agreements (see **Attachment 9**) and trained on security requirements. During data collection in the field, focus group moderators will maintain data collection materials in their possession or in secured storage at all times. All documents associated with the study will be collected and stored in a password-protected electronic file on a secure network accessible only by the study team through restricted access settings.

We anticipate no adverse impact of the proposed data collection on respondents' privacy because no individually identifiable information will be collected as part of this information collection. Any PII that was provided for the purposes of consent documentation or scheduling will remain separate from the information gathered through the focus groups, and will be kept private by the project team. Upon completion of the focus groups, data will be stripped of any names and scheduling-related information will be destroyed.

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

IRB Approval

The proposed student focus group data collection protocol has been reviewed and approved by the existing contractor's IRB (see **Attachment 5**). The student focus groups (n=4) will be held in late spring 2017. Each focus group will include up to 12 students and will be stratified by gender (2 focus groups will include female students in middle school and 2 focus groups will include male students in middle school). Focus groups will last no more than 90 minutes. All focus groups will be audio-recorded (with participant permission) to ensure an accurate account of what was discussed. Since the focus groups will take place after school hours, student transportation must be pre-arranged by the student's parent/guardian. Focus groups will be scheduled in advance to allow parents time to plan accordingly.

Sensitive Questions

No individually identifiable information is being collected and no sensitive information about personal behavior is being collected. Students will be asked for their opinions about how selected topics in the sexual health education curriculum were delivered and communicated. In order to address student perceptions about, and satisfaction with, their educational experience, focus group discussions will relate to topics in the sexual education curriculum (abstinence, puberty, and romantic relationships). These topics are not considered highly sensitive and are not, per se, the main focus of the discussions. The questions to be asked are necessary to the goal of the project: obtaining student feedback to identify opportunities for improvement in the

curriculum and ways to help teachers communicate effectively.

A. 12 Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on a pilot test of the segments of the focus group guides by 4 young people age 13-17, and is based on the previous data collection. In the pilot test, the average time to complete the focus groups including time for reviewing consent materials, introducing the process and topics, and completing the focus group, ranged from 60 to 90 minutes. Based on these results, the estimated time range for actual respondents to complete the focus groups is 75-90 minutes. For the purposes of estimating burden hours, the upper limit of this range (e.g., 1.5 hours) is used.

Table A.12-1 Estimated Annualized Burden to Respondents

Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Middle school students	Middle School Student Focus Group Guide (Att 3)	48	1	1.5	72
Total					72

Annualizing this collection over one year results in an estimated annualized burden of 72 hours.

Annualized cost.

Table A.12-2 provides estimates of the annualized cost to respondents for the collection of data. We anticipate that most middle school students do not work, but if they work at all, it is most likely that they would work in minimum wage jobs. Given this, cost estimates for the value of time students spend in responding to the questionnaire are based on a Department of Labor fact sheet describing the minimum wage for nonexempt employees as $7.25 an hour (it should be noted that youth aged less than 20 can be paid less in some circumstances, but not less than $4.25 an hour) (http://www.dol.gov/general/topic/youthlabor/wages). Table A-12 shows estimated burden and cost information.

Table A.12-2 Annualized Costs to Respondents

Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Average Hourly Wage Rate	Total Cost
Middle school students	Middle School Student Focus Group Guide (Att 3)	48	1	1.5	$7.25	$522
Total						$522

A. 13 Estimates of Other 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.

A. 14 Annualized Cost to Federal Government

Cost will be incurred by the government in personnel time for overseeing the project. CDC time and effort for general project oversight of the contractor for project design, data collection, and analysis and dissemination are estimated at 5% for a GS-13 (step 5) level Atlanta-based CDC employees and 5% for a GS-14 (step 6) level Atlanta-based CDC employee for the one year of the project. The grade and step levels were determined based on the staff currently proposed to work on the project. The average annual cost to the federal government for oversight and project management is $11,307 (**Table A-14-1)**.

The contractor's costs are based on estimates provided by the contractor that helped plan the data collection activities. With the expected period of performance, the annual cost to the federal government from contractor and other expenses is estimated to be approximately $127,786 (**Table A-14-1**). This is the cost estimated based on the current funding level of the contractor at approximately $851,905 this year and the percentage of the contractor's effort that is anticipated for this specific data collection. It is estimated this data collection will take approximately 15% of the contractor's effort. This includes the estimated cost of coordination with CDC/DASH, providing assistance to the LEA for data collection and processing, and support for analysis and reporting.

The total annualized cost to the government, including direct costs to the federal government and contractor expenses is $139,093.

Table A.14-1. Annualized and Total Costs to the Federal Government

Expense Type	Expense Explanation	Annual Costs (dollars)
Direct Cost to the Federal Government		
CDC oversight of the project	1 CDC Health Scientist at 5% time (GS-13)	$5,101
CDC oversight of contractor and project	1 CDC Senior Health Scientist at 5% time (GS-14)	$6,206
Subtotal, Direct Costs to the Government per year		**$11,307**
Contractor and Other Expenses		
Assistance with data collection, processing, and preliminary analysis	Labor and other direct costs for supporting data collection, processing, and analysis	$127,786
Subtotal, Contract and Other Expenses per year		**$127,786**
Total of all annualized expenses		***$139,093***

A. 15 Explanation for Program Changes or Adjustments

This is a new information collection.

A. 16 Plans for Tabulation and Publication and Project Time Schedule

Current plans for tabulation and publication of data from this information collection include development of summary reports for FWISD that describe findings from the student focus groups. Analysis will involve transcription of audio tapes, iterative code development, and thematic analysis. In addition to publication of findings in written reports for FWISD, some findings may be shared through peer-reviewed journals or presentations.

Analysis Plan

Upon completion of the focus groups, all recorded interviews/focus groups will be transcribed and the transcripts will be provided to the project team. The qualitative interview data analysis will include iterative code development, establishment of intercoder reliability, single coding of full transcripts using ATLAS.ti 7 software (or a similar software), and qualitative analysis of coded data. A team of multiple coders will be used to code the qualitative data. To establish intercoder reliability, team members will select numerous segments of text from two randomly selected interview transcripts and team members will apply the most relevant primary code to each section of text. The consistent use of these codes will be analyzed for intercoder reliability. The coding team will meet to review any discrepancies and will continue the process until an acceptable level of intercoder reliability is reached. Then, each transcript will be coded by one coding team member for analysis. The team will later systematically

analyze the coded transcripts to identify common themes that emerge.

Findings from the data will be summarized into written reports for FWISD and may be shared with other stakeholders through mechanisms such as presentations, executive summaries, or peer-reviewed articles. Findings will be used to improve sexual health education at FWISD program and to help CDC better understand strategies than can strengthen the delivery of sexual health education in LEAs.

Project Time Schedule

Data collection is scheduled to begin in Spring 2017. It is critical for this data collection to begin no later than April 2017 in order to avoid conflicts the schools have with other non-CDC commitments (e.g., standardized testing, commencement schedules) late in the Spring semester that would make data collection challenging. As such, we are hoping to receive OMB approval for this information collection by the end of March 2017. The data are likely to be analyzed, summarized, and reported (through unpublished or published reports) in 2017 and early 2018.

A one year clearance is being requested.

Figure A.16-1: Project Time Schedule

Activity	**Time Schedule**
Design information collection instruments	Complete
Develop data collection protocol, instructions, and analysis plans	Complete
Pilot test information collection instruments	Complete
Prepare OMB package	Complete
Receive OMB approval	TBD
Recruit participants and schedule focus groups.	0-1 months after OMB approval
Conduct interviews and focus groups	1-2 months after OMB approval
Transcribe focus groups	2-3 months after OMB approval
Determine intercoder reliability for qualitative data analysis	4 months after OMB approval
Code and analyze data	5-7 months after OMB approval
Writing (and revising) of baseline data summaries, reports, and/or manuscripts	7-12 months after OMB approval

The CDC contractor, with the review and approval of the CDC staff will develop summary reports for FWISD to use for program improvement and communication with stakeholders. CDC will use the formative research findings revise or establish key

recommendations for funded partners (such as school districts) on continued program improvement.

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

The display of the OMB expiration date is not inappropriate. All data collection instruments will display the expiration date for OMB approval of the information collection. We are requesting no exemption.

A. 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.

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