**Performance Monitoring of “Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Youth from Vulnerable Populations”**

**Information Collection Request**

**New**

Supporting Statement

Part B:

Collection of Information Employing Statistical Methods

June 29, 2016

Submitted by:

Heather Tevendale

Health Scientist

Division of Reproductive Health, CDC

4770 Buford Highway, MS F-74

Atlanta, GA 30341

Telephone: 770-488-6147

Fax: 770-488-6291

Email: hrx9@cdc.gov

**CONTENTS**

**B. Collections of Information Employing Statistical Methods**

B.1 Respondent universe and sampling methods

B.2 Procedures for the collection of information

B.3 Methods to maximize response rates and deal with no response

B.4 Tests of procedures or methods to be undertaken

B.5 Individuals consulted on statistical aspects and individuals collecting and/or analyzing data

**Tables**

Table B.1. Expected Number of Respondents

**List of Attachments**

Attachment 1. Section 301 of the Public Health Service Act (42 U.S.C 241)

Attachment 2a: 60-day Federal Register Notice

Attachment 2b: Public Comment Received

Attachment 3: Crosswalk of Objectives and Data Sources

Attachment 4: Health Center Organizational Assessment

Attachment 5: Health Center Provider Survey

Attachment 6: Health Center Youth Survey

Attachment 7: Quarterly Health Center Performance Measure Reporting Tool

Attachment 8: Annual Health Center Performance Measure Reporting Tool

Attachment 9: Youth Serving Organization (YSO) Organizational Assessment

Attachment 10: YSO Staff Survey

Attachment 11: YSO Performance Measure Reporting Tool

Attachment 12: Awardee Training and Technical Assistance Tool

Attachment 13: Awardee Performance Measure Reporting Tool

Attachment 14: Project Logic Model

**B.1. Respondent Universe and Sampling Methods**

The respondent universe will depend on the tool being used. The respondent universe for the Awardee Training and Technical Assistance Tool (**Attachment 12**) and the Awardee Performance Measure Reporting Tool (**Attachment 13**) is the three awardees of the “Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Vulnerable Youth” cooperative agreement. Mississippi First, Inc., a non-profit focused on child well-being and educational achievement, was funded to work in Coahoma, Quitman and Tunica counties in Mississippi. Sexual Health Initiatives For Teens North Carolina (SHIFT NC), a non-profit organization focused on the sexual health of adolescents, was funded to work in Durham County, North Carolina. The Georgia Association for Primary Health Care, Inc, which represents all of Georgia’s Federally Qualified Health Centers, was funded to work in Chatham County, Georgia. We anticipate a 100% response rate from Awardees given that completion of the measures is a condition of their funding.

To carry out these projects, each of these three organizations will work with 5-10 health centers and 10-15 youth serving organizations in their target communities (Coahoma, Quitman, and Tunica Counties, MS; Durham County, NC; Chatham County GA). Awardees will select these partners during the first year of the project. Health center partners will include Federally Qualified Health Centers and local health departments, as well as other health centers that receive Title X funds or serve high percentages of patients on Medicaid. Youth serving organization partners may include schools, government agencies serving youth in foster care, organizations that serve homeless youth, mental health/substance abuse treatment and prevention organizations that serve youth, Boys and Girls Clubs, and other community based organizations that provide direct services to youth.

The respondent universe of the Health Center Partner Organizational Assessment (**Attachment 4**) and the Annual and Quarterly Health Center Performance Measures Reporting Tools (**Attachment 7 and 8**) is all health center partners of the awardee organization; information is needed from all of the health centers to determine if performance is adequate for them to continue as partners. We estimate that there will be 25 health center partners; all 25 anticipated health center partners must complete the Health Center Organizational Assessment and the Health Center Performance Measure Reporting tools as a condition of their participation. We therefore anticipate a 100% response rate for these three items. The respondent universe of the Health Center Provider Survey (**Attachment 5**) is providers working with youth at the health center partner sites; information is needed on all providers to assess adequate progress in provider practices. We estimate that health centers will average 6 such providers. We anticipate an 85% response rate for the provider assessment for a total of approximately 128 responses.

The respondent universe of the Youth Serving Organization (YSO) Organizational Assessment (**Attachment 9**) is all youth-serving system partners of the awardee organization. Information is needed from all of the YSOs to determine if performance is adequate for them to continue as partners. We estimate that there will be 35 YSO partners. Because all must complete the Organizational Assessment as a condition of their participation, we anticipate a 100% response rate. The respondent universe for the YSO Staff Survey (**Attachment 10**) is all staff providing screening for risk of experiencing a teen pregnancy and referrals to youth for reproductive health services at the YSO’s. We estimate YSO’s will train approximately 15 staff at each site to conduct screenings and provide referrals for reproductive health services; information is needed from each staff member to see improvements at each site. We anticipate an 85% response rate for the staff assessment for a total of approximately 446 responses.

The Health Center Youth Survey (**Attachment 6**) will be collected from youth in each of the practice settings at each of the health centers. We estimate that a total of 35 practice settings will participate. Some of the estimated 25 health centers will include more than one practice setting (e.g., pediatrics, family planning) in the project. Data will be collected starting with the first 15-19 year old provided services on a given date and continuing with each successive 15-19 year old served until completed surveys have been collected from 30 youth. This approach is the least disruptive to the operation of the health centers. So, for example, a health center whose pediatrics practice setting is participating in the project might approach the first 15-19 year old served on October 1, 2017 to ask about completing a survey and continue inviting youth to participate in the survey until 30 youth have completed the survey.

**Table B.1. Expected Number of Respondents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Respondent Type | No. of Sites | Universe of Respondents per Site | Average SamplePer Site | Total Universe across Sites | Total Sample across Sites |
| Awardee  | 3 | 1 | 1 | 3 | 3 |
| Health Center Project Coordinator | 25 | 1 | 1 | 25 | 25 |
| Health Center Provider | 25 | 6 | 6 | 150 | 150 |
| Youth Serving Organization (YSO) Project Coordinator | 35 | 1 | 1 | 35 | 35 |
| YSO Staff | 35 | 15 | 15 | 525 | 525 |
| Youth at Health Centers | 35 | 30\* | 30 | 1050 | 1050 |

 \*This represents the universe of respondents per site during the time period that data is being collected. See text for additional information.

**B.2. Procedures for the collection of information**

The Training and Technical Assistance Tool (**Attachment 12**) will be completed monthly by awardees. The Awardee Performance Measure Reporting Tool (**Attachment 13**) will be completed annually by awardees. Awardees will be provided training by CDC and CDC staff will be available to answer any questions.

The Annual and Quarterly Health Center Performance Measure Reporting Tool (**Attachment 7 and 8**) and the YSO Performance Measure Reporting Tool (**Attachment 11**) all will be completed in two stages. First, health center and YSO partners will complete these tools and will submit them to their awardee. In the second step, the three awardees will review the individual forms, work with their health center and YSO partners to complete any missing items and address any concerns with the data reported. Once the awardees are satisfied that the forms have been fully and accurately competed, the awardees will submit them to CDC. The awardees will receive training from CDC staff on how to complete the tools and they will, in turn train their partners. CDC staff will be available to answer any questions. Once data is submitted it will be reviewed and any missing information or items completed incorrectly will be noted and the awardee will be asked to revise.

The Health Center and YSO Organizational assessments (**Attachments 4 and 9**) will be collected by awardees from a designated coordinator at each health center and YSO partner, respectively. The awardee agency will provide training to the health centers on completing the tools and will be available to assist with questions that may arise from completing the assessments. Coordinators will submit data to the awardee agency for review prior to submission to CDC. CDC also will review the submission and ask the awardee to seek clarification for any items not completed or completed incorrectly.

All providers (e.g. medical doctor, nurse practitioner, physician’s assistant) providing services to adolescents at each health center will receive the health center provider survey (**Attachment 5**) for voluntary completion. All staff at the YSO partners that have been asked to conduct health assessments and provide referrals to youth for sexual and reproductive health services will receive the YSO Staff Survey (**Attachment 10**) for voluntary completion. Each health center and YSO partner will have a staff member who will serve as the coordinator for project efforts. The awardee will ask the primary contact at each health center and YSO partner to provide the survey to all involved providers at the health center or staff at the YSO.

Providers at the health center partners will ask youth to complete the Health Center Youth Survey (**Attachment 6**) upon exit from their clinical visit. As noted previously, data will be collected starting with the first 15-19 year old provided services on a given date and continuing with each successive 15-19 year old served until completed surveys have been collected from 50 youth. Youth will be provided with a paper survey to complete. Coordinators at the health centers who have been trained by the awardee will train providers in the procedures for collecting the Health Center Youth Surveys.

**B.3. Methods to Maximize Response Rates and Deal with No Responses**

CDC plans to follow-up with each awardee by email and telephone to ensure completed measures are received in a timely fashion. The awardee will follow up with the health center and YSO partners to ensure the organizational assessments are completed. The 3 awardee tools and the health center and YSO organizational assessments are required as a condition of funding and we expect a 100% response rate, as we have gotten from a past project using similar measures (OMB Control No. 0920-0952).

The three awardees will work with the health center and YSO partner coordinator to ensure data are collected in a timely fashion from providers and staff at the partner sites. The coordinators may give reminders via email, phone or in-person. We anticipate an 85% percent response rate given that providers and staff will be active participants in the overall intervention project.

The three awardees will also follow-up with the health center partners to ensure youth data is collected in a timely fashion. Youth will be asked to complete the brief surveys while in attendance at the health center so there will be no challenges with respect to failing to reach respondents. We anticipate that 80% of youth asked to participate will do so. The health centers will continue to seek respondents until 30 youth have completed a survey.

**B.4 Test of Procedures or Methods to be Undertaken**

During the 60 day comment period, representatives from the awardee agencies including evaluators and the technical assistance providers who are expert at working with health centers and YSOs carefully reviewed the tools to ensure that the questions were clear and that the burden of information collection was minimized. At a subset of health centers, data managers also reviewed the Annual and Quarterly Performance Measure Reporting Tool to determine whether information requested was available via the health centers’ electronic medical records. Based on feedback from all sources, we have revised the tools.

**B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

|  |  |  |
| --- | --- | --- |
| Title | Project Role | Contact Information |
| Heather Tevendale, PhD, Health Scientist | Designed the data collection | Hrx9@cdc.gov770-488-6147 |
| Trisha Mueller-Peterson, MPH, Epidemiologist | Designed the data collection | Czj5@cdc.gov770-488-6395 |
| L. Duane House, PhD, Health Scientist | Will oversee data collection and management | Hve8@cdc.gov770-488-6302 |
| Ruben Smith, PhD, Statistician | Will analyze the data | Eyb4@cdc.gov770-488-6567 |
| Kim D. Burley, MS, Statistician/SAS Programmer | Will analyze the data | Kdi0@cdc.gov770-488-6321 |
| Emily Koumans, MD, MPH, Medical Officer | Participated in measure design | Exk0@cdc.gov770-488-6233 |
| Bala Venugopalan, MPH, Data Manager | Participated in measure design | Hjg4@cdc.gov770-488-4286 |
| Taleria Fuller, PhD, Health Scientist | Participated in measure design | Dko3@cdc.gov770-488-4774 |
| Amy Fasula, PhD, Health Scientist | Participated in measure design | Evy6@cdc.gov770-488-6593 |
| Anna Brittain, MPH | Participated in measure design | Avg8@cdc.gov770-488-5515 |