

Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance

Request for OMB Approval of a Data Collection Extension

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**Supporting Statement Part B
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Supported by:

**Division of Adolescent and School Health
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Section B: Collections of Information Employing Statistical Methods

B1. Respondent Universe and Sampling Methods

Funded agencies, which include local education agencies (LEAs), state education agencies (SEAs), and nongovernmental organizations (NGOs), were awarded funds by the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health, (DASH), to implement PS13-1308: *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance*. The primary purpose of PS-13-1308 is to build the capacity of priority districts and priority schools to effectively contribute to the reduction of HIV infection and other STD among adolescents.

The questionnaires described in this information collection request include questions for measuring performance and process measures to be used for program monitoring and quality improvement for HIV/STD prevention activities (see **Attachments 3a, b & c – 5a, b, & c**). The process and performance measures pertain to the approaches that funded agencies are using to meet their goals. The questionnaires have been organized by the source of the data to simplify and reduce burden of reporting by the funded agencies. Approaches include helping districts and schools deliver exemplary sexual health education (ESHE) emphasizing HIV and other STD prevention; increasing adolescent access to key sexual health services (SHS); and establishing safe and supportive environments (SSE) for students and staff. The respondent universe for these questionnaires consists of agencies funded by cooperative agreement PS13-1308. Each of the funded LEAs, SEAs, and NGOs are required to submit data, therefore no statistical sampling, or selection criteria other than receipt of funding, will be applied.

For FY2015, FY2016, and FY2017, a total of 19 SEAs will complete the SEA questionnaires for ESHE, SHS, and SSE measures; 17 LEAs will complete the LEA questionnaires for ESHE, SHS, and SSE measures; and 6 NGOs that work with SEAs or LEAs will fill out a questionnaire for their approach (ESHE, SHS, or SSE). These questionnaires will be completed on a semi-annual basis. To track funded agency progress and evaluate the effectiveness of program activities, SEA and LEA questionnaires contain both process and performance measures, while NGO questionnaires contain process measures only. Because all funded agencies are required to provide data, a specific sampling or selection process is not needed.

The Annualized N, which is used to calculate burden hours, is based on the estimated number of respondents (N) for each year of this three-year clearance request (FY15, FY16, and FY17 funding). The number of respondents is currently expected to remain the same each year, with 19 SEAs, 17 LEAs, and 6 NGOs responding annually. The Web-based questionnaires will be required for the SEAs, LEAs, and NGOs to retain funding and expected response rates are 100 percent.

B2. Procedures for the Collection of Information

As described above, no statistical sampling or randomization will take place. All PS13-1308 funded agencies will complete the questionnaires semi-annually using the Program Evaluation and Reporting System (PERS), an electronic web-based interface specifically designed for this data collection. CDC anticipates that semi-annual information collection will begin in October 2014 and will describe activities conducted during the period August 2014-July 2017. The SEAs, LEAs, and NGOs are funded on an annual basis (August 1 to July 31 of the following year).

The process and performance measures will be collected twice a year to assist with the program improvement of LEA, SEA, and NGO activities (**Attachments 3a, b & c - 5a, b, & c.**), with data due within 30 days of the close of each period. DASH will request that LEAs, SEAs, and NGOs enter the data for their appropriate measures into PERS. The dates when data are requested will reflect PGO deadlines to provide timely feedback to funded agencies and DASH staff for accountability and optimal use of funds. SEAs and LEAs will complete questions for both process and performance measures, while NGOs will only complete one process measure. Funded agencies will also be asked semi-annually to submit an electronic copy of their existing, new, and revised policies concerning any of their programmatic work. If such policies exist, funded agencies will be able to use PERS to upload the policy documents (or links to the documents) for DASH. This task will enable DASH to monitor policies that influence districts' and schools' work in these approaches.

The request involves use of web-based data collection methods. The website does use cookies. Access to the web-based questionnaire is password-protected and given only to the staff of the DASH-funded SEAs, LEAs, and NGOs who will complete the questionnaires. Data gathered from these questionnaires will allow DASH to assess programmatic activities among LEAs, SEAs, and NGOs funded by DASH to ensure funded agencies are implementing approaches that will ultimately improve HIV/STD prevention practices and services in secondary schools, contribute to reductions in HIV/STD infections among adolescents, and reduce disparities in HIV/STD infections experienced by specific adolescent sub-populations.

In addition, the results of the questionnaires are used by DASH to make recommendations about HIV prevention in LEAs and SEAs and about future program needs in these areas. The data may be used by other federal agencies to make policy decisions and to set priorities for research, demonstration and service projects. State and local health departments and education agencies use the results to improve programs and practices.

B3. Response

DASH and its contractor, Karna, will be providing data quality reviews and technical assistance throughout the year in order to help funded agencies complete the questionnaires semi-annually and ensure the reliability of the data. Karna shall monitor data quality, with the aim of

producing high quality data for submission to CDC and for use by funded agencies, using an approved data quality plan, incorporating built in data validation and other validation checks, and conducting regular analyses of data quality issues and anomalies. 'High quality data' refers to data that are complete and error-free, to the extent that those data characteristics can be assured by a data system and fall within the CDC-defined rules for data quality. Karna shall track the associated causes of poor data quality, produce an assessment for CDC's consideration, and propose appropriate remedial action, including incorporation of strategies into professional development and technical assistance plans. Karna shall contact funded agencies, and shall notify the funded agency's project officer and performance monitoring point of contact, to address data discrepancies and provide technical assistance as needed to resolve issues. The technical assistance protocol will be revised by Karna to provide a clear, supported process to provide CDC staff and funded agencies technical assistance. Karna shall develop processes to identify funded agencies in need of targeted, individual, and proactive technical assistance that will be reviewed and approved by CDC. Furthermore, Karna will contact non-responders by either phone or email and offer assistance in completing the appropriate questionnaire. Because the respondents are in regular communication with their CDC/DASH project officers and Karna, experience supports that most responders can be contacted within 2-3 attempts.

If approved, this data collection will be required to obtain and/or retain continued funding for all education agencies and NGOs funded by DASH. Because education agencies and NGOs are expected to submit semi-annual reports as a condition of their funding, the response rate for reporting is expected to be 100 percent.

B4. Test of Procedures or Methods to be Undertaken

DASH and Karna have engaged funded agencies in both the development of measures to ensure that the questions collect the data needed for performance monitoring, and the testing of PERS to ensure that the system is easy to use.

All funded agencies (19 SEAs, 17 LEAs, and 6 NGOs) were sent the performance and process measures to voluntarily provide their feedback in November of 2013. A small group of funded agencies (2 SEAs, 1 LEA, and 1 NGO) were asked to provide additional feedback on measures and the collection of those measures on an ad hoc basis. Due to the feedback that was received from this ad hoc group, some performance and process measures were removed and several were revised, which helped to reduce the burden for all funded agencies. More recently, all funded agencies were given an additional opportunity in March 2014 to provide feedback on the revised questionnaires. A complete list of the funded agencies can be found in Attachment 6. A list of the funded agencies that provided feedback can be found in Attachment 7.

Additionally, DASH and Karna conducted feedback sessions with funded agencies to test PERS functionality. Funded agencies were asked to access the system, upload policy documents, enter data, and run reports as part of the system testing. In addition to identification of system issues, the purpose of these sessions was to identify potential content for the technical

assistance protocol document that will be developed and disseminated during the system launch. The availability of the protocol and its relevant content will ultimately reduce the burden for funded agencies by offering how-to and troubleshooting information in advance. The questionnaires used in this request are versions of the most recent questionnaires that were updated based on feedback from DASH staff and funded agencies. They are aligned with Funding Opportunity Announcement PS-13-1308, DASH priorities, and school- and district-level impact measures.

B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The following individuals at Karna are responsible for collecting the data, while the following CDC staff provide oversight:

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