

Supporting Statement
President's Council on Fitness, Sports & Nutrition
U. S. Department Health and Human Services
***I Can Do It, You Can Do It!* Program Evaluation**

***I Can Do It, You Can Do It!* Program Evaluation**

A. JUSTIFICATION

The purpose of this submission is to request OMB approval to conduct a longitudinal evaluation of participants in a health promotion program targeted at children and adults with a disability. Aggregate responses to the surveys administered to participating children and adults at two points in time (before the program begins and at the end of the program) will be used to evaluate the efficacy of the program and make adjustments as necessary to future offerings to increase its effectiveness.

1. Circumstances Making the Collection of Information Necessary

Individuals with a disability represent 18.7% (about 56.7 million people) of the population in the United States (U.S. Census Bureau, 2012). In 2014, Vital Signs: Disability and Physical Activity – United States, 2009-2012, indicated that physical inactivity was more prevalent among adults with any disability compared to adults without a disability (47.1% versus 26.1%), and inactive adults with a disability were 50% more likely to report one or more chronic diseases than those who were physically active (Centers for Disease Control and Prevention, 2014).

The U.S. Department of Health and Human Services' (HHS) *Healthy People 2020* (HP 2020) initiative, which outlines a strategy for eliminating health disparities and improving the health of the nation, which includes important health promotion and disease prevention goals written with people with and without a disability. Objectives in HP 2020 target children and adults with and without disabilities, underscoring the need to collect the information of this evaluation:

Two objectives in the topic area, "Disability and Health," are:

DH-8. Reduce the proportion of adults with disabilities aged 18 and older who experience physical or program barriers that limit or prevent them from using available local health and wellness programs.

DH-13. Increase the proportion of adults with disabilities aged 18 years and older who participate in leisure, social, religious or community activities.

Four objectives in the topic area, "Physical Activity," are:

- PA-1. Reduce the proportion of adults who engage in no leisure-time physical activity.*
- PA-2. Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.*
- PA-3. Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.*
- PA-8. Increase the proportion of children and adolescents who do not exceed recommended limits for screen time.*

Finally, nine objectives in the topic area, "Nutrition and Weight Status," are:

- NWS-8. Increase the proportion of adults who are at a healthy weight.*
- NWS-9. Reduce the proportion of adults who are obese.*
- NWS-10. Reduce the proportion of children and adolescents who are considered obese.*
- NWS-11. Prevent inappropriate weight gain in youth and adults.*
- NWS-14. Increase the contribution of fruits to the diets of the population aged 2 years and older.*
- NWS-15. Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.*
- NWS-16. Increase the contribution of whole grains to the diets of the population aged 2 years and older.*
- NWS-17. Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older.*
- NWS-19. Reduce consumption of sodium in the population aged 2 years and older.*

The President's Council on Fitness, Sports & Nutrition (PCFSN) engages, educates, and empowers all Americans to adopt a healthy lifestyle that includes regular physical activity and good nutrition. As part of these efforts, PCFSN promotes the health of children and adults with a disability. Of particular interest is how children and adults with a wide range of physical, sensory, intellectual, and/or behavioral health disability can be encouraged to adopt a healthier lifestyle that includes regular physical activity and good nutrition.

Originally developed by the HHS Office on Disability and adopted by PCFSN in 2010, the *I Can Do It, You Can Do It!* (ICDI) health promotion program is designed to target children and adults with a wide range of physical, sensory, intellectual and/or behavioral health disability who possess a reading or comprehension level of 6th grade or above. The goals of the program are consistent with the objectives of HP 2020 described above: (a) change the behaviors of participants in two areas -- increase their level of physical activity and increase their healthy eating habits -- and (b) increase their socio-emotional health.

ICDI is an eight-week model that leverages Mentor-Mentee relationships to inspire individuals with a disability to set and achieve personal weekly physical activity and nutrition goals. ICDI Mentors (individuals aged 16 and older) and ICDI Mentees (individuals with a disability) meet weekly to engage in physical activity, learn and practice

healthy eating behaviors, and set weekly health-related goals. Mentees set and track their personal goals with a Mentor each week during a program, culminating with awards and recognition for Mentees' commitment to leading a healthy lifestyle.

The ICDI model is customizable and can be implemented in multiple settings, including: K-12 schools and school districts, colleges and universities, and community-based organizations. Health promotion programs using the ICDI model serve Mentees of all abilities, engaging participants in a range of physical and nutrition-related activities

PCSFN promotes the program via its website (www.fitness.gov) and on Twitter @FitnessGov. When an interested stakeholder would like to become an ICDI Site, they complete a site application (available on the PCSFN website or by emailing ICDI@hhs.gov to register their organization as a program site. Interested sites email the completed form to the program inbox (ICDI@hhs.gov). PCSFN then reviews the application and drafts a Letter of Understanding (LOU). The LOU is signed by the organization and PCSFN, making the organization a Site. The site application is not used in the evaluation, but is method to track sites who are implementing the ICDI model and hold them accountable for use of the ICDI materials and logo.

Before beginning the program, site coordinators will be asked to complete a technical assistance assessment to determine the level of assistance that will be necessary to facilitate a successful program site. This assessment is facilitated by a member of the ICDI Support Team (contract staff). This assessment is not part of the evaluation. It assists in planning to address sites' needs.

Site coordinators will be paired with a member of the ICDI Support Team for the duration of the evaluation. This individual provides one-on-one assistance to ensure appropriate planning, coordination and implementation of the program.

Participants/mentees and mentors will be recruited using a variety of marketing and outreach strategies at the site level. Site coordinators will use co-branded ICDI marketing materials (e.g., posters, brochures, fliers, etc.) to promote the program and recruit participants from the community. PCSFN will also establish strategic partnerships with national disability and non-disability organizations (e.g., Girls on the Run, Best Buddies, Girl Scouts, Girls, Inc., etc.) to target key audiences such as girls and women with a disability for ICDI recruitment efforts.

At the beginning of the program, participants/mentees will complete a pre-assessment containing socio-demographic information. The purpose of the assessment is to collect quantitative data from participants/mentees that will measure the extent to which participating in the program has resulted in changes in several categories of outcome indicators, including:

1. Physical activity levels (i.e., duration and frequency);
2. Healthy eating goal-setting behavior;

3. Motivation to be physically active and eat healthy;
4. Attitudes toward physical activity and healthy eating; and
5. Health knowledge.

Each week during the program, each participant/mentee will meet with their mentors to choose appropriate goals and types of activities using a weekly goal-setting book. The book will not be a part of this evaluation due to availability of resources.

During the eight-week program, participants/mentees meet with their mentors one or more times each week to review how well the plan they designed is being conducted and to make changes as needed, using the weekly goal-setting book that helps participants and mentors assess the extent to which goals are being met and to identify possible changes in their plans.

At the conclusion of the program, participants/mentees complete a post-assessment using a similar instrument as the pre-assessment. The post-assessment will collect quantitative data from participants/mentees that will measure the extent to which participating in the program has resulted in changes in the categories of outcome indicators (listed above).

At the conclusion of the program, mentors will be asked to complete an online program feedback survey that will be used as part of the process evaluation. The purpose of this survey is to identify mentor perceptions on how successful the program was; if the program materials and resources were useful and effective; and suggestions for improvements to specific parts of the program.

At the conclusion of each program wave (two in total), site coordinators will be asked to complete an online end of wave feedback survey that will be used as part of the process evaluation. The purpose of the survey is to determine the usefulness and effectiveness of program materials, including manuals, forms, and other resources; to identify barriers and facilitators in the administration of the program; and learn suggested improvements for possible future implementations.

At the conclusion of each program wave (two in total), site coordinators will be asked to complete a telephone interview that will be used as part of the process evaluation. The purpose of the interview is to identify strategies used to successfully incorporate the ICDI model in a health promotion program.

Site coordinators will complete an online annual follow-up survey to determine the status of their program site (e.g., if they plan to implement another program wave within the next six months).

At least 12 organizations will be recruited to serve as the intermediaries between the program evaluation and the mentor/mentee pairs. These cooperating organizations -- public, non-profit, or private organizations who work with children and adults with and without a disability -- will be recruited to become ICDI Sites and implement the program. Recruited program sites will pair volunteer adult mentors with children and adults with a disability (mentees) who wish to participate in the program.

Organizations will be recruited by PCFSN and the HHS Office on Women's Health using a variety of marketing and promotion efforts, including: launch of an updated webpage on www.fitness.gov, blogs, newsletters, social media posts. External ICDI stakeholders in each implementation setting (e.g., American Association of Adapted Sports Programs, Disabled Sports USA, Boys and Girls Clubs of America, Alliance for Healthier Generation, Aspen Institute Project Play, Society of Health and Physical Educators, National College Athletic Association, etc.) will also cross-promote and amplify the availability of ICDI to their networks to further the reach of our recruitment efforts. Additionally, the contractor will support PCFSN in recruiting sites for the program in evaluation.

One individual from each of the recruited program sites will be designated as the "site coordinator," who will coordinate the implementation of the program at that organization, including:

- Recruiting mentors;
- Recruiting mentees;
- Ensuring that mentors receive appropriate training, technical assistance and advice during the ten week program;
- Serving as the point of contact for the evaluation; and
- Maintaining lists of participants/mentees and their code numbers in order to ensure confidentiality of responses. (see section 10, "Assurance of Confidentiality Provided to Respondent.")

The proposed study is a foundational study in which initial insights will be gained into how participants experience relevant outcomes.

This study represents an opportunity to:

- Document the effectiveness of the program among participants;
- Advance our understanding of how to encourage children and adults with a disability to adopt and maintain a healthy lifestyle;

- Advance our understanding of perceived barriers to maintaining a healthy lifestyle among this segment of the United States population; and
- Assess implementation strategies to provide insight on ways to increase utilization in future applications of this model.

The following sections of the U.S. Federal Code authorize the collection of information for this study: 42 USC 241, Section 301 of the Public Health Service Act, 42 USC 247b-4 and Section 317 C of the Public Health Service Act created by public law 106-310 (see Attachment 1).

2. Purpose and Use of the Information Collection

The evaluation will collect four types of information:

1. Participating children and adults/mentees will complete a paper-based survey, available in alternate formats as required, at the beginning and end of each program wave.
2. Mentors, at the end of each program wave, will complete an online Mentor Feedback Survey.
3. Site coordinators, at the end of each program wave, will complete an End of Wave Feedback Survey.
4. Site coordinators, at the end of each program wave, will complete an in-depth one-on-one telephone interview.

The following data collection forms will be used in the proposed project:

Participant Survey

The purpose of the participant survey is to collect quantitative data from participants/mentees in the eight-week program that will measure the extent to which participating in the program has resulted in changes in several categories of outcome indicators, including

- Physical activity levels (i.e., duration and frequency);
- Healthy eating goal-setting behavior;
- Motivation to be physically active and eat healthy;
- Attitudes toward physical activity and healthy eating; and
- Health knowledge.

I Can Do It, You Can Do It! is one of the relatively few health promotion programs that has been adapted to incorporate the needs of people with a range of disability by including such factors as altered goals for physical activity (e.g., selection of physical activities and appropriate duration of increased physical activity based on the individual's disability category). In addition, the individual will be educated about good nutritional practices and will be encouraged to apply these daily with the support of their mentor and parents.

The evaluation will analyze survey data from two points in time -- a pre-assessment before the program begins and a post-assessment immediately at the conclusion of the eight-week program -- to seek statistically significant differences before and immediately after the program. PCFSN will use these results to: (a) obtain essential information about the number of children and adults who participate in the program, the number of mentors and the ratio of mentors to mentees; (b) identify implementation strategies to provide insight on ways to increase utilization in future applications of this model; and (c) examine specific sub goals, including the following:

- Do participant outcomes vary by the type of disability as categorized by the U.S. Census Bureau (i.e., hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, or independent living difficulty)?
- Do participant outcomes vary across sociodemographic characteristics, including gender, age, ethnic group?
- Do participant outcomes vary across program setting (i.e., K-12 school, college/university, community)?

Process Evaluation

In addition, a two-part process evaluation will take place at the end of each program wave. Information from the process evaluation will be used to determine what parts of the program were successful, the usefulness of program materials, and what changes should be made to improve the administration of the program.

- Mentors will complete a mixed-methods survey at the end of the program to target: (a) perceptions of mentors regarding what parts of the program worked well; (b) their initial insights on program materials and technical assistance; (c) the types of activities they undertook with program participants; (d) program organization and leadership; and (e) suggestions for improvements to specific parts of the program for future implementations.
- Each site coordinator will complete a qualitative one-on-one interview and mixed methods survey to assess the following: (a) strategies used to recruit mentors and mentees; (b) assessment of program materials, including manuals, forms, and other resources; (c) identification of barriers and facilitators in the administra-

tion of the program; and (d) suggested improvements for possible future implementations.

Aggregate findings from the outcome and process evaluations will be shared with other organizations in the public and non-profit sectors that are involved with promoting the health of people with a disability, and will be used to advance our knowledge of strategies that are effective in fostering change in physical activity and nutrition behavior among children and adults with a disability. Participant outcomes related to physical activity and healthy eating nor necessary program improvements could be determined without collecting these data.

3. Use of Improved Information Technology and Burden Reduction

The use of online surveys for the Mentor Feedback Survey and the End of Wave Feed Back Survey will significantly reduce the burden on these respondents. The mentor and site coordinator surveys will allow respondents to use standard/universal keyboard and mouse commands to select responses to each question that appears on the screen. After finishing the survey, the respondent will click on a submit button, causing his or her answers to be electronically transmitted to a database.

The surveys will be programmed to follow designated skip patterns based on the respondent's answers to previous questions. For example, a series of items on the site coordinator survey asks about partnerships developed in support of the program. The root question in this series asks whether their site has established such partnerships. If the respondent answers "no," the respondent will see none of the follow-up items in that series.

The surveys will be section 508-compliant, meaning that they will have graphics explained via pop-up text boxes and will be readable by screen reading programs such as Dragon Naturally Speaking.

The online surveys will collect only the minimum information necessary for the purposes of the project.

4. Efforts to Identify Duplication and Use of Similar Information

Prior studies of the initial program model have been conducted by the University of New Mexico (published in 2007 and 2010), including a prior approved data collection package from 2008 (OMB Control #: 0990-0328). The initial program model is vastly different than the model which will be evaluated in this research. The current model has a broader scope than the initial model: Current model targets children and adults with any type of disability, whereas the initial model focused only on children with severe disability. The current model has an increased focus on nutrition and healthy eating compared to the initial model. The current model also uses a different method to track health goals and recognize participants for their efforts. It is important to note that the changes to the current model were made to address some of the challenges in the findings of the previous

research. However, no existing data or information on the current I Can Do It, You Can Do It! model is available.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study. Small community-based organizations may choose to participate, however their participation is completely voluntary.

6. Consequences of Collecting the Information Less Frequently

Participants/mentees will be asked to complete a pre-assessment survey before the beginning of the program and a post-assessment of the same assessment immediately at the end of the program. Each survey is completed only once. The consequences of not collecting the information from participants/mentees include not being able to assess their outcomes related to physical activity and healthy eating. A pre- and post- assessment design is necessary to detect participant outcomes.

The consequences of not conducting the process evaluations with mentors and site coordinators would be to not gain valuable information from those most actively involved in working with participants or coordinating the program on what parts of the program worked well, what activities they undertook (which can become suggestions for future administrations) and what parts of the program are in need of improvement.

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

Only one of the special circumstances described in 5 CFR 1320.5 applies to the proposed collection of information – participants/mentees will be asked to complete the pre-assessment and post-assessment with an eight-week gap between them. This is necessary to capture data immediately before and just after the end of the program to measure the effect that the program has at its conclusion.

This information collection request complies with the other portions of 5 CFR 1320.5.

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

A 60-Day Federal Register notice was published on October 12, 2017, vol. 82, No. 47536; pp. 47536-37 (<https://www.federalregister.gov/documents/2017/10/12/2017-21983/agency-information-collection-request-60-day-public-comment-request>). There were public comments. See public comments attached in file: Responses to Public Comments Received for I Can Do It Evaluation.

To ensure that this data collection is not duplicative and the study design and instruments are appropriate, a literature review was completed and found that studies ad-

mentoring-based health promotion programs for the targeted population of children and adults with a disability are sparse. Therefore, this program evaluation is a logical step in determining the participant outcomes of this specific program.

No persons outside the HHS PCFSN, Office on Disease Prevention and Promotion (ODPHP), Office on Women's Health (OWH), Administration for Community Living (ACL) and contractors were consulted. The PCFSN, ODPHP, OWH, ACL and Vantage Human Resource Services, Incorporated (PCFSN contractor) staff involved in the preparation of these documents included:

Lauren Darensbourg, M.P.H., PCFSN
Ross Schwarzber, PCFSN
Kate Olscamp, PCFSN
Alison Vaux-Bjerke, ODPHP
Alan Simon, M.D., OWH
Vincent Wardlaw, Vantage
Susan Schoenberg, M.S., Vantage
Thomas Moran, Ph.D., James Madison University (consultant with Vantage)
Jennifer Shultz, Ph.D. (consultant with Vantage)

9. Explanation of Any Payment or Gift to Respondents

No payment or gifts to respondents will be used.

10. Assurance of Confidentiality Provided to Respondents

Prior to beginning the study, the project design and instruments will be submitted to an Institutional Review Board to assure that subject's rights and privacy are protected. The project will not begin until the study is approved by OMB and an accredited IRB.

Once the project is underway, Site Coordinators will assign participants/mentees with a unique personal identifier to protect their name and identity. Mentees will use their identifier instead of their name when completing the Mentee Pre and Post-Assessments. Pre- and Post- Assessments for each mentee will have the same personal identifier so they can be matched up for each participant. Site Coordinators will collect the completed Pre and Post-Assessments. All completed assessments will be stored in a private, locked file until they are mailed to the contractor on the first week of the program wave.

Participant/mentee responses will be kept private. The name of the participant will not be transmitted to the contractor, nor will any information that could personally identify a participant/mentee or link a specific participant to his or her responses be seen by the contractor staff analyzing the data. Contract staff will have access to linked codes across pre- and post-assessments as well as the completed instruments, but will not have access to the code list which links an instrument to a particular individual name. The code list will be destroyed once contract staff ensured that data are accurate and entered cor-

rectly, approximately three months after the post-assessment is due. Aggregate data will be analyzed and reported out.

11. Justification for Sensitive Questions

Some participants may regard the information collected in item 4 of Section I of the pre- and post-assessment as sensitive. Some respondents may feel embarrassed about providing answers regarding their type of disability. All respondents will be given the opportunity to not answer items which may make them feel uncomfortable.

These items are justified for two reasons. Research has demonstrated that these factors can be influenced by participation in health promotion programs targeted at people with disabilities. These items will assess the outcomes of this health promotion program on these factors.

12. Estimates of Annualized Burden Hours and Costs

A. Annualized Burden Hours Estimate

Estimates of burden are based on timed practice survey completions or interviews we completed as part of the instrument development process. The respondent burden is summarized below in Table A-1.

Table A-1
Estimated Annualized Burden Table

Forms	Respondents	Number of Respondents	Number of Responses per Respondents	Average Burden per Response	Total Burden Hours
<u>Site Application</u>	<u>Site Coordinator</u>	<u>50</u>	<u>1</u>	<u>7/60</u>	<u>6</u>
<u>Site LOU</u>	<u>Site Coordinator</u>	<u>50</u>	<u>1</u>	<u>2/60</u>	<u>2</u>
<u>Site Annual Follow-Up Survey</u>	<u>Site Coordinator</u>	<u>10</u>	<u>1</u>	<u>5/60</u>	<u>1</u>
<u>End of Wave 1 Interview</u>	<u>Site Coordinator</u>	<u>10</u>	<u>1</u>	<u>30/60</u>	<u>5</u>
<u>End of Wave 1 Feedback Survey</u>	<u>Site Coordinator</u>	<u>10</u>	<u>1</u>	<u>11/60</u>	<u>2</u>
<u>End of Wave 2 Interview</u>	<u>Site Coordinator</u>	<u>10</u>	<u>1</u>	<u>30/60</u>	<u>5</u>

<u>End of Wave 2 Feedback Survey</u>	<u>Site Coordinator</u>	<u>10</u>	<u>1</u>	<u>6/60</u>	<u>1</u>
<u>Mentee Pre-Assessment</u>	<u>Mentee/Program Participant</u>	<u>700</u>	<u>1</u>	<u>20/60</u>	<u>233</u>
<u>Mentee Post-Assessment</u>	<u>Mentee/Program Participant</u>	<u>700</u>	<u>1</u>	<u>25/60</u>	<u>292</u>
<u>Mentor Feedback Survey</u>	<u>Mentor</u>	<u>700</u>	<u>1</u>	<u>8/60</u>	<u>93</u>
Total			<u>10</u>		<u>640</u>

B. Annualized Cost to Respondents For Hour Burdens

Hourly wage rates for program participants, who are children and adults with disabilities, have been estimated at \$0, since many or most of these individuals will not be in permanent employment. Hourly wage rates for mentors have been estimated at \$0 since many or most of these individuals will participate on an unpaid, voluntary basis.

**Table A-2
Cost To Respondents**

Type of Respondents	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Site Coordinator	6	\$50	\$300
Site Coordinator	2	\$50	\$100
Site Coordinator	1	\$50	\$50
Site Coordinator	5	\$50	\$250
Site Coordinator	2	\$50	\$100
Site Coordinator	5	\$50	\$250
Site Coordinator	1	\$50	\$50
Total	22		\$1,110

13. Capital Costs

There are no capital, start-up, operation or maintenance costs to respondents resulting from the collection of information.

14. Annualized Cost to the Federal Government

The contractor's costs are based on estimates provided by the contractor who will carry out the data collection activities. PCFSN contracted with Vantage Human Services, Inc., to collect the data, analyze the data, and produce a report. PCFSN will provide oversight of the contractor and project. Dr. Jennifer Shultz, Consultant with Vantage, (410) 451-1971, will oversee all data collection activities. Vantage produced the cost estimates based on staffing requirements, wages, other direct costs (ODCs) and expected expenditures of similar projects. Current plans are to conduct this evaluation once, and costs are estimated for the entire costs of the administration of this evaluation.

The estimated Federal costs associated with conducting the *I Can Do It, You Can Do It!* program evaluation, analyzing the data, and writing the final report amount to \$170,850. These costs are summarized in Table A-3 below.

**Table A-3
Annualized Federal Costs**

RFP Process (contractor)	Services of a Project Director and administrative support staff to recruit and select cooperating sites, make awards. 50 hrs @ \$200/hr rate	\$10,000
Participating Site Awards (contractor)	To be distributed among 10 qualified sites, in amounts between \$3000-\$5000.	\$50,000
Data Collection (contractor)	Services of an Evaluator, Trainer and Research Assistant to revise forms, collect and maintain data, monitor data collection progress, provide training and technical assistance to participating sites on the data collection process and ODCs. 400 hrs @ \$155/hr rate	\$62,000
Data Analysis and Report Preparation (contractor)	Services of an Evaluator and Research Assistant to analyze data and prepare draft and final reports. 250 hrs @ \$155/hr rate	\$38,750
PCFSN staff time:	10% FTE for GS-13 for oversight	\$10,100
Total		\$170,850

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

A. Analytic Plan

The survey data from the Mentee Pre- and Post-Assessments will be analyzed to evaluate participant/mentee outcomes related to the specified variables. Descriptive analyses to describe socio-demographic characteristics of respondents broken out by participating site and as whole will be conducted. Means and standard deviations and/or medians and interquartile ranges for continuous variables and frequencies for categorical variables will be computed. To identify changes based on socio-demographic characteristics (e.g., gender, ethnicity, etc.) appropriate analytic techniques such as cross tabs will be used.

Results from the quantitative process evaluation of mentors and site coordinators will be analyzed using descriptive analyses, including means and standard deviations and/or medians and interquartile ranges for continuous variables and frequencies for categorical variables. For open-ended responses such as recommendations for improvements, a coding scheme to synthesize the data and reveal common response themes will be created.

B. Dissemination of Results

A summary report of the survey results will be prepared. The results of the program evaluation will be disseminated in several ways, including presentations at relevant professional association conferences. A copy of the final report will be posted on the PCFSN website (www.fitness.gov). All dissemination products will present aggregate results only; no individual responses that could identify a specific participant will be presented.

C. Timeline

Project Time Schedule

Title	Activity	Time Schedule
Clearance Process	Submit to HHS OMB liaison	October, 2017
Clearance Approval	Submit to OMB for approval	February, 2018
Site Recruitment	Finalize agreements with cooperating sites	Upon receiving OMB clearance
Mentor and Participant Recruitment	Conduct site and mentor orientations; recruit mentors and participants	1-3 months after receiving OMB clearance
Data collection	Administer survey at two points in time	First Wave: 3-6 months after OMB clearance for participant pre-assessment (start of program) and 7-10 months after

		<p>OMB clearance for post-assessment (at conclusion of ten week program)</p> <p>For mentor process evaluation survey: 7-10 months after OMB clearance (at conclusion of program)</p> <p>For site coordinator process evaluation and interview: 7-10 months after OMB clearance (at conclusion of program)</p> <p>Second Wave: 6-9 months after OMB clearance participant pre-assessment (start of program) and 10-13 months after OMB clearance for post-assessment (at conclusion of ten week program)</p> <p>For mentor process evaluation survey: 10-13 months after OMB clearance (at conclusion of program)</p> <p>For agency coordinator process evaluation and interviews: 10-13 months after OMB clearance (at conclusion of program)</p> <p>For participant and parent/guardian focus groups: 10-13 months after OMB clearance (at conclusion of program)</p>
Data analysis	Produce statistics	14-15 months after OMB clearance
Draft Report	Produce draft report	15-16 months after OMB clearance
Final Report	Produce final report	16-17 months after OMB clearance

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

N/A

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.