Formative Evaluation of Professional Development Resources

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Supporting Statement Part A

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A. Justification

Goal of the Study: The purpose of this information collection is to conduct formative research to identify resources that have been used to support professional development (PD) related to creating a safe and supportive environment (SSE), implementing sexual health education (SHE) and increasing access to sexual health services (SHS). Specifically this formative research will help identify 1) DASH recommended PD resources currently being used by local education agencies (LEAs) 2) Other resources being used by LEAs, 3) Common characteristics of PD resources (format, length, cost, accessibility, provider), 4) Facilitators and barriers to PD implementation. This data will inform the development of a resource list to share with LEAs funded under NOFO PS18-1807.

Intended use of resulting data: The survey data will be used to inform the development of a comprehensive list of recommended PD resources for DASH to share with NOFO PS18-1807 funded LEAs to support their work implementing school-based programs to reduce HIV, STD, teen pregnancy, and related risk behaviors among middle and high school students.

Methods to be used to collect data: A web-based survey will be used to gather information for this data collection. The survey is comprised of 45 questions with skip patterns which will allow respondents to skip questions that are not relevant to their area of work.

The subpopulation to be studied: Data will be collected from a maximum of 475 respondents. We will directly contact 45 of the potential respondents who are current staff of LEAs who are funded through PS18-1807. 215 of the potential respondents we will request to complete the survey are district level staff that work at LEA that were priority districts of SEAs previously funded through NOFO PS13-1308. The remaining LEAs are funded through various programs that are funded to do work relevant to sexual health services and sexual health education, therefore, more likely to be involved in planning and providing PD to teachers and other school staff.

How data will be analyzed: Analysis of data from surveys will involve using both descriptive and inferential statistics. Data will be used in compiling a list of PD resources and summarizing who is providing and receiving PD, format of PD being used, and facilitators and barriers related to PD. Data will be analyzed in aggregate. Findings from the data will be summarized into a written report including a comprehensive list of recommended PD resources which will be used to help DASH better understand which resources to recommend to other schools and LEAs.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

This information collection is being conducted using the currently approved generic information collection, "Formative Research and Tool Development" (OMB#0920-0840, exp. 10/31/2021). The information collection supports formative research for the development or improvement of tools for school and adolescent health. A total of 475 potential respondents for this data collection include all of the program managers from the 45 funded agencies under NOFO PS-1807 Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance, representing LEAs and consortia as well as a sample of 430 national sample of LEAs that have been identified through their school district's participation in currently or previously funded programs to provide some level of sexual health services or education. This participant recruitment process is to increase the likelihood of achieving participation from respondents that are involved in providing or developing professional development.

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, which now includes the Division of School and Adolescent Health (DASH) (NCHHSTP) conducts formative research for developing and or testing new tools and methodologies or to build upon existing tools and methodologies that respond to the changing epidemiology of NCHHSTP's five areas of responsibility and (4) groups of diseases (HIV/AIDS, STD, TB, and viral hepatitis) that cause 80% of the disease morbidity in the U.S.

Formative research activities are beneficial in:

• defining and understanding populations at greatest risk for HIV
• creating programs that are specific to the needs of those populations
• ensuring programs are acceptable and feasible to clients before launching
• improving the relationship between clients and agencies that provide necessary services.

Background

The Division of Adolescent School Health (DASH) resides within the Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) at the Centers for Disease Control and Prevention (CDC). The fundamental goal of DASH is to improve the health and well-being of our nation's youth by working with education and health agencies, and other organizations to promote environments where youth can gain fundamental health knowledge and skills, establish healthy behaviors for a lifetime, connect to health services, and avoid becoming pregnant or infected with HIV or STDs. DASH is a unique source of support for HIV, STD, and pregnancy prevention efforts in the nation's schools. DASH works to protect youth by:

- Collecting data that drive action
- Translating science into innovative programs and tools that work to protect youth
- Supporting a network of leaders in primary prevention by funding education agencies that reach nearly 2 million students

DASH is committed to preventing HIV, STDs, and pregnancy among all youth. Taking a school-based health promotion and disease prevention approach, the division works to prepare healthy youth for a successful future.

The DASH NOFO PS18-1807 funds: (1) LEAs, which are school districts, and (2) Lead consortia (LEA or Regional Training Education Center). LEA is a commonly used synonym for a school district, an entity which operates local public primary and secondary schools in the United States. A consortium is comprised of a lead office that oversees small affiliating, neighboring LEAs that work together to coordinate programmatic efforts. The lead consortium can be a LEA or a Regional Training Education Center/Agency (Regional Centers are funded by the State Education Agency).

These agencies are funded to build the capacity of districts and schools to effectively contribute to the reduction of HIV infection and other STD among adolescents; the reduction of disparities in HIV infection and other STD experienced by specific adolescent sub-populations for program monitoring**.** NOFO PS18-1807 builds upon and expands work previously accomplished through NOFO PS13-1308 (*Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance*).

In 2015, 41% of high school students in the United States had never had sexual intercourse and 30% were currently sexually active. Among currently sexually active students, 43% did not use a condom, and 14% did not use any method to prevent pregnancy the last time they had sexual intercourse [2]. In 2015, young people aged 13-24 accounted for an estimated 22% of all new HIV diagnoses in the United States. Half of the nearly 20 million new STDs reported each year were among young people aged 15-24.[2, 3]

Adolescents ages 15-24 account for nearly half of the 20 million new cases of STDs each year.[3] Today, two in five sexually active teen girls have had an STD that can cause infertility and even death.[2] Also, though rates of HIV are very low among adolescents, males make up more than 80 percent of HIV diagnoses among 13- to 19-year-olds.[4]

Establishing healthy behaviors during childhood and adolescence is easier and more effective than trying to change unhealthy behaviors during adulthood. In the United States, schools have direct contact with more than 50 million students for at least 6 hours a day during 13 key years of their social, physical, and intellectual development. [5] After the family, schools 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 STD in a variety of ways, including through the provision of sexual health education.

Schools can influence students' risk for HIV infection and other STD through parental engagement, sexual health education, connection to physical and mental health services, and connecting youth to each other and important adults. NOFO PS18-1807 supports implementation of these activities at multiple levels of the education system to achieve health goals. School districts generally determine local curricula, policies, and services. In this program, the school districts and consortia provide training, resources, and technical assistance to schools to implement school-based strategies through district level actions and decisions. They provide a range of highly trained experts for professional development and technical assistance to advance HIV/STD prevention work. This funding facilitates a multi-component, multi-level effort to support youth reaching adulthood in the healthiest possible way.

Within NOFO PS18-1807, education agencies are funded to implement multiple approaches to HIV and sexually transmitted disease (STD) prevention, including sexual health education (SHE), sexual health services (SHS), and safe and supportive environments (SSE). Professional development is

required to support these funded agencies in their work, yet few PD resources are freely available online for school districts to support administrators, teachers, and other school staff. Identifying existing PD resources and understanding their effectiveness offers an efficient and feasible way to support PD activities under NOFO PS18-1807, which is particularly important given the need to provide guidance to grantees quickly.

The proposed data collection will yield a database of specific resources we can recommend to partners for implementing PD on NOFO PS18-1807 topics. The details of the survey data collection design and samples are in Section 2. In brief, 475 local education agencies including but not limited to DASH NOFO PS18-1807-funded partners will be invited to complete a brief on-line survey. The sample recruitment and data collection procedures described in this proposal describes data collected by a contractor (ICF).

Previous systematic literature reviews on this topic have established there are not significant existing studies in this area, and that there is a clear need for a new instrument and data collection on this topic.

DASH will be working with contractor ICF, Inc. (ICF) to complete this one-time assessment. ICF is a large consulting firm that conducts a full spectrum of activities from comprehensive, end-to-end services using qualitative and quantitative analyses to gain actionable insights into health outcomes. ICF will contact all respondents for this data collection to describe the data collection purpose and process, send the web-based survey, collect data electronically, analyze data, and create a report that is a deliverable to DASH as well as a compiled list of organized resources to share with NOFO PS18-1807 partners. ICF will oversee and implement each step of the data collection life cycle, from contacting respondents, conducting data collection, analyses, reporting, and recommendations.

This ongoing data collection activity benefits the Federal Government by providing the CDC with data to determine how to best enhance HIV prevention programs designed to reduce high-risk behaviors in persons most likely to transmit HIV, and to test new methodologies and techniques used to increase awareness, testing, and access to services.

Data collection for this project is authorized under 42 U.S.C. 241, Chapter 6a - Public Health Service; Subchapter II - General Powers and Duties of the Public Health Service Part A - Research and Investigations Generally (**Attachment 1**).

Personally identifiable information, limited to name and email address, will be kept in a separate location and accessible only to the data collector. This information will be destroyed when our contribution to the project has ended.

The information collected for the project will be maintained or stored locally under strict access controls limited to the local project leader/manager or his/her designate without personally identifiable information. Under no circumstances will an individual be identified using a combination of variables such as gender, race, birth date, and/or other descriptors.

2. Purpose and Use of Information Collection

The information data collection system consists of a web-based instrument **(Attachment 3 and 3a**) designed to identify resources that have been used to support professional development (PD) related to creating a safe and supportive environment (SSE), implementing sexual health education (SHE) and increasing access to sexual health services (SHS). Specifically this formative research will help identify 1) DASH recommended PD resources currently being used by local education agencies

(LEAs) 2) other resources being used by LEAs, 3) Common characteristics of PD resources (format, length, cost, accessibility, provider), 4) Facilitators and barriers to PD implementation and identify gaps in PD resources.

The information collection instrument (web-based survey) was reviewed for content, clarity, and appropriateness by the full research team (CDC and its contractor) and the web-survey developer; revisions were made to refine the guide based on the collective feedback. There are skip patterns throughout the instrument so if a domain is not relevant to the respondent, the respondent will be skipped out of the section.

Data gathered from the web-based survey will allow DASH to gather formative research to inform and improve their PD activities under PS18-1807. Data collected through the web-based survey will be analyzed by the study team to help DASH better understand the PD resources school districts are using, gaps in PD resources, facilitators and barriers to providing PD. It will help DASH to ensure that PS18-1807-funded partners are receiving PD resources that that best meet the needs of the LEAs that are providing professional development to support teachers and other school level staff in creating safe and supportive environments, enhancing sexual health education, and increasing student access to sexual health services. This supports a major public health goal of reducing HIV, STD, and unintended pregnancy among youth.

Analysis of data will involve quantitative analysis software (such as SPSS), and identification of resources identified within the data. The findings from this information collection also have practical utility to the government because they can impact both the recommendation of PD resources to PS18-1807-funded LEAs and the strategies and resources CDC recommends for use in schools more broadly.

Without this data collection, DASH would be unable to assess what resources LEAs are currently using to provide professional development to school staff and what the facilitators and barriers to providing the PD are. This data collection can also help inform gaps in PD resources and help identify the emerging needs of what PD resources need to be developed for teachers and staff to continue to enhance their deliver of sexual health education, create safe and supportive environments, and increase student access to sexual health services.

3. Use of Improved Information Technology and Burden Reduction

The use of a web-based survey for this data collection will be used, this will reduce burden because this approach ensures data quality but decreases respondent burden with built-in skip logic. The information collection instrument was designed to collect the minimum information necessary for the purposes of this project through the use of built-in skip logic (i.e. limited to a maximum of 45 questions with the possibility of skipping up to 30 questions). In addition, the web-based administration allows respondents to easily access the data collection instrument at a time and location that is most convenient for them.

4. Efforts to Identify Duplication and Use of Similar Information

In preparation for collection of data from LEA staff, the project team searched for existing information or data collection activities that asked about professional development resources and use by LEAs for sexual health education, creating safe and supportive environments, and student access to sexual health services. We were not able to assess the expanse of use or facilitators and barriers of use of PD resources based on our search. There was no instrument or data collection that collected all of the information we sought to collect. For this reason, the project team developed the

Formative Professional Development Evaluation Survey. The newly developed survey will allow the project team to collect the relevant data. There is no other source of information that can provide the relevant data.

5. Impact on Small Businesses or Other Small Entities

No small businesses or other small entities will be involved in or impacted by this data collection.

6. Consequences of Collecting the Information Less Frequently

This information collection is scheduled to occur during spring of the 2018-2019 academic year. This data collection will occur one time. Data collection will take no longer than 1 year to complete from inception of information collection to the first report of findings. There are no legal obstacles to reducing the burden. Collecting the data less frequently would mean not collecting the data at all, and there could be negative consequences. The findings will be used to inform the development of a comprehensive list of recommended PD resources for DASH to share with NOFO PS18-1807 funded LEAs to support their work implementing school-based programs to reduce HIV, STD, teen pregnancy, and related risk behaviors among middle and high school students.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

A. The Federal Register notice was published for the generic umbrella collection on Thursday, June 25, 2015, Vol. 80, No. 122, pp. 36540. **(Attachment 2**). No public comments were received.

B. CDC contractors in collaboration with DASH subject matter experts provided extensive input into the clarity of the instructions, content of the survey questions, and the respondent universe. A list of subject matter experts consulted is provided in **Attachment 4: Individuals Providing Consultation on the Information Collection**. There were no major problems that arose during the consultation, and all issues raised were resolved.

9. Explanation of Any Payment or Gift to Respondents

There will be no payment or gifts provided to the respondents.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents.

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

The survey data and all identifying information about the respondents (name and email) will be handled in ways that prevents unauthorized access at any point during the study. Name and email will only be used to send the survey but they are not collected in the survey and will be kept in separate files from the survey data and not provided to the client. No sensitive information is being collected and no individually identifiable information will be recorded or stored as part of the survey or database. There will be no IDs assigned to participants. Once data collection is complete it will be converted to SPSS file format and stored on a secure network location.

Electronic data collection and data management systems used for these activities will comply with the current encryption security standards. The survey data will be collected through the ICF internal survey research team using the survey platform, Voxco. Our system security and its ability to protect sensitive personal information is subject to routine audit and confirmation by federal agencies, such as the IRS and VHA. Our information security process is based on the approach prescribed by the Federal Information Security Management Act of 2002 (FISMA, 44 U.S.C. § 3541 et seq.) as implemented by the Office of Management and Budget (OMB) in Circular A-130 and other policy documents. Electronic data are maintained in our Tier IV data center or in our high-security onsite systems and are set up using a "least privilege" protocol that permits users the least amount of access required to perform their duties.

All Voxco servers are running Windows Server 2012 R2, and have DISA security standards appliedby group policy (standards checklist here: https://nvd.nist.gov/ncp/checklist/560). The public web server is placed on a separate DMZ VLAN, and traffic is filtered through both hardware firewalls (Fortigate) and software firewalls (Windows Firewall). The SQL server uses SSL to encrypt traffic in transit, and TDE for data at rest. Access to SQL is restricted based on the projects that users are authorized to view. Duo multi-factor authentication is used to authenticate and connect to all of the servers. Servers are patched monthly using SCCM, and System Center Endpoint Protection is used for anti-malware. Vulnerability scans are run monthly using Nessus and remediated if any are found. Event logs are forwarded to syslog, and the servers are monitored with Solarwinds NPM. Veeam Backup & Replication is used for VM backups, and AES-256 bit encryption is applied to backup files.

Consent

Respondents will receive an electronic informed consent form (**Attachment 5**) informing them that participation is voluntary and they may choose not to participate at any time.

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

IRB Approval

The proposed web-based data collection has been reviewed and approved by the existing contractor's IRB (**Attachment 6**).

Sensitive Questions

No sensitive questions are being asked on the web-based survey and no identifiable information is being collected. Responses will only be reported in aggregate. All respondent information associated with the study will be collected and stored in a password-protected electronic file on a secure network accessible only by the Contractor's study team.

A.12. Estimates of Annualized Burden Hours and Costs

The annualized response burden is estimated at 174 hours. Exhibits A.12.A provides details about how this estimate was calculated. Timings were conducted during instrument development process to support the overall burden per respondent. Participants will be training and development managers in charge of professional development for employees of local education agencies. A participant reading and indicating their consent is estimated to take 2 minutes (**attachment 5**). Participation in the online survey is estimated to take a maximum of 20 minutes (**attachment 3**).

Exhibit A.12.A Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Hours Per Response	Total Response Burden (Hours)
Training and development managers for LEAs	Online consent form and survey (attachments 3 and 5)	475	1	22/60	174 hours
Total					**174**

A.12.B Estimated Annualized Costs

This survey is intended to be completed by employees of a LEA who are in charge of professional development provided to educators and other school district staff. The labor category of training and development manager is the labor category identified that most closely matched this type of professional. The annualized cost to the respondent shown in Exhibit A.12.B is based on this labor category.

The United States Department of Labor, Bureau of Labor Statistics Occupational Employment Statistics (https://www.bls.gov/oes/2017/may/oes113131.htm) was used to estimate the hourly wage rate for managers of training and development for this request. The median hourly wage for this category, $52.00 per hour, is used to estimate the hourly wage for managers of training and development. Thus, the total anticipated annual cost to participants for collections of information will be $9,048.

Exhibit A.12.B. Annualized Cost to Respondents

Activity	**Total Burden Hours**	**Hourly Wage Rate**	**Total Respondent Cost**
Online consent form and survey	174	$52.00	$9,048
Total			**$9,048**

A.13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

CDC does not anticipate providing start up or other related costs to private entities.

A.14. Annualized Costs to the Government

The total annualized cost to the government, including direct costs to the federal government and contractor expenses is $160,361. 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-14 (step 6) level Atlanta-based CDC employee and 5% for a GS-13 (step 5) 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 is $11,307 (**Table A.14.A**).

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 $149,054. This is the cost estimate based on the current funding level of the contractor at approximately $745,273.00 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 20% of the contractor's effort.

Exhibit A.14.A

Expense Type	Expense Explanation	Annual Costs (dollars)
Direct Costs to the Federal Government		
CDC oversight of the project	1 CDC Senior Health Scientist at 5% (GS-14)	$6,206
CDC oversight of contractor and project	1 CDC Health Scientist at 5% (GS-13)	$5,101
	Subtotal, Direct costs	**$11,307**
Assistance with data collection, processing, and preliminary analysis	Labor and other direct costs for supporting data collection, processing, and analysis	$149,054
	TOTAL COST TO THE GOVERNMENT	**$160,361**

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

Data collection is scheduled to begin March 2019. It is critical for this data collection to begin no later than April 2019 in order to contact local education agencies staff who are 10-month employees

and will not be available after May 2019. As such, we are hoping to receive OMB approval for this information collection by the end of March 2019. The data are likely to be analyzed, summarized, and reported (through unpublished reports) in 2019.

Data analysis will begin within two weeks after completion of the web-based instrument. Data will be analyzed in aggregate. Current plans for tabulation of data from this information collection include identifying PD resources being used by local education agencies, facilitators and barriers to providing PD, and data on the audiences, formats, and topic areas of PD being provided. Analyses of data will be shared in a written report in additional to a database of PD resources to be shared with funded-1807 partners. The summary report and draft resource database will be completed by August 2019.

Figure A.16: Project Time Schedule

Activity	**Time Schedule**
Design information collection instruments	Complete
Develop data collection protocol and analysis plan	Complete
Pilot test information collection instruments	Complete
Identify survey participants	Complete
Prepare OMB package	Complete
Receive OMB approval	TBD
Administer web-based survey	0-1 month after OMB approval
Analyze data	1-2 months after OMB approval
Writing (and revising) of data summaries and reports	3-4 months after OMB approval

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

The display of the OMB expiration date is not inappropriate. The web-based survey will display the expiration date for OMB approval of the information collection. We are not requesting an exemption.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

References

1. Centers for Disease Control and Prevention (CDC). "National Public Health Performance Standards Program (NPHPSP): 10 Essential Public Health Services." Available at http://www.cdc.gov/nphpsp/essentialservices.html. Accessed on 8/14/14.

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3. Office of Adolescent Health. (2016). National Evidence-based Teen Pregnancy Program. Retrieved January 7, 2016, from: http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/ National Center for Education Statistics. (2011). Table 97.

4. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2016). Adolescent Health. Retrieved January 7, 2016, from: http://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health/objectives

5. Enrollment for the 100 largest school districts, by enrollment size in 2009: Fall 2009, 2008-09, and federal fiscal year 2011. Retrieved October 11, 2012, from: http://nces.ed.gov/programs/digest/d11/tables/dt11_097.asp