

“Promoting Adolescent Health through School-Based HIV Prevention”

OMB #0920-new

Supporting Statement

August 21, 2019

Supported by:

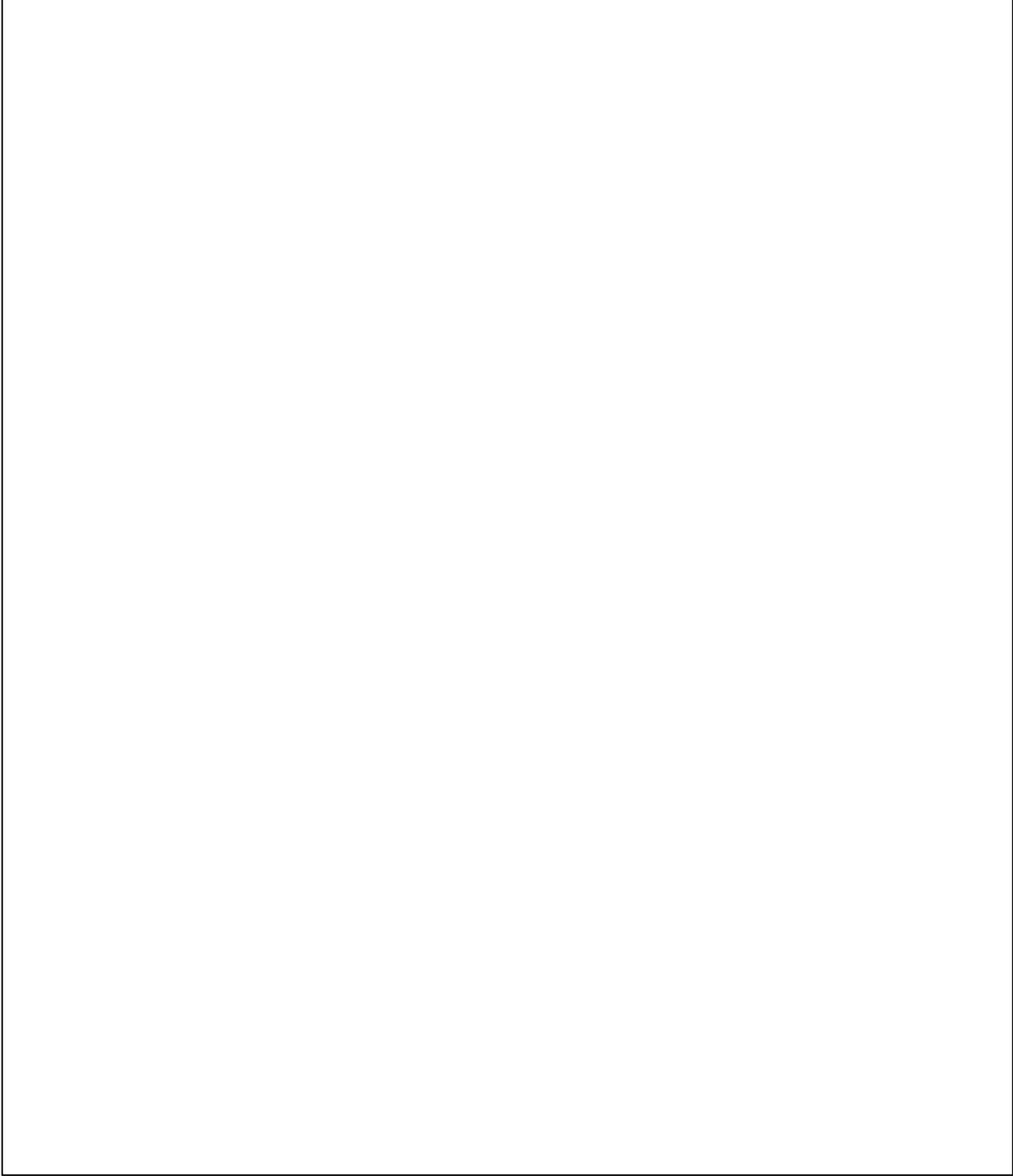
Division of Adolescent and School Health
Centers for Disease Control and Prevention

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BRIEF EXPLANATION OF PART A SUPPORTING STATEMENT (JUSTIFICATION)

• **Goal of the study**

The goal of this study is to track and evaluate the progress and effectiveness of strategies designed and implemented to help local education agencies (LEAs) and schools deliver sexual health education (SHE) emphasizing HIV and other STD prevention; increase



1	Authorizing Legislation
2	60 Day FRN
2a	60 Day FRN Publication
2b	60 Day FRN Comments
3-5	Data Collection Instruments

Attachment Number**Document Description**

3	Funded District Questionnaire Items
4	Priority School Questionnaire Items
5	District Assistance Questionnaire Items
6	List of Funded Local Education Agencies (LEAs)
7	List of LEAs Providing Feedback
8a-b	Screenshots from PERS
8a	Funded District Questionnaire Screenshots
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9	Rationale for Strategies
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13	Privacy Impact Assessment (PIA)

Section A: Justification for Information Collection

A. 1 Circumstances Making the Collection of Information Necessary

The Division of Adolescent and School Health, (DASH) at Centers for Disease Control and Prevention (CDC) requests a 3-year OMB approval to conduct a new information collection entitled, “Promoting Adolescent Health Through School-Based HIV/STD Prevention”. The information collection system uses Web-based questionnaires to collect, organize, and track LEA activities conducted under CDC funding opportunity announcement PS18-1807 entitled *Promoting Adolescent Health through School-Based HIV Prevention*. The activities being tracked support the achievement of process and outcome measures established in the funding opportunity announcement. The system described in this ICR will provide access to data and reports for DASH, which allows areas for program improvement to be identified and addressed efficiently. These questionnaires will include process and outcome measures to be used for program monitoring and quality improvement for HIV/STD prevention activities.

As part of the CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), DASH awarded funds to implement PS18-1807: Promoting Adolescent Health through School-Based HIV Prevention to build the capacity of funded districts (school districts), referred to as local education agencies (LEAs) and their priority schools. Priority schools include middle and high schools within the funded LEA in which youth are at high risk for HIV infection and other STD. The 5-year project period began in August 2018.

The fundamental purposes of PS18-1807 are to build and strengthen the capacity of LEAs and priority 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; and the collection of school-based surveillance, a component not included in this data collection for program monitoring. Program activities are expected to reinforce efforts to reduce teen pregnancy rates, due to the shared risk factors for, and intervention activities to address, HIV infection, other STD, and teen pregnancy through three components:

- 1) School-Based Surveillance
- 2) School-Based HIV/STD Prevention
- 3) Capacity Building Assistance for School-Based HIV/STD Prevention

Only Component 2, which consists of three strategies, 2A - Sexual Health Education (SHE); 2B - Sexual Health Services (SHS); and 2C - Safe and Supportive Environments (SSE), applies to this data collection package.

CDC is authorized to collect the data described in this request by Sections 301(a) and 317(k) (2) of the Public Health Service Act [42 U.S.C. Sections 241 and 247(k)(2)], as amended. 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* (<http://www.healthypeople.gov>) contains national objectives to improve the health of all Americans by encouraging collaborations across sectors, guiding people toward making informed health decisions, and measuring the impact of prevention activities. PS18-1807 supports these Healthy People 2020 topic areas: [Access to Health Services](#); [Adolescent Health](#); [Educational and Community-Based Programs](#); [HIV](#); [Lesbian, Gay, Bisexual, and Transgender Health](#); [Sexually-Transmitted Diseases](#);

and [Social Determinants of Health](#).

- The [CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention's Strategic Plan](#) articulates a vision, guiding principles, and overarching goals and strategies through 2020 to influence and enhance programs aiming to decrease incidence of infection, morbidity and mortality, and health disparities.¹
- The *National HIV/AIDS Strategy* (NHAS) outlines a collaborative national response to the HIV epidemic that details principles, priorities, and actions to eliminate new HIV infections, effectively support people living with HIV and eliminate the disparities that persist among some populations.²
- 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.³

DASH will work with PS18-1807 funded LEAs to determine program impact. LEAs have been funded under PS18-1807 because they are critical for determining school curricula, policies, and services. Through school curricula, policies, and services, LEAs and schools can influence students’ risk for HIV infection and other STD through a variety of ways, including sexual health education, provision of or referral to physical and mental health services, and establishment of a safe and supportive environment that provides social and emotional support to young people, particularly those at high risk for HIV- and STD-related behaviors. See **Attachment 6** for a complete list of funded LEAs. LEAs will enter progress and outcome data related to the three Component 2 strategies, SHE, SHS, and SSE. Rationale for SHE, SHS, and SSE strategies can be found in **Attachments 9a, b & c**. LEAs will implement activities related to these strategies in at least 10 schools that, combined, serve at least 10,000 students. These priority schools were selected during the first year that funds were disseminated under PS18-1807. The LEAs selected priority schools based on epidemiologic and social determinants data regarding the school health policies and vital statistics, as well as input from schools staff, DASH, and NGO partners. The linkages between the LEAs and the priority schools can be seen in **Figure A.1-1**.

Figure A.1-1. Linkages



The data will be collected from funded LEAs via the Program Evaluation and Reporting System (PERS). DASH and its contractor, ICF, will use PERS to organize, plan, and track the

1 Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Strategic Plan through 2020. Available at <https://www.cdc.gov/nchhstp/strategicpriorities/docs/nchhstp-strategic-plan-through-2020-508.pdf>. Accessed February 8, 2019.

2 Office of National AIDS Policy (ONAP), *National HIV/AIDS Strategy*, White House Office of National AIDS Policy. Available at <https://files.hiv.gov/s3fs-public/nhas-update.pdf>. Access February 8, 2019.

3 National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011(<http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>).

activities conducted to meet process and outcome measures established by DASH for each strategy. LEAs will enter district-level and priority school-level information in PERS on a semi-annual basis that will be available to DASH. DASH and ICF will use the data on an ongoing basis for reporting and to provide support, feedback, and technical assistance that improves program outcomes.

The goal of PERS is to provide a system through which funded LEAs can enter data on their activities semi-annually to assist DASH staff and partners with meeting administrative, budgetary, and performance standards expected by CDC and the Procurement Governance Office (PGO). To accomplish this, PERS will serve the following functions:

- Organize and automate the data collection of funded LEA activities that are conducted to meet process and outcome measures
- Aggregate data provided by funded LEAs
- Generate reports and data sets that describe funded LEA outcomes
- Allow LEAs to generate reports of their own data for program improvement

Information to be Collected

To track LEAs’ progress and evaluate the effectiveness of program activities, DASH will collect a mix of process and outcome measures in PERS using three questionnaires (**Attachments 3 – 5**). Process measures completed by LEAs will assess the extent to which planned program activities have been implemented and lead to feasible and sustainable programmatic outcomes. Process measures include items on school health policy assessment and monitoring and on providing training and technical assistance to partner education agencies and schools. Process and outcome measures will assess whether DASH-funded activities at each LEA and priority school are leading to intended outcomes (see **Table A.1-1** for a complete list of the measures and how the items in the questionnaires align to the measures).

Table A.1-1. PS18-1807 Process and Outcome Measures

Evaluation Question	Measures Used to Answer Evaluation Question	Related PERS Questionnaire and Items
To what extent do districts and schools provide effective SHE to students?	SHE Process Measure D1: % of funded districts that provide a list of instructional competencies for staff teaching skills based health education and sexual health education in middle and high schools	Funded District: Qs 1, 1A, 1B, 2, 2A, 2B
	SHE Process Measure D2: % of funded districts that require a skills-based health education course for HIV, other STDs, & pregnancy for grades 6-8 and/or grades 9-12	Funded District: Q 3
	SHE Process Measure D3: % of funded districts that have an approved scope & sequence and identified sexual health education instructional program for grades 6-8 and/or grades 9-12	Funded District: Qs 4, 4A, 5, 6, 6A, 7
	SHE Process Measure D4: % of funded districts that review the extent to which one or more sexual health education	Funded District: Qs 8, 8A, 9, 9A

Evaluation Question	Measures Used to Answer Evaluation Question	Related PERS Questionnaire and Items
	instructional programs delivered are skills-based for grades 6-8 and/or grades 9-12	
	<u>SHE Process Measure D5:</u> % of funded districts that recommend or require priority schools to assess the ability of students in grades 6-8 and/or grades 9-12	Funded District: Qs 10, 11
	<u>SHE Process Measure D6:</u> % of funded districts that provide the following to those teaching sexual health education in grades 6-8 and/or grades 9-12	Funded District: Qs 12, 13
	<u>SHE Process Measure D7:</u> % of funded districts that use any of the following strategies to engage parents in sexual health education in grades 6-8 and/or grades 9-12	Funded District: Q 15
	<u>SHE Process Measure D8:</u> % of funded districts that have established and maintained a district-level school health advisory committee/ council/team	Funded District: Qs 14, 14A
	<u>SHE Process Measure P1:</u> % of priority schools that have established and maintained school-level school health advisory council or similar advisory committee/council/team	Priority School: Qs 12, 12A
	<u>SHE Process Measure P2:</u> % of priority schools that use the district-approved scope & sequence to guide the health and sexual health education instructional programs for grades 6-8 and/or grades 9-12	Priority School: Qs 2, 2A 3, 3A
	<u>SHE Process Measure P3:</u> % of priority schools that include at least half of the sexual health education topics in their required health education course for grades 6-8 and/or grades 9-12	Priority School: Qs 6, 7
	<u>SHE Process Measure P4:</u> % of priority schools that include at least half of the sexual health education skills in their required health education course for grades 6-8 and/or grades 9-12	Priority School: Qs 8, 9
	<u>SHE Process Measure A1:</u> % of priority schools that receive technical assistance from the district on sexual health education	District Assistance: Qs 1, 2
	<u>SHE Process Measure D9:</u> % of funded districts with staff who attended a PD event provided by the district on sexual health education	Funded District: Q 16 – descriptive measure

Evaluation Question	Measures Used to Answer Evaluation Question	Related PERS Questionnaire and Items
	<u>SHE Process Measure A2:</u> % of priority schools with staff who attended a PD event provided by the district on sexual health education	District Assistance: Q3
	<u>SHE Process Measure D10:</u> % of funded districts that receive technical assistance on sexual health education topics from NGOs	Funded District: Q 17
	<u>SHE Outcome Measure P1:</u> % of priority schools that deliver sexual health curricula in a particular setting in grades 6-8 and/or grades 9-12	Priority School: Qs 4, 5
	<u>SHE Outcome Measure P2:</u> % of priority schools that implemented sexual health curricula in grades 6-8 and/or grades 9-12	Priority School: Qs 10, 10A, 10B, 10C, 10D, 11, 11A, 11B, 11C, 11D
	<u>SHE Outcome Measure P3:</u> Number of students reached by sexual health education in grades 6-8 and/or grades 9-12	Priority School: Qs 1, 10B.1, 10D.1, 11B.1, 11D.1
To what extent do districts and schools provide access to key sexual health services for students?	<u>SHS Process Measure D1:</u> % of funded districts that deliver professional development to district and school staff on one or more sexual health service topics	Funded District: Qs 24, 25
	<u>SHS Process Measure A1:</u> % of priority schools that receive professional development from the district on sexual health services	District Assistance: Q 6
	<u>SHS Process Measure A2:</u> % of priority schools that interact with the district to receive technical assistance on sexual health services	District Assistance: Qs 4, 5
	<u>SHS Process Measure D2:</u> % of districts that receive technical assistance on sexual health services topics from NGOs	Funded District: Qs 26, 27
	<u>SHS Process Measure D3:</u> % of funded districts that identified sexual health services referrals for students that provide services specifically for gay, lesbian, bisexual, and transgender adolescents	Funded District: Q 19
	<u>SHS Process Measure D4:</u> % of funded districts with at least one school-based health center(s) that implement a quality improvement project to increase youth-friendly practices and services	Funded District: Q 22
	<u>SHS Process Measure D5:</u>	Funded District:

Evaluation Question	Measures Used to Answer Evaluation Question	Related PERS Questionnaire and Items
	% of funded districts that conduct any on-site STD testing events or mobile van STD testing	Q 23
	<u>SHS Process Measure P1:</u> % of priority schools that implement one or more of the following sexual health services: (1) condom availability program and (2) school-wide, student-planned marketing campaigns that promote recommended sexual health services for teens	Priority School: Qs 13, 14
	<u>SHS Outcome Measure D1:</u> % of funded districts that have one or more of the following components for referral of students to sexual health services: (1) Policy and procedures about referral; (2) identifying and training designated school staff to make referrals; (3) procedures separate from policy to make referrals; (4) referral guide; (5) communications and marketing to increase awareness and use of referrals; (6) monitoring and evaluation of the referral system; (7) management and oversight strategy for referral system	Funded District: Q 18
	<u>SHS Outcome Measure D2:</u> % of funded districts that make available one or more of the following services to students: (1) HIV testing; (2) STD testing; (3) pregnancy testing; (4) provision of condoms; (5) provision of condom-compatible lubricants; (6) provision of contraceptives other than condoms; (7) Human papillomavirus vaccine administration	Funded District: Q 20
	<u>SHS Outcome Measure P1:</u> % of priority schools that make available one or more of the following services to students: (1) HIV testing; (2) STD testing; (3) pregnancy testing; (4) provision of condoms; (5) provision of condom-compatible lubricants; (6) provision of contraceptives other than condoms; (7) Human papillomavirus vaccine administration	Priority School: Q 16
	<u>SHS Outcome Measure D3:</u> Number of students receiving on-site SHS through a school-based health center	Funded District: Q 21
	<u>SHS Outcome Measure P2:</u> Number of referrals made within priority schools to youth-friendly off-site providers healthcare providers to receive sexual health services	Priority School: Qs 15, 16
To what extent are districts and schools	<u>SSE Process Measure D1:</u> % of funded districts that recommend or require	Funded District: Q 28 (response

Evaluation Question	Measures Used to Answer Evaluation Question	Related PERS Questionnaire and Items
providing safe and supportive environments for students?	staff at priority schools to deliver PD on best practices for classroom management	item a)
	SSE Process Measure A1: % of priority schools with staff who attended a PD event provided by the district on best practices for classroom management	District Assistance: Q9 (response item j)
	SSE Process Measure A2: % of priority schools receiving technical assistance on best practices for classroom management	District Assistance: Q7, 8 (response item j)
	SSE Process Measure D2: % of funded districts that recommend or require staff at priority schools to deliver PD on supporting LGBT youth	Funded District: Q 28 (response item b)
	PERS Qualitative Measure D1: Additional professional development to strengthen safe and supportive environments	Funded District: Q 28 (response item c)
	SSE Process Measure A3: % of priority schools with staff who attended a PD event provided by the district on supporting LGBT youth	District Assistance: Q9 (response items e and k)
	SSE Process Measure A4: % of priority schools receiving technical assistance on supporting LGBT youth	District Assistance: Q7, Q8 (response items e and k)
	SSE Process Measure D3: % of funded districts that recommend or require schools to deliver positive youth development (PYD) programs to students or connect students to community-based programs	Funded District: Qs 30, 31
	SSE Process Measure A5: % of priority schools with staff who attended a PD event provided by the district on delivering positive youth development (PYD) programs to students or connecting students to community-based programs	District Assistance: Q9 (response items a, b, c, d)
SSE Process Measure A6: % of priority schools receiving technical assistance on delivering positive youth development (PYD) programs to students or connecting students to community-based programs	District Assistance: Qs 7, 8 (response items a, b, c, d)	

Evaluation Question	Measures Used to Answer Evaluation Question	Related PERS Questionnaire and Items
	<p><u>SSE Process Measure D4:</u> % of funded districts that recommend or require schools to disseminate resources for parents and implement programs to increase parenting skills</p>	<p>Funded District: Q 29</p>
	<p><u>SSE Process Measure A7:</u> % of priority schools with staff who attended a PD event provided by the district on how to disseminate resources for parents and implement programs to increase parenting skills</p>	<p>District Assistance: Q9 (response items f, g, h, i)</p>
	<p><u>SSE Process Measure A8:</u> % of priority schools receiving technical assistance on how to disseminate resources for parents and implement programs to increase parenting skills</p>	<p>District Assistance: Qs 7, 8 (response items f, g, h, i)</p>
	<p><u>SSE Process Measure D5:</u> % of funded districts that recommend or require a student-led club that supports LGBT youth (often known as Gay-Straight Alliances or Genders and Sexualities Alliances)</p>	<p>Funded District: Qs 32, 33</p>
	<p><u>SSE Process Measure D6:</u> % of funded districts that receive technical assistance on safe and supportive environments from NGOs</p>	<p>Funded District: Qs 34, 35</p>
	<p><u>SSE Outcome Measure P1:</u> % of priority schools that provide school staff with materials on classroom management techniques (e.g. social skills training, environmental modification, conflict resolution and mediation, and behavior)</p>	<p>Priority School: Q 17 (response item a)</p>
	<p><u>SSE Outcome Measure P2:</u> % of priority schools that provide school staff with materials on how to support lesbian, gay, bisexual, and transgender (LGBT) students (e.g., bystander intervention skills, implementing safe spaces, use of inclusive language)</p>	<p>Priority School: Q 17 (response item b)</p>
	<p><u>PERS Qualitative Measure P1:</u> Additional professional development to strengthen safe and supportive environments</p>	<p>Priority School: Q 17 (response item c)</p>
	<p><u>SSE Outcome Measure P3:</u> % of priority schools that disseminate resources for parents and implement programs to increase parenting skills</p>	<p>Priority School: Q 18</p>
	<p><u>SSE Outcome Measure P4:</u> % of priority schools that provide: (1) service-learning opportunities, and (2) program in which</p>	<p>Priority School: Qs 19, 20</p>

Evaluation Question	Measures Used to Answer Evaluation Question	Related PERS Questionnaire and Items
	family or community members serve as role models to students or mentor students, such as the Big Brothers Big Sisters program, and (3) other positive youth development programs	
	<u>SSE Outcome Measure P5:</u> % of priority schools that have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity (sometimes called gay/straight alliances)	Priority School: Q 21
	<u>PERS Qualitative Measure D2:</u> Additional program activities not reflected in PERS	Funded District: Q 36

LEAs will enter data related to process and outcome measures to assist with the program improvement of LEA activities. The dates when data are requested reflect PGO deadlines to provide timely feedback to LEAs and DASH staff for accountability and optimal use of funds. LEAs will also be asked semi-annually to upload an electronic copy of their existing, new, or revised school health education instructional competencies for staff; approved scope and sequence for specific sexual health education learning outcomes and content; and composition of school health advisory council to PERS. This task will enable DASH to monitor school health education curricula and instruction that influence LEAs’ and priority schools’ work in these strategies.

Identification of Websites and Website Content directed at Children under 13 Years of Age

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 LEAs who will complete the questionnaires.

A. 2 Purpose and Use of Information Collection

Data gathered from these questionnaires will allow DASH to assess programmatic activities among LEAs funded by DASH to ensure LEAs are implementing strategies that will ultimately improve HIV/STD prevention practices and services in secondary and middle schools, contribute to reductions in HIV/STD infections among adolescents, and reduce disparities in HIV/STD infections experienced by specific adolescent sub-populations.

To date, the information received from previous data collections (OMB Number 0920-1049 exp. 02/28/2018) has been used to keep DASH informed of the scope and nature of the LEAs’ program activities, and the data have been compiled into aggregate reports and fact sheets on LEAs’ activities. In addition, the results of the questionnaires are used by DASH to make recommendations about HIV prevention in LEAs 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.

DASH uses CDC Framework for Program Evaluation (see **Attachment 11**) to ensure that the data resulting from the questionnaires can be used to demonstrate program impact using procedures that are useful, feasible, ethical, and accurate. Throughout the project period, DASH will work with each funded LEA to demonstrate program impact through process and outcome monitoring of DASH-funded activities. DASH will use process monitoring to assess the extent to which planned program activities have been implemented and lead to feasible and sustainable programmatic outcomes. DASH will use outcome monitoring to assess whether DASH-funded activities at each site are leading to intended outcomes. DASH and ICF will manage and analyze data submitted by LEAs through PERS. In addition, DASH will collect district and school health education curricula instructional competencies for staff teaching skills-based health education; approved scope and sequence to guide health education including specific sexual health education learning outcomes and content; and composition of school health advisory council or SHAC. DASH will use the information to track and monitor the quality and delivery of school health education (SHE) curricula among its funded partners and examine the characteristics of SHE curricula addressing the program strategies. DASH will use overall program monitoring findings during the project period to establish key recommendations for partners on program impact, sustainability, and continued program improvement.

The process and outcome measures developed by DASH in consultation with LEAs are intended to collect data that answer the following program improvement questions:

- To what extent do LEAs and schools provide effective SHE to students?
- To what extent do LEAs and schools provide access to key SHS for students?
- To what extent are LEAs and schools providing safe and supportive environments for students?

To answer these program improvement questions and continually improve the program, DASH, with input from LEAs, developed three questionnaires that collect data on LEAs and priority schools for the various program strategies being implemented (SHE, SHS, SSE). The questionnaires contain both process and outcome measures. The complete Funded District Questionnaire, Priority School Questionnaire, and Assistance Provided Questionnaire are included in **Attachments 3 - 5**. For screenshots of how the questions will look in PERS, see **Attachments 8a, b & c**.

The findings from these questionnaires enable DASH and its contractor to aggregate and collect consistent documentation on cooperative agreements that support programming through July 2023.

A. 3 Use of Improved Information Technology and Burden Reduction

The questionnaires were carefully developed to ensure that they can be used as a Web-enabled indicator survey which greatly reduces the reporting burden of documenting annual progress. A set of integrated components – such as survey management, results in a tabulation package, and a separate program for generating reports – provide CDC the data it needs for tracking indicators online. It is anticipated that 100% of questionnaires will be completed electronically.

The Web-based questionnaires offer the following advantages for burden reduction:

- Easy and secure access for LEAs, decreasing the burden of reporting program activities.
- Instant publication of survey results, with no printing, labeling, or postage costs, no

- lost paperwork, and no misprints.
- Automatic sequencing of questions based on responses to previous questions, eliminating problems of inapplicable questions.
- Error-checking to ensure the integrity of responses before they are submitted for review.

Specifically, the Web-based indicators surveys help LEAs in the following ways:

- Responding to the survey through the Web.
- Providing a means of giving feedback through the Web to DASH on the survey content and process.
- Reducing burden to the respondent by reducing overall time spent completing questionnaires as a result of appropriately programmed skip patterns.

DASH and its contractor conducted feedback sessions from March 2017—December 2018 with funded LEAs and internal staff to ensure that PERS will allow funded LEAs to access the system, upload policy documents, enter data, and run reports quickly and easily. The purpose of these sessions was to identify enhancements to a version of PERS that was used for data collection during a previous funding opportunity and 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 LEAs.

A. 4 Efforts to Identify and Use of Similar Information

These questionnaires are not duplicated by other survey efforts or program monitoring activities. Additionally, there are no existing data collected by LEAs funded by CDC that can be used to generate data that are similar to the information collected under this clearance. The DASH Program Consultants (PCs) for the LEAs were consulted in the revision process for these questionnaires to ensure that the data reported in this system were not being collected currently through any other mechanism (see **Attachment 10** for the Analysis of Alternatives).

A. 5 Impact of Small Businesses or Other Small Entities

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

A. 6 Consequences of Collecting the Information Less Frequently

The data collection is scheduled to provide information on funded LEA activities related to HIV/STD prevention on a semi-annual basis. The LEAs are funded on an annual basis (August 1 to July 31 of the following year). There are two reporting periods within each year, with data due within 30 days of the close of each period. The data collection period frequency enables CDC to track the progress of LEAs with sufficient time to intervene and meet grant funding criteria. This semi-annual program monitoring also enables CDC to maintain up-to-date records on the impact of HIV/STD prevention activities for adolescents and school officials. Without this data collection, CDC would not be able to efficiently and effectively assess the impact of funded LEAs' activities with sufficient time for replication and/or correction. The dates when data are requested reflect PGO deadlines to provide timely feedback to LEAs and DASH staff for accountability and optimal use of funds. Policy makers and education officials would lack data with which to make sound decisions about implementing or refining prevention programming for youths in school settings.

Collecting the data less than semi-annually will result in data gaps for the measures needed to accurately track the impact of funded programs and may decrease opportunities for program improvement and corrective actions.

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

There are no special circumstances. The activities outlined in this package fully comply with all guidelines of 5 CFR 1320.5.

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

A. As required by 5 CFR 1320.8(d), a 60-day Notice was published in the *Federal Register* on Wednesday, June 5, 2019, Vol. 84, No. 108, page 26113 (see **Attachment 2**). CDC received two non-substantive public comments. One comment explained the importance of addressing sexual issues with students by reflecting on a previous middle school experience with a guest speaker. The writer emphasized that students need to know about sexual issues before STIs occur. The other comment expressed opposition to the federal government sponsoring pointless collections at the taxpayers' expense. No CDC response was sent to either commenter.

(Attachment 2a)

B. All 25 funded LEAs were sent the questionnaires to voluntarily provide their feedback in December of 2018. A list of the funded LEAs that provided feedback on the questionnaires is included in **Attachment 7**. As a result of the feedback, some process and outcome measures were dropped and reframed to reduce the reporting burden on funded LEAs and ensure that the necessary data could be adequately captured. A small group of LEAs were also asked to provide additional feedback on PERS and its functionality on an ad hoc basis. As a result, system enhancements were made to PERS to improve the end user experience. A list of the LEAs that provided feedback on PERS is also included in **Attachment 7**.

A. 9 Explanation of Any Payment or Gift to Respondents

No material or financial incentives will be provided to respondents for completing the questionnaires.

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

Privacy Impact Assessment Information

Data collection involves collecting programmatic reporting data; it does not involve the collection of sensitive, personal, and/or personally identifiable information. Although the name and work email address of the contact persons entering, viewing, and submitting data are stored for each responding organization, the system only collects programmatic data about LEAs and priority schools. The system does not collect personal information about the individuals entering programmatic data beyond their name and email address.

A. Privacy Act Determination. The CDC Privacy Officer has assessed this package for applicability of 5 U.S.C. § 552a. The Privacy Act is not applicable because PII is not being collected under this CDC funded activity (**Attachment 13**). The system does not collect personal information about the individuals entering programmatic data beyond their name and email address. Respondents are organizations, not individuals. Data

collection involves collecting programmatic reporting data from the project manager at each of the funded NOFO 1807 Local Education Agencies (LEAs). LEAs are the school districts funded to implement this programmatic initiative. The data that is collected from the program managers does not involve the collection of sensitive, personal, and/or personally identifiable information. Although the name and work email address of the program managers at each LEA entering, viewing, and submitting data are stored for each responding organization, the system only collects programmatic data about LEAs and priority schools. The progress monitoring information is collected and reported at the local level. Although the name of the contact person submitting the data is maintained for each responding organization, the contact person provides information about the program, not personal information. The contact person's name will be maintained until the end of the data collection. Response data can be filed and retrieved by the name of the individual submitting the programmatic data in order to ensure data quality (e.g., an LEA may have more than one staff person entering programmatic data) and by the name of the LEA. All data pertains to programmatic activities.

- B. **Safeguards.** The information collection involves use of web-based data collection methods. The website does use cookies, and access to the web-based questionnaire is password-protected and given only to the staff of the DASH-funded LEAs who will complete the questionnaires. CDC will maintain information in secure electronic files that will only be accessible to authorized members of the team. Electronic files will be stored on secure network servers, and access will be restricted to approved team members identified by user ID and password.
- C. **Consent.** This information collection does not involve research with human subjects, and IRB approval is not required. Because the information collected pertains to organizational policies and activities, an individual-level consent process is not applicable.
- D. **Nature of Response.** Participation is required by the terms of cooperative agreement funding.

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

CDC/ATSDR official has determined that the data/information collection is not research involving human subjects, and an IRB approval is not required. Refer to **Attachment 12** for the research determination documentation.

There are no questions of a sensitive nature that are included on the questionnaires. All questions concern programmatic activities.

A. 12 Estimates of Annualized Burden Hours and Costs

Burden hours. **Table A.12-1** provides estimates of burden for the data collection. The amount of time required to complete the questionnaires is based on estimates that DASH compiled relying on their experience with previous data collections on this topic, their knowledge of the steps needed to populate the data, and their discussions with LEAs during the process undertaken to develop measures. Administration of the questionnaires is conducted via the Web in PERS. There are a total of three questionnaires that are included in the burden table below (Table A.12-1). Semi-annually, an LEA will complete one Funded District Questionnaire, and a Priority School Questionnaire and District Assistance Questionnaire for each of their priority schools.

The estimated burden per response ranges from 2 to 26 hours. This variation in burden is due to the whether the questionnaire is at the district level or priority school level. LEAs will experience additional burden of time to gather information at the priority school-level. These burden estimates also include the time needed to locate and upload SHE curriculum and SHAC related documents, which accompany the measures that will be captured in the questionnaire. The burden for uploading the documents will be considered record-keeping burden. The questionnaires are provided in **Attachments 3 - 5**. Annualizing this collection over three years results in an estimated annualized burden of 1,750 hours for all funded LEAs.

Table A.12-1 Estimated Annualize Burden to Respondents

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden Per Response (in hours)	Total Burden (in hours)
LEA	Funded District Questionnaire	25	2	2	100
	Priority School Questionnaire	25	2	26	1300
	District Assistance Questionnaire	25	2	7	350
Total					1,750

Annualized Costs to Respondent

Table A.12-2 provides estimates of the annualized cost to respondents for the collection of data. Cost estimates are based on average hourly rates for social and community service managers reported on the Department of Labor Statistics website for May 2017⁴. Social and community service managers plan, direct, or coordinate the activities of a social service program or community outreach organization. The role of the community service manager was used for wage estimates for LEAs. Thus, estimates are \$33.91 an hour for the LEA officials. Total estimated cost to respondents is \$59,342.50.

Table A.12-2 Annualized Costs to Respondents

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden Per Response (in hours)	Average Hourly Wage Rate	Total Cost
LEA	Funded District Questionnaire	25	2	2	\$33.91	\$3,391.00
	Priority School	25	2	26	\$33.91	\$44,083.00

⁴ Bureau of Labor Statistics. Occupational Employment and Wages, May 2017. <http://www.bls.gov/oes/current/oes119151.htm>. Accessed 15 February, 2019.

	Questionnaire					
	District Assistance Questionnaire	25	2	7	\$33.91	\$11,868.50
Total						\$59,342.50

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

No capital, start-up, or maintenance costs are involved.

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 overseeing the LEAs’ data collection and answering questions posed by the contractor and LEAs are estimated at 50% for two CDC employees, 40% for another CDC employee, and 5% for a senior CDC employee a year for the three years of the project. The cost to the federal government for oversight and project management is \$132,351 (**Table A.14-1**).

The contractor’s costs are based on estimates provided by the contractor who will carry out 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 \$366,500 (**Table A.14-1**). This is the cost estimated by the contractor, ICF, and includes the estimated cost of coordination with DASH, maintenance of PERS, data collection and technical assistance, analysis, and reporting.

The total annualized cost to the government, including direct costs to the federal government and contractor expenses is \$498,851.

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

Expense Type	Expense Explanation	Annual Costs (dollars)
<i>Direct Cost to the Federal Government</i>		
CDC employee oversight for project	CDC Supervisor labor costs	\$6,230
CDC oversight of contractor and project	CDC Project Officers labor costs	\$126,121
Subtotal, Direct Costs to the Government per year		\$132,351
<i>Contractor and Other Expenses</i>		

Maintenance of PERS data collection system	Labor and other direct costs for ongoing maintenance and support of PERS	\$113,719
Provision of technical assistance and training to LEAs for data collection	Annual labor hours and Other Direct Costs for TA and training	\$252,781
Subtotal, Contract and Other Expenses per year		\$366,500
Total of all annualized expenses		\$498,851

A. 15 Explanation for Program Changes or Adjustments

None.

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

This information collection will result in the creation of a new data set, for which a data management plan will be developed. There are no plans to publish information from this project. No complex analytical techniques will be used for the tabulation of data. Descriptive statistics will be used to describe answers.

The questionnaires will be conducted semi-annually. A three-year clearance is being requested. See the timeline in **Figure A.16-1** for a detailed breakdown of the activities and time schedule.

Figure A.16-1: DASH Project Time Schedule

Activity	Time Schedule
Year 2 of FOA PS18-1807 (FY2020) Data Collection	
August 1, 2019 – July 31, 2020	
First Period of Data Collection	
Open data collection system for first period of data collection in Year 1 (August 1, 2019 – January 31, 2020)	November 1, 2019
Collect data via web-based system for first period (August 1, 2019 – January 31, 2020)	February 1-28, 2020
Questionnaire submission deadline (staff can enter data for the first period up to 30 days after the data collection period closes)	March 1, 2020
Analyze data and compile reports for first period.	May 1, 2020
Second Period of Data Collection	

Activity	Time Schedule
Open data collection system for second period of data collection in Year 1 (February 1, 2020 – July 31, 2021)	May 1, 2020
Collect data via web-based system for period (February 1, 2020 – July 31, 2021)	August 1-31, 2020
Questionnaire submission deadline.	September 1, 2020
Analyze data and compile reports for second period.	November 1, 2020
Year 3 of FOA PS18-1807 (FY2021) Data Collection	
August 1, 2020 – July 31, 2021	
First Period of Data Collection	
Open data collection system for first period of data collection in Year 1 (August 1, 2020 – January 31, 2021)	November 1, 2020
Collect data via web-based system for first period (August 1, 2020 – January 31, 2021)	February 1-28, 2021
Questionnaire submission deadline (staff can enter data for the first period up to 30 days after the data collection period closes)	March 1, 2021
Analyze data and compile reports for first period.	May 1, 2021
Second Period of Data Collection	
Open data collection system for second period of data collection in Year 1 (February 1, 2021 – July 31, 2021)	May 1, 2021
Collect data via web-based system for period (February 1, 2021 – July 31, 2021)	August 1-31, 2021
Questionnaire submission deadline.	September 1, 2021
Analyze data and compile reports for second period.	November 1, 2021
Year 4 of FOA PS18-1807 (FY2022) Data Collection	
August 1, 2021 – July 31, 2022	
First Period of Data Collection	

Activity	Time Schedule
Open data collection system for first period of data collection in Year 1 (August 1, 2021 – January 31, 2022)	November 1, 2021
Collect data via web-based system for first period (August 1, 2021 – January 31, 2022)	February 1-28, 2022
Questionnaire submission deadline (staff can enter data for the first period up to 30 days after the data collection period closes)	March 1, 2022
Analyze data and compile reports for first period.	May 1, 2022
Second Period of Data Collection	
Open data collection system for second period of data collection in Year 1 (February 1, 2022 – July 31, 2022)	May 1, 2022
Collect data via web-based system for period (February 1, 2022 – July 31, 2022)	August 1-31, 2022
Questionnaire submission deadline.	September 1, 2022
Analyze data and compile reports for second period.	November 1, 2022

ICF, in partnership with DASH and funded LEAs will develop annual site-specific process and outcome reports to be used for program monitoring and quality improvement, and annual, aggregate process and outcome reports to be disseminated to LEAs and other key stakeholders. DASH will use overall program improvement findings during the project period to establish key recommendations for partners on program impact, sustainability, and continued program improvement.

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

Not applicable. All data collection instruments will display the expiration date for OMB approval of the information collection.

A. 18 Exceptions to Certification for Paperwork Reduction Act Submissions

Not applicable. No exceptions to the certification statement are being sought.

Section B: Justification for Information Collection