

Supporting Justification for the OMB New Request for Clearance of the “Youth Engagement in Sports (YES) Performance Measures”

Supporting Statement A: Justification for the Collection of the Data

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Submitted by:

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Supporting Statement for the YES Program Performance Measures

Under the authority of 42 U.S.C. § 300 u-6, (Public Health Service Act § section 1707) and in support of Executive Order 13824 which intends to increase youth participation in sports and reduce barriers to play, the HHS Office of Minority Health (OMH) and the Office of Women's Health (OWH) intend to make available funds for Fiscal Year (FY) 2019 grant awards for the Youth Engagement in Sports: Collaboration to Improve Adolescent Physical Activity and Nutrition (YES Initiative). The YES Initiative is intended to increase opportunities for and participation in sports and physical activity among racial/ethnic minority and/or socio-economically disadvantaged male and female 6th, 7th and/or 8th graders.

The collection of performance measures from its grantees is critical to OMH and OWH because it provides the agency with data to both effectively manage the YES Initiative, and to comply with accountability and federal performance requirements for the 1993 Government Performance and Results Act (P.L. 103-62). Moreover, collecting and reporting on data for performance measures are funding requirements for the grants, as stated in the funding opportunity announcement. Finally, data help grantees to make continuous quality improvements in programming.

The performance measures to be reported to OMH, the agency leading the evaluation, by the YES Initiative grantees are summarized in Exhibit 1. The specific questions that grantees will answer to address these measures are found in the information collection (IC) forms.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

In 1985, the Report of the Secretary's Task Force on Black and Minority Health, the first comprehensive national racial and ethnic minority health study published by the HHS, documented the wide disparity in health status between racial and ethnic minorities and Whites. Although the health of all Americans has continued to improve over two and a half decades since the Report was issued, racial and ethnic health disparities persist and, in some cases, are increasing. The persistence of such disparities suggests that current approaches and strategies are not producing the kinds of results needed to ensure that all Americans are able to achieve the same quality and years of healthy life, regardless of their demographic characteristics.

Since its inception in 1985, OMH has been the organizational entity within HHS that coordinates Federal efforts to improve the health status of racial and ethnic minority populations. The office was established with the passage of the Disadvantaged Minority Health Improvement Act (P.L. 101-527, at <http://thomas.loc.gov/cgi-bin/bdquery/z?d101:HR05702:/TOM:/bss/d101query.html>) and given a broad mandate to advance efforts to improve minority health and address racial/ethnic disparities in health. Under the recently passed Patient Protection and Affordable Care Act (P.L. 111-148, at <http://democrats.senate.gov/reform/patient-protection-affordable-care-act-as-passed>) and the Health Care and Education Reconciliation Act (P.L. 111-152, at <http://www.gpo.gov/fdsys/pkg/BILLS-111hr4872EH/pdf/BILLS-111hr4872EH.pdf>), the responsibility for OMH to “establish, implement, monitor, and evaluate short-range and long-

range goals and objectives and oversee all other activities within the US Public Health Service that relate to disease prevention, health promotion, service delivery, and research concerning minority groups” was recodified. In order to achieve this broad mandate, OMH supports research, demonstrations and evaluations of new and innovative programs, and strategies and interventions that increase understanding of ways to improve the health of racial and ethnic minority communities and reduce the burden of disease, disability, and premature death that disparately impacts them.

Similarly, the Office on Women’s Health (OWH) was established in 1991 and authorized by the Patient Protection and Affordable Care Act (ACA) of 2010. The mission of OWH is to provide national leadership to improve the health of women and girls through policy, education, and innovative programs. OWH seeks to impact policy, and produce educational and innovative programs that providers, communities, agencies, and other stakeholders across the country can replicate and expand. To achieve these goals, the office works with many partners, including federal agencies; nonprofit organizations; consumer groups; associations of health care professionals; tribal organizations; and state, county, and local governments.

OMH’s GPRA Reporting Requirements

In response to requirements under the Government Performance and Results Act of 1993, and the more recent Government Performance and Results Modernization Act of 2010, in FY 2009, OMH began the development of a Performance Improvement and Management System (PIMS) built on its already completed *Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Health Disparities* (the *Framework*) (available at: <http://www.minorityhealth.hhs.gov/templates/content.aspx?lvl=1&lvlid=44&id=8842>) and its *Evaluation Protocol for Systematically Evaluating Efforts to Improve Racial and Ethnic Minority Health, Reduce Health Disparities, and Effect Systems Approaches to Racial and Ethnic Minority Health Problems* (the *Evaluation Protocol*) (available at: <http://www.minorityhealth.hhs.gov/Assets/pdf/Checked/1/EvaluationProtocol.pdf>.) The *Framework* is intended to present a vision, rationale, and systems approach for addressing OMH’s mission, and the *Evaluation Protocol* is a general guide for OMH grant applicants/awardees, contractors, other funded partners, and other stakeholders on the development and implementation of evaluation plans that articulate how proposed or planned efforts will be evaluated to determine if intended results are achieved.

Central to OMH’s *Evaluation Protocol* is an emphasis on measuring program process, outcomes and impact. Through analyses of program process, outcomes, and impact OMH will a) systematically assess intervention effectiveness and identify model projects that lead to a reduction in a key health disparity within demonstration projects, and b) identify ‘best practices’ and ‘promising approaches.’ Such results enable OMH to comply with the requirements under the GPRA Modernization Act.

The Office on Women’s Health (OWH) is also subject to the Government Performance and Results Act of 1993 (GPRA) and the Government Performance and Results Modernization Act of 2010 (GRPMA). The Department’s Program Performance Tracking System (PPTS) tracks all of the Department’s performance measures. The PPTS has program specific measures developed in conjunction with HHS’ Assistant Secretary for Financial Resources (ASFR) and the Office of Management and Budget to meet the requirements set out by GPRA and GPRMA. In addition to

these performance measures, OWH also tracks OWH-specific performance targets in alignment with the goals and objectives of the OWH Strategic Plan. The OWH Strategic Plan articulates goals and objectives to support OWH's mission to provide national leadership and coordination to improve the health of women and girls through policy, education, and model programs. In order to track these measures, OWH has developed a Performance Management System (PMS), which enables OWH to track and improve overall performance. This work is integral in collecting/querying data to inform the OWH response to Congressional Reporting and justifications.

2. Purpose and Use of Information Collection

The performance measures data collection provides information to OMH and OWH leadership and project officers to help them to more effectively manage the YES Initiative grants. We anticipate that the results of the YES Initiative will be made available to Congress by the Office of Management and Budget (reach, dosage, and partners), and the public at large (all measures) to assess program performance following the grant period of performance. Use of these data is vital for ensuring on-going improvement of the YES Initiative and--through dissemination efforts--broader understanding and support of programs designed to improve adolescent health through sports participation, physical activity and healthy eating.

Performance measures are a requirement of OMH and OWH grant programs. OMH currently collects general performance data on a small set of variables across all of its grants and cooperative agreements (0990-0275), as does OWH. Measures specific to the goals of the FY2019 YES FOA are included in this collection request.

3. Use of Improved Information Technology and Burden Reduction

As noted above in Section 2 (Purpose and Use of Information Collection), the purpose of this data collection is to provide OMH and OWH with performance data from their grantees, partners and others that OMH and OWH needs to monitor program and project status and generate results that can be reported for program management and performance budgeting purposes.

Using electronic reporting of the small set of process, outcome and impact results necessary for adequate monitoring and assessment in commercially available software will minimize reporting burden on the grantee and government sides.

4. Efforts to Identify Duplication and Use of Similar Information

Data collection for YES Initiative grants does not duplicate other data collection efforts. Data elements for the YES Initiative are specific to a specific funding opportunity (i.e., the YES Initiative) and, therefore, are not available elsewhere. Neither OMH nor OWH has any other system for the collection of standardized performance information on the YES Initiative.

5. Impact on Small Businesses or Other Small Entities

The impact of this data collection will be negligible at best, since, for the most part, the grantees and cooperative agreement partners funded by OMH are public or private non-profit minority-serving community-based organizations, institutions of higher education, and State agencies dedicated to addressing minority health concerns. These projects would have to provide project and evaluation data. The process and outcome measures proposed in this data collection effort represent the minimum data needed to be useful for project reporting, program monitoring, and performance measurement by OMH and its partners.

6. Consequences of Collecting the Information Less Frequently

YES Initiative data are proposed to be collected three times annually per participant: at baseline (prior to the intervention), three months, and six months after the launch of an intervention or receipt of services, and reported on a quarterly basis to OMH. Less frequent collections pose challenges to obtaining data that are requested more frequently for other departmental performance reporting needs, and increase the amount of data that the grantees and other users need to accumulate and manage prior to submission to OMH. Grantees will report on collected data each fiscal quarter to ensure appropriate grant oversight.

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

No special circumstances apply. This request complies with the information collection guidelines of 5 CFR 1320.5(d)(2).

8. Comments in Response to the Federal Register Notice/Outside Consultation

In accordance with the Paperwork Reduction Act of 1995, OMH and OWH published a notice in the Federal Register announcing the agency's intention to request an OMB review of data collection activities. The 60-day notice for public comment was published on June 7, 2019 in volume 84 on pages 26689-26690.

9. Explanation of any Payment/Gift to Respondents

At their discretion, grantees may elect to offer program participants a small gift or monetary incentive (value \$5-10) for completing the baseline, three and six month surveys on physical activity, participation in sports programs, consumption of fresh fruit, vegetables, and sugar-sweetened beverages. Incentives are known to increase survey response rates, and thus, facilitates a more complete evaluation of the program on hypothesized outcomes. Because completion of the baseline, fresh fruit, vegetable, and sugar-sweetened beverage surveys is estimated at a total of 25 minutes at each data collection point (i.e., baseline, three-month and six month), a small gift or monetary incentive of \$5-10 is commensurate with the level of effort. No incentives will be offered to OMH-funded grantees to collect and compile data as performance reporting is requirement to obtain grant funding.

10. Assurance of Confidentiality Provided to Respondents

This information collection will include personally identifiable information (PII) but will not involve protected health information, and no Privacy Act records will result (no information will be retrieved by personal identifier). Each grantee will assign and use a unique participant

identifier for each program participant to ensure accurate corresponding participation process and outcome measures data for the respondents. Limited personal identifiers (i.e., contact information, such as name and telephone number) will be collected which will be associated with the unique participant identifier, to facilitate the data collection process (to follow up, if necessary, to ensure that all data elements are collected) and to facilitate program evaluation (specifically, to ensure pre-intervention and post-intervention measures are matched to the correct participant). Grantees will retain limited personal identifiers associated with a participant's unique identifier for as long as the participant is still in the program, and will destroy personal identifiers only when program participation ends for that participants. Grantees will ensure all participant data including personal identifiers and unique identifiers are encrypted and password protected. Once data collection is complete, personal identifiers will be removed from the data and destroyed. De-identified participant information, consisting of the following, will be maintained and used by the grantees and reported by the grantees to OMH and OWH for OMH's and OWH's use intervention vs. control group membership, process data (i.e., program participation rate), outcome data (i.e., number of sport activities, sports literacy, physical activity and consumption of fruits, vegetables, sugar-sweetened beverages), race, Hispanic origin, and sex (gender). This will be kept private to the extent allowed by law.

All participants and caregivers of minor participants will be given a privacy notice informing them:

1. Of the statutory authority of the Office of Minority Health (OMH) to fund research and demonstration projects designed to improve the health status of racial and ethnic minorities, and to evaluate the effectiveness of activities aimed at reducing health disparities (Section 1707 of the Public Health Service Act ([U.S.C. §42-300u-6](#))) and the statutory authority of the office of Women's Health is to the statutory authority of the Office on Women's Health (OWH) to fund activities that that relate to disease prevention, health promotion, service delivery, research, and public and health care professional education, for issues of particular concern to women throughout their lifespan in coordination with other offices and to evaluate such activities ([U.S.C. §42-237a](#));
2. That personal identifiers will be retained and used only while a participant is participating in the YES Initiative, including post-intervention evaluation activities (i.e., while the information collection is ongoing with respect to that participant), for the purpose of ensuring that all information collected about each participant is associated with the correct participants;
3. That, once the information collection process is complete, personal identifiers will be removed from the information collected about a participant and will be destroyed, and the information will be maintained and used and reported to OMH and OWH in de-identified form to assess the reach and impact of the government-funded YES Initiative;
4. That the de-identified participant information will be shared with external evaluation contractors for evaluation purposes only;
5. That YES Initiative participants and/or their caregivers/guardians may decline to consent to the collection and use of any or all participant information without affecting participant access to and use of services, and;

6. That the de-identified participant information will be kept private to the extent allowed by law, and only aggregate participant data focusing on summary process and outcome measures will be made public to provide transparency about the YES Initiative

11. Justification for Sensitive Questions

YES Initiative program participants will be asked about their race, Hispanic ethnicity and sex (gender). As the Office of Minority Health’s mission is to improve the health status of racial and ethnic minorities, and the mission of the Office of Women’s Health mission is to improve the health of women and girls, it is necessary to collect participant information about the race, ethnicity and sex of program participants to ensure that the funded programs are serving members of the priority populations. These items provide important information about the reach of the YES Initiative program.

The primary objectives of the YES Initiative grant programs to increase participation in sports programming, with increased physical activity and healthier nutritional behaviors as associated outcomes.

The reporting level for information about physical activity, sports participation, consumption of vegetables, fresh fruit and sugar sweetened beverages is not inherently sensitive. However, the information may be sensitive for some youth, and all grantees are required to be trained on the protection of human subjects and to receive approval for their evaluation research plan from an Institutional Review Board prior to the intervention or any data collection.

For all sensitive items, grantees will inform their individual respondents that their participation is completely voluntary and that they may refuse to answer any or all of the questions in the instrument. All surveys will be anonymous (see 10., explaining that personal identifiers will be removed and destroyed once data collection is complete). Participants will also be informed of the measures to protect the privacy of their answers (i.e., removal and destruction of personal identifiers). All of the performance measures data will be reported to OMH and OWH in de-identified form, and there will be no means to identify responses by individuals.

12. Estimates of Annualized Hour and Cost Burden

Exhibit 1: Annualized Burden Hour Table

Forms (If necessary)	Respondents (If necessary)	Number of Respondents	Number of Responses per Respondents	Average Burden per Response	Total Burden Hours
<u>Physical Activity & Nutrition Survey</u>	<u>Youth</u>	<u>2800</u>	<u>3</u>	<u>20/60</u>	<u>2800</u>
<u>Sports Inventory</u>	<u>Youth</u>	<u>2800</u>	<u>2</u>	<u>5/60</u>	<u>467</u>
<u>Sports Literacy Form</u>	<u>Youth (Staff observe youth)</u>	<u>2800</u>	<u>3</u>	<u>20/60</u>	<u>2800</u>
<u>Program Participation</u>	<u>Staff</u>	<u>14</u>	<u>2</u>	<u>4.17</u>	<u>117</u>

<u>Record</u>					
Total			<u>10</u>		<u>6184</u>

Exhibit 2: Estimated Annualized Respondent Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Youth (Physical Activity and Nutrition)	2800	\$7.25	\$20,300.00
Youth (Sports Inventory)	467	\$7.25	\$3,385.75
Youth (Sports Literacy Form)	2800	\$7.25	\$20,300.00
Staff (Program Participation)	117	\$34.60	\$4,048.20
TOTAL			\$48,033.95

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Respondents will include youth participants in each of the YES Initiative programs and program staff. There will be no cost to participants other than their time. No additional staff time or cost is anticipated other than the time/cost allocated for regular project administrative requirements. No additional materials or equipment are needed to generate a report.

14. Annualized Cost to Federal Government

The overall annual cost to the Federal government for compiling data from the YES Initiative is \$77,243.00. This total includes time to design the reporting template, provide ongoing technical support to grantees, developing training materials, and training on the instruments and submission process. Exhibit 3 presents total costs to the Federal government for making and implementing enhancements and modifications.

Exhibit 3: Costs to the Federal Government

Category	Cost
Personnel	\$71,682.00
Other Direct Costs (including travel, consultants, computer equipment, etc.)	\$5,560.00
Total	\$77,242.00

*G&A and fee included in total.

15. Explanation for Program Changes or Adjustments

This is a new request.

16. Plans for Tabulation and Publication and Project Time Schedule

Data reported as part of YES Initiative Performance Measures will be used for project management and monitoring, assessment of project implementation and results, and for performance budgeting and reporting purposes in support of OMH and OWH strategic priorities, objectives, and goals. To be of maximum utility, data collection should begin after institutional review board approval and prior to full implementation of the program interventions, which typically occur three-four months after grant period begins.

Data will be tabulated on a quarterly and annual basis. In addition, aggregate program data are also used in periodic reports to OMH and OWH leadership, other HHS policymakers and decision makers, and Congressional staff, as needed and appropriate.

Program findings will be summarized in a comprehensive report and executive summary developed by the evaluation contractor engaged by OMH and OWH. The findings from this assessment may be shared with staff from grantee organizations and additional staff at the HHS Office of the Assistant Secretary for Health.

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

This collection of information does not seek approval to exclude the expiration date for OMB approval from any data collection instruments.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

This collection of information involves no exception to the Certification of Paperwork Reduction Act Submissions.