

B. STATISTICAL METHODOLOGY

DATA COLLECTION PROCEDURES: FPAR DATA SYSTEM

The FPAR reporting requirement does not use statistical methods. In accordance with federal regulations, annual FPAR submission is required of all Title X family planning services grantees for purposes of monitoring and reporting program performance (45 CFR Part 74 and 45 CFR Part 92).⁶⁻⁸ The Family Planning Annual Report (FPAR) Data System (<https://fpar.opa.hhs.gov>) is dedicated to collecting and managing Title X FPAR data. The System's purpose is to facilitate user-friendly submission of annual FPAR data by Title X service grantees and to provide a central location for review, approval, storage, and management of FPAR data by HHS/OPA staff at the regional and central levels. The website's target audiences include authorized staff of over 90 Title X service grantees and approximately 25 HHS/OPA staff that are responsible for administering grants and monitoring performance. The general public is not an intended audience.

1. Security and Access

Security. The system is designed and built according to industry and HHS standards and best practices for security (e.g., privacy and access controls, data transmission, and data storage and backup), accessibility (Section 508), usability, and look-and-feel. The FPAR Data System is a negligible risk system, as classified by the HHS Office of the Chief Information Officer following a September 2011 review of the System Security Plan and Privacy Impact Assessment. The website accommodates the following roles (levels of user access): FPAR Data Coordinator (OPA/DC), OPA Regional Office staff (OPA/RO), grantee, and System Administrator. Access to the site and to different pages, content, and features depends on the users' role, which is controlled by a unique username (e-mail address) and strong password. Each role has a defined scope of which pages and data that role can view or edit.

The FPAR Data System is hosted on RTI servers that, for redundancy purposes, are housed in data centers in two different locations (Ragland Data Center in the Haynes Building and Herbert Building) on RTI's main campus in Research Triangle Park, North Carolina. These locations are protected by physical and environmental security controls in line with NIST 800-53. The FPAR Data System is accessible to authorized RTI project personnel and registered users using strong authentication. All data collected by the FPAR Data System are stored in password-protected Microsoft SQL Server database that resides behind a secure firewall.

Access. The FPAR Data System complies with federal accessibility requirements under the Section 508 Amendment to the Rehabilitation Act of 1973 and has been tested for compliance with Section 508 requirements internally at RTI and by the HHS Office of the Assistant Secretary for Public Affairs. Authorized users can access the FPAR Data System from their workstations, using several internet browsers. The system is optimized for use with either Internet Explorer (version 8 or higher) or Firefox (version 8 or higher). In addition, users must have installed on their systems Adobe Reader and Adobe Flash Player software, both of which are free, to access documents and features of the website,

2. Website Structure and Navigation

Structure. The FPAR Data System website includes both public and private (secure) pages. All visitors to the website can view three public pages: (a) Home, (b) Reports & Forms, and (c) Training. The private pages of the FPAR Data System are accessible only to authorized users (i.e., require log in). Authorized users include HHS/OPA and grantee staff that is registered and

OPA-approved to access the System. After login and prior to entering the private pages, all authorized users must accept the terms of the Privacy Statement regarding privacy expectations and the consequences of unauthorized or improper use. The six private pages are (a) MyFPAR, (b) Website Reports, (c) User Administration, (d) Contacts, (e) Links, and (f) Support. The footer on each web page includes links associated to HHS or OPA (e.g., Accessibility, Freedom of Information, and Privacy Policy) and a site map.

Navigation. To ease and streamline navigation, all web pages share the same layout. The title bar is at the top of the page with the horizontal tab menu underneath. Below the horizontal tab menu is the page content and a footer menu. The private pages have some additional elements, including display of the user's name and a "Logout" link above the tab menu and a "Change Password" link under the tab menu. Function buttons and links are displayed either within the rows of detail data or near the bottom of the content section. The System's web application has multiple modes of navigation to enhance the user experience, including a horizontal tab menu and breadcrumbs, intuitive flow with function buttons and links, and a site map in the footer. The horizontal tab menu allows for quick navigation across website pages. The system also uses "breadcrumbs" in the upper left corner of every web page and FPAR data entry form to help users understand their location and ease their navigation within embedded pages. Finally, action buttons or links foster an intuitive flow of actions and site navigation. When clicked, action buttons or links perform functions or take users to other web pages.

3. FPAR Data Collection

The FPAR Data System provides 17 web-based data entry tables (a Grantee Profile Cover Sheet and 16 data tables), matching the content and structure of the OMB-approved (OMB No. 0990–0221) reporting tables. A grantee user must access their FPAR on the (private) MyFPAR page by clicking the "Edit" link, which directs the user to the FPAR Preparation Checklist. This Checklist displays all FPAR data tables, the status of each table (e.g., Initial, In Process, or Completed), table-specific action links, and action buttons to submit the completed report or close and exit the report without submitting it.

The web data entry forms are intuitive and easy to use, according to internal and client acceptance testing. Under each form is a large text field where grantees can enter table-specific comments. To the extent possible, OPA provides RTI with data to pre-populate fields that contain information about the grant (number and period), the grantee (name and address), and the Title X project director (name and contact information). Where applicable, the data entry forms automatically sum rows and columns. This feature eases reporting for grantees and provides information that the system uses for cross-table validations. All data entry tables have clearly defined action buttons to execute interactive validations, save data, and exit the table.

The FPAR Data System interactively validates the FPAR data to ensure complete and consistent (within and across tables) reporting. The *FPAR Data System Interactive FPAR Validations* document describes the rules that apply for each validation check performed by the system. Within a data table, the user can execute validation checks one of two ways using the "Validate" or "Complete" action buttons. The "Complete" button will validate the data and return the user to the FPAR Preparation Checklist if the data pass all checks. The "Validate" button will check the data without closing the table if the data pass all validations. With either action button, if there are validation errors, a message (red text) will appear above the table describing each error. Additionally, a red asterisk will identify each data field that failed the validation check. Once the user has identified and corrected the errors, they can re-validate the data using either action button. A blank data entry field is a validation error. Users must enter a "0" to denote a zero

value. For selected fields that lack a comparison field for validation (e.g., STD tests in Table 12 or FTEs in Table 13), the system will calculate relevant comparisons (e.g., STD test-to-user ratios) for the current year are compared with the same values from the previous year's FPAR. The grantee can decide whether any discrepancy between years is unusual or expected based on program activities and strategies. Underneath each data entry form is a "Note" field where the user can enter table-specific comments. FPAR data entry tables are viewable and editable by grantees, HHS/OPA office staff, and the FPAR Data Coordinator. OPA office staff is able to view and edit grantee data only for grantees in the regions that they oversee. The FPAR Data Coordinator has access to all FPAR data entry tables for all grantees. Grantees can view only their own data.

Finally, FPAR data are transmitted through the Internet using 128-bit encrypted connection and Secure Sockets Layer (SSL) technology and stored in a password-protected database connected to the website through the Contractor's secure network. A system time-out feature warns a user after 25 minutes of inactivity and automatically logs the user out after 30 minutes of inactivity.

4. FPAR Review and Approval via the MyFPAR page

HHS/OPA staff performs all FPAR review and acceptance actions by using links for each FPAR in the FPAR Tracking and Management Table (MyFPAR page). When a grantee submits a final FPAR, the system generates an automated e-mail to inform OPA regional office staff (first-level review) that the grantee's FPAR is ready for review and acceptance. HHS/OPA staff may view the grantee's final FPAR by clicking on the PDF action link. Once the OPA office staff has completed their review, they may either accept or allow revision of the FPAR by clicking on one of these two action links. If they accept the FPAR, the system will generate an automated e-mail to inform the FPAR Data Coordinator (second-level review) that the FPAR is ready for final review and acceptance. If the regional office staff or FPAR Data Coordinator allows a revision, the system will take two actions: (a) send an automated e-mail to the grantee or OPA office staff that includes the revision instructions or request and (b) "open" the FPAR to editing. Once revised, the FPAR must be re-submitted and pass through all review and approval steps.

5. Automate System E-mail Notifications

As noted above, the FPAR Data System generates automated e-mail messages to notify the grantee, HHS/OPA office staff, and the FPAR Data Coordinators of key FPAR events—when an FPAR is submitted, accepted by OPA office, or accepted by FPAR Data Coordinator and when HHS/OPA staff request a revision—and to alert the person responsible for executing the next action in FPAR processing. In addition, the system sends e-mails to notify grantees about the FPAR submission schedule, user registration, training webinars, or system maintenance, to remind users of their user name, or to provide instructions for resetting a password.

A. REFERENCES

1. 42 USC 300 Section 1001 [300], Project Grants and Contracts for Family Planning Services. Retrieved March 1, 2013, from <http://www.hhs.gov/opa/pdfs/title-x-statute-attachment-a.pdf>; 1970.
2. 42 USC 300 Section 1006 [300a-4], Regulations and Payments. Retrieved March 1, 2013, from <http://www.hhs.gov/opa/pdfs/title-x-statute-attachment-a.pdf> ; 1970.
3. 42 Code of Federal Regulations (CFR) Part 59, Grants for Family Planning Services (October 1, 2000). Retrieved March 1, 2013, from <http://www.hhs.gov/opa/pdfs/42-cfr-59-b.pdf>
4. Frost JJ, Zolna, M. Contraceptive Needs and Services, 2013 Update. New York, New York: Guttmacher Institute; 2015.
5. Frost JJ, Frohwirth L, Purcell, A. The Availability and Use of Publicly Funded Family Planning Clinics: U.S. Trends, 1994–2001. Perspectives on Sexual and Reproductive Health 2004;36:206-15.
6. 45 CFR Part 74, Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Certain Grants and Agreements with States, Local Governments and Indian Tribal Governments. Retrieved March 1, 2013, from <http://www.hhs.gov/opa/grants-and-funding/grant-forms-and-references/45-cfr-74.html>
7. 45 CFR Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments. Retrieved March 1, 2013, from <http://www.hhs.gov/opa/pdfs/45-cfr-92.pdf>.
8. FY13 Announcement of Anticipated Availability of Funds for Family Planning Services Grants (CFDA: 93.217). 2013. Retrieved March 27, 2013, from <https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=15585>.
9. 42 U.S. Code (USC) 300, Chapter 6A, Subchapter VIII-Title X of the Public Health Service Act, Population Research and Voluntary Family Planning Programs. Retrieved March 1, 2013, from <http://www.hhs.gov/opa/pdfs/title-x-statute-attachment-a.pdf>; 1970.
10. HHS Office of Population Affairs. Program Requirements for Title X Funded Family Planning Projects. USDHHS, Version 1.0 ed., Washington, D.C., April 2014.
11. Gavin L, Carter, M, et al. Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs MMWR 2014;63.
12. Office of Management and Budget. Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Fed Regist October 30, 1997;62:58782-90.
13. Fowler CI, Gable, J, Wang J, & Lasater B. Family Planning Annual Report: 2014 National Summary. Research Triangle Park, NC: RTI International; 2015 August 2015.
14. Bernstein J, Chollet D, Peterson S. How Does Insurance Coverage Improve Health Outcomes? Washington, DC: Mathematica Policy Research, Inc.; April 2010.
15. The Henry J. Kaiser Family Foundation. Women's Health Insurance Coverage. Washington, DC: The Henry J. Kaiser Family Foundation; October 2012.

16. Frost JJ. U.S. Women's Reliance on Publicly Funded Family Planning Clinics as Their Usual Source of Medical Care. 2008 NSFG Research Conference. Hyattsville, MD; 2008:18.
17. Summer L. The Impact of the Affordable Care Act on the Safety Net. Washington, DC: AcademyHealth; April 2011.
18. Witgert KE, Hess C. Issues and Policy Options in Sustaining a Safety Net Infrastructure to Meet the Health Care Needs of Vulnerable Populations. Washington, DC: National Academy for State Health Policy; October 2012.
19. Kenney GM, Zuckerman S, Dubay L, et al. Opting in to the Medicaid Expansion under the ACA: Who are the Uninsured Adults Who Could Gain Health Insurance Coverage? Washington, DC: Urban Institute; August 2012.
20. Contract No. HHSP 233200800516. Establishment of a Family Planning Sentinel Clinic Network, September 30, 2008-September 29, 2011.
21. RTI International. 2011 FPAR: Data Validation, Quality, and Transition Report. Research Triangle Park, NC: RTI; 2012.
22. RTI International. 2011 FPAR Submission Report. Research Triangle Park, NC: RTI; 2012.
23. RTI International. Family Planning Annual Report Burden Study. Research Triangle Park, NC: RTI; 2009.
24. Bureau of Labor Statistics. May 2011 National Industry-Specific Occupational Employment and Wage Estimates: Sector 62-Health Care and Social Assistance; March 2012.