

Performance Monitoring of “Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Youth from Vulnerable Populations”

OMB Control Number 0920-1156

Revision Request

**Supporting Statement
Part B:
Collection of Information Employing Statistical Methods**

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ATTACHMENTS

Attachment 1. Section 301 of the Public Health Service Act (42 U.S.C 241)

Attachment 2: Crosswalk of Objectives and Data Sources

Attachment 3a: Health Center Organizational Assessment, paper

Attachment 3b: Health Center Organizational Assessment, online

Attachment 4a: Health Center Provider Survey, paper

Attachment 4b: Health Center Provider Survey, online

Attachment 5a: Quarterly Health Center Performance Measure Reporting Tool, paper

Attachment 5b: Quarterly Health Center Performance Measure Reporting Tool, online

Attachment 6a: Annual Health Center Performance Measure Reporting Tool, paper

Attachment 6b: Annual Health Center Performance Measure Reporting Tool, online

Attachment 7: Awardee Training and Technical Assistance Tool, Excel

Attachment 8a: Awardee Performance Measure Reporting Tool, paper

Attachment 8b: Awardee Performance Measure Reporting Tool, online

Attachment 9: Project Logic Model

Attachment 10a: 60-Day Federal Register Notice

Attachment 10b: Response to Public Comments on the 60-Day Federal Register Notice

B.1. Respondent Universe and Sampling Methods

The respondent universe depends on the tool being used. The respondent universe for the Awardee Training and Technical Assistance Tool (**Attachment 7**) and the Awardee Performance Measure Reporting Tool (**Attachment 8a and 8b**) is the three awardees of the “Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Vulnerable Youth” cooperative agreement. Mississippi First, Inc., a non-profit focused on child well-being and educational achievement, was funded to work in Coahoma, Quitman and Tunica counties in Mississippi. Sexual Health Initiatives For Teens North Carolina (SHIFT NC), a non-profit organization focused on the sexual health of adolescents, was funded to work in Durham County, North Carolina. The Georgia Association for Primary Health Care, Inc, which represents all of Georgia’s Federally Qualified Health Centers, was funded to work in Chatham County, Georgia. There has thus far been a 100% response rate from Awardees given that completion of the measures is a condition of their funding.

To carry out these projects, each of these three organizations worked with 6-9 health centers and 6-13 youth serving organizations (YSOs) in their target communities (Coahoma, Quitman, and Tunica Counties, MS; Durham County, NC; Chatham County GA). Awardees selected these partners during the first year of the project. Health center partners include Federally Qualified Health Centers and local health departments, as well as other health centers that receive Title X funds or serve high percentages of patients on Medicaid. YSO partners include schools, government agencies serving youth in foster care, mental health/substance abuse treatment and prevention organizations that serve youth, Boys and Girls Clubs, and other community-based organizations that provide direct services to youth.

The respondent universe of the Health Center Organizational Assessment (**Attachment 3a and 3b**) and the Quarterly and Annual Health Center Performance Measures Reporting Tools (**Attachment 5a, 5b, 6a, and 6b**) is all health center partners of the awardee organization. Information is needed from all of the health centers to identify areas of performance in need of improvement or determine if performance is adequate for them to continue as partners. All health center partners must complete the Health Center Organizational Assessment and the Health Center Performance Measure Reporting Tools as a condition of their participation; we anticipate that there will be 25 health centers participating at the time of each assessment. There has thus far been a 100% response rate for these three measures. The respondent universe of the Health Center Provider Survey (**Attachment 4a and 4b**) is providers working with youth at the health center partner sites; information is needed on all providers to assess adequate progress in provider practices. We estimate that health centers will average 4 such providers resulting in a potential sample of 100 providers.

The YSO Organizational Assessment, YSO Performance Measurement Tool, and YSO Staff Survey, as well as the Health Center Youth Survey will not be collected during the Revision period. We do not expect further change in YSO policies and practices with respect to linking adolescents to care beyond what has occurred already. We determined that the burden of collecting additional data from the YSO partners outweighed the benefit. Under the currently approved information collection request, the Health Center Youth Survey will be conducted late in 2019 and will not be conducted again during the course of the project. Thus, it is not included in this information collection Revision request.

Table B.1. Expected Number of Respondents for Extension Period (2/1/2020-9/30/2020)

Respondent Type	No. of Sites	Universe of Respondents per Site	Average Sample Per Site	Total Universe across Sites	Total Sample across Sites
Awardee	3	1	1	3	3
Health Center Project Coordinator	25	1	1	25	25
Health Center Provider	25	4	4	100	100

*This represents the universe of respondents per site during the time period that data is being collected. See text for additional information.

B.2. Procedures for the collection of information

The Training and Technical Assistance Tool (**Attachment 7**) is being completed monthly by awardees. The Awardee Performance Measure Reporting Tool (**Attachment 8a and 8b**) is being completed annually by awardees.

The Quarterly and Annual Health Center Performance Measure Reporting Tools (**Attachment 5a, 5b, 6a and 6b**) are completed in two stages. First, health center partners complete these tools and submit them to their awardee. In the second step, the three awardees review the individual forms, work with their health center partners to complete any missing items and address any concerns with the data reported. Once the awardees are satisfied that the forms have been fully and accurately completed, the awardees submit them to CDC. The awardees received training from CDC staff on how to complete the tools, and they in turn trained their partners. CDC staff are available to answer any questions. Once data are submitted, they are reviewed and any missing information or items completed incorrectly are noted and the awardee is asked to revise.

The Health Center Organizational Assessment (**Attachments 3a and 3b**) is collected by awardees from a designated coordinator at each health center. The awardee agency provide training to the health centers on completing the tools and are available to assist with questions that may arise from completing the assessments. Coordinators submit data to the awardee agency for review prior to submission to CDC. CDC staff also review the submission and ask the awardee to seek clarification for any items not completed or completed incorrectly.

All providers (e.g., medical doctor, nurse practitioner, physician’s assistant) providing services to adolescents at each health center receive the health center provider survey (**Attachment 4a and 4b**) for voluntary completion. Each health center has a staff member who serves as the coordinator for project efforts. The awardee asks the primary contact at each health center to provide the survey to all involved providers.

B.3. Methods to Maximize Response Rates and Deal with No Responses

CDC has followed up with each awardee by email and telephone to ensure completed measures are received in a timely fashion. The awardee follows up with the health center partners to ensure the organizational assessments are completed. The 3 awardee tools and the health center organizational assessments are required as a condition of funding and we expect a 100% response rate, as we have gotten thus far during the project.

The three awardees will work with the health center partner coordinator to ensure data are collected in a timely fashion from providers at the partner sites. The coordinators may give reminders via email, phone or in-person. We anticipate a 70-75% percent response rate given response rates thus far.

B.4 Test of Procedures or Methods to be Undertaken

During the 60-day comment period of the original information collection submission (published in the Federal Registrar on February 5, 2016), representatives from the awardee agencies including evaluators and the technical assistance providers who are expert at working with health centers and YSOs, carefully reviewed the tools to ensure that the questions were clear and that the burden of information collection was minimized. At a subset of health centers, data managers also reviewed the Annual and Quarterly Performance Measure Reporting Tool to determine whether information requested was available via the health centers' electronic medical records. Based on feedback from all sources, we revised the tools.

B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Title	Project Role	Contact Information
Heather Tevendale, PhD, Health Scientist	Designed the data collection, oversees data collection	Hrx9@cdc.gov 770-488-6147
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