

OMB SUPPORTING STATEMENT: Part A

School Health Profiles Test-Retest Reliability Study

August 12, 2020

Submitted by:

**Division of Adolescent and School Health
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention**

**Centers for Disease Control and Prevention
Department of Health and Human Services**

Project Officer:

Sherry Everett Jones, PhD, MPH, JD
School-Based Surveillance Branch
Division of Adolescent and School Health
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road MS US8-1
Atlanta, GA 30329-4027
Phone: 404-718-8288
Fax: 404-718-8010
E-mail: sce2@cdc.gov

Contents

A. JUSTIFICATION.....	1
A.1 CIRCUMSTANCES MAKING THE COLLECTION OF INFORMATION NECESSARY.....	1
A.2 PURPOSE AND USE OF INFORMATION COLLECTED.....	3
A.3 USE OF IMPROVED INFORMATION TECHNOLOGY AND BURDEN REDUCTION.....	4
A.4 EFFORTS TO IDENTIFY DUPLICATION AND USE OF SIMILAR INFORMATION.....	4
A.5 IMPACT ON SMALL BUSINESSES OR OTHER SMALL ENTITIES.....	4
A.6 CONSEQUENCES OF COLLECTING THE INFORMATION LESS FREQUENTLY...4	
A.7 SPECIAL CIRCUMSTANCES RELATING TO THE GUIDELINE OF 5 CFR 1320.5...5	
A.8 COMMENTS IN RESPONSE TO THE FEDERAL REGISTER NOTICE AND EFFORTS TO CONSULT OUTSIDE THE AGENCY.....	5
A.9 EXPLANATION OF ANY PAYMENT OR GIFT TO RESPONDENTS.....	5
A.10 PROTECTION OF THE PRIVACY AND CONFIDENTIALITY OF INFORMATION PROVIDED BY RESPONDENTS.....	5
A.11 INSTITUTIONAL REVIEW BOARD (IRB) AND JUSTIFICATION FOR SENSITIVE QUESTIONS.....	6
A.12 ESTIMATES OF ANNUALIZED BURDEN HOURS AND COSTS.....	6
A.13 ESTIMATES OF OTHER TOTAL ANNUAL COST BURDEN TO RESPONDENTS AND RECORD KEEPERS.....	8
A.14 ANNUALIZED COSTS TO THE FEDERAL GOVERNMENT.....	8
A.15 EXPLANATION FOR PROGRAM CHANGES OR ADJUSTMENTS.....	9
A.16 PLANS FOR TABULATION AND PUBLICATION AND PROJECT TIME SCHEDULE.....	9
A.17 REASON(S) DISPLAY OF OMB EXPIRATION DATE IS INAPPROPRIATE.....	10
A.18 EXCEPTIONS TO CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS.....	10

List of Exhibits

1. Estimated Annualized Burden Hours.....	7
2. Estimated Annualized Burden Costs.....	8
3. Costs to the Federal Government.....	9
4. Time schedule for the School Health Profiles Test-Retest Reliability Study.....	10

List of Attachments

Attachment A – Authorizing Legislation
Attachment B-1 – 60-Day Federal Register Notice
Attachment B-2 – 60-Day Federal Register Notice Comments
Attachment C – School Principal Questionnaire
Attachment D – Lead Health Education Teacher Questionnaire
Attachment E – Time 2 Supplemental Questions
Attachment F – Advance Superintendent Letter
Attachment G – Advance Principal and Lead Health Education Teacher Letters
Attachment H – Time1 Initial Mailing Letters – Paper
Attachment I – Time 1 Initial Mailing Letters – Web-based
Attachment J – Time 1 Reminder Postcards – Paper
Attachment K – Time 1 Reminder Postcards – Web-based
Attachment L – Time 1 Follow-up and Final Mailings – Paper
Attachment M – Time 1 Follow-up and Final Mailings – Web-based
Attachment N – Telephone Prompt Script
Attachment O – Time 2 Initial Mailing Letters – Paper
Attachment P – Time 2 Initial Mailing Letters – Web-based
Attachment Q – Time 2 Reminder Postcards – Paper
Attachment R – Time 2 Reminder Postcards and Emails – Web-based
Attachment S – Time 2 Follow-up and Final Mailings – Paper
Attachment T – Time 2 Follow-up and Final Mailings to Principals – Web-based
Attachment U – IRB Approval Letter
Attachment V – Privacy Impact Assessment Form

- The goal of the School Health Profiles Test-Retest Reliability Study is to test the reliability of the data collected through the School Health Profiles School Principal and Lead Health Education Teacher questionnaires.
- The results of the study will be used to improve the questionnaires for future cycles. For example, questions that show poor reliability will be revised to clarify question wording. This will, in turn improve the quality of the data collected using the School Health Profiles questionnaires.
- A test-retest study will be implemented for each questionnaire. Each questionnaire will be administered to the same respondents at two time points, approximately two weeks apart. Five additional questions will be added at the end of both the principal and lead health education teacher questionnaires at the Time 2 administration to gather data on why responses to the same questions may have changed or stayed the same between the two administrations.
- The respondents for the School Health Profiles Test-Retest Reliability Study will include principals and lead health education teachers in public secondary schools containing at least one of grades 6 through 12. A sample of 300 regular public secondary schools in the U.S. containing at least one of grades 6 through 12 will be selected in no more than 40 districts.
- Data will be assessed in two ways. First, the extent of the agreement between Time 1 and Time 2 responses will be calculated. Using Time 1 and Time 2 data, reliability will be estimated through Cohen’s kappa. Second, prevalence estimates obtained at Time 1 will be compared to those obtained at Time 2.
- The Centers for Disease Control and Prevention (CDC) is aware that some schools will be operating virtually in the semester leading up to data collection, but CDC assumes most faculty will be “in person” in the spring 2021.
- This study does not address COVID-19 issues specifically as such policies and practices related to this pandemic specifically will not be incorporated into School Health Profiles questionnaires.

A. JUSTIFICATION

A.1. CIRCUMSTANCES MAKING THE COLLECTION OF INFORMATION NECESSARY

This request is for OMB approval for the School Health Profiles Test-Retest Reliability Study to be conducted in 2020. The study would assess the reliability of the data collected by the School Health Profiles Survey (“Profiles”), a system of school-based surveys developed by the Centers for Disease Control and Prevention (CDC) and conducted by state and local education and health agencies among school principals and lead health education teachers at the secondary school level. This reliability study is funded by the Division of Adolescent and School Health (DASH), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention. The data collection is authorized under Section 241 of the Public Health Service Act (42 U.S.C.241) (see Attachment A). This is a new Information Collection Request. A one-year approval of this study is being requested.

School Health Profiles

Education and health agencies administer Profiles biennially in even-numbered years. In 1995, the Centers for Disease Control and Prevention collaborated with state, territorial, and local education and health agencies to develop Profiles. At that time, the survey assessed mainly health education and some school policies primarily related to HIV infection and AIDS. Based on input from education and health agencies, Profiles has evolved to provide a more comprehensive assessment of school health policies and practices related to health education, physical education and physical activity, tobacco use prevention, nutrition, school-based health services, family and community involvement in school health, and school

health coordination.

States and large urban school districts use Profiles as a data source for performance measures for two Centers for Disease Control and Prevention cooperative agreements: CDC-RFA-PS18-1807, *Promoting Adolescent Health Through School-Based HIV Prevention (PS18-1807)*, and CDC-RFA-DP18-1801 *Improving Student Health and Academic Achievement Through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools (DP18-1801)*. Profiles assesses some information related to the Whole School, Whole Community, Whole Child Model (WSCC), which is CDC's framework for addressing health in schools. The WSCC model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement, and the importance of evidence-based school policies and practices. Profiles addresses the following 8 of the 10 WSCC model components:

- Health education
- Physical education and physical activity
- Health services
- Counseling, psychological, and social services
- Nutrition environment and services
- Social and emotional climate
- Family engagement
- Community involvement

Profiles surveys are conducted by state, tribal, territorial, and local education and health agencies. Profiles uses two self-administered questionnaires to collect data from secondary schools in each jurisdiction. One questionnaire is administered to principals and the other to lead health education teachers (or the individual most knowledgeable about health education within a designated school). The School Principal Questionnaire collects information on school health coordination, physical education and physical activity, tobacco-use prevention policies, nutrition-related policies and practices, health services, family and community involvement. The Lead Health Education Teacher Questionnaire collects information about required health education courses, health education materials, required health education content, collaboration, professional development, and professional preparation.

Profiles surveys are administered widely. In 2018, 48 states, 21 large urban school districts, and two territories conducted School Health Profiles. Across all of these jurisdictions, questionnaires were completed by approximately 10,000 principals and by approximately 9,000 lead health education teachers.

Test-Retest Reliability Study Data Collection Overview

Profiles has been conducted since 1996 and the questionnaires have undergone many updates and revisions to address emerging health priorities and provide a comprehensive assessment of school health; however, the Centers for Disease Control and Prevention has never conducted a test-retest reliability study of the questionnaires. Because of the large impact this survey has on the assessment and development of school health policies, the Centers for Disease Control and Prevention has determined there is a need to assess the reliability of the self-administered questionnaires. Reliability of the Profiles data will be assessed through a test-retest assessment using the School Principal Questionnaire (see Attachment C) and Lead Health Education Teacher Questionnaire (see Attachment D) developed for the 2020 cycle. For the test-retest study, the questionnaires will be administered to the same respondents at two time points, approximately two weeks apart. Five additional questions will be added at the end of both the principal and lead health education teacher questionnaires at the Time 2 administration to gather data on why responses to the same questions may have changed or stayed the same between the two administrations (see Attachment E). Data collection will occur between January and June of 2021 after completion of the school clearance process. To reduce the burden on schools, schools that were selected

for the 2020 Profiles regular state and large urban school district samples will be excluded.

As no in-person data collection will be necessary for Time 1 or Time 2 participation, no COVID-19 transmission precautions are necessary. Respondents will complete either a paper and pencil questionnaire or complete the questionnaire online via weblink.

A.2 PURPOSE AND USE OF INFORMATION COLLECTED

The primary purpose of this data collection is to obtain data that can be used to establish the reliability of data collected by Profiles. The data will be used by the Centers for Disease Control and Prevention and analyzed for methodological purposes, rather than substantive purposes. Test-retest reliability will be assessed in two ways. First, the extent of the agreement between Time 1 and Time 2 responses will be calculated. Second, prevalence estimates obtained at Time 1 will be compared to those obtained at Time 2. Together, these analyses will provide information about the quality of each item in both the Principal and Lead Health Education Teacher questionnaires.

The results of the Test-Retest Reliability Study will be used to improve the questionnaires for future cycles. For example, questions that show poor reliability will be revised to clarify question wording. This will, in turn improve the quality of the data collected using the Profiles questionnaires.

It is important for Profiles to produce the highest quality data possible because data from the surveys are used by nearly all states, plus multiple territories and large urban school districts. Specifically, in 2018, 48 states, 21 large urban school districts, and two territories conducted School Health Profiles. The state, territorial, and large urban school districts that conduct these surveys use them for a variety of purposes, including describing school health policies and practices, identifying professional development needs, planning and monitoring programs, supporting health-related policies and legislation, seeking funding, and garnering support for future surveys. In addition, Profiles is a data source for performance measures for two Centers for Disease Control and Prevention cooperative agreements: CDC-RFA-PS18-1807, Promoting Adolescent Health Through School-Based HIV Prevention (PS18-1807), and CDC-RFA-DP18-1801 Improving Student Health and Academic Achievement Through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools (DP18-1801).

A.3 USE OF IMPROVED INFORMATION TECHNOLOGY AND BURDEN REDUCTION

The School Health Profiles Test-Retest Reliability Study will employ the same data collection procedures currently used in state and district implementations of the Profiles to ensure that the data collected for the test-retest study are comparable to data collected during actual Profiles data collection. Sites currently administering the Profiles are provided with the option of paper surveys or web-based surveys. NCHHSTP supports and encourages web-based responses because electronic collection is efficient for both CDC and respondents. However, maintaining a paper option may be necessary because some schools require or prefer the paper option. The mode tests are therefore necessary.

In 2018, 71 sites (state, large urban school district, and territorial health or education agencies) conducted a Profiles. Of those, 30 state and large urban school district education or health agencies and two territories used the paper-based survey administration method, and 39 state and large urban school district education or health agencies used the web-based method. Where feasible to implement the web-based method, the web-based survey is preferable as it reduces respondent burden by automating the skip patterns used throughout the Profiles questionnaire. This programming also helps improve data quality by automatically skipping questions that are not applicable based on answers to other questions. When using the paper-based method, the respondent may inadvertently provide answers to questions that should have been skipped based on an answer to a previous question.

A.4 EFFORTS TO IDENTIFY DUPLICATION AND USE OF SIMILAR INFORMATION

Implementing a test-retest reliability study is the only current means of collecting the data needed to test the reliability of the Profiles survey items. Although the Profiles surveys are conducted biennially by state, territorial, tribal, and large urban school district education and health agencies, a test-retest reliability study requires two controlled administrations of an identical instrument over a short period of time to the same respondents. For this reason, a separate study including two survey administrations is necessary. To reduce the burden on schools, schools that were selected for the 2020 Profiles regular state and large urban school districts samples will be excluded from the sample used for the test-retest reliability study. In order to test item reliability for both modes of survey administration, the School Health Profiles Test-Retest Reliability Study will employ both paper surveys and web-based surveys.

A.5 IMPACT ON SMALL BUSINESSES OR OTHER SMALL ENTITIES

No small businesses will be involved in this data collection. Many school districts and schools have populations < 50,000 people and therefore are considered small entities. These entities are the focus of this study. There will be no significant economic impact on these small entities. The burden on principals and teachers is minimized by limiting the questions on the questionnaires used for the test-retest reliability study to the same questions used for the School Health Profiles questionnaires implemented by state, territorial, tribal, and large urban school districts. The exception is five additional questions included at Time 2 administration as a quality control measure. The questions used on the Profiles questionnaires address policies and practices that principals and teachers will be aware of, and are not burdensome information requests for respondents who work in the participating schools.

A.6 CONSEQUENCES OF COLLECTING THE INFORMATION LESS FREQUENTLY

The planned data collections for the test-retest reliability study will occur only once. The 2020 School Principal Questionnaire will be administered two times, two weeks apart, and the 2020 Lead Health Education Teacher Questionnaire will be administered two times, two weeks apart. A test-retest reliability study cannot be conducted with fewer than two survey administrations.

A.7 SPECIAL CIRCUMSTANCES RELATING TO THE GUIDELINE OF 5 CFR 1320.5

The data collection will be implemented in a manner consistent with 5 CFR 1320.5. The only exception is that Time 2 survey responses will be requested in fewer than 30 days. The time between the Time 1 and Time 2 data collections will target a two-week interval. A two-week interval is the standard used in most test-retest reliability studies for two reasons. First, it is unlikely that any changes in practice or other situations will occur during a two-week time period that would impact the responses. Second, a two-week interval is long enough to prevent respondents from simply providing answers that had been memorized from the Time 1 questionnaire.

A.8 COMMENTS IN RESPONSE TO THE FEDERAL REGISTER NOTICE AND EFFORTS TO CONSULT OUTSIDE THE AGENCY

CDC published a 60-day *Federal Register* notice of the proposed data collection on March 16, 2020 (Volume 85, Number 51, pages 14942-14943) (See Attachment B-1). CDC received two comments (See Attachment B-2). Both comments supported the School Health Profiles. The first comment suggested the need for similar data collection at the university level; however, the comment suggests a misunderstanding of this particular study which is not meant to actually collect generalizable school health policy and program data. Because no contact information was submitted, no CDC response was sent to the first respondent. The second comment was non-substantive. It was written to support School Health Profiles generally, and this study specifically. CDC sent an email thanking the respondents for

their comments.

No additional efforts have been made to consult with persons outside the agency.

A.9 EXPLANATION OF ANY PAYMENT OR GIFT TO RESPONDENTS

To encourage principal and teacher participation, respondents will be given \$25 for completing both the Time 1 and Time 2 surveys. This token of appreciation will be provided in two stages. After the Time 1 survey is completed, a \$5 check made out to the respondent will be included with the initial Time 2 survey mailing sent to the respondent. These will be sent via FedEx and require a signature upon delivery. Including the first token with the Time 2 survey mailing will also help ensure that attention is given to completing the Time 2 survey. With the Time 2 survey request, respondents will be informed that an additional token (\$20) will be sent via FedEx for completing the Time 2 survey. The higher token after the second survey completion is meant to encourage completion of the Time 2 survey.

Research indicates positive effects on response rates for the use of cash tokens of appreciation. For example, Cantor, O'Hare and O'Connor (2007) found that a promised \$15 – \$35 for survey completion increases response rates.¹ Further, Mercer, et al. (2015) found a 20 percent increase in the response rate to mail surveys due to offering something for participation compared to not offering anything.² In the School Health Profiles Test-Retest Reliability Study, we expect the token of appreciation to: increase teacher and principal interest and encourage teachers and principals to prioritize participation over other activities that do not provide a monetary reward; improve the quality of the data; increase the likelihood of principals and teachers completing both a Time 1 and Time 2 survey; and partially compensate teachers' and principals' time and effort related to completing the surveys.

A.10 PROTECTION OF THE PRIVACY AND CONFIDENTIALITY OF INFORMATION PROVIDED BY RESPONDENTS

The CDC NCHHSTP Privacy Review Officer and the NCHHSTP IT Security Information System Security Officer (ISSO), have assessed this package for applicability of 5 U.S.C. § 552a, and determined that the Privacy Act does apply to the overall information collection. A Privacy Impact Assessment was completed (Attachment V).

Personally identifiable information (PII) is being collected as part of the School Principal Questionnaire (see Attachment C) and Lead Health Education Teacher Questionnaire (see Attachment D). Although identifiable information (name, school address, etc.) will be collected from participants, they will be speaking from their roles as staff knowledgeable about school health policies and practices and will not be providing personal information about themselves (other than name, title, and school name, district, and address). No identifying information will be retained in data records or transmitted to the CDC. Upon identification of a respondent by the school or district contact as the most knowledgeable respondent in a given content area, study participants are assigned a unique identification number. The identifying information used to distribute study materials (i.e., respondents' name, email address, mailing address, and phone number) will be maintained in a file that is separate from the response data. The connection between respondents' unique identifier and their identifying information is retained until scanning and analyses are completed. This information is only available to project staff. These data can only be linked with effort because they are stored in separate data files.

1 Cantor, David & O'Hare, Barbara & O'Connor, Kathleen. (2007). The Use of Monetary Incentives to Reduce Nonresponse in Random Digit Dial Telephone Surveys. 10.1002/9780470173404.ch22.

2 Mercer, Andrew & Caporaso, Andrew & Cantor, David & Townsend, Reanne. (2015). How Much Gets You How Much?: Monetary Incentives and Response Rates in Household Surveys. *Public Opinion Quarterly*. 79. 10.1093/poq/nfu059.

The data collection contractor has several security procedures in place to safeguard data. All electronic data will be stored on secured servers and will be accessible only to staff directly involved in the project. Also, all contractor staff involved with the project will be required to sign a form related to safeguarding participant PII, which is a statement of personal commitment to guard the of data.

Provision of the information provided by respondents is voluntary and sampled participants will be assured that there is no penalty if they decide not to respond, either to the information collection as a whole or to any particular question. All principal and lead health education teacher respondents will be informed that security will be maintained throughout data collection (to the extent permitted by law), all data will be closely safeguarded and no institutional or individual identifiers will be used in study reports; only aggregated data will be reported.

A.11 INSTITUTIONAL REVIEW BOARD (IRB) AND JUSTIFICATION FOR SENSITIVE QUESTIONS

IRB Approval

This data collection has received IRB approval from the Westat IRB and the Centers for Disease Control and Prevention recognizes the Westat IRB approval. The current IRB approval letter is in Attachment U.

Sensitive Questions

The questionnaires do not ask any personally invasive or personally sensitive questions. The questionnaires do not ask about gender, race, or ethnicity of respondents because those characteristics are not relevant to the study. The data collection pertains to the organizations represented by respondents, not about respondents themselves. Participants will be speaking from their roles as staff knowledgeable about school health policies and practices and will not be providing personal information about themselves.

A.12 ESTIMATES OF ANNUALIZED BURDEN HOURS AND COSTS

A. Exhibit 1 below shows estimated burden hours for both preliminary activities and data collection activities. Preliminary activities include: (a) contacting and seeking research approvals from public school districts with an established research approval process (“special contact districts”), (b) notifying the superintendent of districts with sampled schools about the study, and (c) notifying sampled schools of their selection for the survey. The special contact districts are those known to require completion of a research application before they will allow schools under their jurisdiction to participate in a study.

The notification letter to district superintendents is not included in the burden estimates because the superintendents are not asked to take any action upon receiving the letter.

In this submission, we are requesting approval to conduct the School Principal Questionnaire at Time 1 and Time 2, and the Lead Health Education Teacher Questionnaire at Time 1 and Time 2. As described in Section A.5, Time 2 questionnaires include an additional 5 questions for quality control purposes. Based on school district experience administering the School Health Profiles School Principal Questionnaire and Lead Health Education Teacher Questionnaire, the Time 1 surveys are estimated to take 45 minutes to complete. The Time 2 surveys are estimated to take 45 minutes to complete with an additional 5 minutes to complete the supplemental questions added to the end of the survey.

Exhibit 1. Estimated Annualized Burden Hours

Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Data Collection Activities					
School Principal	School Principal Questionnaire Time 1 (Attachment C)	200	1	45/60	150
School Principal	Nonresponse follow-up call Time 1 (Attachment N)	150	1	5/60	13
School Principal	School Principal Questionnaire Time 2 (Attachment C)	200	1	45/60	150
School Principal	School Principal Supplemental Questions (Attachment E)	200	1	5/60	17
School Principal	Nonresponse follow-up call Time 2 (Attachment N)	150	1	5/60	13
Lead Health Education Teacher	Lead Health Education Teacher Questionnaire Time 1 (Attachment D)	200	1	45/60	150
Lead Health Education Teacher	Nonresponse follow-up call Time 1 (Attachment N)	150	1	5/60	13
Lead Health Education Teacher	Lead Health Education Teacher Questionnaire Time 2 (Attachment D)	200	1	45/60	150
Lead Health Education Teacher	Lead Health Education Teacher Supplemental Questions (Attachment E)	200	1	5/60	17
Lead Health Education Teacher	Nonresponse follow-up call Time 2 (Attachment N)	150	1	5/60	13
Total					686

B. Information about estimated costs for the principal and lead health education teacher data collections are summarized in Exhibit 2. There are no direct costs to the respondents themselves or to participating schools and districts. The costs may, however, be calculated in terms of the costs of staff time spent in responding to the questionnaires.

The estimated average hourly earnings of secondary administrators are \$47 and lead health education teachers are \$31³. Therefore, based on 686 total burden hours for the School Health Profiles Test-Retest Reliability Study survey data collection activities, the associated total estimated burden time cost to respondents is \$26,648.

³ The time cost to respondents is the hourly earnings of elementary and secondary administrators and school teachers as reported in the May 2018 Bureau of Labor Statistics (BLS) Occupational Employment Statistics. The mean hourly wage was computed assuming 2,080 hours per year. Source: BLS Occupational Employment Statistics, https://www.bls.gov/oes/current/oes_nat.htm#25-0000, Occupation codes: Education Administrators, Elementary and Secondary School (11-9032), and Secondary School Teachers (25-2030), accessed on November 15, 2019.

Exhibit 2. Estimated Annualized Burden Costs

Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Hourly Wage Rate	Total Respondent Costs
School Principal	School Principal Questionnaire Time 1	200	1	45/60	\$47	\$7,050
School Principal	Nonresponse follow-up call	150	1	5/60	\$47	\$587
School Principal	School Principal Questionnaire Time 2	200	1	45/60	\$47	\$7,050
School Principal	School Principal Supplemental questions	200	1	5/60	\$47	\$783
School Principal	Nonresponse follow-up call	150	1	5/60	\$47	\$587
Lead Health Education Teacher	Lead Health Education Teacher Questionnaire Time 1	200	1	45/60	\$31	\$4,650
Lead Health Education Teacher	Nonresponse follow-up call	150	1	5/60	\$31	\$387
Lead Health Education Teacher	Lead Health Education Teacher Questionnaire Time 2	200	1	45/60	\$31	\$4,650
Lead Health Education Teacher	Lead Health Education Teacher Supplemental Questions	200	1	5/60	\$31	\$517
Lead Health Education Teacher	Nonresponse follow-up call	150	1	5/60	\$31	\$387
Total						\$26,648

A.13 ESTIMATES OF OTHER TOTAL ANNUAL COST BURDEN TO RESPONDENTS AND RECORD KEEPERS

There will be no respondent capital and maintenance costs.

A.14 ANNUALIZED COSTS TO THE FEDERAL GOVERNMENT

The survey is funded under Contract No. 200-2017-F-93487 which has a total award amount of \$379,603.00. The contract amount for the School Health Profiles Test-Retest Reliability Study is \$176,356.00 over a 34-month period. Thus, the annualized contract cost is approximately \$62,243.29. These costs cover the expenses listed in Exhibit 3 below.

Additional costs will be incurred indirectly by the government in personnel costs of Centers for Disease Control and Prevention staff involved in oversight of the survey and conduct of data analysis. It is estimated that one Centers for Disease Control and Prevention full-time equivalent employee will be involved for approximately 15% of her time (for federal personnel, 100% time = 2080 hours annually) at a salary of \$68.67 per hour. The direct annual costs in Centers for Disease Control and Prevention staff time, therefore, will be approximately \$21,425.04 annually.

The total cost for the study over a 34-month period, including the contract cost and federal government personnel cost is \$197,781. The annualized cost to the government for the study will be \$69,804.00.

Exhibit 3. Costs to the Federal Government

Cost Type	Amount
Westat Personnel	\$160,743
Centers for Disease Control and Prevention Personnel	\$21,425
Computing	\$1,359
Participant Recruitment and Follow-up	\$10,000
Other Direct Costs	\$3,596
G&A	\$658
Total Costs	\$197,781

A.15 EXPLANATION FOR PROGRAM CHANGES OR ADJUSTMENTS

As this is a new request, there are no program changes or adjustments.

A.16 PLANS FOR TABULATION AND PUBLICATION AND PROJECT TIME SCHEDULE

The School Health Profiles Test-Retest Reliability Study’s primary purpose is to obtain data that can be used to establish the reliability of data collected by Profiles. The data will be used by the Centers for Disease Control and Prevention and analyzed for methodological purposes and not combined with any state, tribal, territorial, or local Profiles data.

The test-retest reliability data will be assessed in two ways. First, the extent of the agreement between Time 1 and Time 2 responses will be calculated. Using Time 1 and Time 2 data, reliability will be estimated through Cohen’s kappa. Cohen’s kappa provides a measure of agreement that corrects for chance agreement. Second, prevalence estimates obtained at Time 1 will be compared to those obtained at Time 2. Together, these analyses will provide information about the quality of each item in both the Principal and Lead Health Education Teacher questionnaires.

The results of the Test-Retest Reliability Study will be used to improve the questionnaires for future cycles. For example, questions that show poor reliability will be revised to clarify question wording. This will, in turn improve the quality of the data collected using the Profiles questionnaires.

A manuscript will be developed for submission to a journal such that the study findings are documented and publicly available. The manuscript will describe the following: the study’s sampling strategy and design; the district and school clearance process; how data were collected at Time 1 and Time 2, including the ways in which respondent privacy was protected; all statistical analyses conducted to examine Time 1 and Time 2 data; an aggregate description of the study participants; the findings, including the Time 1 and Time 2 prevalence estimates and the Cohen’s kappa statistics; and conclusions about the study findings.

The following assumes an OMB approval date of December 1, 2020, and represents our proposed schedule of activities for the School Health Profiles Test-Retest Reliability Study.

Exhibit 4. Time schedule for the School Health Profiles Test-Retest Reliability Study

Task	Date
<i>Data Collection Time 1</i>	
Advance Mailing	1-4 weeks following OMB approval
Initial Mailing	1-4 weeks following OMB approval
Nonresponse Follow-up	2 weeks to 2 months following OMB approval
<i>Data Collection Time 2</i>	
Initial Mailing	3 weeks to 2 months following OMB approval
Nonresponse Follow-up	4 weeks to 2 months following OMB approval
<i>Data Set, Documentation, & Reporting</i>	
Produce data file and documentation	5 to 6 months following OMB approval
Analyze data	7 months following OMB approval
Submit to a journal for publication	12 months following OMB approval
Publish results	23 months following OMB approval

A.17 REASON(S) DISPLAY OF OMB EXPIRATION DATE IS INAPPROPRIATE

The OMB expiration date will be displayed on all paper surveys and listed on the web-based surveys.

A.18 EXCEPTIONS TO CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

No exemptions from the certification statement are being sought.