

“Promoting Adolescent Health through School-Based HIV/STD Prevention Reporting Templates”

OMB #0920-###

Expiration Date: ##/##/####

Supporting Statement Part A

May 29, 2020

Supported by:

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

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Table of Contents

A. 1	Circumstances Making the Collection of Information Necessary
A. 2	Purpose and Use of Information Collection
A. 3	Use of Improved Information Technology and Burden Reduction
A. 4	Efforts to Identify and Use of Similar Information
A. 5	Impact on Small Businesses or Other Small Entities
A. 6	Consequences of Collecting the Information Less Frequently
A. 7	Special Circumstances Relating to the Guidelines of 5 CFR 1320.5
A. 8	Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency
A. 9	Explanation of Any Payment or Gift to Respondents
A. 10	Protection of the Privacy and Confidentiality of Information Provided by Respondents
A. 11	Institutional Review Board (IRB) and Justification for Sensitive Questions
A. 12	Estimates of Annualized Burden Hours and Costs
A. 13	Estimates of Other Annual Cost Burden to Respondents or Record Keepers
A. 14	Annualized Cost to Federal Government
A. 15	Explanation for Program Changes or Adjustments
A. 16	Plans for Tabulation and Publication and Project Time Schedule
A. 17	Reason(s) Display of OMB Expiration Date is Inappropriate
A. 18	Exceptions to Certification for Paperwork Reduction Act Submissions
B.1	Respondent Universe and Sampling Methods.....
B.2	Procedures for the Collection of Information.....
B.3	Methods to Maximize Response Rates and Deal with No Response.....
B.4	Tests of Procedures or Methods to be Undertaken.....
B.5	Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data.....

List of Attachments

Attachment Number	Document Description
1	Public Health Service Act Legislation
2	60 Day FRN
3	Component 1 Reporting Template
4	Component 2 Reporting Template
5	Component 1 Required Programmatic Activities Work Plan
6	Component 2 Required Programmatic Activities Work Plan
7	Component 2 Professional Development Work Plan
8	Privacy Impact Assessment (PIA)

Section A: Justification for Information Collection

Goal: The goal of this information collection is to obtain specific and consistent data that will be used to assess the extent to which recipients of PS18-1807: Promoting Adolescent Health through School-Based HIV/STD, are successful in collecting surveillance data (Component 1); and, successful in implementing the required programmatic activities (Component 2). The Component 1 recipients include state, territorial, local, and tribal education and health agencies. Component 2 recipients include local education agencies (LEAs). Data will be collected using different work plans and reporting templates for each component. Component 2 will have two work plans: a required programmatic activities work plan and a professional development work plan. Component 1 will only have a required programmatic activities work plan. Both Component 1 and 2 will have separate reporting templates. Using structured work plans and a reporting template for each component will provide uniformity in planning and reporting by the recipients for DASH to better understand and analyze the successes, challenges, and need for program support.

Intended use of resulting data: The information collections will provide DASH with data to generate internal reports that will identify successful and problematic surveillance and programmatic areas. In addition, both information collections will allow DASH to determine if recipient agencies are completing the required activities of the NOFO on time, as well as identifying problems in implementation. With this information, DASH can ascertain if additional technical assistance is needed to help recipients improve their surveillance or program implementation if necessary.

Methods: Components 1 and 2 recipients will complete their appropriate reporting template every six (6) months under this approval. Additionally, Components 1 and 2 recipients will complete their appropriate required programmatic activities work plan every twelve (12) months under this approval; and Component 2 recipients will complete their appropriate professional development work plan every twelve (12) months under this approval. Component 1 includes eighty (80) education and health agency recipients; Component 2 includes twenty-five (25) LEAs. The reporting templates will be completed by the Program Manager of each recipient and returned to DASH Program Consultants.

Data analysis: DASH Program Consultants will analyze the completed templates and work plans (required programmatic activities work plan and professional development work plan) to identify the following: number of required activities that have been completed, are in progress, or have not yet started; and, descriptive statistics (such as mean, median, mode, and percentages) will be calculated for each activity.

A. 1 Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of Adolescent and School Health (DASH), requests a 3-year OMB approval for a new data collection entitled, “Promoting Adolescent Health through School-Based HIV/STD Prevention Reporting Templates “. Notice of Funding Opportunity (NOFO) PS18-1807 Promoting Adolescent Health through School-Based HIV/STD Prevention was awarded August 1, 2018 with a five year project period. It is funded through the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH) and provides cooperative agreements to 86 agencies. Agency types are state, local, territorial, and tribal education and health agencies. This activity is authorized under (42 USC 241) of the Public Health Service Act (**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*, which provides national health objectives and outlines a comprehensive plan for health promotion and disease prevention in the United States. Of the Healthy People 2020 objectives, 31 objectives align specifically with PS18-1807 activities related to reducing HIV infection, other STD, and pregnancy among adolescents.¹
- 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.²
- The U.S. Department of Health and Human Services’ (DHHS) *Teen Pregnancy Prevention Initiative* supports the replication of teen pregnancy prevention (TPP) programs that have been shown to be effective through rigorous research as well as the testing of new, innovative program activities to combat teen pregnancy.³
- The NCHHSTP program imperative calls for *Program Collaboration and Service Integration* (PCSI) to provide improved integration of HIV, viral hepatitis, STD, and TB prevention and treatment services at the user level.⁴

The information collection system consists of two reporting templates for Component 1 and Component 2 recipients of PS18-1807 (see **Attachment 3 and Attachment 4**). Using a structured reporting template for each set of recipients will provide uniformity in reporting for DASH to better understand and analyze the successes, challenges, and need for program support. Additionally, the Component 1 and Component 2 recipients will complete a structured and uniform programmatic activities work plan template that will describe their intended work around each required activity of PS18-1807 (see **Attachment 5 and Attachment 6**). Component 2 recipients will also complete a structured and uniform professional development work plan template that will describe their intended professional development activities for PS18-1807 (see **Attachment 7**).

- The Component 1 information collection uses a self-administered, web-based reporting template to assess the surveillance activities conducted by recipient education and health

agencies. Additionally, the Component 1 recipients will complete a structured and uniform required programmatic activities work plan template that will describe their intended work around each required activity of PS18-1807. The work plan and reporting template will be completed by the Project Manager of the funded agency. No personally identifiable information will be collected. The template will include questions on the following topics: completion of the Youth Risk Behavior Survey (YRBS) and completion of the School Health Profiles (Profiles).

- The Component 2 information collection uses a self-administered, web-based reporting template to assess HIV and STD prevention efforts conducted by recipient LEAs. Additionally, the Component 2 recipients will complete a structured and uniform required programmatic activities work plan template that will describe their intended work around each required activity of PS18-1807; they will also complete a structured and uniform professional development work plan template that will describe their intended professional development activities for PS18-1807. The work plans and reporting template will be completed by the Program Manager of the LEA. The templates will include questions that ask the Program Manager to assess program completion of required activities: sexual health education (SHE), sexual health services (SHS), safe and supportive environments (SSE) required and additional activities the LEA chooses to implement. No personally identifiable information will be collected.

Items of Information to be collected

The Component 1 reporting template and work plan will collect information on the following:

- a. Completion of the Youth Risk Behavior Survey
- b. Completion of the School Health Profiles (Profiles)

The Component 2 reporting template and required programmatic activities work plan will collect information on the following:

- a. Completion of the sexual health education (SHE) activity requirements
- b. Completion of the sexual health services (SHS) activity requirements
- c. Completion of the safe and supportive environments (SSE) activity requirements

The Component 2 professional development work plan will collect information on intended professional development activities.

A. 2 Purpose and Use of Information Collection

The purpose of this information collection is to obtain specific and consistent data that will be used to assess the extent to which recipients of PS18-1807: Promoting Adolescent Health through School-Based HIV/STD, are successful in collecting surveillance data (Component 1); and, implementing the required programmatic activities successfully (Component 2). The Component 1 recipients include state, territorial, local, and tribal education and health agencies.

Component 2 recipients include local education agencies. Data will be collected using different templates for each component. Using a structured reporting template and work plans (required programmatic activities work plan and professional development work plan) for each set of recipients will provide uniformity in reporting for DASH to better understand and analyze the successes, challenges, and need for program support.

DASH will conduct three (3) information collections entitled, “Promoting Adolescent Health through School-Based HIV/STD Prevention Reporting Templates.” There are separate templates for Component 1 reporting and for Component 2 reporting. Eighty (80) recipient education and health agencies will complete the Component 1 reporting template and work plan; and, twenty-five (25) will complete the Component 2 reporting template and work plans (required programmatic activities work plan and professional development work plan). Without this data collection, Program Managers might not routinely assess their own program completion of activities. This could limit their ability to monitor and improve their implementation of sexual health education, sexual health services, and safe and supportive environment required activities. In addition, without collecting this data, DASH would have reduced documentation of what PS18-1807 recipients have accomplished each budget period.

Each reporting template data collection will be completed for every six months of work for the three-year OMB approval. The first reporting period is from August 1, 2020 – January 31, 2021; the second reporting period is February 1, 2021 – July 31, 2021. This cycle repeats for both reporting periods for two more years. The work plans (required programmatic activities work plan and professional development work plan) will collect proposed work plan activities for a one year period (August 1 – July 31) and then repeat annually for the remainder of the OMB approval.

A. 3 Use of Improved Information Technology and Burden Reduction

The reporting templates and work plans (required programmatic activities work plan and professional development work plan) will be available online as fillable webpages through DASH’s website; templates will be completed by the PS18-1807 Program Managers responsible for meeting the reporting requirements of PS18-1807. Data can be filled out on-line and saved as required activities are completed over each six month reporting period. Once completed, the reporting templates and work plans (required programmatic activities work plan and professional development work plan) would be submitted to GrantSolutions.gov for review by DASH Program Consultants.

A. 4 Efforts to Identify and Use of Similar Information

In preparation for collection of data from PS18-1807 recipients, DASH staff reviewed all other reporting guidelines and did not find any other source of information that can provide the relevant in-depth information of the completion of activities required under PS18-1807. The data collected is specific to the work completed by the PS18-1807 recipients.

A. 5 Impact on Small Businesses or Other Small Entities

This data collection will not involve small businesses.

A. 6 Consequences of Collecting the Information Less Frequently

This reporting information collection is scheduled every six months during the 5-year funding period as required by the Notice of Funding Opportunity (NOFO) and the Notice of Award (NOA) letter. The work plans (required programmatic activities work plan and professional development work plan) information collection is scheduled every twelve months during the 5-year funding period as required by the Notice of Funding Opportunity (NOFO) and the Notice of Award (NOA) letter. Collecting the data less frequently would mean not collecting the data at all, and there would be a number of negative consequences to this. First, PS18-1807 recipients might not routinely assess their own program completion of activities. This could limit their ability to monitor and improve their implementation of sexual health education, sexual health services, and safe and supportive environment required activities. Additionally, without this critical information from the PS18-1807 recipients, the funded programs might not be able to achieve their full potential. In addition, CDC would miss a valuable opportunity to develop a more in-depth understanding of this unique model of funding to education agencies and other organizations.

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

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

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

The Federal Register notice was published for this collection on March 9, 2020, Vol. 85, No. 46, pp. 13651. (**Attachment 2**) One public comment was received. No CDC response was sent because no contact information was provided for this non-substantive comment.

B. Consultation outside of CDC did not occur as the required activities are specific to NOFO PS18-1807.

A. 9 Explanation of Any Payment or Gift to Respondents

No payment or gifts to respondents are provided. Completing reporting is a requirement of the funding.

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

The CDC Information Systems Security Officer (ISSO) has assessed this package for applicability of 5 U.S.C. § 552a, and determined that the Privacy Act does not apply to the overall information collection because no individually identifiable information is being collected from

respondents in the reporting templates. The data collected is in the context of completion of required activities of the PS18-1807 funding by the recipient agency. The recipient agencies will be identified by agency name, but none of their staff will be identified in the reporting template or the work plans (required programmatic activities work plan and professional development work plan).

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

IRB Approval

Sensitive Questions

No sensitive or individually identifiable information is being collected in the reporting templates.

A. 12 Estimates of Annualized Burden Hours and Costs

The estimate for burden hours is based on informal reviews by individuals with experience completing reporting templates.

Table A.12-1 Estimated Annualize Burden to Respondents

Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Surveillance recipients (Program Managers)	Component 1 Reporting Template and Work Plans Att3	80	3	8	1,920
Local education agency HIV prevention recipients (Program Managers)	Component 2 Reporting Template and Work Plans (required programmatic activities work plan and professional development work plan)	25	4	14	1,400
Total					3,320

Annualizing this collection over one year results in an estimated annualized burden of 3,320 hours.

Annualized cost.

Table A.12-2 provides estimates of the annualized cost to respondents for the collection of data.

The reporting templates will be filled out by the agency’s Program Manager. The average salary of a Program Manager is \$62,400 a year with an hourly rate of \$30 per hour for a forty hour work week. Table A-12 shows estimated burden and cost information.

Table A.12-2 Annualized Costs to Respondents

Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Average Hourly Wage Rate	Total Cost
Surveillance recipients (Program Manager)	Promoting Adolescent Health through School-Based HIV/STD Prevention Component 1 Reporting Template and Work Plan	80	3	8	\$30	\$57,600
Local education agency HIV prevention recipients (Program Manager)	Promoting Adolescent Health through School-Based HIV/STD Prevention Component 1 Reporting Template and Work Plans (required programmatic activities work plan and professional development work plan)	25	4	14	\$30	\$42,000
Total						\$99,600

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

There will be no direct costs to the respondents other than their time to participate in each information collection.

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 with data collection and answering questions posed by the recipients are estimated at 6% for a GS-13 (step 6) level Atlanta-based CDC employee a year. The grade and step levels were determined based on the experience levels of the staff currently working on the project. The average annual cost to the federal government for oversight and project management is \$7,580 (Table A-14-1).

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 oversight of the project	1 CDC Health Education Specialist at 6% time (GS-13)	\$7,580
Subtotal, Direct Costs to the Government per year		\$7,580

A. 15 Explanation for Program Changes or Adjustments

This is a new data/information collection.

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

Current plans for tabulation and publication of data from this information collection include development of summary reports for all PS18-1807 recipients that describe the completion of the required activities. DASH Program Consultants will analyze the completed templates to identify the following: number of required activities that have been completed; and, descriptive statistics (such as mean, median, mode, and percentages) will be calculated for each activity.

Findings from the data will be summarized into written reports for DASH staff and management and may be shared with PS18-1807 recipients through mechanisms such as presentations and summative reports.

Data collection is scheduled to begin in 2020. A three year clearance is being requested.

Figure A.16-1: Project Time Schedule

Activity	Time Schedule
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Design reporting templates	Complete
Prepare OMB package	Complete
Receive OMB approval	TBD
Year 2019-2020 1 st six month reporting template (August 1, 2019 – January 31, 2020)	April 1, 2020
Year 2020-2021 work plan (required programmatic activities work plan and professional development work plan) (August 1, 2020 – July 31, 2021)	April 1, 2020
Analyze reporting and work plan data	May 31, 2020
Create summary reports	June 30, 2020
Year 2019-2020 2 nd six month reporting template (February 1, 2020 – July 31, 2020)	August 31, 2020
Analyze reporting data	September 30, 2020
Create summary reports	October 31, 2020
Year 2020-2021 1 st six month reporting period (August 1, 2020 – January 31, 2021)	April 1, 2021
Year 2021-2022 work plan (required programmatic activities work plan and professional development work plan) (August 1, 2021 – July 31, 2022)	April 1, 2021
Analyze reporting and work plan data	May 31, 2021
Create summary reports	June 30, 2021
Year 2020-2021 2 nd six month reporting template (February 1, 2021 – July 31, 2021)	August 31, 2021
Analyze reporting data	September 30, 2021
Create summary reports	October 31, 2021
Year 2021-2022 1 st six month reporting template (August 1, 2021 – January 31, 2022)	April 1, 2022
Year 2022-2023 work plan (required programmatic activities work plan and professional development work plan) (August 1, 2022 – July 31, 2023)	April 1, 2022
Analyze reporting and work plan data	May 31, 2022
Create summary reports	June 30, 2022
Year 2021-2022 2 nd six month reporting	August 31, 2022

template (February 1, 2022 – July 31, 2022)	
Analyze reporting data	September 30, 2022
Create summary reports	October 31, 2022
Year 2022-2023 1 st six month reporting template (August 1, 2022 – January 31, 2023)	April 1, 2023
Analyze reporting data	May 31, 2023
Create summary reports	June 30, 2023
Year 2023-2023 2 nd six month reporting template (February 1, 2023 – July 31, 2023)	August 31, 2023
Analyze reporting data	September 30, 2023
Create summary reports	October 31, 2023

CDC staff will develop summary reports for DASH management and staff as well as PS18-1807 recipients’ staff to use for program refinement. CDC will use the findings to revise or establish key recommendations for funded recipients on continued program refinement.

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

The display of the OMB expiration date is not inappropriate. All data collection instruments will display the expiration date for OMB approval of the information collection. We are requesting no exemption.

A. 18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

References

[1] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2016). Adolescent Health. Retrieved January 7, 2016, from: <http://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health/objectives>

[2] National Prevention Council. (2011). *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved January 7, 2016, from: <http://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf>

- [3] Office of Adolescent Health. (2016). National Evidence-based Teen Pregnancy Program. Retrieved January 7, 2016, from: http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/
- [4] Centers for Disease Control and Prevention. (2009). Program collaboration and service integration: Enhancing the prevention and control of HIV/AIDS, viral hepatitis, sexually transmitted diseases, and tuberculosis in the United States. Retrieved January 7, 2016, from: http://www.cdc.gov/nchhstp/ProgramIntegration/docs/207181-C_NCHHSTP_PCSI%20WhitePaper-508c.pdf