

Promoting Adolescent Health through School-Based HIV Prevention

Request for OMB Approval of a Data Collection

OMB # 0920-1275

**Supporting Statement Part B
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Supported by:

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

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Section B: Collections of Information Employing Statistical Methods

B1. Respondent Universe and Sampling Methods

The Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health, (DASH) awarded funds to local education agencies (LEAs) to implement PS18-1807: *Promoting Adolescent Health through School-Based HIV Prevention*. The fundamental purposes of PS18-1807 are to build and strengthen the capacity of LEAs (school districts) and priority schools within the LEA to contribute effectively to the reduction of HIV infection and other STD among adolescents.

The questionnaires described in this information collection request include questions used for program monitoring and quality improvement for HIV/STD prevention activities (see **Att3-Funded District Items, Att4-Priority School Items, and Att5- District Assistance Items**). The process and outcome measures pertain to the strategies that LEAs are using to meet their goals. To simplify and reduce burden of reporting by the LEAs, the questionnaires are organized by strategy. Strategies include helping LEAs and schools provide sexual health education (SHE) emphasizing HIV and other STD prevention; increasing adolescent access to key sexual health services (SHS); and establishing safe and supportive environments (SSE) for students and staff. The respondent universe for these questionnaires consists of 25 LEAs funded by cooperative agreement PS18-1807. Each of the funded LEAs are required to submit data, therefore no statistical sampling, or selection criteria other than receipt of funding, will be applied.

For FY2020, FY2021, and FY2022, 25 LEAs will complete a Funded District Questionnaire, Priority School Questionnaire (one for each priority school) and District Assistance Questionnaire (one for each priority school). LEAs will complete these questionnaires on a semi-annual basis. To track LEA progress and evaluate the effectiveness of program activities, the questionnaires contain both process and outcome measures. This data collection needs no specific sampling or selection process collection because all LEAs are required to provide data.

The Annualized N, which is used to calculate burden hours, is based on the estimated number of respondents (N) for each year of this three-year clearance request (FY20, FY21, and FY22 funding). The number of respondents is currently expected to remain the same each year, with 25 LEAs responding annually. The Web-based questionnaires will be required to retain funding and expected response rates are 100 percent.

B2. Procedures for the Collection of Information

As described above, no statistical sampling or randomization will take place. All PS18-1807 LEAs will complete the questionnaires semi-annually using the Program Evaluation and Reporting System (PERS), an electronic web-based interface specifically designed for this data collection. The LEAs are funded on an annual basis (August 1 to July 31 of the following year). There are two reporting periods within each year, with data due within 30 days of the close of each period. Semi-annual information collection began in February 2020 and has continued through July 2022. DASH is requesting an extension to allow for two data collection periods (August 2022-January 2023 and February 2023-July 2023) which will occur after the original 3-

year OMB approval period. Without this data collection, DASH would not be able to efficiently and effectively assess the impact of LEAs activities and would have limited ability to understand the ongoing impact of COVID-19 on schools' ability to implement PS18-1807 program activities.

B3. Methods to Maximize Response Rates and Deal with No Response

DASH and its contractor, ICF, will continue to provide data quality reviews and technical assistance throughout the year in order to help LEAs complete the questionnaires semi-annually and ensure the reliability of the data. ICF monitors data quality, with the aim of producing high quality data for submission to DASH and for use by LEAs, using an approved data quality plan, incorporating built in data validation and other validation checks, and conducting regular analyses of data quality issues and anomalies. 'High quality data' refers to data that are complete and error-free, to the extent that those data characteristics can be assured by a data system and fall within the CDC-defined rules for data quality. ICF tracks the associated causes of poor data quality, produces an assessment for DASH's consideration, and proposes appropriate remedial action, including incorporation of strategies into professional development and technical assistance plans. ICF contacts LEAs and notifies the LEA's CDC Program Consultant to address data discrepancies and provide technical assistance as needed to resolve issues. ICF uses a technical assistance protocol to provide a clear, supported process to provide CDC staff and LEAs technical assistance, including identifying LEAs in need of targeted, individual, and proactive technical assistance. In the rare cases where LEAs do not provide their data by the deadline, ICF contact non-responders by either phone or email and offers assistance in completing the appropriate questionnaire.

If approved, continued data collection will remain a requirement to obtain and/or retain continued funding for all LEAs funded by DASH. LEAs are expected to submit semi-annual reports as a condition of their funding and the response rate for reporting is expected to be 100 percent.

B4. Test of Procedures or Methods to be Undertaken

PERS has been used to collect data from LEAs funded through PS18-1807: *Promoting Adolescent Health through School-Based HIV Prevention*. DASH and ICF engaged LEAs in both the development of measures to ensure that the questions collect the data needed for monitoring (via process and outcome measures), and the testing of PERS to ensure that the system is easy to use. In November of 2018, during the initial development phase, all 25 funded LEAs were sent the process and outcome measures to voluntarily provide their feedback. A small group of LEAs provided additional feedback on PERS and its functionality on an ad hoc basis. The feedback that was received from this ad hoc group, informed enhancements to PERS, which will help to reduce the data collection burden for all LEAs and improve the end user experience. The questionnaires used in this request are versions of the most recent questionnaires that were updated based on feedback from DASH staff and LEAs. They are aligned with Funding Opportunity Announcement PS-18-1807, DASH priorities, and school- and LEA-level process and outcome measures. A complete list of LEAs that provided feedback on the measures and PERS can be found in Attachment 7 (**Att7-LEAs Providing Feedback**).

B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The following individuals at ICF are responsible for collecting the data, while the following CDC staff provide oversight:

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The following individuals at ICF are responsible for statistical aspects of the project and analyzing the data, while CDC staff provide oversight:

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