

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback – HHS Communication” (OMB Control Number: 0990-0459)

TITLE OF INFORMATION COLLECTION:

Project Title: Gathering Feedback on the First Year of National Adolescent Health Month

PURPOSE:

This year, **the Office of Population Affairs (OPA)** rebranded its annual observance (formerly National Teen Pregnancy Prevention Month) as National Adolescent Health Month (NAHM). The rebranding broadened the focus to a more holistic scope of adolescent health and positive youth development in recognition of shifts in prevalence, practice, and clinicians and other youth-serving professionals’ understanding of teen pregnancy and its relationship to broader systemic issues. The observance had four weekly themes: (1) Empower youth with sexual and reproductive health information and services; (2) Support mental health and well-being; (3) Encourage physical health and healthy decision-making; and (4) Sustain equitable, accessible, youth-friendly services. In a previously approved clearance, before the rebranding, OPA collected feedback from stakeholders to inform final decisions on the name, description, and themes of the observance.

Under this information collection request, OPA seeks to gather additional stakeholder feedback on the first National Adolescent Health Month through a short survey. The survey asks respondents about their participation in celebrating the observance; opinions and preferences on the weekly themes; the usefulness of OPA’s various dissemination channels sharing NAHM information (e.g., website, Twitter); preferences regarding OPA engagement with them and with youth during the observance; the clarity of the rebranding; and any additional feedback they would like to share with OPA about the observance. Results from the survey will be used to refine and enhance future NAHM observances and inform the planning of future themes, resources, and stakeholder engagement activities.

DESCRIPTION OF RESPONDENTS:

Respondents will include OPA grantees from the Title X family planning services and Teen Pregnancy Prevention programs, staff of the Reproductive Health National Training Center, staff of youth-serving organizations, adolescent medicine specialists, and public health professionals.

TYPE OF COLLECTION:

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the federal government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.

4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Emily Novick

To assist review, please provide answers to the following questions:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money, reimbursement of expenses or token of appreciation) provided to participants? Yes No If Yes, please describe the incentive and provide a justification for the amount.

BURDEN HOURS

| Category of Respondent | No. of Respondents | Participation Time | Burden |
|---|--------------------|--------------------|------------|
| Individuals (see specific individual types below) | 600 | 10/60 | 100 |
| Totals | 600 | 10/60 | 100 |

The individual respondents include OPA grantees (including TPP, Title X grantees, Family Planning research, and Family Planning training grantees) and subscribers to the OPA Bulletin. The estimated number of respondents is based on typical click rates for OPA’s Grantee Digest and the OPA Bulletin emails, as percentages of the number of subscribers to those emails.

FEDERAL COST: The estimated annual cost to the federal government is \$13,000 (contractor costs) + (OPA costs) = final costs

(Note: Amount should include contractor costs if the contractor is involved in the survey/collection)

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is Yes, please provide a description of both below (or attach the sampling plan)?

If the answer is No, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

For each of the respondent groups, OPA has identified ways to reach potential respondents:

| Category of Respondent | Available List/Method of Contact |
|---|----------------------------------|
| OPA grantees (TPP, Title X, Family Planning research, Family Planning training) | OPA maintains an email list. |
| Subscribers to the OPA Bulletin | OPA maintains an email list. |

| | |
|--|--|
| (including state adolescent health coordinators, adolescent healthcare providers, and other youth-serving professionals) | |
|--|--|

Administration of the Survey

1. How will you collect the information? (Check all that apply)

Web-based or other forms of social media.

Telephone.

In-person.

Mail.

Other, explain.

2. Will interviewers or facilitators be used? Yes No

Please make sure that all survey materials, instructions and scripts are submitted with the request.

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other surveys under the generic clearance, you must complete a form for each survey.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer ‘yes’ to the question, please describe the incentive and provide a justification for the amount. For example, explain the need for incentives to improve response rates, validity and reliability; describe higher out-of-pocket costs to respondent or unusual demands; provide data showing impact of incentives on response rates and survey responses; demonstrate need due to special populations.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) individuals or households; (2) private sector; (3) state, local or tribal governments; or (4) federal government. Only one type of respondent can be selected.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the annual burden hours: Multiply the number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the federal government.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

- Describe how you plan to identify your potential group of respondents and how you will select them. If the answer is Yes, to the first question, you may provide the sampling plan in an attachment.
- Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Please make sure all survey materials such as interview/survey questions, scripts, etc are submitted with the request. See next page for the Survey Materials Template.

Form Approved
OMB No. 0990-0459
Exp. Date 08/31/2023

TEMPLATE for Survey Materials

This TEMPLATE contains
the OMB No/Exp Date Header
and Burden Hour Statement Footer
that Must appear on the First Page
of the Survey Materials
Exactly as Shown

NOTE: Survey Materials consists of information that will be used for your collection such as interview/focus group questions, survey questions, customer comment card, communication product messages, communication product mock-up, etc (i.e., if you want feedback about a brochure, screen shots/messaging must be provided; if you are conducting a focus group, the script/questions for the focus group facilitator or participants must be provided)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0459. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s)

or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer