

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 to Rebrand National Teen Pregnancy Prevention Month

PURPOSE:

Each May, **the Office of Population Affairs** sponsors National Teen Pregnancy Prevention Month (NTPPM) to celebrate the historic decline in rates of teen pregnancy and births in the United States and highlight the importance of helping adolescents reach their full potential. Before the merger of OPA and the Office of Adolescent Health (OAH) in 2019, this observance was sponsored by OAH. OPA would like to rebrand NTPPM and expand its focus to address adolescent health more broadly, 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. In addition to rebranding the annual observance, OPA would also like to identify four themes, one to be promoted each week of the month.

Building on discussions with OPA and other HHS colleagues that work in the field of adolescent and sexual and reproductive health, OPA seeks to gather additional stakeholder feedback on the name and theme options through a short survey. Gathering stakeholder feedback is critical to ensuring the success of the rebranding effort. Results from the survey will be used to inform the selection of the final observance name and themes, and engaging stakeholders in the feedback process will help to foster their buy-in, uptake and use of the new name, themes, and rebranded materials.

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 professional organizations, adolescent medicine specialists, and public health professionals. They may also include parents (some of whom may fall into these other categories), youth served by OPA’s grant programs, and youth on the federal Interagency Working Group on Youth Programs Youth Advisory Board.

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)	138	10/60	23
Totals	138	10/60	23

The individual respondents include 50 TPP grantees, 40 Title X grantees, 3 staff members from the Reproductive Health national Training Center, 20 State Adolescent Health Coordinators, 10 adolescent health care providers, 10 non-health youth-serving professionals, and 5 parents or family members of an adolescent.

FEDERAL COST: The estimated annual cost to the federal government is \$14,700.

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
TPP grantees	OPA maintains an email list.
Title X grantees	OPA maintains an email list.
Reproductive Health National Training Center staff	The RHNTC is an OPA grantee. The OPA Project Officer can email the survey to the Center Director and request it be sent to appropriate staff.

State adolescent health coordinators	OPA collaborates with the National Network of State Adolescent Health Coordinators and will email the group manager to request it be sent to the coordinators' email list.
Adolescent health care providers	OPA will collaborate with the Society for Adolescent Health and Medicine (SAHM) and email their Executive Director to request that the survey be distributed among their members (adolescent health care providers).
Non-health youth-serving professional	OPA will leverage their connections with the Interagency Adolescent Health Working Group to identify youth-serving professionals outside of health care settings. These would include individuals like educators and workers in community-based organizations.
Parent or family member of an adolescent	OPA anticipates that some of those interviewed will be parents and/or family members of adolescents. OPA can also leverage its grant programs to connect with the families of the youth it serves.

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)

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