

OMB Control Number 0920-1282

Performance Measures Project

Request for genIC Approval (for data collection in 2025, 2026, 2027)

Date: 11/21/2024

CIO: National Center for Chronic Disease Prevention and Health Promotion – Division of Adolescent and School Health

PROJECT TITLE: Performance Measures for the Improving Adolescent Health and Well-Being Through School-Based Surveillance and the What Works in Schools Program

PURPOSE AND USE OF COLLECTION: The Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, and Division of Adolescent and School Health (DASH) request approval for a new data collection entitled, “Performance Measures for the Improving Adolescent Health and Well-Being Through School-Based Surveillance and the What Works in Schools Program (CDC-RFA-DP-24-0139) “. This data collection aims to gather specific and consistent information to assess how effective recipients of CDC-RFA-DP-24-0139 are in collecting surveillance data and implementing required programmatic activities. The CDC-RFA-DP-24-0139 cooperative agreement includes three components; however, for the purposes of this request, only component 1 and 3 will be addressed: (1) Local implementation of What Works in Schools and school-based surveillance and (3) State, territorial, and tribal school-based surveillance. Data will be collected using separate work plans and status report templates for each component.

Component 1 and 3 recipients will complete an annual required programmatic activity work plan template outlining their planned efforts for each required activity and bi-annual data collections using designated status report templates. Separate work plan and status report templates will be provided for Component 1 (**See Appendix A**) and Component 3 (**See Appendix B**). Component 1 and Component 3 data collection templates will be used to:

- Forecast progress for the upcoming funding year.
- Track progress consistently across recipients on required activities.
- Highlight technical assistance activities such as site visits, training opportunities, and peer-to-peer sharing activities, to support recipients with advancing their work.
- Identify possible gaps in implementation.
- Provide discussion topics between CDC Project Coordinators and their assigned recipients.

The first reporting period is from August 1, 2024 – January 31, 2025; the second reporting period is from February 1, 2025 – July 31, 2025. This cycle repeats yearly for the duration of the cooperative agreement. The work plans (required programmatic activities work plan and school-based surveillance work plan) will collect proposed work plan activities for one year (August 1 – July 31) and then repeat annually for the remainder of the OMB approval.

NUMBER AND TITLE OF NOFO: CDC-RFA-DP-24-0139 Improving Adolescent Health and Well-Being Through School-Based Surveillance and the What Works in Schools Program

NUMBER OF PARTICIPATING RECIPIENTS:

- **Component 1 Recipients: 18**
- **Component 3 Recipients: 43**

ESTIMATED ANNUAL FUNDING: \$15,500,000.00

DESCRIPTION OF NOFO (Check all that apply):

- Funds all 50 states
- X Has budget higher than \$10 million per year
- Has significant stakeholder interest (e.g. partners, Congress)

Please elaborate:

This NOFO aims to improve the health and well-being of youth by supporting local education agencies in implementing CDC's What Works in Schools program. Component 1 recipients will focus on both What Works in Schools implementation and school-based surveillance. Component 3 recipients will focus solely on school-based surveillance. This NOFO builds on the work of previous Division of Adolescent and School Health (DASH) NOFOs PS13-1308 and PS18-1807. It promotes the What Works in Schools program developed by DASH and supports collecting school-based surveillance through the Youth Risk Behavior Surveillance System and School Health Profiles.

PERFORMANCE METRICS USED & JUSTIFICATION: The CDC-RFA-DP-24-0139 funding aims to improve the behaviors and experiences of students and reduce disparities in sexual risk behavior, substance use, experience of violence, poor mental health, and suicidality by supporting schools to: deliver high-quality health education, increase access to needed health services (including mental health services), and create safe and supportive school environments.

Component 1 recipients are required to implement the following strategies:

- **Strategy 1A Health Education:** Recipients must implement technical assistance plan and provide professional development to support the delivery of quality health education.
- **Strategy 1B Health Services:** Recipients will assess district and school capacity and implement a plan to increase access to school- and community-based services.
- **Strategy 1C Safe and Supportive Environments:** Recipients will foster safe and supportive school environments and support the mental health and well-being of students and staff.
- **Strategy 1D Family, School, and Community Engagement (ENGAGE):** Recipients will establish a School Health Advisory Council (SHAC) and collaborations across the district.
- **Strategy 1E School-Based Surveillance:** Recipients will conduct the Youth Risk Behavior Survey (YRBS) and School Health Profiles (Profiles).

Component 1 Recipients are required to report on the following performance measures (**See Appendix A**) for each of the required strategies:

— **Health Education**

- Activity: Percentage of recipients that deliver professional development that prioritizes instructional competencies for secondary school teachers and staff to deliver culturally responsive and inclusive sexual and mental health education
- Short-term outcome: Number of trainings and resources that recipients offered or provided to teachers or school staff delivering health education
- Intermediate outcome: Percentage of students across districts who received a health education instructional program

— **Health Services**

- Activity: Percentage of recipients that implement school-based activities to increase student access to youth-friendly and inclusive school and community sexual health and behavioral and mental health services
- Short-term outcome: Percentage of schools across districts that implement activities to increase student awareness of health services
- Intermediate outcome: Percentage of students across districts who received a preventive health visit in the past 12 months

— **Safe and Supportive Environments**

- Activity: Percentage of recipients that provide student harassment policy enumerated for sexual orientation and gender identity
- Short-term outcome: Percentage of schools across districts implementing school-wide positive behavioral supports and interventions
- Intermediate outcome: Percentage of students across districts who feel close to others at school

— **Family, School, and Community Engagement (ENGAGE)**

- Activity: Percentage of recipients that establish and maintain district-level school health advisory councils or teams
- Short-term outcome: Percentage of districts in which a Youth Advisory Council annually presents capstone projects or initiatives to superintendent-level administration or school board members with project recommendations for action-based steps to address systemic gaps

Component 3 recipients are required to implement the following strategy:

- **Strategy 3A School-Based Surveillance:** Recipients will conduct the Youth Risk Behavior Survey (YRBS) and School Health Profiles (Profiles).

Component 3 Recipients are required to report on the following performance measure (**See Appendix B**) for the required strategy:

— **School-Based Surveillance**

- Activity: Percentage of recipients that obtain representative data
- Intermediate outcome: Percentage of recipients using YRBS results to set program goals, develop programs and policies, support health-related policy implementation, or seek additional programmatic funding.

CERTIFICATION:

I certify the following to be true:

1. The collection is non-controversial and does not raise issues of concern to other federal agencies.
2. Information gathered is meant primarily for program improvement and accountability; it is not intended to be used as the principal basis for policy decisions.

Name: Loren Faust-Thomas

To assist review, please answer the following questions:

ANNUALIZED BURDEN HOURS:

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Annualized Burden Hours
Local Education Agencies	Comp 1 Work Plan and Work Plan Status Report	18	3	15 hours	810 hours
State, territorial, and tribal school-based surveillance	Comp 3 Work Plan and Work Plan Status Report	43	3	9 hours	1,161 hours
Totals				24 hours	1,971 hours

TOTAL BURDEN HOURSE FOR THIS GENIC:

This table specifies the calendar years in which information will be collected and calculates the total burden hours requested over the approved timeframe of the generic.

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2025, 2026, 2027	3	1971 hours	5,913 hours

FEDERAL COST: The estimated annual cost to the Federal Government is: \$47,203.65

The cost estimate reflects salaries of CDC FTEs during data collection and analysis activities, including building and maintaining the data reporting tool, data cleaning and quality assurance, data analysis, and reporting of data. Estimated costs for CDC FTEs are:

- GS14, Step 10: $\$167,876 \times 0.10 \text{ FTE} \times 1 \text{ staff} = \$16,787.60$ (Building and Maintaining Data Reporting Tool)
- GS 13, Step 4: $\$120,207 \times 0.15 \text{ FTE} \times 1 \text{ staff} = \$18,031.05$ (Building and Maintaining Data Reporting Tool, Data Management)
- GS 13, Step 5: $\$123,850 \times 0.10 \text{ FTE} \times 1 \text{ staff} = \$12,385.00$ (Data Assurance and Analysis)

ADMINISTRATION OF THE INSTRUMENT:

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

- Web-based
- Email
- Postal Mail
- Other, Explain

Please make sure all instruments, instructions, and scripts are submitted with the request.

Attachments:

Appendix A – Component 1 Work Plan and Work Plan Status Report

Appendix B – Component 3 Work Plan and Work Plan Status Report