

**Process Evaluation of “Teenage Pregnancy Prevention: Integrating Services, Programs,
and Strategies through Community-Wide Initiatives”**

Information Collection Request

New

Supporting Statement

Part A: Justification

December 17, 2012

Submitted by:

Crystal P. Tyler, PhD, MPH
Division of Reproductive Health, CDC
4770 Buford Highway NE, MS K-22
Atlanta, Georgia 30341-3724
Telephone: 770-488-6371
Email: ctyler@cdc.gov

CONTENTS

A. Justification

- A.1 Circumstances making the collection of information necessary
- A.2 Purpose and use of the information collection
- A.3 Use of improved information technology and burden reduction
- A.4 Efforts to identify duplication 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 Registrar Notice and efforts to consult outside the agency
- A.9 Explanation of any payment or gift to respondents
- A.10 Assurance of confidentiality provided to respondents
- A.11 Justification of sensitive questions
- A.12 Estimates of annualized burden hours and costs
- A.13 Estimates of other total annual cost burden to respondents or record keepers
- A.14 Annualized cost to the government
- A.15 Explanation for program changes to 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

Tables

- Table A.1. Example of data to be collected
- Table A.2. Purpose of information collection
- Table A.3. Estimated annualized burden
- Table A.4. Estimated annualized burden costs
- Table A.5. Data collection time schedule

List of Attachments

- 1a. Authorizing legislation: Consolidated Appropriations Act of 2010 (P.L. 111-117)
- 1b. Authorizing legislation: Public Health Service Act
- 2a. Federal Register Notice
- 2b. Summary of Public Comments and CDC Response
3. Description of state and community awardees and national organization awardees
4. Community and clinical partner Clinical Partner Needs Assessment
5. Community and clinical partner Program Implementation Partner Needs Assessment
6. State and community awardee Performance Measure Reporting Tool
7. State and community awardee Project Director/Project Coordinator Needs Assessment
8. State and community awardee Staff Needs Assessment
9. State and community awardee Training and Technical Assistance Reporting Tool
10. National organization awardee Training and Technical Assistance Reporting Tool
11. Description of Assessment Tools
12. Clinical Component Best Practices
13. Working with Diverse Communities Strategies Guided By Best Practice

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) and the HHS Office of Adolescent Health (OAH) are working collaboratively to reduce the number of teenage pregnancies by addressing disparities in teen pregnancy and birth rates. The CDC's Teenage Pregnancy Prevention (TPP) program, funded by OAH, aims to measure the effectiveness of innovative, multi-component, community-wide initiatives targeting the reduction of teen pregnancy and births with an emphasis on communities with the highest rates, namely among African-American, and Latino/Hispanic youth between the ages of 15-19. CDC is seeking OMB review and approval for a new information collection as a part of the process and intermediate outcome evaluation of this new initiative. This information collection request is entitled "Process and Intermediate Outcome Evaluation of the Teenage Pregnancy Prevention: Integrating Services Programs and Strategies through Community-wide Initiatives." OMB approval of the process and intermediate outcome evaluation information is being requested for 3 years (years 3-5) of the 5-year program. Information is being requested from CDC's state and community awardees and National Organizations associated with the TPP program in order to assess (1) the training and technical assistance needs of awardees and their partners, (2) whether awardees are meeting performance expectations, and (3) their intervention activities. Lessons learned from this innovative, multi-component, community-wide initiative can be used to inform future national, state or local TPP initiatives.

Background

Each year in the United States, almost 750,000 young women aged 15–19 become pregnant, and approximately 450,000 give birth. Teen pregnancy and childbearing cost \$11 billion each year for health care and foster care expenditures, increased incarceration rates among children of teen parents, and lost tax revenue due to lower educational attainment and income among teen parents. Furthermore, the U.S. rate of 71.5 pregnancies per 1,000 women aged 15–19 is the highest of all Western industrialized countries. Great disparities exist among U.S. teenagers by race and ethnicity and in different communities. Black and Hispanic women have the highest teenage pregnancy rates (126 and 127 per 1,000 women aged 15–19, respectively); non-Hispanic Whites have the lowest rate (44 per 1,000). Further, trend analyses conducted by the Guttmacher Institute and the CDC noted great variations in overall teenage pregnancy and birth rates by state and within racial and ethnic groups by state. These variations may reflect the differences in the distribution of various racial or ethnic groups, in socio-demographic risk and protective factors, or in public policies related to access to contraception and evidence-based sexuality education.

Teenage pregnancy and birth are multifaceted problems stemming from youth-level sexual behavior factors (e.g., early sexual initiation, inconsistent use of contraception, drug and alcohol use, delinquency, poor educational performance, low expectations of the future); family-level factors (e.g., family marital disruption, parents' lack of education, mother and/or sister having been a teen mother, lack of parental support and/or supervision); and environmental factors (e.g., violent crime, poverty, unemployment). However, pregnancy prevention programs have typically focused on one factor only (e.g., abstinence education focused on preventing early sexual activity), and few have specifically focused on the outcome of teen births. OAH recognizes that sustainable, multi-component models that combine evidence-based and/or evidence-informed prevention programs, create and sustain linkages to clinical services, and

educate state and local stakeholders on effective teen pregnancy prevention strategies represent a public health approach that may be an effective means to prevent and reduce teen pregnancy across communities. However, few initiatives to date have simultaneously addressed these factors. CDC is building on lessons learned from the Promoting Science-based Approaches to Teen Pregnancy Prevention project (2002-2010) (OMB No. 0970-0360) to sponsor new activities designed to address this gap.

Legal or Administrative Requirements that Necessitate the Collection

In his budget for Fiscal Year (FY) 2010, President Obama proposed a new Teenage Pregnancy Prevention (TPP) Initiative to address the high teen pregnancy rates by replicating evidence-based models and testing innovative strategies. On December 16, 2009, the President signed the Consolidated Appropriations Act, 2010, Public Law 111-117. Division D Title II of the Act provides \$110,000,000 for public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy. It also includes some of the Federal costs associated with administering and evaluating such contracts and grants. Relevant portions of the legislation are included as **Attachment 1a**.

As part of this initiative, OAH funded CDC to release two funding opportunity announcements (FOAs) related to innovative, evidence-based teenage pregnancy prevention programs: (1) DP10-1009, Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies Through Community-Wide Initiatives, and (2) DP10-1025, Reducing Teen Pregnancy Through Family Planning: Integrating Services, Programs, and Strategies Through Community-Wide Initiatives. The program goals for the FOAs are to (1) reduce the rates of pregnancies and births to youth in each participating community, (2) increase youth access to evidence-based and/or evidence-informed programs to prevent teenage pregnancy, and (3) increase linkages between teenage pregnancy prevention programs and community-based family-planning services. In response to the first FOA, CDC funded nine State and Community Awardees. The State and Community Awardees plan, coordinate, and lead the community-wide initiative. State and Community Awardees additionally provide training and technical assistance to local youth-serving organizations and clinic partners to implement the five key components of the TPP Initiative (i.e., community mobilization and sustainability, increasing youth access to contraceptive and reproductive health care services, evidence based programs, working with diverse communities, and educating stakeholders). In response to the second FOA, CDC funded five national organizations to provide training and technical assistance to all funded State and Community Awardees on the five key components of the TPP Initiative (i.e., community mobilization and sustainability, increasing youth access to contraceptive and reproductive health care services, evidence based programs, working with diverse communities, and educating stakeholders). A list of awardees is provided in **Attachment 3**. Though OAH has awarded funding to other grantees to implement evidence-based and innovative teen pregnancy prevention programs, only the CDC project is implementing the multi-component, community-wide effort described above.

CDC seeks OMB approval to collect information needed for a process and intermediate outcome evaluation of awardees funded under the TPP Initiative. The purpose of the process evaluation is to systematically document the extent to which overall multi-component, community-wide initiative activities were implemented as designed to lead to quality implementation of programs

and practices by local project partners (i.e., clinical providers and program delivery settings). An integral part of the process evaluation requires documenting both capacity building and implementation activities. In order to conduct this process evaluation, annual assessments will be conducted among the nine State and Community Awardees, their local partners and the five National Organizations. The assessment information and performance measures to be collected are critical to understanding (1) the teen pregnancy prevention needs of each target community, (2) quality implementation practices associated with evidence-based programs and contraceptive access, and (3) the impact of implemented strategies in order to help communities across the nation to adapt this integrated, multi-component strategy, once it has been shown to work. Information will be collected via questionnaires and a web-based data entry system. Data collection for the yearly assessments will begin upon the receipt of OMB approval.

CDC is authorized to conduct this information collection under Section 301 of the Public Health Service Act (42 U.S.C 241) Authority of Secretary: *“The Secretary shall conduct in the Service, and encourage, cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man.”* (See **Attachment 1b**).

Privacy Impact Assessment

The proposed information collection will not involve the collection of personal information in identifiable form (IIF). Information collected concerns organizational activities and capacity as opposed to individual activities and capacities, and therefore is not considered highly sensitive.

Overview of the Data Collection System

The proposed process and intermediate outcome evaluation is intended to assess (1) the training and technical assistance needs of awardees and their partners, (2) whether awardees are meeting performance expectations, and (3) intervention activities. This new data collection activity utilizes a repeated measures design in which these measures will be collected monthly or annually (depending on the measure). Data will be collected from State and Community Awardees, their community partners and the five funded National Organizations. This request for approval covers three years of program implementation.

Information will be collected in one of two ways: (1) through a newly developed interactive web-based system called iGTO, or (2) through electronically submitted documents.

Attachments 4-8 will initially be fielded in hard copy only and a web-based option may become available at a later date to allow for flexibility based on awardee preferences. **Attachments 9 and 10** are only available using the web-based system iGTO.

The iGTO system is a public health practice tool that was designed in part to facilitate data collection related to the TPP Initiative. State and Community Awardees, local partners, and the National Organizations can use the iGTO system to manage their general organizational information and to support and track the implementation of strategies to prevent teen pregnancy.

In addition to supporting the implementation of strategies, the iGTO system allows for the collection of assessment tools and performance measures and provides a training and technical assistance module that allows users to request training and technical assistance to support their TPP Initiative activities. State and Community Awardees, local partners and the National Organizations will have the option to either enter data into the live iGTO system or to export assessment tools and performance measures for electronic completion. Entered information will only be available to the CDC for export and viewing. Measures that are not collected in the iGTO system will be delivered via email to the assigned CDC project officer.

Items of Information to be Collected

Information collection instruments are included as **Attachments 4-10**: (a) Community and Clinical Partner Clinical Partner Needs Assessment (**Attachment 4**), to be completed by clinic partner staff, (b) Community and Clinical Partner Program Implementation Partner Needs Assessment (**Attachment 5**), to be completed by the individuals who implement evidence-based and evidence informed programs, (c) State and Community Awardee Performance Measure Reporting Tool (**Attachment 6**) to be completed by State and Community Awardee staff members, (d) State and Community Awardee Project Director/Project Coordinator Needs Assessment (**Attachment 7**), to be completed by each State and Community Awardee’s project director/project coordinator, (e) State and Community Awardee Staff Needs Assessment (**Attachment 8**), to be completed by other State and Community Awardees staff members, (f) State and Community Awardee Training and Technical Assistance Tool (**Attachment 9**), to be completed by State and Community Awardee staff members, (g) and National Organization Training and Technical Assistance Tool (**Attachment 10**), to be completed by the National Organization staff.

Table 1 displays a summary of the assessment tools, performance measures, and training and technical assistance tools that will be collected.

Table A.1. Example of information to be collected

Assessment Tool	Measures
State and Community Awardee Project Director/Project Coordinator Needs Assessment	<ul style="list-style-type: none"> • General organizational information • Partnerships • Training and experience
State and Community Awardee Performance Measure Reporting Tool	Evidence Based Programs <ul style="list-style-type: none"> • Fidelity monitoring for each session • Program delivery: Number of cycles, sessions, setting • Youth outcomes for 1/3 of program cycles per year • Demographics (gender, age, race/ethnicity) of youth participants • Program attendance Clinical Services

	<ul style="list-style-type: none"> • Health care service use by adolescents • Contraception use by adolescents • Referrals and Linkages • Health center environment (teen friendliness) Partnerships <ul style="list-style-type: none"> • Core Partner Group Participation • Community Action Team Participation • Youth Leadership Team Participation Working with Diverse Communities <ul style="list-style-type: none"> • Best Practices Implemented Stakeholder Education <ul style="list-style-type: none"> • Best Practices Implemented
State and Community Awardee Staff Assessment	<ul style="list-style-type: none"> • General organizational information • Partnerships • Training and experience
State and Community Awardee Training and Technical Assistance Tool	<ul style="list-style-type: none"> • Training and technical assistance provided by Part A Grantees to local partners
National Organization Awardee Training and Technical Assistance Tool	<ul style="list-style-type: none"> • Training and technical assistance provided by Part B Nationals to Part A Grantees
Community and Clinical Partners Clinical Partner Needs Assessment	<ul style="list-style-type: none"> • General organizational information • Referrals and Linkages • Health insurance billing practices and revenue • Staff Training • Evidence-based practice implementation • Accessibility of services for adolescents • Health center environment (teen friendliness) • Infrastructure • Health care service use by adolescents • Contraception use by adolescents

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

State and Community awardees, local partners and the National Organization awardees can access the iGTO system with the following URL: <http://kitservices2.kithost.net/igtotpp>. There is no content directed at children under 13 years of age.

2. Purpose and Use of Information Collection

CDC will collect annual information on organizational needs of State and Community Awardees and local partners, performance measures from State and Community Awardees yearly, and training and technical assistance from State and Community Awardees and the National Organizations monthly. Baseline data from these tools are needed to inform the initial training and technical assistance needs of State and Community Awardees and local partners associated with the TPP initiative. Annual follow-up information from each of the assessment tools will be

needed to track progress for meeting performance expectations over time and for providing tailored technical support. The use of the same measurement tools across multiple awardee sites and over time will allow for cross-awardee comparisons of data which enhances the utility of the data collected. In addition to providing information for technical assistance needs and intermediate outcomes (e.g., number of youth served with evidence based programs), information will be used to assess the TPP Initiative's progress towards meeting the overall goal of reducing teen pregnancy in the target communities. Specifically, reporting on teen pregnancy prevention strategies in this project will also help CDC to: (1) understand changes in the teen pregnancy prevention needs of each target community, (2) determine quality implementation practices associated with evidence-based programs and contraceptive access, and (3) evaluate the impact of implemented strategies. Lessons learned from these awardees can also be used to inform the design, adaptation, implementation, and evaluation of future federal, state or local TPP programs across the nation. For example, during monthly meetings, CDC shares lessons learned with OAH to improve other OAH-funded TPP initiatives.

Privacy Impact Assessment

As noted earlier, the proposed information collection will not involve the collection of information in individually identifiable form. Information collected concerns organizational activities and capacity as opposed to individual activities and capacities, and therefore is not considered highly sensitive. Hence, the proposed information collection will have little or no effect on the respondent's privacy.

The specific purpose of each assessment tool is included in Table A.2 below.

Table A.2. Purpose of information collection

Assessment Tool	Purpose
Clinical Partner Needs Assessment	This tool will collect information to help inform training and technical assistance needs of clinical partners.
Program Implementation Partner Needs Assessment	This tool will collect information to help inform training and technical assistance needs of program partners.
Performance Measure Reporting Tool	This tool will allow awardees to report their progress towards meeting process and intermediate outcome project goals.
State and Community Awardee Project Director/Project Coordinator Needs Assessment	This tool will collect information on Awardee organizational needs and leadership capacity building needs. Project directors/project coordinators who are technical assistance providers and trainers will also be required to complete the technical assistance /training capacity building portion of the assessment.
State and Community Awardee Staff Needs Assessment	This tool will collect information on Awardee capacity building needs. Technical assistance providers and trainers will be required to complete the technical assistance /training capacity building portion of the assessment.
State and Community Awardee Training and Technical Assistance Reporting Tool	The purpose of this form is to provide information on the training and technical assistance given by Part A Awardees to local partners
National Organization Training and Technical Assistance Reporting Tool	The purpose of this form is to provide information on the training and technical assistance given by National Organizations to State and Community Awardees

3. Use of Improved Information Technology and Burden Reduction

In order to reduce respondent burden, data collection errors, and delays in receiving data, State and Community Awardees, local partners, and the National Organizations will be given the option to complete data collection via a web based tool (iGTO). Technical assistance for the iGTO system will be provided by CDC staff and through a contractor, Kit Solutions, LLC. The assessment tools developed for this process and intermediate outcome evaluation are based on established measures and input from the National Organizations. All data collection tools were reviewed by CDC staff and State and Community Awardees to ensure that all possible approaches were taken to minimize respondent burden. Each assessment tool was designed to be brief, easy to use, and understandable. Additionally, CDC staff have carefully considered the content, appropriateness and phrasing of each question and have solicited and integrated feedback from staff from State and Community Awardees and the National Organizations.

The iGTO system will include several features designed specifically to reduce public burden and collect high quality data. For example, the iGTO system will include automated data checks to assure the validity of data as it is entered into the system. Assessment measures will be provided in drop-down boxes to eliminate the time spent typing in text. Finally, users of the iGTO system will have a detailed instruction manual with tips for efficiently completing the assessments.

4. Efforts to Identify Duplication and Use of Similar Information

There have been very few attempts to date to evaluate the process and implementation of coordinated, multi-component community-wide teen pregnancy prevention efforts. More information is needed to understand the potential impact of these types of efforts and detailed process data is needed in order to have necessary information to faithfully replicate successful approaches to reducing teen pregnancy and births. The additional data collected and knowledge gained from the proposed process and intermediate outcome evaluation of current program implementation in funded State and Community Awardee sites implementing community-wide, multi-component programs will inform and enhance future activities to prevent teen pregnancy.

Because data will be collected to assess progress towards meeting the process and implementation of the State and Community Awardees' teen pregnancy prevention initiatives, as well as training and technical assistance needs of State and Community Awardees and local partners, previously collected data from other teen pregnancy prevention projects were deemed inappropriate for this project as existing data would not offer information about our awardees.

CDC staff participates in a weekly evaluation workgroup with staff from other HHS agencies to discuss federal evaluations of teen pregnancy prevention efforts. This workgroup includes staff from OAH and the Office of the Assistant Secretary for Planning and Evaluation who are evaluating other teen pregnancy prevention efforts that were funded by the same Consolidated Appropriations Act, 2010, Public Law 111-117. Division D Title II of the Act (see above) that funds the Community-Wide Initiative. Additionally, staff from the Administration for Children and Families, who are involved in teen pregnancy prevention activities and evaluation lead a monthly leadership group meeting which assures coordination between upper level staff at each of the participating agencies. This high level of coordination among agencies assures that evaluations of federal teen pregnancy prevention efforts collaborate when appropriate and

assures that there is no duplication of efforts. No other federal agency is implementing multi-component, community-wide initiatives to prevent teen pregnancy, therefore the proposed evaluation also is a unique effort.

5. Impact on Small Businesses or Other Small Entities

The information collected will not have a significant impact on small entities; however, some State and Community Awardees are community-based organizations. Completion of proposed needs assessments will be facilitated by Awardees hired by CDC; participation in this information collection will not place undue burden on small businesses or other small entities.

6. Consequences of Collecting the Information Less Frequently

CDC proposes to collect data every year for the final three years of the project. Initial data from these assessments are needed to inform the training and technical assistance needs of local partners, and other key personnel associated with the TPP initiative. Follow-up information from each assessment is also needed to help CDC track awardee and local partner progress towards meeting the objectives by (1) assessing changes in awardee capacity building and implementation activities, and (2) offering continued technical support. Annual reporting on teen pregnancy prevention strategies in this project will also help CDC to: (1) understand changes in the teen pregnancy prevention needs of each target community, (2) determine quality implementation practices associated with evidence-based programs and contraceptive access, and (3) evaluate the impact of implemented strategies.

Training/technical assistance information (**Attachments 9 and 10**) will be reported on a monthly rather than annual basis. The information transmitted on these forms is event-driven. We believe that real-time reporting of these events is necessary for adequate data quality. Retrospective reporting of this information on a less frequent basis would likely result in missed or incomplete information. Monthly updates will allow awardees to document their needs in a timely manner and assist CDC in taking appropriate, targeted, corrective action. Use of the system to support real-time communications between CDC and awardees significantly expands the utility of the information collection, compared to simple retrospective reporting.

Without the proposed information collection, CDC's oversight of activities will be based on less systematic, empirical information; CDC's ability to provide technical assistance will be diminished; and the federal government will lose an opportunity to address a gap in knowledge about better understanding multi-component interventions to reduce teen pregnancy.

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

This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice

A notice was published in the Federal Register on February 27, 2012, Vol. 77, No. 38, pp. 11544-11545 and is included as **Attachment 2a**. Only one public comment was received and the comment and response are included as **Attachment 2b**.

9. Explanation of Any Payment or Gift to Respondents

Assessment tools will only be completed by TPP Initiative awardees and partner organizations and local partners who are being funded to complete this project. No additional payments or gifts will be provided to respondents.

10. Assurance of Confidentiality Provided to Respondents

- A. Privacy Act Determination. CDC has reviewed this request and determined that due to the nature of the information collected, the Privacy Act does not apply to the awardees and local partners who will fill out assessments. Questions from the Needs Assessments pertain to the organization, not the individual; and were created to assess the public health capacity of each State and Community Awardee organization. Respondents will be requested to provide information on their organizational structure, infrastructure, and other activities. The information collection does not involve personal, identifiable data.
- B. Safeguards. Since this information collection pertains to the organization and not the individual, CDC will not have access to personal information. Nevertheless, electronic versions of all instruments will be stored in the secure iGTO system. All paper files will be stored and locked in a file cabinet at CDC, which will be accessible only to select CDC staff.
- C. Consent. This information collection does not involve research with human subjects and does not require IRB approval. However, before respondents answer questions related to the needs assessment in the iGTO system, they will be notified that responses will be shared with the project directors/project coordinators.
- D. Nature of Response. State and Community Awardees and National Organizations are required to participate as a condition of the award, while the participation of individuals representing local partner organizations is voluntary. Responses will be shared with the project directors/project coordinators and CDC staff in order to make changes at the awardee or local level to increase the fidelity of each implemented program.

11. Justification for Sensitive Questions

Questions from each of the needs assessments pertain to the organization, not the individual; therefore, none of the tools query respondents on sensitive information.

12. Estimates of Annualized Burden Hours and Costs

The estimated annualized burden (Table A12-1) is based on the total number of target respondents multiplied by the number of times that each assessment (**Attachments 4 through 11**) will be administered. The total estimated annualized burden hours are 1,150.

Information collection instruments are included as **Attachments 4-10**: (a) Clinical Partner Needs Assessment (**Attachment 4**), to be completed by clinic partner staff, (b) Program Implementation Partner Needs Assessment (**Attachment 5**), to be completed by the individuals who implement evidence-based and evidence informed programs, (c) Performance Measure Reporting Tool (**Attachment 6**) to be completed by State and Community Awardee staff

members, (d) State and Community Awardee Project Director/Project Coordinator Needs Assessment (**Attachment 7**), to be completed by each State and Community Awardee’s project director/project coordinator, (e) State and Community Awardee Staff Needs Assessment (**Attachment 8**), to be completed by other State and Community Awardees staff members, (f) State and Community Awardee Training and Technical Assistance Tool (**Attachment 9**), to be completed by State and Community Awardee staff members, (g) and National Organization Training and Technical Assistance Tool (**Attachment 10**), to be completed by the five funded National Organization staff.

Attachments 4-8 will initially be fielded in hard copy only and a web-based option may become available at a later date. **Attachments 9 and 10** are only available using the web-based system iGTO.

Information is collected annually, with the exception of training and technical assistance needs (**Attachments 9 and 10**) which will be reported monthly to ensure timely and effective support from CDC.

Table A.3. Estimated Annualized Burden to Respondents

Type of Respondent	Form Name	Number of Respondents	Number of Responses Per Respondent	Average Burden Per Response (hr)	Total Burden (hr)
State and Community Awardees	State & Community Awardee Project Director/ Project Coordinator Needs Assessment	9	1	45/60	7
	State & Community Awardee Performance Measure Reporting Tool	50	1	4	200
	State & Community Awardee Staff Needs Assessment	50	1	45/60	38
	State & Community Awardee Training and Technical Assistance Reporting Form	50	12	1	600
National Organization Awardees	National Organization Awardee Training and Technical Assistance Reporting Form	15	12	1	180

Community and Clinical Partners	Community and Clinical Partner Needs Assessment	50	1	1	50
	Community and Clinical Partner Program Implementation Partner Needs Assessment	100	1	45/60	75
				Total	1,150

Estimated annualized burden costs are displayed in Table A12-2. The total estimated annualized cost to respondents is \$31,769.

Table A.4. Estimated Annualized Cost to Respondents

Type of Respondent	Form Name	Number of Respondents	Total Burden (hr)	Average Hourly Wage	Total Cost
State and Community Awardees	State & Community Awardee Project Director/ Project Coordinator Needs Assessment	9	7	\$40.52	\$284
	State & Community Awardee Performance Measure Assessment Tool	50	200	\$27.86	\$5,572
	State & Community Awardee Staff Needs Assessment	50	38	\$27.86	\$1,059
	State & Community Awardee Training and Technical Assistance Reporting Form	50	600	\$27.86	\$16,716
National Organization Awardees	National Organization Awardee Training and Technical Assistance Reporting Form	15	180	\$27.86	\$5,015

Community and Clinical Partners	Community and Clinical Partner Clinical Partner Needs Assessment	50	50	\$27.86	\$1,393
	Community and Clinical Partner Program Implementation Partner Needs Assessment	100	75	\$27.86	\$2,090
				Total	\$31,769

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

No additional cost will be incurred by the respondents.

14. Annualized Cost to the Government

The TPP Initiative Process and Intermediate Outcome Evaluation costs to the Government are based on 2011 fiscal year costs. The annual cost of \$289,588 includes the two contractors who will manage and analyze the evaluation data, respectively. The projected cost of four Government staff scientists (GS-13) at 30 percent time each is \$141,070. The four staff scientists serve as the technical evaluation experts and provide evaluation related assistance to each of the State and Community Awardees and National Organization Awardees. The total annual cost to the Government is \$462,427.

15. Explanation for Program Changes or Adjustments

This is a request for a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Pending OMB clearance, after the completion of the first year of data collection, CDC will complete descriptive analyses of the data for all State and Community Awardees, local partners and National Organizations. The overall descriptive analysis will summarize the characteristics of each organization, while subgroup analyses will be performed to assess potential differences between sites. These analyses will be conducted using cross-tabulation procedures (e.g., chi-square) with categorical variables and between group procedures (e.g., ANOVA and *t*-tests) with variables that are continuous.

Each following year, organizational information and information on assessment measures will be collected and compared with information from each previous year. An integral part of the Process Evaluation requires documenting both capacity building and implementation activities. The yearly collection of information will take place at the following times each year: (a) the Clinical Partner Needs Assessment (**Attachment 4**), will be completed in October of each year, (b) the Program Implementation Partner Needs Assessment (**Attachment 5**), will be completed in April of each year, (c) the Performance Measure Reporting Tool (**Attachment 6**) will be

completed in December of each year, (d) the State and Community Awardee Project Director/Project Coordinator Needs Assessment (**Attachment 7**), will be completed in January of each year, (e) the State and Community Awardee Staff Needs Assessment (**Attachment 8**), will be completed in January of each year, (f) the State and Community Awardee Training and Technical Assistance Form (**Attachment 9**), will be completed monthly, (g) and the National Organization Training and Technical Assistance Form (**Attachment 10**), will be completed monthly. This information collection will systematically document the extent to which overall TPP Initiative activities were implemented as designed and will ultimately lead to quality implementation of programs and practices by awardees and local partners. Analyses will also be conducted across communities to determine whether baseline and yearly differences exist between the communities.

Information gained from this project will be shared with our partners (e.g., OAH). Furthermore, to increase dissemination of lessons learned, abstracts will be submitted to professional meetings and in the peer-reviewed literature based on the findings. Below are potential venues for conference presentation:

- American Public Health Associations Annual Meetings
- Maternal and Child Health Epidemiology (MCH EPI) Conference
- Association of Maternal and Child Health Programs Family Voices Conferences
- Society for Adolescent Health and Medicine Annual Meetings
- Society for Community Research and Action
- Society for Prevention Research
- American School Health Associations Annual School Health Conference
- Healthy Teen Network Annual Conferences
- American Evaluation Association Annual Conferences

OMB approval is being requested for years 3-5 of the 5-year program.

Table 5: Data Collection Time Schedule

Activity	Time Schedule
Begin yearly data collection	1 month after OMB approval
Yearly reports	2 months after OMB approval, 14 months after OMB approval, 26 months after OMB approval
Final report	3 years after OMB approval

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

The expiration date for OMB approval will be displayed on all data collection instruments for which approval is being sought.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certifications.