

Change Request

April 1, 2013

Information Collection Request: “Process Evaluation of “Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-Wide Initiatives”
(OMB no. 0920-0952, exp. date 12/31/2015)

Summary

CDC is currently approved to collect information from 9 state and community grantees funded under the cooperative agreement “*Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-Wide Initiatives.*” Paper-based collection instruments that are administered annually to the grantee organization include the “State and Community Awardee Annual Project Director/Project Coordinator Needs Assessment” (Attachment 7) and the “State and Community Awardee Staff Needs Assessment” (Attachment 8). To improve usability and respondent satisfaction in completing the assessment, CDC proposes to implement a web-based response option for these instruments. In addition, CDC proposes restructuring/reformatting a section of each survey to better align existing questions with information collection being conducted by the Office of Adolescent Health and the Administration on Children, Youth, and Families.

There are no changes to the number of respondents or the estimated burden per response. CDC plans to begin administering the revised instruments in 2013. OMB approval is requested, effective immediately.

Information Collection Instruments Affected by Changes

State and Community Awardee Annual Project Director/Project Coordinator Needs Assessment

- The revised paper-based survey is included as Attachment 7(rev).
- The web-based version is included as Attachment 7(web).

State and Community Awardee Staff Needs Assessment

- The revised paper-based survey is included as Attachment 8 (rev).
- The web-based version is included as Attachment 8 (web).

Background and Justification

CDC is approved to collect information needed for a process and intermediate outcome evaluation of awardees funded under the Teen Pregnancy Prevention (TPP) Initiative (OMB No. 0920-0952, exp. 12/31/2015). An integral part of the process evaluation requires documenting both capacity building and implementation activities. In order to conduct this process evaluation, the state and community awardee staff needs assessment and state and community awardee project director/project coordinator assessments are necessary to identify training and technical assistance needs of the nine State and Community Awardees. Paper-based versions of these instruments were approved in December 2012 (Attachments 7 and 8). The Information Collection Request indicated that

“**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.”
(See Supporting Statement, Section A.1, page 6.)

CDC requests OMB approval to implement web-based versions of Attachments 7 and 8 using Survey Monkey.

Various agencies within the Department of Health and Human Services have formed a federal collaborative focused on teen pregnancy prevention. The goal of this group is to plan and implement strategies to support grantees in their efforts to effectively leverage resources across agencies and plan strategically for the sustainability of evidence-based teen pregnancy programs. Agencies included in this collaborative effort are the Administration on Children, Youth, and Families – Family and Youth Services Bureau, the Centers for Disease Control and Prevention – the Divisions of Adolescent and School Health and Reproductive Health, the Health Resources and Services Administration, Indian Health Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Population Affairs, and the Office of Adolescent Health. These agencies have a common interest in understanding the evidence-based program training needs of their awardees. Information about evidence-based program training for the CDC funded grantees is already collected in the CDC annual State and Community Awardee assessments. Consistent with the coordinating role of the TPP Initiative, CDC proposes to align the questions/measures in its needs assessment surveys with the federal collaborative’s data collection needs. The revised questions will ask TPP grantees to indicate which evidence-based TPP programs the awardee organization has staff or community partners trained and to identify training needs regarding evidence-based TPP programs.

Itemized Changes in Survey Content

Four questions will be dropped from both surveys, and 8 items addressing the same content will be added to the State and Community Awardee Project Director/Project Coordinator Needs Assessment.

State and Community Awardee Staff Needs Assessment

The following four questions will be deleted (from Section VII. Evidence-Based Programs).

21. Do you provide training on evidence-based teen pregnancy prevention programs?

<input type="checkbox"/>	Yes, please continue to question 22
<input type="checkbox"/>	No, please skip to question 25, page 11

22. Please list any evidence-based or evidence-informed programs on which you are able to provide a training of facilitators.

Program: _____ a. Have you received formal training as a trainer of this program? _____ b. What organization provided the training? _____ c. Number of Trainings you conducted in the past 2 yrs? _____
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Program: _____

<p>a. Have you received formal training as a trainer of this program? _____</p> <p>b. What organization provided the training? _____</p> <p>c. Number of Trainings you conducted in the past 2 yrs? _____</p>
<p>Program: _____</p> <p>a. Have you received formal training as a trainer of this program? _____</p> <p>b. What organization provided the training? _____</p> <p>c. Number of Trainings you conducted in the past 2 yrs? _____</p>
<p>Program: _____</p> <p>a. Have you received formal training as a trainer of this program? _____</p> <p>b. What organization provided the training? _____</p> <p>c. Number of Trainings you conducted in the past 2 yrs? _____</p>
<p>Program: _____</p> <p>a. Have you received formal training as a trainer of this program? _____</p> <p>b. What organization provided the training? _____</p> <p>c. Number of Trainings you conducted in the past 2 yrs? _____</p>

23. Do you have partners who can provide training of facilitators on evidence-based or evidence-informed programs?

<input type="checkbox"/>	Yes, please answer the following questions. <ul style="list-style-type: none"> a. Which partner? _____ b. Which programs? _____ c. Where were the trainers trained? _____
<input type="checkbox"/>	No, please skip to question 24

24. Please list any evidence-based or evidence informed programs that will likely be implemented in your community that you have not received training on.

<input type="checkbox"/>	Program _____
<input type="checkbox"/>	Program _____
<input type="checkbox"/>	Program _____
<input type="checkbox"/>	Program _____
<input type="checkbox"/>	Program _____
<input type="checkbox"/>	Program _____

We do not anticipate a change in the estimated burden per response.

State and Community Awardee Project Director/Project Coordinator Needs Assessment
 The following four questions will be deleted (from Section VII. Evidence-Based Programs).

72. Do you provide training on evidence-based teen pregnancy prevention programs?

<input type="checkbox"/>	Yes, please continue to question 73
<input type="checkbox"/>	No, please skip to question 76, page 27

73. Please list any evidence-based or evidence-informed programs on which you are able to provide a training of facilitators.

Program: _____ d. Have you received formal training as a trainer of this program? _____ e. What organization provided the training? _____ f. Number of Trainings you conducted in the past 2 yrs? _____
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74. Do you have partners who can provide training of facilitators on evidence-based or evidence-informed programs?

<input type="checkbox"/>	Yes, please answer the following questions. d. Which partner? _____ e. Which programs? _____ f. Where were the trainers trained? _____
<input type="checkbox"/>	No, please skip to question 24

75. Please list any evidence-based or evidence informed programs that will likely be implemented in your community that you have not received training on.

<input type="checkbox"/>	Program _____
<input type="checkbox"/>	Program _____
<input type="checkbox"/>	Program _____
<input type="checkbox"/>	Program _____
<input type="checkbox"/>	Program _____

<input type="checkbox"/>	Program _____
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The following questions will be added.

71. On which evidence-based programs...

Program	Are staff members from your organization currently trained?	Are staff members from your organization able to provide a Training of Trainers (TOT)?	Are staff members from your organization able to provide a Training of Educators (TOE)?
Aban Aya Youth Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Identity Mentoring (Project AIM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All4You!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting in Rehabilitating Kids (ARK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Proud! Be Responsible!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Proud! Be Responsible! Be Protective!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming a Responsible Teen (BART)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Aid Society (CAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrera Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuidate!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw the Line/Respect the Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOCUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heritage Keepers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abstinence Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horizons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's Your Game: Keep it Real	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a Difference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72. On which evidence-based programs...

Program	Are staff members from your organization currently trained?	Are staff members from your organization able to provide a Training of Trainers (TOT)?	Are staff members from your organization able to provide a Training of Educators (TOE)?
Making Proud Choices!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project TALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting Health Among Teens! Abstinence Only Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raising Healthy Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respeto/Proteger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rikers Health Advocacy Program (RHAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safer Choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safer Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SiHLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sexual Health and Adolescent Risk Prevention (SHARP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sisters Saving Sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Health Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Outreach Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What Could You Do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making Proud Choices!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73. Are there other agency(s) in your state/territory/region that are able to provide a TOT/TOF on particular EBP(s)? If so, please specify the name of the agency(s), which type of training they can provide (TOT and/or TOF), and on which EBP(s). If there is a specific person to contact, please provide their name and contact information as well.

Name of Agency	
State which type of training it is able to provide (TOT or TOF)	
Which EBP?	
Name of Agency	
State which type of training it is able to provide (TOT or TOF)	
Which EBP?	
Name of Agency	
State which type of training it is able to provide (TOT or TOF)	
Which EBP?	

74. On which other programs (outside of the HHS 28 approved programs) are your staff trained?

<input type="checkbox"/>	Circle of Life	<input type="checkbox"/>	Safe Dates
<input type="checkbox"/>	Flash	<input type="checkbox"/>	STAND
<input type="checkbox"/>	Live it (Native American Youth)	<input type="checkbox"/>	Street Smart
<input type="checkbox"/>	Health & Responsible Relationships – Michigan Model	<input type="checkbox"/>	Tailoring Family Planning Services to the Special Needs of Adolescents
<input type="checkbox"/>	Native STAND	<input type="checkbox"/>	Teen Talk
<input type="checkbox"/>	Parents Matter	<input type="checkbox"/>	The Fourth R (Relationships) – Alaska Perspectives (adapted version of the original Fourth R curriculum from Canada)
<input type="checkbox"/>	Power Through Choices	<input type="checkbox"/>	Wise Guys
<input type="checkbox"/>	Real Talk/Sex Ed For Parents	<input type="checkbox"/>	Wait Training
<input type="checkbox"/>	Relationship Smarts	<input type="checkbox"/>	Other (please specify)

75. Are you or any key partners planning an upcoming training that could potentially be open to other grantees or grantee partners? If so, please provide the name of the curriculum or training topic, as well as the date, time, location, organization, and contact information for the training.

Training Topic/Program Name	
Date/Time	
Location	
Organization conducting training	
Contact information for training	

76. The federal collaborative is evaluating the feasibility of creating a document or tool in which TPP grantees could search for organizations capable of providing training on a particular EBP, either by location or by EBP. We are interested in how useful your organization might find such a tool. Please provide any comments you have regarding this potential tool (for example, preferred type of tool, important features or information, concerns, etc).

Comment	
Comment	
Comment	

77. Do you have suggestions as to how one or more of the Federal agencies funding teen pregnancy prevention programs (OAH, ACF, CDC, etc) could help your organization with these training needs? If so, please briefly describe your suggestion below.

Suggestion	
Suggestion	
Suggestion	

We do not anticipate a change in the estimated burden per response. Although the number of questions has increased, the revised instrument allows respondents to select pre-defined response options, rather than providing open-ended text responses. The revised method will be more efficient for respondents and contribute to improved data quality.

No other changes are proposed to the content of the information collection, the number of respondents, the estimated burden per response, or the annual frequency of data collection. We will monitor feedback from respondents to determine whether the revised format results in reduced burden per response.