

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Provide a numerical estimate of the potential respondent universe and describe any sampling or other respondent selection method to be used.

The initial sessions conducted by Rife Communications will train both Tier 1 Trainers (those who intend to train other trainers), and Tier 2 Trainers (those who intend to train only parents/caregivers). Each participant will be asked to submit a recruitment and implementation plan. This Plan will guide the evaluators in choosing sites.

For Tier 1 Trainers, a questionnaire will be distributed shortly after they have trained Tier 2 trainers. This questionnaire will measure the type of training they received, how they were able to put it into practice, and whether the follow-up and technical assistance provided met their needs. We anticipate 53 Tier 1 Trainers will participate.

For purposes of the evaluation, 6 of the sites will be selected for the in-depth evaluation. Sites will volunteer to participate in the evaluation.

The Tier 2 Trainees from the six selected sites will complete an evaluation questionnaire two months after the completion of their training which identifies the skills learned. It will also identify effective recruitment and retention methods. We anticipate 2 trainees from each of the 6 sites for a total of 12 trainees.

Three hundred parents/caregivers will surveyed in this evaluation; 100 parent caregivers in one of three groups, namely those who received the training and toolkit, those who receive the toolkit only, and those who received neither. Parent/caregivers will be asked to fill out a questionnaire before they begin using the *BodyWorks* toolkit (pre-test), and at the completion of the 10-week session (post-test). An encouragement gift will be given to respondents at the pre and post-test. It is important to compare those parents/caregivers who participated in the training and received the Toolkit, to those who just received the *BodyWorks* toolkit, to those who received neither.

One hundred girls whose parent participated in the *BodyWorks* training will be surveyed. They will be asked to come into the site, preferably on the last day of the 10-week training, and complete the questionnaire. The tool would measure their *BodyWorks*-related behavior. An encouragement gift will be given to respondents.

2. Describe the procedures for the collection of information:

Data will be collected from August 1, 2006 and will continue through October 2007. For Tier 1 Trainers, a survey will be distributed shortly after they have trained Tier 2 trainers. Tier 2 Trainees from the six selected sites will complete an evaluation survey two months after the completion of their training which identifies the skills learned (included as Appendix B).

Parents/caregivers will be asked to fill out a questionnaire (included as Appendix C) before they begin using the *BodyWorks* toolkit (pre-test), and at the completion of the 10-week session (post-test). An incentive will be handed out at the pre and post tests. It will also be important to compare those parents/caregivers who participated in the training and received the Toolkit, to those who just received the *BodyWorks* toolkit, to those who received neither. Therefore, there will be three groups surveyed: Those who received the training and toolkit, those who receive the toolkit only, and those who received neither. Some girls whose parent participated in the *BodyWorks* training will be surveyed. They will be asked to come into the site, preferably on the last day of the 10-week training, and complete a questionnaire (included as Appendix D). These participants would have to receive parental consent and would have to assent to participate.

- 3. Describe methods to maximize response rate and to deal with issues of non-response. The accuracy and reliability of information collected must be shown to be adequate for intended uses. For collections based on sampling, a special justification must be provided for any collection that will not yield “reliable” data that can be generalized to the universe studied.**

The questionnaire for the trainers, caregivers, and adolescents will be given out during the training. By asking the respondents to complete the questionnaire and return it before they leave the class, we anticipate a higher response rate. All caregiver and adolescent respondents will be given a small incentive when they return a questionnaire.

- 4. Describe any tests of procedures or methods to be undertaken. Testing is encouraged as an effective means of refining collections to minimize burden and improve utility. Tests must be approved if they call for answers to identical questions of 10 or more individuals.**

We conducted pilot tests with six mothers of girls 11-13 years old and with five girls of the same age. The pilot tests took place at a DC-based community-based organization that serves underserved populations, similar to those served by many Centers of Excellence and Community Centers of Excellence in Women’s Health. Subsequent to the pilot test, we modified the instruments to reflect comments made.

- 5. Provide the name and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.**

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The above individual will analyze the information for the agency.