

Supporting Statement

HRSA Office of Women's Health Bright Futures for Women's Health and Wellness Survey

B. Collection of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

The data collection effort for this evaluation will not require any complex statistical sampling methods. Because there are only four program sites participating in the evaluation, the results will not be statistically significant and therefore cannot be generalizable. Nevertheless, we will seek to collect responses from each of the sites that reflect the consumers and providers at those sites and provides useful and valuable information to HRSA on the guides.

A list of candidate sites was identified based on recommendations from OWH and/or the evaluation's Expert Committee members, from which the final four sites were selected. Through the site selection process, we have attempted to include sites that are likely users of the BFWHW emotional wellness guides. By identifying site and respondent characteristics in the final report, other organizations may be able to assess the potential usability and acceptability of these guides by the young and adult women they serve.

At all four evaluation sites (two Maternal and Child Health Bureau grantees, one Ryan White Part D grantee, and one Federally Qualified Health Center/Community Health Center), young and adult woman who read and write English (the BFWHW emotional wellness guides being tested are the English language versions) and who receive services during the data collection period will be given either the Young Woman's Guide to Emotional Wellness or the Woman's Guide to Emotional Wellness. Adult women who might have received the guide will be invited to complete a consumer survey. At sites serving young women who might have received the guide, if parents have consented to allow them to participate, these young women will be invited to complete a consumer survey. Approximately 750 surveys will be distributed to young and adult women across sites, for an expected total of 563 surveys collected (75% response rate). Please read the Section 3 (Methods to Maximize Response Rates) below for an explanation of why the 75% response rate was chosen.

Additionally, providers who deliver services to young women and adult women will be asked to distribute the BFWHW emotional wellness guides and will be invited to complete a one-time survey about the guides (estimated to be approximately ten providers at each site for a total of 40 respondents).

At the evaluation sites, 6-8 adult women and 6-8 young women who read and write English, who are currently receiving services, and who have not yet received the BFWHW guides, will be identified by program administrators and staff and invited to participate in focus groups to be conducted by the evaluation team during the site visit. During preliminary discussions with sites, some sites indicated that they would select women already participating in existing support groups (e.g., prenatal support groups) to also participate in the evaluation focus groups. Therefore, these women participating in the focus groups will not represent a randomly selected group, a limitation of the evaluation.

2. Information Collection Procedures

Data collection procedures have been designed to maximize response, minimize burden on the respondents, and promote accuracy and completeness of responses. Described below are the specific data collection procedures that we propose to use.

Consumer Surveys

Prior to the implementation of evaluation activities, the evaluation team will work with each of the sites to identify the site program staff who will distribute the informed consent forms and the consumer surveys.

All eligible adult and young women consumers who agreed to participate by giving informed consent will be provided with the survey within the context of a service appointment (see Consumer Survey in Appendix E). The women selected to complete the survey will represent those women who came for their appointment during the period of data collection for the evaluation. Thus, these women will not be randomly selected, which is a limitation of the evaluation.

The primary strategy for survey completion will involve distributing the survey to the women with a pre-stamped pre-addressed envelope addressed to the evaluation team and asking the women to complete the survey on-site. The respondents will be instructed to seal the survey in the envelope and return it to the site program staff who gave them the survey. Site program staff will then mail completed surveys to the evaluation team on a weekly basis. Women will be encouraged to complete the survey on-site. However, another option for consumers who are unable to complete the survey on-site will be to return the completed surveys in the mail themselves using the provided pre-stamped envelope.

In addition to working closely with each of the sites prior to the initiation of data collection, the evaluation staff will maintain close contact with each of the sites over the course of the data collection. The evaluation team will also provide each of the sites with a point of contact who will be available by telephone and email whenever needed.

Distributor Survey

The professionals who will be distributing the BFWHW emotional wellness guides (e.g. physicians, nurses, counselors, social workers, and outreach workers) will be given copies of the Women's Guide and Young Women's Guide to review as well as a copy of the Health Care Providers Guide to Promoting Women's Emotional Wellness. The evaluation staff will work with the sites to understand how, to whom and under what circumstances the *BFWHW* emotional wellness guides will be distributed and discussed with women consumers. The distributors of the guides will be asked to complete a web-based survey about their experience as a distributor (Appendix G). Distributors will receive an email with a link to a web-based survey, which provides a secure and anonymous response option that should be convenient for this professional population. For distributors who would rather complete a paper-based written survey, the survey in this format will be made available to them. Distributors will be asked to complete the web-based survey or return the paper survey to the evaluation team within two weeks of receipt.

3. Methods to Maximize Response Rates

In order to maximize response rates, the program administrator(s) of the selected sites will be asked to sign a letter of commitment to actively participate in the evaluation. Thus far, the selected sites have demonstrated great enthusiasm about participating in this evaluation. Although we understand enthusiasm does not translate to a higher response rate, we feel the active buy-in of the sites may increase the probability of successful implementation and potentially moderately higher response rates. Additionally, to facilitate a higher response rate, the consumer survey has been designed to be completed easily and quickly; it is short in length and tailored to an appropriate literacy level. We expect that most of the surveys will be completed on-site and returned to program staff that same day, which may also increase the response rate. The evaluation team has a successful track record of collecting data from evaluation sites in past evaluations (refer to two evaluations reports included in the Appendix as Appendix I and J).

The most challenging aspect of maximizing response rates will occur in the collection of the surveys from respondents. We are attempting to minimize any barriers in accomplishing this task by using several features in the evaluation approach. First, women will be encouraged to complete the survey on-site and able to return the survey to an identified staff member. If they are not able to complete the survey on site, the women can mail the survey. However, we anticipate that very few women will need to complete the survey by mail. Second, the individual to whom the surveys will be returned to will be easily identifiable. Third, the designated program staff responsible for overseeing the implementation will send the completed anonymous surveys to the evaluation team. Although sites will be asked keep track of the number of surveys distributed/completed, the evaluator will perform the data entry from the completed surveys as well as the analysis and report writing at their offices. Fourth, the surveys are written in a clear and comprehensible manner, no higher than a sixth-grade reading level, and (based on pilot testing) should take no longer than 15 minutes to complete. Finally, women will be offered a nominal cash award (\$10) in acknowledgement of their time and effort in completing the survey or participating in the focus group. This effort gathers information from a diverse audience in different types of settings and is intended to reflect varying populations and sites that might find the emotional wellness guides to be supportive of their delivery of health and social services. Given the use of the convenience sample approach, however, inferences will not be attempted and limitations of the results will be stressed in the final report.

4. Tests of Procedures

The consumer surveys have been tested for literacy level and burden estimates based on a pilot test conducted by the evaluator. Modifications to the survey entailed clarifying terminology and language as well as rewriting or eliminating questions that may be confusing to respondents. For example, using the term “assent” confused respondents, so we replaced “assent” with “consent” in the consumer survey. Another respondent found the term “Domestic Partnership/Cohabitation” confusing and thought other respondents would also be confused by the phrase. Thus, we used “Living with Partner” in the consumer survey. While there was no formal report produced from the pilot testing, four women participated in the pilot testing. Evaluation staff visited a local Healthy Start site. The four women first received an explanation

of the purpose of the evaluation and received copies of the Emotional Wellness Guides, the consumer survey and the informed consent form. Each woman took time to read the documents and then completed the informed consent form and the survey. After completing the survey, each woman was paired with an evaluation staff member. This staff member asked questions such as “Was it easy or difficult to complete?” and “Were any of the questions confusing?” For each specific question, the evaluation staff member also asked:

- a) Are there any aspects of this question that is confusing? Does anything need to be defined, clarified, or re-worded?
- b) Do the answer options make sense? Could you easily pick the one that applies to you?
- c) Can you think of any reason this question might be hard for other consumers to answer?

The feedback gained from the pilot testing helped shape the final version of the consumer survey.

5. Statistical Consultants

The data collection and analysis will be conducted by The Lewin Group, 3130 Fairview Park Drive Suite 800 Falls Church, VA 22042. The Project Director is Sharrie McIntosh, who can be reached at 703-269-5611. The Project Manager is Carrie Blakeway, who can be reached at 703-269-5711. The Statistical Consultant is Dr. Karen Linkins, who can be reached at 480-471-7516.