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

Part B: Statistical Methods

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**

**B. Statistical Methods**

B.1 Respondent Universe and Sampling Methods

B.2 Procedures for the Collection of Information

B.3 Methods to Maximize Response Rates and Deal with No response

B.4 Tests of Procedures or Methods to be Undertaken

B.5 Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

**Tables**

Table B.1. Expected Number of Respondents

Table B.2. Grantee Staff Reviewing Needs Assessment Instruments

**1. Respondent Universe and Sampling Methods**

The respondent universe is based on the nine State and Community Grantee awardees and the five National Organizations issued under “*Teenage Pregnancy Prevention: Integrating Services Programs and Strategies through Community-wide Initiatives*” (TPP Initiative)*.* Needs assessment data, performance measures and training and technical assistance information will be collected from all State and Community Awardees, local partners and National Organizations. Due to our plan to obtain needs assessment, performance measure and training and technical assistance information from the universe of applicable grantees, individuals and organizations, we will not utilize sampling methods.

The proposed process and intermediate outcome evaluation is intended to assess 1) training and technical assistance needs of State and Community Awardees, local partners, and National Organizations, 2) whether State and Community Awardees are meeting performance expectations, and 3) intermediate outcomes of intervention activities. The information collection is designed to measure change in each of the assessment tools over the course of the five year initiative. This request for approval covers three years of program implementation and data collection and an additional request for approval will be submitted for the final years of data collection. A more detailed description of each of the assessment tools is listed in Attachment 11.

The data analysis plan is designed to ensure program integrity in implementation. It does not use a statistical design, but rather involves information collection from key project advisors and staff members, as well as program partners and implementers. Respondents will include the nine State and Community Awardee project directors/project coordinators, 50 additional State and Community Awardee staff, approximately 50 clinic providers, approximately 100 program partners, and 15 National Organization staff members (Table B.1).

**Table B.1. Expected Number of Respondents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Respondent Type** | **No. of sites** | **Average Sample** | **Total** |
| Clinic Partner Staff | 10 | 5 | 50 |
| Program Partner Staff | 10 | 10 | 100 |
| State and Community Awardee Staff | 10 | 5 | 50 |
| State and Community Awardee Project Directors/Project Coordinators | 9 | 1 | 9 |
| National Organization Staff | 5 | 3 | 15 |

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..

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 Community and Clinical Partner Clinical Partner Needs Assessment (**Attachment 4**), will be completed in October of each year, (b) the Community and Clinical Partner Program Implementation Partner Needs Assessment (**Attachment 5**), will be completed in April of each year, (c) the State and Community Awardee 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 Tool (**Attachment 9**), will be completed monthly, (g) and the National Organization Training and Technical Assistance Tool (**Attachment 10**), will be completed monthly. This information collection will systematically document the extent to which overall TPP Initiative activities were implemented as designed. This systematic documentation will ultimately lead to quality implementation of programs and practices by awardees and local partners.

**2. Procedures for the Collection of Information**

To allow for flexibility based on awardee preferences, data will be collected via one of two ways: either (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. **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 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 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.

State and Community Awardees, local partners and National Organizations can access the iGTO system with the following URL: http://kitservices2.kithost.net/igto\_tpp.

**3. Methods to Maximize Response Rates and Deal with No response**

Participation in this information collection is required for the nine State and Community Awardees, local partners that are funded by grantees under sub-awards, and National Organizations. Continued funding will be dependent on the successful completion of requirements for the previous year. We additionally plan to follow up with each of the funded organizations by email and telephone to ensure that needs assessments, performance measures and training and technical assistance information are received in a timely fashion.

**4. Tests of Procedures or Methods to be Undertaken**

Representatives from State and Community Awardee organizations were engaged to review the content of each of the needs assessments to ensure that grantees understood the intent of questions and to minimize redundancy. The names of these individuals are listed in Table B.2 below.

**Table B.2. Grantee Staff Reviewing Needs Assessment Instruments**

|  |  |
| --- | --- |
| Name, Title, Contact Information |  |
| Vaughn S. Millner Evaluator vmillner@usouthal.edu 251-460-6283 | Lucy Brakoniecki Evaluator CWEALF lbrakoniecki@cwealf.org 860-247-6090  |
| Joy Sotolongo Project Evaluator jsotolongo@appcnc.org 919-226-1880 ext. 102  | Jeannette Ickovics Evaluator CWEALF jickovicx@cwealf.org |
| Jessica Waggett Research Associate I Institute for Community Health 163 Gore Street, Cambridge, MA 02141 jwaggett@challiance.org 617-499-6613  | Rodolfo Vega Senior Project Evaluator rvega@jsi.com 617 482 9485 ext. 3813  |
| Jennie Quinlan Project Evaluator Quinlanj2@uthscsa.edu 210-567-7036  | Tajan Braithwaite Renderos Project TA/Evaluation Manager tbraithwaite@jsi.com 617 482 9485 ext. 3834  |
| Vivian Santiago Project Evaluator  | Jackie Nolan Technical Advisor jnolan@jsi.com 617 482 9485 ext. 3686 |
| Jennifer Duffy Evaluation Coordinator jduffy@teenpregnancysc.org 803-771-7700 ext. 134  | Rachel Hallum-Montes Evaluator (Qualitative) Rhallum-montes@cicatelli.org 212-594-7741 ext. 257  |
| Tekla Evans Evaluation Contractor tekla.evans@messagesofempowerment.com tekla@gcapp.org 404-840-0967 706-229-1636  | Kelly Opdyke Evaluator (Quantitative) kopdyke@cicatelli.org 212-594-7741 ext. 250 |
| Linda Hock-Long Evaluation Director linda@familyplanning.org 215-985-2623  | Edward Saunders Evaluation Consultant Edward-saunders@uiowa.edu 319-335-3316  |
| Rebecca Merkh Evaluator Rebecca@familyplanning.org 215-985-2637  | Genevieve Martinez Researcher/Evaluator Genevieve@healthyteennetwork.org  |
| Jill Antonishak Senior Manager of Evaluation jantonishak@thenc.org 202-478-8504 |   |

**5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

|  |
| --- |
|  Name, Title, Contact Information |
| L. Duane House Health Scientist Hve8@cdc.gov 770-488-6302 |
| Heather Tevendale Health Scientist hrx9@cdc.gov (770) 488-6147 |
| Lisa Romero Health Scientist lmromero@cdc.gov 770-488-8393  |
| Crystal Tyler Epidemiologist ctyler@cdc.gov 770-488-6371 |
| Kim D. Burley Statistician/SAS Programmer kdi0@cdc.gov 770-488-6321  |
| Bala Venugopalan Data Manager Hjg4@cdc.gov 770-488-4286 |