

**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 Brakonieccki Evaluator CWEALF lbrakonieccki@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	Kelly Opdyke Evaluator (Quantitative)

tekla.evans@messagesofempowerment.com tekla@gcapp.org 404-840-0967 706-229-1636	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