Supporting Justification for the Extension of OMB Clearance of the Evaluation of Adolescent Pregnancy Prevention Approaches

Part B: Statistical Methods for Data Collection

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Submitted by: Office of Adolescent Health U.S. Department of Health and Human Services 1101 Wootton Parkway, Suite 700 Rockville, MD 20852

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INTRODUCTION

The Office of Adolescent Health (OAH) is requesting an extension through September 14, 2016 of the OMB No. 0990-0382, Evaluation of Adolescent Pregnancy Prevention Approaches (PPA) Follow-up Data Collection, currently approved through May 31, 2015. The PPA study is an eight-year multi-site random assignment evaluation designed to study the effectiveness of promising approaches to teen pregnancy prevention. OAH is requesting this extension in order to accommodate the ongoing schedule for follow-up data collection, which will extend past the current OMB expiration date. This extension request does not involve changes to the data collection instruments previously approved by OMB, which are included in this submission for reference. The previously approved burden estimates have been updated to reflect the current data collection progress.

B1. Respondent Universe and Sampling Methods

Sample enrollment in now complete in all PPA sites (Table B.1). Each site is testing a different teen pregnancy prevention program and thus has a different target population. In the three school-based sites, all students in the participating schools and grade levels were invited to participate. The study was later canceled in one of these school-based sites (Live the Life Ministries) after the site lost funding to deliver the program. In the threecommunity based sites (OhioHealth, CHLA, and EngenderHealth), youth were recruited on a volunteer basis through local social service providers. The resulting samples are not intended to be representative of a broader population. In the OICA site, youth were recruited from residential homes serving youth in the child welfare and juvenile justice systems in three states: California, Oklahoma, and Maryland. All youth in participating homes were invited to participate.

Site	Respondent Universe	Sampling Methods	Total Sample Enrolled
Chicago Public Schools	7th grade students	All 7th graders in participating schools were invited to participate	1535
Oklahoma Institute for Child Advocacy (OICA)	Youth in out-of-home group care settings	All youth in participating homes were invited to participate	1039
OhioHealth	Low-income mothers in Columbus, OH; ages 10 to 19	Sample recruited from local health clinics and hospitals	598
Children's Hospital Los Angeles (CHLA) Los Angeles (CHLA) Los Angeles (CHLA)		Sample recruited from local social service agencies	954

Table B.1. Follow-up Data Collection Progress and Response Rates to Date

Site	Respondent Universe	Sampling Methods	Total Sample Enrolled
EngenderHealth	Youth ages 14 to 16 in Travis County, TX	I	
Live the Life Ministries	7th through 9th grade students	Cancelled when site lost program funding	0
Princeton Center for Leadership Training 9th grade students in NC and NJ high schools		All 9th grade students in participating schools were invited to participate	1934

B2. Procedures for Collection of Information

The follow-up data collection involves longitudinal surveys administered to the individual youth enrolled in each study site. To date, follow-up data collection has been completed in one of the seven PPA study sites, Chicago Public Schools (Table B.2). In a second site (Live the Life Ministries), the planned follow-up data collection was canceled because the site lost funding for the teen pregnancy prevention program it had been implementing. In the five remaining PPA sites, follow-up data collection is expected to continue beyond the current OMB expiration date of May 31, 2015. For sites with primarily group-based survey administration, the primary mode of data collection is paper-and-pencil interviewing (PAPI). For sites with primarily individual-based survey administration, the primary mode of data collection is either audio computer-assisted self-administered interviewing (ACASI) or telephone interviewing. To date, response rates have either equaled or exceeded the rates projected at the start of the study. Consent for study data collection was obtained upon enrollment in the study, which has been completed for all sites.

	Data Collection		Response Rates For Released Cases		
Site	Short-Term Follow-Up	Longer- Term Follow-Ups	Short-Term Follow-Up	Longer- Term Follow-Ups	Primary Mode of Data Collection
Chicago Public Schools	Completed	Completed	94%	90%	PAPI
Oklahoma Institute for Child Advocacy (OICA)	Completed	Continuing Through 9/2015	84%	84%	ΡΑΡΙ
OhioHealth	Completed	Continuing Through 9/2016	82%	75%	Telephone interviewing

Table B.2. Follow-up Data Collection Progress, Modes, and Response Rates to Date

	Data Collection		Response Rates For Released Cases		
Site	Short-Term Follow-Up	Longer- Term Follow-Ups	Short-Term Follow-Up	Longer- Term Follow-Ups	Primary Mode of Data Collection
Children's Hospital Los Angeles	Completed	Continuing Through 12/2015	83%	75%	ACASI
EngenderHealth	Continuing Through 3/2015	Continuing Through 3/2016	91%	85%	Telephone interviewing
Live the Life Ministries	Cancelled	Cancelled	NA	NA	NA
Princeton Center for Leadership Training	Continuing Through 2/2015	Continuing Through 2/2016	87%	75%	ΡΑΡΙ

B3. Methods to Maximize Response Rates and Deal with Nonresponse

To maximize survey response rates, the study team works closely with each site to track and retain contact with enrolled sample members. In addition, incentives are provided to study participants to encourage continued participation in the follow-up surveys. These incentive amounts range from \$10 to \$50 based on the type of site, mode of administration, the mobility of the population, and the length of time from study enrollment. For sites serving general school-age populations, the incentive amounts are \$10 for group administration and \$25 for phone administration. For the OhioHealth site serving low-income teen mothers, the incentive amounts are \$25 for the shorter-term follow up conducted 18 months after study enrollment and \$50 for the longer-term follow up conducted 30 months after enrollment. For the CHLA site serving low-income mothers, the incentive amounts are \$20 for the shorter-term follow-up conducted 12 months after study enrollment and \$30 for the longer-term follow-up conducted 24 months after enrollment. For the OICA site serving youth in group foster care homes, the incentive amounts are \$25 for the short-term follow-up and \$50 for the longer-term follow-up.

The study team will take steps to both understand the nature of any nonresponse and to account for the threat that it may pose for the validity of the study's impact estimates. The team will use data from the PPA baseline surveys to compare the characteristics of survey respondents to nonrespondents. If meaningful differences exist, the study team will considering using non-response weights or other analytic methods to account for these differences when estimating the impacts of each program on youth outcomes.

B4. Tests of Procedures or Methods to be Undertaken

The study team conducted pre-tests of the follow-up data collection instruments prior to receiving initial OMB approval. For reference, the OMBapproved instruments are included as attachments to this submission. OAH has not conducted any additional testing of the data collection procedures or methods since receiving initial OMB approval.

B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The agency official responsible for receiving and approving contract deliverables is:

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