

“Middle School Student Perspectives on Sexual Health Education in Fort Worth Independent School District”

Submitted under GenIC OMB #0920-0840

Supporting Statement Part B

February 15, 2017

Supported by:

Division of Adolescent and School Health  
Centers for Disease Control and Prevention

Catherine Rasberry, PhD  
CDC/OID/NCHHSTP, Health Scientist  
(404) 718-8170  
[fh6@cdc.gov](mailto:fh6@cdc.gov)

Paula Jayne, PhD  
CDC/OID/NCHHSTP, Health Scientist  
(404) 718-8191  
[pj1@cdc.gov](mailto:pj1@cdc.gov)

**Table of Contents**

**A. 1 Circumstances Making the Collection of Information Necessary.....**

**A. 2 Purpose and Use of Information Collection.....**

**A. 3 Use of Improved Information Technology and Burden Reduction.....**

**A. 4 Efforts to Identify and Use of Similar Information.....**

**A. 5 Impact of Small Businesses or Other Small Entities.....**

**A. 6 Consequences of Collecting the Information Less Frequently.....**

**A. 7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....**

**A. 8 Comments in Response to the Federal Register Notice and Efforts to Consult  
Outside the Agency.....**

**A. 9 Explanation of Any Payment or Gift to Respondents.....**

**A. 10 Assurance of Confidentiality Provided to Respondents.....**

**A. 11 Justification for Sensitive Questions.....**

**A. 12 Estimates of Annualized Burden Hours and Costs.....**

**A. 13 Estimates of Other Annual Cost Burden to Respondents or Record Keepers.....**

**A. 14 Annualized Cost to Federal Government.....**

**A. 15 Explanation for Program Changes or Adjustments.....**

**A. 16 Plans for Tabulation and Publication and Project Time Schedule.....**

**A. 17 Reason(s) Display of OMB Expiration Date is Inappropriate.....**

**A. 18 Exceptions to Certification for Paperwork Reduction Act Submissions.....**

  

**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.....**

## List of Attachments

Attachment Number	Document Description
1	Public Health Service Act Legislation
2	Federal Register Notice
3	Middle School Student Focus Group Guide
4	Consultants on the Information Collection
5	Documentation of IRB Approval
6	Parental Consent Form
7	Student Verbal Assent Language
8	Description of Changes from Previously Approved Data Collection
9	Data Collectors' Non-Disclosure Agreement

## **Section B: Collections of Information Employing Statistical Methods**

### **B.1 Respondent Universe and Sampling Methods**

The respondent universe for the student focus groups consists of FWISD middle school students who are enrolled in health education classes during the 2016-2017 school year (n= approximately 6,500). Two middle schools with after-school programs will be selected for participation based on (1) having large numbers of students for sufficient gathering of the sample, (2) recommendation from FWISD district staff, and (3) willingness of the school administration to allow students to be recruited and participate during after-school activities. Across these schools, more than 500 students are estimated to be enrolled in spring semester health education classes. In each participating school, students who are enrolled in health education will receive a letter to take to parents that provides information on the study and a place for parents to provide active consent for students to participate (see **Attachment 6**). Focus group participation will be open to the subset of students who are both enrolled in health education classes and attend the after-school programs at one of the two participating middle schools.

Consent forms will be distributed and collected for 7 days. After 7 days, a second round of consent forms (copies of the original form) will be redistributed to students who had not returned the consent form originally. From the pool of returned parental consent forms, the study team will randomly select 12 male students and 12 female students from each of the two schools to participate in the focus groups. A total of 48 students will be scheduled to participate in the focus groups.

<b>Information Collection</b>	<b>Respondent Type</b>	<b>Maximum number of Respondents</b>
Student focus groups	Middle school male students	24
	Middle school female students	24

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

Student focus groups (n=4) will be held in late spring 2017 (pending OMB approval). Each focus group will include up to 12 students. The focus groups will be stratified by gender (2 focus groups will include female students in middle school and 2 focus groups will include male students in middle school).

Each focus group will be moderated by one study team member (a CDC contractor) and will include one additional study team member (a CDC contractor) as the note-taker. The moderator will use a semi-structured focus group guide (see **Attachment 3**) that lists key questions and allows the moderator to probe for additional insight.

Focus groups will take place during non-instructional (after-school) hours to ensure participation does not interfere with students' learning. The location of the focus groups will vary by individual school but will be in accordance with school administration recommendations

and will be in a secure and private space comfortable for students. Focus groups will last no more than 90 minutes. All focus groups will be audio-recorded (with participant permission) to ensure an accurate account of what was discussed. Since the focus groups will take place after school hours, student transportation must be pre-arranged by the student's parent/guardian. Focus groups will be scheduled in advance to allow parents time to plan accordingly.

### Power Analysis

All students in 2 middle schools that are enrolled in health class during the spring 2017 academic semester and attend the after-school program are being invited to participate. It was not feasible to conduct focus groups in all schools (students would need transportation to other locations for the focus group), so for logistical purposes and to improve our ability to gain buy-in from school administrators, we limited the student data collection to a small number of schools. The schools will be selected because they have established after-school programs and enroll large numbers of students with diverse characteristics (race, ethnicity, income, etc). From the pool of students who return parental consent forms, groups of students (stratified by gender) will be selected for participation at random. Our goal in both of these information collections is to ensure input that is as broadly representative as possible and reduce potential for bias, but for this qualitative data collection, we do not expect results to be generalizable to all health education students.

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

All health education students who attend the after school program in 2 schools will be given information about the study and invited to return parental consent forms. Among the students who return consent forms, students will be grouped into 2 stratifications: middle school male students and middle school female students. Within each of these groups, 24 students will be invited to participate in the focus groups. Students will be contacted to schedule the focus group and gain confirmation of attendance. For each student who does not confirm availability, an alternate student from that same stratified group will be selected at random for the invitation. This process will begin weeks in advance of the focus group so that all invited slots can be filled with confirmed participants. However, the study team is aware that even confirmed participants may not show up on the day of the focus group. For this reason, 12 students are being invited to each group, with the expectation that groups could be run successfully (and meaningfully) with as few as 8 students per group.

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

The focus group guide was developed with the extensive input of expert consultants both internal and external to CDC and the CDC's contractor. Guides were constructed around key concepts found in the literature related to sexual health education, and were tailored for the context of FWISD with assistance from FWISD district-level staff. Focus group guides were reviewed for content, clarity, and appropriateness by two FWISD district employees and the full

study team (staff from CDC and its contractor) which include several former teachers; revisions were made to refine the guides based on the collective input. CDC's contractor then pilot tested the guides with 4 youth between the ages of 13-17 to ensure questions were clear and easily understood by the target ages for the focus groups. The feedback from the piloting process was used to further refine the instruments and prepare for moderator training.

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

Individuals consulted on statistical aspects and study design:

Catherine Lesesne, Ph.D.  
ICF International  
3 Corporate Square, Suite 370  
Atlanta, GA 30329  
Catherine.Lesesne@icfi.com  
404-321-3211 (phone)  
404-321-3688 (fax)

Colleen Murray, DrPH  
Manager, ICF International  
3 Corporate Square, Suite 370  
Atlanta, GA 30329  
Colleen.Murray@icfi.com  
404-321-3211 (phone)  
404-321-3688 (fax)

The individuals overseeing data collection and directing data analysis are:

Catherine Lesesne, Ph.D.  
ICF International  
3 Corporate Square, Suite 370  
Atlanta, GA 30329  
Catherine.Lesesne@icfi.com  
404-321-3211 (phone)  
404-321-3688 (fax)

Colleen Murray, DrPH  
Manager, ICF International  
3 Corporate Square, Suite 370  
Atlanta, GA 30329  
Colleen.Murray@icfi.com

404-321-3211 (phone)  
404-321-3688 (fax)

Catherine Rasberry, PhD  
CDC/OID/NCHHSTP, Health Scientist (Contracting Officer's Representative providing oversight)  
(404) 718-8170 (phone)  
[fh6@cdc.gov](mailto:fh6@cdc.gov)