

**Improving Fetal Alcohol Spectrum Disorders Prevention and Practice through Practice and
Implementation Centers and National Partnerships
OMB # 0920-xxxx**

Supporting Statement Part B

New Request

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February 29, 2016

B. Collections of Information Employing Statistical Methods

B.1. Respondent Universe and Sampling Methods

Each FASD DSW and NOFAS has defined a target percentage of members of their disciplines/audiences that they will attempt to reach through the trainings developed for this project. These estimates represent the respondent universe for each DSW in this project. For the cross-site evaluation, the respondent universe for the DSW Report will include all staff working on this project for each DSW, while the universe for the high impact studies will include all staff of health systems where promising practices/interventions are being implemented.

Each DSW and NOFAS will attempt to reach their target percentage of their respectively-defined target audiences. Although the survey data collection is voluntary, surveying the defined target audiences will provide the most complete picture of the impact of the project on knowledge and practice behavior, as well as the most complete picture of respondent satisfaction with trainings. The DSW Report will be sent to the entire respondent universe. Its intent is to assess collaboration within the project's DSWs, and the best way to assess that is to survey all collaborators. Through the high impact studies, however, we will not attempt to collect data from all staff in a health system. Rather, we will target a small number of staff who are in decision-making roles regarding the practice/intervention, those responsible for implementing the practice/intervention, or those otherwise familiar with it.

B.2. Procedures for the Collection of Information

Participants who complete project core trainings and DSW-specific trainings will complete an online survey prior to and at the end of each training session. Participants who voluntarily provide their email contact information will also receive a link for a 6-month follow-up survey to assess retention of knowledge over time as well as changes in practice behaviors and changes in confidence and self-efficacy to perform certain skills related to the prevention, identification, and treatment of FASDs. To link the pre-test, post-test, and follow-up surveys, participants will create a unique number that links the forms, but that is otherwise not linked with any information about the participant.

Qualitative data collection for this project consists of key informant interviews. The majority of these interviews will be conducted via telephone, but a small number may be conducted in-person or online. In all telephone or in-person data collections, respondents will have advance notice, with appointment times set prior to the interview. Interviews will be conducted by trained staff from each DSW, NOFAS, or the cross-site evaluator, depending on the interview. Notes will be taken, either by the interviewer or a dedicated note-taker, to document the interview session. When permission is provided by the interviewee, interviews may also be audio-recorded. When audio-recordings are made, they will be stored on password-protected computers and will be accessible only to grantee staff working on data analysis.

B.3. Methods to Maximize Response Rates and Deal with Nonresponse

Surveys will include a statement of the purpose of the evaluation survey and the need for collecting this information to improve programs and assess training effectiveness. We anticipate that response rates will be high for surveys completed immediately before and after each training, as well as for those completed at in-person events. Still, since all surveys are completed anonymously, it is not feasible to deal with non-response.

For qualitative data collections, when possible, selected respondents who do not complete the data collection will be replaced with another, similar respondent.

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

The FASD Core Training Survey will be given to participants of core project trainings at pre-training, immediate post-training, and post-training follow-up. The pre-test instrument (**Attachment D1**) was cognitively tested to ensure that participants will understand the questions and response options as written. This cognitive testing was conducted with nine participants representing the disciplines targeted by this project. The instrument included in Attachment D1 was updated after cognitive testing to edit the wording and response options for several questions; where applicable (i.e., when identical questions appeared in the post-test or six-month follow-up instruments) the post-test instrument (**Attachment D2**) and follow-up instrument (**Attachment D3**) were also revised based on the cognitive testing results.

For the purpose of the evaluation, no individually identifiable information is being collected. Survey data collection, including for 6-month follow up, will be anonymous; the evaluation forms themselves will have no identifying information or any link to names or contact information. All qualitative data collected through key informant interviews will be kept secure.

Paper and pencil surveys will be entered into electronic databases by staff from each DSW, NOFAS, or the cross-site evaluator, with quality assurance methods such as double-pass entry in place. Surveys conducted electronically will be transferred to retention databases. All data will be checked for out-of-range values, and missing value codes will be inserted as part of the QA process. Otherwise, data will be preserved as originally provided by participants.

Descriptive participant information is mostly categorical in nature and will be reported via frequency counts/percents within categories, with chi-square methods used to test differences among categories where appropriate.

Quantitative analyses of other survey data will vary by organization (DSWs/NOFAS/cross-site evaluator), depending on their specific programmatic needs. Surveys may be analyzed individually, summarizing the data for all respondents for a given instrument, or may (when applicable) be combined with other data sources to contribute to broader analyses across trainings or across all activities of a DSW. Quantitative analyses planned by grantees and the cross-site evaluator include cross-tabulations, t-tests, bivariate regression analysis, chi-square and McNemar's tests, repeated measures ANCOVA, and MANOVA/MANCOVA. Analyses will be conducted using SPSS.

Qualitative data, resulting primarily from key informant interviews and the DSW Report, will be analyzed for common themes and important divergences among respondents. The software packages used to conduct these analyses will vary by organization, but will include NVivo, Dedoose, Atlas.ti, and Microsoft Word, Excel, and Access.

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

Questionnaires and protocols were developed in collaboration with and are reviewed by staff of the National Center on Birth Defects and Developmental Disabilities, and by members of the FASD PICs and Partners Evaluation Working Group:

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