

**Part A: Justification for the
Collection of 24-Month Follow-Up
Survey Data - Pregnancy**

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**Part A: Justification for the
Collection of 24-Month Follow-
Up Survey Data - Pregnancy
Assistance Fund Study**

OMB Control Number 0990-0424

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Assistance Fund Study

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CONTENTS

PART A INTRODUCTION.....3

 A1. Circumstances Making the Collection of Information Necessary.....4

 1. Legal or Administrative Requirements that Necessitate the
 Collection.....4

 2. Study Objectives.....4

 A.2. Purpose and Use of the Information Collection.....5

 A.3. Use of Information Technology to Reduce Burden.....6

 A.4. Efforts to Identify Duplication and Use of Similar Information.....6

 A.5. Impact on Small Businesses.....7

 A.6. Consequences of Not Collecting the Information/Collecting Less
 Frequently.....7

 A.7. Special Circumstances.....7

 A.8. Federal Register Notice and Consultation Outside the Agency.....8

 A.9. Payments to Respondents.....8

 A.10. Assurance of Confidentiality.....9

 A.11. Justification for Sensitive Questions.....10

 A.12. Estimates of the Burden of Data Collection.....10

 A.13. Estimates of Other Total Annual Cost Burden to Respondents
 and Record Keepers.....12

 A.14. Annualized Cost to Federal Government.....12

 A.15. Explanation for Program Changes or Adjustments.....12

 A.16. Plans for Tabulation and Publication and Project Time Schedule.....12

 1. Analysis Plan.....12

 2. Time Schedule and Publications.....13

A17. Reason(s) Display of OMB Expiration Date is Inappropriate.....13

A18. Exceptions to Certification for Paperwork Reduction Act
Submissions.....13

TABLES

A11.1 SUMMARY OF SENSITIVE QUESTIONS.....10

A12.1 CALCULATIONS OF BURDEN HOURS AND COST FOR YOUTH.....11

A12.2 CALCULATIONS OF ANNUAL BURDEN HOURS AND COSTS TO
DATE.....11

A16.1 TIMELINE FOR USE OF 24-MONTH FOLLOW-UP SURVEY.....13

ATTACHMENTS

- ATTACHMENT A: OVERVIEW OF THE PAF EVALUATION
- ATTACHMENT B: QUESTION BY QUESTION SOURCE LIST FOR THE 24-MONTH FOLLOW-UP SURVEY
- ATTACHMENT C: SOURCES REFERENCED FOR THE 24-MONTH FOLLOW-UP SURVEY
- ATTACHMENT D: PERSONS CONSULTED ON INSTRUMENT DEVELOPMENT AND/OR ANALYSIS OF THE PAF 24-MONTH FOLLOW-UP SURVEY
- ATTACHMENT E: CONFIDENTIALITY PLEDGE
- ATTACHMENT F: ANALYSIS PLAN
- ATTACHMENT G: PAF 24-MONTH FOLLOW-UP 60-DAY NOTICE

INSTRUMENTS

- INSTRUMENT 1: PAF 24-MONTH FOLLOW-UP SURVEY: CALIFORNIA
- INSTRUMENT 2: PAF 24-MONTH FOLLOW-UP SURVEY: TEXAS

PART A INTRODUCTION

In March 2010, Congress authorized the Pregnancy Assistance Fund Competitive Grants Program as part of the Patient Protection and Affordable Care Act (ACA). The grants program is a key element of the federal strategy to support youth and young adults who are having or raising a child. Administered by the Office of Adolescent Health (OAH), the grants program funded a second cohort of 17 grantees—states, tribes, and tribal entities—in summer 2013 to develop and implement programs focused on an array of outcomes, including increasing access to and completion of secondary and postsecondary education, improving child and maternal health, reducing the likelihood of repeat teen pregnancies, increasing parenting and co-parenting skills, decreasing intimate partner violence, and raising awareness of available resources. To promote positive outcomes, grantees may implement a wide variety of services for expectant and parenting youth, women, fathers, and their families. OAH's continued investment in programs for expectant and parenting youth has led to their request for a rigorous impact and implementation study of such programs, and they have contracted with Mathematica Policy Research to conduct the Pregnancy Assistance Fund Study.

Preliminary PAF Study efforts, including study design and instrument development, were conducted through a Feasibility and Design Study (FADS). The purpose of the FADS was to design rigorous impact evaluations in three sites that serve pregnant and parenting youth (including Pregnancy Assistance Fund grantees), develop data collection materials for all aspects of an evaluation, and conduct telephone interviews with grantees about the program design decisions and early implementation experiences. Information collected through the FADS was also used to provide funding agencies with information to inform the structure and components of programs for expectant and parenting youth and their families, so that the five-year PAF Study will be possible.

The objective of the FADS was to establish a foundation for the PAF Study's rigorous impact and implementation evaluation. Specifically, FADS: (1) assessed design options for implementation and impact evaluation, (2) documented how programs are operationalized in the field, (3) identified and entered into agreements with three sites for the evaluation, (4) provided assistance to sites to support a rigorous evaluation framework, (5) developed all evaluation instruments and obtained clearance for sample enrollment and baseline data collection, and (6) piloted baseline data collection. Attachment A provides an overview of the components of the PAF Study, which the FADS work supported. Attachment A contains a description of the three sites: experimental design studies in California and Texas and a quasi-

experimental study relying on extant administrative records in Washington, DC.

Previous Information Clearance Requests Approved by OMB.

- August 30, 2014 - OMB approved the instruments associated with two data collection efforts: (1) telephone interviews with the 17 Pregnancy Assistance Fund grantees funded in 2013; and (2) collection of baseline data for the impact study in two sites through a baseline survey (OMB Control # 0990-0424).
- January 7, 2016 - OMB approved a revision of the above approved package to include the 12-month follow-up data collection effort for the impact study in two sites (OMB Control #0990-0424), extending the expiration date to January 31, 2019.

As of the end of March 2016, all of the 17 Pregnancy Assistance Fund grantees have completed their interviews, 889 youth have completed the baseline survey in California, and 205 youth have completed the baseline survey in Texas. As of the end of March, the baseline survey response rate was 99 percent of all youth who have provided study consent in California, and 100 percent of all youth who provided study consent in Texas. In California, all study enrollment and baseline surveys should be completed by the end of 2016. In Texas, all study enrollment and baseline surveys should be completed by summer 2017. The 12-month follow up survey began in February 2016 with the release of the first cohort of cases from California (68 in total); one third of the sample responded within the first month and a response will be attempted for a total of six months. The 12-month follow-up survey in Texas will begin in the summer of 2016.

Current Information Clearance Request. In this submission, OAH is requesting a revision to the existing approval to add the 24-month follow-up survey instruments to be used in the two impact sites: (1) Pregnancy Assistance Fund 24-Month Follow Up Survey - California (Instrument 1), and (2) Pregnancy Assistance Fund 24-Month Follow Up Survey - Texas (Instrument 2). These surveys are very similar to the baseline and 12-month follow surveys approved for this evaluation, and the two surveys are nearly identical to each other, except for some minor differences to reflect differences in the interventions being implemented in the two states. The California survey contains additional items to measure changes in youth resiliency, a primary focus of the program in California. The Texas survey does not contain such resiliency items, but does contain items measuring parenting and relationship skills, a focus of the program in Texas.

1. Circumstances Making the Collection of Information Necessary

1. Legal or Administrative Requirements that Necessitate the Collection

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (ACA), H.R. 3590 (Public Law 111-148, Sections 10211-10214). In addition to its other requirements, the act authorizes \$25 million for each of fiscal years 2010 through 2019 and authorizes the Secretary of HHS, in collaboration and coordination with the Secretary of Education, to “establish a Pregnancy Assistance Fund to be administered by the Secretary, for the purpose of awarding competitive grants to States to assist expectant and parenting youth and women.”¹

The Office of Management and Budget has requested an evaluation of programs for expectant and parenting youth, including Pregnancy Assistance Fund grantees (per conversations with OAH Director, Evelyn Kappeler), recognizing that there is a unique opportunity to contribute to the field by designing a rigorous evaluation of such programs that can overcome previous challenges.

2. Study Objectives

Using experimental and quasi-experimental designs, the PAF study will test the effectiveness of services to impact subsequent pregnancies, educational, health, sexual behavior, and parenting outcomes. During the FADS, the study team identified and worked with three programs to decide which service components will be evaluated, which participants will be included, and which outcomes will be measured. In addition, the FADS team worked with two of the three program sites to develop a plan for random assignment at either the individual or group (cluster) level. Finally, the FADS team worked with the selected sites to design a process for collecting study data, including evaluation consent, a baseline survey, and two follow-up surveys in two of the three sites.

The three programs selected for the impact evaluation will also participate in a more in-depth implementation study.² The in-depth implementation study will take a detailed look at program operations along four key aspects: (1) inputs required for implementation to succeed and be sustained, (2) contextual factors that influence implementation, (3) quality of program implementation, and (4) participants’ responsiveness to service.

¹ See <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/html/PLAW-111publ148.htm>; Section 10212.

² A separate ICR for the implementation study data collection activities was approved on May 18, 2015 (OMB Control Number 0990-0428)

There are three sites participating in the PAF Study. Two of these sites (California and Texas) are randomized controlled trials with primary data collection through surveys of youth. The third site, in Washington, DC, is a pilot to test the use of a quasi-experimental design that relies on administrative data provided through data use agreements with three local public agencies – DC Public Schools, DC Human Services, and DC Department of Health. Youth in DC will not be surveyed; however, the site will participate in data collection for the in-depth implementation study. One of these sites, California, is a current Pregnancy Assistance Fund grantee. The other two sites, one in Texas and the other in Washington, DC, are not Pregnancy Assistance Fund grantees. These three sites are describe in depth in Attachment A, Overview of the PAF Evaluation.

OAH acknowledges that the limitations of studying three programs, only one of which is a Pregnancy Assistance Fund grantee. OAH does not intend to use the results of these three separate program evaluations to generalize to the effectiveness of similar programs nationally. Each of the three selected programs offers a different approach for serving pregnant and parenting teens, and each approach is similar to approaches used across the country. However, since each site was purposefully selected for its ability to support the design of a rigorous impact evaluation, the results cannot be generalized to the broader population of similar programs. Still, the results will add value to a non-existent knowledge base. These three separate evaluations will provide some foundational knowledge, albeit limited, on “what works” for pregnant and parenting teens. Evidence that can, in the future, be expanded with replication studies in other contexts and settings.

OAH is currently requesting OMB approval (through OMB Control #0990-0424) for the collection of 24-month follow-up survey data in the two random assignment impact sites – California and Texas.

A.2. Purpose and Use of the Information Collection

Data collected on the PAF Study 24-month follow-up surveys (Instruments 1 and 2) will be used to measure youth outcomes, with the ultimate purpose of measuring program impacts. The 24-month follow-up data collection for which approval is now sought will focus on four primary types of outcomes related to the objectives of OAH’s funding priorities for the Pregnancy Assistance Fund. The first are sexual risk outcomes, including the extent and nature of sexual activity, use of contraception (if sexually active), and pregnancy. The second are outcomes related to educational attainment and completion, such as whether they are currently enrolled in secondary or post-secondary programs and whether they have earned a diploma and/or

other types of certificates of completion. Third, the surveys are designed to measure maternal and child health outcomes, such as access to and use of healthcare. Finally, the surveys will measure parenting skills. The California survey (Instrument 1) includes items that measure youth resilience, a focus of that program. And the Texas survey (Instrument 2) includes additional items relating to parenting and relationships, a focus of that program. In addition, the surveys include a small number of questions that identify socio-demographic or other characteristics of youth in the study sample, which may be used either for descriptive purposes.

Follow-up data will be used to address the following research questions on program impact:

- Are the programmatic approaches effective, compared to business as usual, at meeting their immediate objectives (for example, improving contraception use, delaying a subsequent pregnancy, and improving educational attainment)?
- What are their effects on related outcomes, such as access to and use of health care and parenting skills?
- Do these approaches work better for some groups of youth than for others?³

A.3. Use of Information Technology to Reduce Burden

The data collection plan for the 24-month follow-up survey is the same across the two sites (California and Texas) and also reflects sensitivity to issues of efficiency, accuracy, and respondent burden. Like the 12 month follow-up survey, we will offer various modes for completing the 24-month follow-up survey. These modes will be a web-survey that will be smart phone compatible and computer-assisted telephone interviewing (CATI). We will use email and text messages with links to the web survey and toll-free telephone number should respondents prefer to complete the survey by telephone or have any issues with the web survey.

The web survey will be designed to allow for completing the 24-month follow-up survey over the web using a computer, tablet, or smart phone. Respondents will be provided will be given a short URL with embedded user ID and password to access the survey from their device. We will also provide

³ We do not expect to have the power to rigorously examine impacts among subgroups. Such analyses will be considered exploratory, and to better understand whether the programs may be having uniform or differential impacts among subgroups identified by pre-intervention measures.

them with a toll-free number to call should they prefer to complete the survey by telephone or have any issues with the web survey. The web survey will also include a link to email the project team with questions or issues.

Web surveys have been an attractive option for surveys of young adults. The Evaluation of the Impact of the Youth Build Program (Youth Build) includes a similar population (16 to 24 year old high school drop outs) who potentially have the same access and literacy issues as PAF study respondents. At the 12 month follow up survey for Youth Build, more than 25 percent completed the survey online. At the 30 month follow up, the percentage completing the survey online increased to over 30 percent. The PAF study has been implementing the 12-month follow-up survey in California for six months, and 44 percent of the respondents have completed the survey on-line.

For those who do not call in or complete the web survey within one month, we will make outbound calls from Mathematica's Survey Operations Center (SOC). When a respondent is reached, a SOC telephone interviewer will use CATI to complete the survey. If a respondent is not reached, the SOC telephone interviewer will leave a message whenever possible and provide a toll-free number the respondents can use to call and complete the CATI survey. CATI has been successfully used as a follow-up survey method on other federal studies, such as the study of Personal Responsibility Education Program (PREP) (ACF) and study of Pregnancy Prevention Approaches (PPA) (OAH), with over 80 percent response rates among those contacted. It is also successfully being used to administer the baseline survey on this evaluation, contributing towards a 98 percent baseline completion rate. For the PAF 12-month follow-up, 47 percent of the respondents complete the survey over the phone.

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

OAH has carefully reviewed the information collection requirements for the PAF Study to avoid duplication with existing and ongoing studies of programs to support expectant and parenting youth, and in particular those that are federally funded. The PAF Study will contribute to a very slim knowledge base on effective approaches for improving outcomes for expectant and parenting youth. In the past few decades, many social policy and evaluation efforts have focused on the *prevention* of teen and unplanned pregnancy. When prevention efforts are absent or failed, we must consider how to *support* young people facing these daunting challenges. The PAF Study is unique in that it will contribute information on impacts and

implementation to the very slim knowledge base and about three very distinct program models, described in detail in Attachment A.

A.5. Impact on Small Businesses

No small businesses are expected to be impacted. Programs in some sites may be operated by non-profit community-based organizations. The data collection plan is designed to minimize burden on such sites by using staff from Mathematica Policy Research to track respondents and collect the data. Mathematica has extensive experience successfully locating youth. For example, for the PREP site that uses similar modes of data collection (HFSA), we have reached 93 percent of all respondents without the aid of the program staff, thus minimizing “sample pursuit” by program staff.

A.6. Consequences of Not Collecting the Information/Collecting Less Frequently

Outcome data are essential to conducting a rigorous evaluation of programs for expectant and parenting teens. Without outcome data, we cannot estimate program effectiveness. Twelve months after program enrollment is one optimal time to examine outcomes; it will be about a year after the teen has given birth and many treatment group members will be able to recall treatment experiences. Measuring the same outcomes a year later, or 24-months after program enrollment, is extremely useful for understanding whether any impacts found at 12-months are maintained and whether other impacts are found as the sample members mature and the program messages are integrated with their young adult lives.

A.7. Special Circumstances

There are no special circumstances for the proposed data collection efforts.

A.8. Federal Register Notice and Consultation Outside the Agency

A 60-day Federal Register Notice was published in the Federal Register on May 9, 2016, vol. 81, No. 89; pp. 28085-28086 (see attachment G). There were no public comments.

A 30-day Federal Register Notice is included with this submission.

The baseline, 12-month, and 24-month follow up survey development began with OAH consulting with Mathematica researchers who gathered relevant questions from OMB approved surveys, such as the Personal Responsibility Education Program Multi-Component Evaluation (PREP) and

the Evaluation of Adolescent Pregnancy Prevention Approaches (PPA)⁴. The instruments were refined by the Mathematica researchers considering the specific design of the PAF study and outcomes. The Mathematica staff consulted have experience working with similar populations and designing surveys measuring the outcome of interest in the PAF study. Mathematica worked closely with OAH during this design phase, meeting regularly to go over modifications to the instruments.

Mathematica staff consulted with local evaluators and program staff in both California and Texas program sites to ensure that the survey questions on the 24 -month follow up instruments aligned with the outcomes of their specific programs. California local evaluators requested additional items to measure changes in youth resiliency, a primary focus of the program in California. The Texas survey does not contain such resiliency items, but does contain items measuring parenting and relationship skills, a focus of the program in Texas. The names and contact information of the persons consulted in the drafting and refinement of the survey and the analysis of survey items are found in Attachment D.

A.9. Payments to Respondents

A \$25 gift card will be provided to survey respondents in appreciation of their continued participation in the study. This is consistent with the amount provided to baseline and 12-month follow-up survey respondents in this study, and this amount for 24-month follow-up survey completion was described in the approved consent forms for this study. These gift cards are important because many of our respondents are members of a hard-to-reach population, expectant and parenting teens. In addition, our surveys include sensitive questions, and thus impose some additional burden on respondents. Research has shown that respondent payments are effective at increasing response rates for populations similar to participants in the California and Texas programs,^{5,6,7}

⁴ ACF received initial OMB approval for the PPA baseline survey on July 26, 2010 (OMB Control Number 0970-0360). In summer 2011, oversight of PPA was transferred to the Office of Adolescent Health (OAH) within the Office of the Assistant Secretary, and the project is now tracked with a different OMB Control Number (0990-0382). The OMB Control Number for the Teen Pregnancy Prevention Replication Study is 0990-0394. OMB approval for the PREP follow-up survey was received on May 8, 2013 (OMB Control Number 0970-0398).

⁵ Berlin, Martha, Leyla Mohadjer, Joseph Waksberg, Andrew Kolstad, Irwin Kirsch, D. Rock, and Kentaro Yamamoto. 1992. An experiment in monetary incentives. In *JSM proceedings*, 393-98. Alexandria, VA: American Statistical Association.

⁶ James, Jeannine M., and Richard Bolstein. 1990. The effect of monetary incentives and follow-up mailings on the response rate and response quality in mail surveys. *Public Opinion Quarterly* 54 (3): 346-61.

⁷ Singer, Eleanor, and Richard A. Kulka. 2002. Paying respondents for survey participation. In *Studies of welfare populations: Data collection and research issues*, eds. Michele Ver Ploeg, Robert A. Moffitt, and Constance F. Citro,

A.10. Assurance of Confidentiality

Mathematica Policy Research has secured IRB approval for the Texas and California sites. New England IRB has approved the Texas site design, baseline data collection plans as well as 12-month follow up data collection plans, and the California Office of the Protection of Human Subjects has approved the design, baseline, 12-month and 24-month follow-up data collection plan for the California site. Mathematica will secure additional IRB approvals for the 24-month follow-up survey in Texas.

Prior to collecting baseline data, the evaluation team is seeking evaluation consent from the youth themselves (where applicable), and otherwise from a parent or guardian. For the follow-up surveys, the evaluation team will seek assent from respondents before data will be collected. The consent and assent forms were included in the earlier OMB package that included the baseline survey and that has already received OMB approval (OMB Control # 0990-0424). The assent forms state that answers will be kept private and not seen by anyone outside of the study team, that participation is voluntary, and that they may refuse to participate at any time without penalty. Participants will be told that, to the extent allowable by law, individual identifying information will not be released or published; rather, data collection will be published only in summary form with no identifying information at the individual level.

Web-based surveys will be administered via a secure website, and participants will be given a short URL with embedded user ID and password. Upon entering the survey they will be asked to verify their name and date of birth before being allowed to proceed. The short URL will be provided to them via mail, text or email. Computer assisted telephone interviews (CATI) will be administered by phone by trained Mathematica interviewers. All interviewers are required to sign a confidentiality pledge when hired by Mathematica. The survey administration protocol, whether surveys are completed via the web or CATI, provides reassurance that the evaluation team takes the issue of privacy seriously. Participants will be informed that all of their answers will be kept private, that identifying information will be kept separate from their answers, and that no one outside of the study team will see their responses. No identifying information will be attached to the data from any completed survey, whether completed on the web or using CATI; only a unique study ID number will be linked with the responses.

All electronic data will be stored in secure files, with identifying information kept in a separate file from survey and other individual-level data. Survey responses will be stored on a secure, password-protected

105-28. Washington, DC: National Academy Press.

computer shared drive. Mathematica’s Confidentiality Pledge, signed by all staff, is included in Attachment E.

A.11. Justification for Sensitive Questions

Table A11.1 provides a list of the sensitive questions found on the PAF 24-month follow-up surveys, along with a justification for their inclusion. Sensitive questions are drawn from previously-successful youth surveys and evaluations (see Attachments B and C). The items have been carefully selected, and we have been guided by experience in determining whether or not the benefits of measures may outweigh concerns about the heightened sensitivity among sample members, parents, and program staff to specific issues. Although these questions are sensitive, they are commonly and successfully asked of youth similar to those who will be in the PAF study. Furthermore, they were answered by PAF respondents at baseline and 12-month follow up respondents to date without incidence.

Table A11.1. Summary of Sensitive Questions to be Included on the 24-month Follow-up Survey and Their Justification

Topic	Justification
Sexual activity, incidence of pregnancy, and contraceptive use (6.1 - 6.12)	Sexual activity, incidence of pregnancy, and contraceptive use are all key outcomes for the evaluation.
Drug and alcohol use and violence (3.1 - 3.6)	There is a substantial body of literature linking various high-risk behaviors of youth, particularly drug and alcohol use, sexual intercourse, and risky sexual behavior. The effectiveness of various program strategies is expected to differ for youth who are and are not experimenting with or using drugs and alcohol (Tapert et al., 2001; Li et al., 2001; Boyer et al., 1999; Fergusson and Lynskey, 1996; Sen, 2002; Dermen et al., 1998; Santelli et al., 2001.)

A.12 Estimates of the Burden of Data Collection

OAH is requesting three years of clearance for the PAF Study 24-month follow-up survey. Table A12.1 provides the estimated annual reporting burden for study participants as a result of the 24-month follow-up survey for youth. There is no associated burden for program staff. Table A12.2 provides a summary of burden hours and costs approved to-date, as well as those requested in this ICR.

It is expected that 2,020 young women will be enrolled in the evaluation sample across the two random assignment evaluation sites,- - 1300 in California and 720 in Texas. Sample intake will take place over two years in California and up to three years in Texas. In California, 92 percent of the youth recruited for the study have agreed to the study. Therefore, in order to

achieve a sample size of 1,300 youth we will recruit approximately 1,400 youth. In Texas, our consent rate has been 100 percent of all youth recruited for the study. To achieve a sample size of 720 youth, we expect to recruit 720 youth.

The expected response rate for the 24-month follow-up survey is 75 percent, for a total of 1,515 completed surveys, and an average of 505 per year. Based on experience with similar questionnaires and our 12-month follow up survey, it is estimated that it will take youth 30 minutes (30/60 hour) to complete the 24-month follow-up survey, on average. The total annual burden for this data collection is estimated to be 505 x 30/60 = 252.5 hours. The cost of this burden is estimated to be 252.5 hours x 0.88 (proportion of youth age 18 or older at the 24-month follow-up) x \$7.25 = \$1,610.95.

Table A.12.1. Calculations of Burden Hours and Cost for Youth Participants for the 24-month follow-up survey

Instrument	Type of respondent	Total Number of Respondents	Annual Number of Respondents	Number of Responses per Respondent	Average Burden Hours per Response	Total Annual Burden Hours	Total Annual Burden Hours for Youth Age 18 or Older	Hourly Wage Rate	Total Costs
Impact Study									
24-month follow-up survey of impact study participants	Participating program females and control group females	1515	505	1	30/60	252.5	222.2	\$7.25	\$1,610.95
						252.5			\$1,610.95
Estimated Annual Burden for Youth Participants									

Note: We assume that 75 percent of the enrolled sample of 2,020 across the two sites will complete the 24-month follow-up survey. Based on the average age at study enrollment thus far, we assume that 88 percent of the sample will be 18 or older at the time of 24-month follow-up survey administration.

Table A.12.2 details the overall burden requested for data collection associated with the PAF Study. A total of 684.67 hours (and a cost of \$2,461.51) was approved in prior ICRs for this project. A total of 252.5 hours (and a cost of \$1,610.95) is requested in this ICR.

Table A.12.2. Calculations of Annual Burden Hours and Costs to Date

Data collection instrument	Type of Respondent	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours	Total Burden Hours for Youth Age 18 or Older	Hourly Wage Rate	Total costs
Design and Implementation Analysis (Approved August 30, 2014)								

Data collection instrument	Type of Respondent	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours	Total Burden Hours for Youth Age 18 or Older	Hourly Wage Rate	Total costs
Grantee Interview Protocol	Grantee Administrator	7	1	2	14	N/A	\$37.45	\$524.3
Impact Study (Approved August 30, 2014 and revised approval January 7, 2016)								
Baseline survey of impact study participants	Participating program females and control group females	673	1	0.5	337	67	\$7.25	\$485.75
12-month follow-up survey of impact study participants	Participating program females and control group females	572	1	0.58	333.67	200.20	\$7.25	\$1451.46
Subtotal: Burden approved to date:					684.67			\$2,461.51
Impact Study (Requested in this ICR)								
24-month follow-up survey of impact study participants	Participating program females and control group females	505	1	30/60	252.5	222.2	\$7.25	\$1,610.95
Estimated Total Annual Burden					937.17			\$4,072.46

A13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

These information collection activities do not place any capital cost or cost of maintaining requirements on respondents.

A.14. Annualized Cost to Federal Government

Data collection will be carried out by Mathematica Policy Research, under contract with OAH to conduct the PAF Study, with a sub-contract to Decision Information Resources to conduct locating and field follow-up, as needed. The total cost for collecting the 24-month follow-up survey is \$1,354,356, and the annual cost is \$451,452.

A.15. Explanation for Program Changes or Adjustments

OMB gave approval on August 30, 2014, for the PAF baseline survey and telephone interviews across 17 Pregnancy Assistance Fund grantees (OMB Control # 0990-0424) and under the same OMB control number gave approval for the 12-month follow up survey on January 7, 2016. We now seek a revision to the existing approval to add the data collection associated with the 24-month follow-up survey instruments. This request is an adjustment increasing the total burden from 682.67 hours to 935.17 hours.

A16. Plans for Tabulation and Publication and Project Time Schedule

1. Analysis Plan

Program impacts will be analyzed separately for each site using survey data collected at baseline, first follow-up (12 months after baseline) and second follow-up (24 months after baseline). Impact analysis will begin after the completion of each wave of follow-up data collection for each site. Therefore, we will estimate impacts separately for Texas and California, and after both the 12- and 24-month surveys. Regression-adjusted impact estimates will be estimated for each primary outcome in each site, drawing on baseline and follow-up data. The set of primary analyses for each site will be limited to a small set of key outcomes, including measures of sexual risk behavior, subsequent pregnancy, educational attainment, and maternal and child well-being. To support these analyses, the follow-up surveys include items which can measure these key outcomes. Analyses will be performed according to characteristics captured in the baseline survey data, including prior sexual experience and other risk factors. See Attachment F for more detail on the planned analyses.

2. Time Schedule and Publications

OAH expects that the PAF Study will be conducted over five years, beginning in September 2014. This request is for a three year period. Below is a schedule of the data collection efforts for the 24-month follow-up study, the focus for this ICR:

Table A.16.1. Timeline for Use of 24-month Follow-up Survey

Instrument	Date of 60-Day Submission	Date of 30-Day Submission	Date Clearance Needed	Date for Use in Field
Instrument 1: 24-month follow-up survey - California	May 2016	July 2016	October 2016	December 2016
Instrument 2: 24-month follow-up survey - Texas	May 2016	July 2016	October 2016	June 2017

One of the random assignment sites (California) began enrolling study participants in December 2014, therefore the 24-month follow-up survey will begin in December 2016. The second random assignment site (Texas) began enrolling in June 2015, and the 24-month follow-up survey will begin there in June 2017. Because OAH plans to analyze each site separately, it is acceptable for the data collection schedule to vary across sites. Sample enrollment in each site is rolling, and the start and end date of sample enrollment varies. In California, the last sample members are expected to be enrolled in December 2016, and therefore 24-month follow-up data collection will end in early 2019. OAH expects to produce a 24-month impact report for California in 2019. In Texas, the last sample members are expected to be enrolled in summer 2017, and therefore 24-month follow-up data collection will end in summer 2019. OAH expects to produce a 24-month impact report for Texas in 2019. Analysis and reporting of the 24-month follow-up data for each site will be funded under separate CLINs, which are expected to extend the contract through 2019.

A17. Reason(s) Display of OMB Expiration Date is Inappropriate

All instruments, and consent and assent forms, will display the OMB Control Number and expiration date.

A18. Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are necessary for this information collection.

SUPPORTING REFERENCES FOR INCLUSION OF SENSITIVE QUESTIONS OR GROUPS OF QUESTIONS

- Boyer, Cherrie B., Jeanne M. Tschann, and Mary-Ann Shafer. "Predictors of Risk for Sexually Transmitted Diseases in Ninth Grade Urban High School Students." *Journal of Adolescent Research*, vol. 14, no. 4, 1999, pp. 448-65.
- Dermen, K. H., M. L. Cooper, and V. B. Agocha. "Sex-Related Alcohol Expectancies as Moderators of the Relationship between Alcohol use and Risky Sex in Adolescents." *Journal of Studies on Alcohol.*, vol. 59, no. 1, 1998, pp. 71.
- Fergusson, David M. and Michael T. Lynskey. "Alcohol Misuse and Adolescent Sexual Behaviors and Risk Taking." *Pediatrics*, vol. 98, no. 1, 1996, pp. 91.
- Li, Xiaoming, Bonita Stanton, Lesley Cottrell, James Burns, Robert Pack, and Linda Kaljee. "Patterns of Initiation of Sex and Drug-Related Activities among Urban Low-Income African-American Adolescents." *Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine.*, vol. 28, no. 1, 2001, pp. 46.
- Santelli, John S., Leah Robin, Nancy D. Brener, and Richard Lowry. "Timing of Alcohol and Other Drug use and Sexual Risk Behaviors among Unmarried Adolescents and Young Adults." *Family Planning Perspectives*, vol. 33, no. 5, 2001.
- Sen, Bisakha. "Does Alcohol-use Increase the Risk of Sexual Intercourse among Adolescents? Evidence from the NLSY97." *Journal of Health Economics.*, vol. 21, no. 6, 2002, pp. 1085.
- Tapert, Susan F., Gregory A. Aarons, Georganna R. Sedlar, and Sandra A. Brown. "Adolescent Substance use and Sexual Risk-Taking Behavior." *Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine.*, vol. 28, n3, 2001, pp.181.