

Providing Insight into how the *Safer Sex Intervention Works*: Understanding Experiences of Youth and Health Educators

ASPE Generic Information Collection Request
OMB No. 0990-0421

Supporting Statement – Section B

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Program Official/Project Officer

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Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

This is an exploratory study in which we aim to gain insight on the experiences of adolescent females and health educators with the *Safer Sex Intervention (SSI) in Hennepin County, Minnesota*. The participants in the six focus group discussions that we propose comprise a sample of convenience. Recruitment and sampling will be conducted under contract with ASPE by Abt Associates in coordination with Hennepin County Human Services and Public Health Department (Hennepin County).

The Contractor will work with up to 19 clinics in Hennepin County that delivered SSI during the period 2010-2015 to recruit teens and health educators for participation in focus groups. Abt staff will work with study staff at Hennepin County to identify health educators who are still implementing SSI and who might be interested. Health educators will receive an email or text invitation to participate. The only inclusion criteria will be that health educators must have delivered SSI between October 2012 and October 2015.

For the focus groups with young women, the study team will contact a random sample of existing study participants via text (or other methods already confirmed as part of the TPP Replication Study follow-up data collection, OMB Control No: 0990-0405) informing them of the opportunity. Subsequent instructions for date and time will be sent after they have expressed interest in participating. Clinic staff will not be responsible for recruiting participants. If young women ask clinic staff about the discussion groups, they will affirm the information Abt staff has provided: clinic staff will indicate that the opportunity to participate is voluntary and unrelated to the clinic's services or activities. The first 40 youth who confirm interest for the focus groups will be invited to participate. Ultimately, we expect about 28 youth participants (6-8 in each focus group).

2. Procedures for the Collection of Information

At the beginning of each focus group, a member of the study team will describe the purpose of the focus group and will distribute consent forms for participants to sign. The consent forms for the youth and health educators are included as an attachment (Attachment C). We have developed two focus group discussion guides, one for youth and one for health educators, for approximately 90 minute conversations (Attachments A and B). The youth discussion guide focuses on the following topics:

- Attitudes towards birth control
- Birth control decision-making processes and factors
- Perceived advantages and disadvantages of different types of birth control

- Perceptions of STI risk related to different types of birth control
- Understanding of the theoretical basis for *SSI*

The health educator discussion guide focuses on the following topics:

- Experience using motivational interviewing
- Type, amount, and timing of training needed for motivational interviewing
- Balancing motivational interviewing with conveying specific information
- Perceived effectiveness and usefulness of booster sessions

3. Methods to Maximize Response Rates and Deal with Nonresponse

We plan to invite potential participants, and remind them of the focus groups after they agree to participate, but at the same time we will respect their right to decline to participate or to change their minds about participation.

We will use the following method to encourage and maximize participation:

- Invitations explaining the focus group will be sent to a random sample of eligible participants. The initial instructions will ask for a reply confirming interest. Potential participant will be given 2 weeks to reply. At the end of that time, a subsequent communication to individuals who have confirmed their interest will be sent that provides details on timing and location.

Because this is a convenience sample, we will not follow up on no-shows. Non-response in a convenience sample will not introduce bias since it is not considered representative of a population.

4. Test of Procedures or Methods to be Undertaken

After the first of each type of focus group (youth and health educator), the Contractor will discuss with participants what discussion items worked more or less effectively, and make any appropriate adjustments prior to the remaining focus groups.

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

ASPE subject matter expert, Lisa Trivits, Lisa.Trivits@HHS.gov, was consulted on the development of this exploratory data collection. Outside experts— Melissa Gilliam and Chevelle Howard— will be consulted regarding protocols and procedures. Chevelle Howard, who has extensive experience with *SSI*, will lead the teen focus groups with a senior Abt study team member and an Abt staff member responsible for logistics, note-taking, and distribution of incentives. Two senior Abt study staff members, experienced in conducting focus groups, will

lead focus groups with health educators, supported by a more junior study staff member. Abt staff experienced in qualitative data analysis will analyze focus group data.

LIST OF ATTACHMENTS – Section A

Note: Attachments are included as separate files as instructed.

- A. Focus Group Discussion Guide – Youth
- B. Focus Group Discussion Guide – Health Educators
- C. Consent Forms for Youth and Health Educators