

# **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 A**

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### **Program Official/Project Officer**

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## Section A – Justification

### 1. Circumstances Making the Collection of Information Necessary

For decades, policymakers and the general public have remained concerned about the prevalence of sexual activity and pregnancy among adolescents. Accordingly, the U.S. Department of Health and Human Services (HHS) has worked to identify and evaluate approaches to reduce teen pregnancy, associated risk behaviors, and their consequences. To meet this goal, the Teen Pregnancy Prevention (TPP) Replication Study is focused on evaluating replications of evidence-based program models funded through the Office of Adolescent Health (OAH) TPP Program (first cohort of grants). The TPP Replication Study received OMB PRA approval for the baseline (OMB Control No: 0990-0394) and follow-up (OMB Control No: 0990-0405) data collection. The TPP Replication Study is determining the extent to which evidence-based program models that have shown success in an earlier evaluation trial (usually conducted by the program developer), demonstrably impact adolescent sexual risk behavior and teenage pregnancy when they are replicated in a range of settings and for different populations.

*Safer Sex Intervention (SSI)* is one of the three program models included in the TPP Replication Study. Preliminary results from the TPP Replication Study suggest that *SSI* may be effective even when replicated in settings and populations beyond those in the original evaluation, conducted by the program model developer.<sup>1</sup> In order to better understand how *SSI* works, it is critical to understand the opinions and experiences of youth participants and health educators. Insight into these thought processes is particularly important to understanding how the program impacts youth, because *SSI* works through motivational interviewing, which relies on one-on-one interactions and relationships between adolescent females and health educators.

We are seeking approval through the generic mechanism for this research to conduct focus group conversations with female youth ages 18 to 22 who have participated in *SSI* and the TPP Replication Study and health educators who have delivered *SSI* in Hennepin County, Minnesota.

This exploratory qualitative research uses focus groups to understand the experiences of youth and health educators involved in *SSI in Hennepin County*. For youth, we would like to understand their attitudes towards and decision-making processes with respect to different methods of birth control. For health educators, we would like a chance to explore in more depth their use of motivational interviewing.

This research will provide critical insight into how *SSI* works by examining the thought processes and experiences of youth participants as well as the health educators in Hennepin County. The nuanced understanding of youth decision-making regarding birth control as well as health educators' use of motivational interviewing will provide an important compliment to the information provided through program performance measures and the Teen Pregnancy Prevention Replication Study. It will also provide information with the potential to improve

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<sup>1</sup> Shrier L.A., Ancheta R., Goodman E., Chiou V.M., Lyden M.R., & Emans S.J. (2001). Randomized controlled trial of a safer sex intervention for high-risk adolescent girls. *Archives of Pediatrics & Adolescent Medicine*, 155(1), 73-9.

future program delivery although we understand the results are not generalizable to larger populations given the sample.

## **2. Purpose and Use of the Information Collection**

The aim of this research is to understand the experiences of youth and health educators involved in *SSI in Hennepin County*. We are seeking approval through this mechanism for six 90-minute focus groups, four conducted with adolescent females and two conducted with health educators. Of particular interest are: (1) youth attitudes towards and decision-making processes with respect to different methods of birth control; and, (2) health educators' use of motivational interviewing. All participation is strictly voluntary.

This work is exploratory in nature. The findings from the focus group discussions will not be generalizable, as they are based on a convenience sample. The method of data collection was chosen due to the exploratory nature of this inquiry. Information gathered via these focus groups will inform our understanding of youth decision-making regarding birth control and health educators' experiences with motivational interviewing.

Findings from this work will be summarized in two research briefs, one summarizing findings from the youth focus groups, and the other summarizing findings from the health educator focus groups.

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

Data will be collected via in-person focus groups at the Minneapolis Central Library. The sample for this data collection will be one of convenience. Focus groups are planned for times deemed to be convenient for participants and the location was chosen to be within easy reach by public transportation to reduce participant burden. A laptop computer will be used to take notes during the discussions to save transcription time afterwards. The discussions will also be audiotaped to ensure key themes and quotations are captured accurately.

## **4. Efforts to Identify Duplication and Use of Similar Information**

To our knowledge, there is no information of similar nature that has been or is currently being collected. This is an exploratory study to allow ASPE and OAH to better understand the perspectives and experiences of youth and health educators involved in *SSI in Hennepin County*.

## **5. Impact on Small Businesses or Other Small Entities**

No small businesses will be impacted or involved in this data collection.

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

This request is for a one-time data collection where the data have not previously been collected elsewhere.

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

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

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

This data collection is being conducted using the Generic Information Collection mechanism through ASPE – OMB No. 0990-0421.

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

There will be no payments offered to respondents for this data collection.

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

The Privacy Act does not apply to this data collection. Participants will not be asked about, nor will they provide, individually identifiable information. All data will be de-identified so as not to reveal the respondent. Participants will be asked to sign a confidentiality agreement at the start of the discussion that reiterates the voluntary nature of participation in the group and their right to decline to respond to any discussion questions.

## **11. Justification for Sensitive Questions**

Information regarding attitudes towards and decision-making processes with respect to methods of birth control is sensitive by nature. However, this information is key to better understanding youth experiences with *SSI* and how *SSI* works. While youth will be asked sensitive questions related to this topic, prior to the discussion, respondents will be informed that they may decline to respond if they are uncomfortable answering any question. We do not expect the questions for the health educator focus groups to be as sensitive, but participants in these focus groups will also be informed that they may decline to respond to any questions if they are not comfortable answering.

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

The estimate for burden hours is based on:

- (1) Emails and/or text messages sent to 200 prospective participants to recruit 32 youth for the focus groups. We estimate respondents will spend 2 minutes to read and reply to the recruitment message. See draft scripts in Attachment D.
- (2) Emails sent to up to 16 health educators to recruit 6 to 8 for the focus groups. We estimate respondents will spend 2 minutes to read and reply to the recruitment email. See draft scripts in Attachment E.
- (3) Four 90-minute focus group discussions with a total of 32 participating youth (6-8 participants in each group). See protocol in Attachment A.

- (4) Two 90-minute focus group discussions with a total of 16 participating health educators (6-8 participants in each group). See protocol in Attachment B.

For youth, estimates for hourly burden are calculated using the minimum wage for workers under 20 years old. For health educators, estimates are based on the May 2015 metropolitan and nonmetropolitan area occupational employment and wage estimates for Minneapolis-St. Paul-Bloomington, MN-WI. Based on these data, the mean hourly rate for adolescent females is \$7.25 and the mean hourly rate for health educators is \$22. Estimates also do not adjust for the fact that some participants will not be employed, assuming that their time is of comparable value. Table A-12 shows estimated burden and cost information.

**Table A-12:** Estimated Annualized Burden Hours and Costs to Respondents

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Recruitment						
Youth	200	1	2/60	6.67	\$7.25	\$48.33
Health Educators	16	1	2/60	.53	\$22	\$11.73
Focus Groups						
Youth	32	1	1.5	48	\$7.25	\$348
Health educators	16	1	1.5	24	\$22	\$528
<b>TOTALS</b>	216			72		<b>936.06</b>

### 13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no direct costs to the respondents other than their time to participate in the data collection.

### 14. Annualized Cost to the Government

**Table A-14:** Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Senior contractor staff	32	\$214.01	\$6,848.40
Senior consultants	64	\$155.90	\$9,925.51
contractor staff - support	64	\$64.11	\$4,102.88
<b>Estimated Total Cost of Information Collection</b>			<b>\$20,876.79</b>

### 15. Explanation for Program Changes or Adjustments

This is a new data collection.

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

The qualitative information shared by focus group participants will be collected via typed notes and audio recording. After each focus group is complete, contractor staff will review the written notes within 24 hours, and audiotapes will be transcribed. Contractor staff will analyze the data qualitatively by reviewing the session notes and pulling out the main themes from each set of discussions. Given the small number of data collections, manual coding and analysis will be more efficient than using a software package such as NVivo. These themes will be summarized. No names or other personal information will be reported in the summaries.

**Timeline:**

<b>Completion Date</b>	<b>Major Tasks/Milestones</b>
May 2016	Consultation with outside experts Develop focus group guides Submit request for OMB approval under existing generic PRA clearance Plan for recruitment Plan for focus groups
July 2016	Receive OMB approval under existing generic PRA clearance Obtain IRB approval Begin recruiting participants Finalize planning for focus groups Conduct training for focus groups
July-October 2016	Conduct two health educator focus groups Conduct four youth focus groups Finalize focus group notes Record and transcribe focus groups
October 2016	Conduct qualitative analysis of focus group data
November – December 2016	Produce two draft research briefs Revise and produce final research briefs

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

We are requesting no exemption.

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

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

**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
- D. Email and Text Scripts for Recruiting Youth
- E. Email Script for Recruiting Health Educators