**Reproductive Health and Family Planning Education and Services:Understanding Experiences of Young Adults**

ASPE Generic Information Collection Request

ASPE – OMB No. 0990-0421

**Supporting Statement – Section B**

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**Program Official/Project Officer**

Lisa Trivits, Ph.D.

Social Science Analyst

U.S. Department of Health and Human Services

Office of the Assistant Secretary for Planning and Evaluation

200 Independence Avenue SW, Washington DC 20201

(202) 205-5750

lisa.trivits@hhs.gov

**Section B – Data Collection Procedures**

1. **Respondent Universe and Sampling Methods**

This is an exploratory study in which we aim to gain insight into the beliefs, attitudes and behaviors of young adults related to: (1) obtaining and using information about how to develop healthy relationships and avoid unwanted pregnancies and sexually transmitted diseases; and, (2) accessing and using health services related to family planning and reproductive health. The participants in the nine focus group discussions that we propose comprise a sample of convenience. Recruitment and sampling will be conducted under contract with ASPE by American Institutes for Research as part of work to support the Interagency Working Group on Youth Programs (IWGYP).

The Contractor will conduct nine focus groups in different HHS regions – e.g., Massachusetts (DHHS Region 1), Washington DC (DHHS Region 3), Georgia (DHHS Region 4), Illinois (DHHS Region 5), Texas (DHHS Region 6), Nebraska (DHHS Region 7), and California (DHHS Region 9). Focus groups will be conducted with 6-8 participants in each group. Participants in 7 focus groups will be all female; the other 2 focus groups will be all male. Specific locations in each state will be selected to ensure a diverse group of respondents (e.g., race, ethnicity, region of the country, urban/rural communities). However, this is a small, convenience sample that will not be representative of the overall population of young adults.

The sample will include participants already known to receive services from Title X clinics as well as some participants who will be recruited from other youth-serving organizations such as career readiness programs, organizations affiliated with Care-Net, City Year[[1]](#footnote-1), and community colleges. To accomplish this, the AIR study team would work with designated points of contact at Title X clinics and organizations that serve young adults in the target states to recruit samples of patients meeting the age criteria for the study. Some of the participants could be recruited from youth councils sponsored by Title X clinics or youth-serving organizations.

AIR will work with local organizations to determine the best ways to inform young adults they serve about the opportunity to participate (e.g., web and social media posting, organizations’ distribution lists and networks, flyers and posters). Subsequent instructions for date and time will be sent after they have expressed interest in participating. Staff at youth-serving organizations and Title X clinics would not be responsible for recruiting participants. Any staff asked to provide more information to invited participants would simply affirm the information AIR staff already provided, i.e., that the opportunity to participate is voluntary and unrelated to the receipt of clinic or other services. The first 90 young adults who confirm interest for the focus groups will be invited to participate. Ultimately, we expect about 54 to 72 participants (6-8 in each focus group).

1. **Procedures for the Collection of Information**

An AIR staff member will lead the focus groups with one other senior AIR staff member and an AIR staff member responsible for logistics, and note-taking. 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 form is included as an attachment (Attachment B). We have developed a focus group discussion guide approximately 90 minute conversations (Attachment A). The discussion guide focuses on the following reproductive health and family planning topics:

* Education and information about the following: developing healthy relationships and preventing unintended pregnancy and sexually transmitted diseases.
* Communication methods and settings
* Health services including: family planning services; counseling on how to prevent pregnancy (including delaying or avoiding sex); information on contraceptives and STDs testing
1. **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.

1. **Test of Procedures or Methods to be Undertaken**

After the first focus group, 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.

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

AIR consulted with the following subject matter experts in developing this study: Lisa Trivits and Sarah Oberlander from ASPE; Sue Moskosky and Brittni Frederiksen from OPA; and Emily Koumans, Heather Tevendale, and Lisa Romero in the Division of Reproductive Health at CDC. Contact information will be provided upon request.

**LIST OF ATTACHMENTS**

Note: Attachments are included as separate files as instructed.

1. Focus Group Discussion Guide
2. Consent Form
3. Email and Text Scripts for Recruitment
1. City Year recruits 18 to 24 year-olds to serve on teams and support classrooms in public schools located in high-need communities. [↑](#footnote-ref-1)