

**Improving Fetal Alcohol Spectrum Disorders Prevention and Practice through National Partnerships\***

**OMB # 0920-1129**

**Supporting Statement Part B**

**Reinstatement with Changes**

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**\*The previously approved project was titled, *Improving Fetal Alcohol Spectrum Disorders Prevention and Practice through Practice and Implementation Centers and National Partnerships*. The name has been updated for this submission to more accurately reflect the work being done through new cooperative agreement funding.**

## **B. Collections of Information Employing Statistical Methods**

### **B.1. Respondent Universe and Sampling Methods**

Each FASD grantee has defined a target percentage of members of their disciplines/audiences that they will attempt to reach through the needs assessments and trainings developed for this project. These estimates represent the respondent universe for each grantee in this project.

Each grantee 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.

### **B.2. Procedures for the Collection of Information**

Participants who complete project core trainings and grantee-specific trainings will complete an electronic 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 grantee. 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, and immediate post-training. The pre-test instrument (**Attachment B2**) 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 B2 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 instruments) the post-test instrument (**Attachment B3**)

For the purpose of the evaluation, no individually identifiable information is being collected. Survey data collection, 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 grantee, 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/percentages within categories, with chi-square methods used to test differences among categories where appropriate.

Quantitative analyses of other survey data will vary by grantee organization, 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 grantee. Quantitative analyses planned by grantees 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, 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 Grantees Evaluation Working Group:

### *FASD Evaluation Working Group Members*

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