Sexual Risk Avoidance Education (SRAE) National Evaluation: Descriptive Study of Programming in Community Settings

Formative Data Collections for Program Support

OMB Information Collection Request

0970-0531

Supporting Statement

Part B

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Submitted By:
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Part B

B1. Objectives

Study Objectives

The data collection under this generic clearance (GenIC) will use qualitative descriptive methods to understand the implementation experiences and identify promising practices from implementing Sexual Risk Avoidance Education (SRAE) programming in community settings like foster care group homes, juvenile justice detention centers, and behavioral and mental health facilities. Data collected will be with staff and youth at SRAE grant recipients and organizations that directly serve youth in community settings (referred to as "providers" throughout this GenIC request) and staff at the providers' partner organizations.

Data from this study will fill current gaps in knowledge about the unique implementation experiences among these providers and inform future Administration for Children and Families (ACF) programming. Additionally, the study findings can inform current providers about strategies that have the potential to improve programming and outcomes across SRAE providers that deliver programming in community settings and the youth they serve.

Generalizability of Results

The populations of interest are youth served by SRAE programs, the staff who deliver the programs or support program delivery, and staff at partner organizations. The information collected in this study is intended to inform ACF's understanding of how to serve youth. Information collected through the community settings study is intended to present an internally valid description of SRAE programming for youth in community settings and is not meant to promote statistical generalization to other programs, sites, or service populations.

Appropriateness of Study Design and Methods for Planned Uses

Data will be collected through interviews and focus groups in-person conducted during site visits. This study design aligns with this population, as program and partner staff often have competing demands and an in-person interview can allow them to set aside dedicated time during their day to meet. In-person visits allow the team to conduct data collection with different staff over a few days, which provides flexibility based on staff availability. Interviews allow the study team to probe and follow up on responses to obtain in-depth qualitative data. In-person focus groups are well-suited for youth in community settings as they might not have access to technology needed for virtual participation. Focus groups provide a flexible and semi-structured space for youth to discuss and share feedback on SRAE programming in community settings.

As noted in Supporting Statement A, this information is not intended to be used as the principal basis for public policy decisions or policymaking for the SRAE grant program, and is not expected to meet the threshold of highly influential scientific information.

B2. Methods and Design

Target Population

All evaluation activities under this GenIC will be conducted with SRAE providers, along with their partner organizations, which may include foster care group homes, juvenile justice detention centers, healthcare institutions, local health departments, and other state or local government agencies.

Providers will be selected to participate in activities based on their ability to meet study criteria. The population of interest is organizations funded through the SRAE grant program that: 1) deliver direct SRAE services, and 2) serve youth in community settings. For this study, community settings will include foster care group homes, juvenile justice detention centers, and behavioral and mental health institutions. They will not include community-based organizations or schools that serve a general youth population during or outside of school time.

Respondents of interest are:

- Provider organization staff: Supervisors, program managers, and facilitators delivering SRAE programming to youth
- Middle and high school-age youth participants in SRAE programs
- Staff at partner organizations

Sampling and Site Selection

For the proposed study covered under this GenIC, obtaining probability-based samples to reach the desired subpopulations of interest for study activities would be cost-prohibitive and not needed for achieving study goals. ACF does not plan to undertake a statistically sophisticated strategy for respondent selection.

To identify potentially eligible providers, the study team will review various extant data sources for each provider, including grant application materials, annual reports, performance measures data (OMB #0970-0536), and data on program plans and implementation experiences collected under the first phase of the SRAE National Evaluation (OMB #0970-0530 and #0970-0596). The study team will also gather information directly from SRAE federal project officers.

The team will identify up to six providers for this study. We will prioritize providers using promising practices or innovative strategies for serving youth in community settings and will aim to identify providers working in one or two of the three different community settings (foster care group homes, juvenile justice settings, and mental health institutions). Reflecting ACF priorities, we will prioritize providers serving youth in foster care group homes, and we expect that up to five of the six providers in the study sample will work with youth in this setting. We will prioritize identifying providers that implement different curricula to help identify a range of promising practices across selected providers.

Once providers have been selected, we will invite up to 8 provider staff and up to 3 system or community partners to participate in an interview. For the provider staff interviews, this likely would include up to 6 program facilitators (representing a range of experiences, such as length of time delivering adolescent pregnancy prevention programming, length of time working in the community setting, and sex), 1 program manager, and 1 supervisor (although the distribution by staff type may vary depending on the number of staff at the provider). We will work with the provider staff to identify appropriate individuals. To simplify scheduling and offer staff more flexibility, for facilitators, we may hold individual or small interviews. We will hold individual interviews with program managers, supervisors, and partner staff. We will obtain verbal consent from staff at the beginning of each interview.

For focus groups, we will invite up to 8 youth to participate in a group. We will hold one to two focus groups per provider, depending on the number of community settings where the provider operates. For

youth under age 18, we will obtain consent for the youth to participate from the youth's parent, legal guardian, or other legally authorized representative (Appendix B). We will work with providers to identify the most efficient way of obtaining consent for youth, based on state and local laws and regulations. The Health Media Lab Institutional Review Board will approve all consent and data collection procedures before the study begins. The consent form will include information about the focus group and states that participation is voluntary, and youth can refuse to participate without any negative consequences. They will be informed that they can refuse to answer any questions they do not wish to answer, and that all information they provide will be kept private to the extent allowed by law. For youth over age 18, we will obtain consent for their participation in the data collection activity before starting the focus group.

Since the study will use purposive and convenience sampling methods, the samples will not be generalizable to all SRAE grant recipients nor populations served by all SRAE programs. The limitations associated with these sampling methods will be clearly stated in any dissemination efforts produced for this project.

B3. Design of Data Collection Instruments

Development of Data Collection Instruments

The study team developed the protocols for this study, in collaboration with ACF, to address four research topics that reflect the information needs for ACF regarding SRAE programming conducted by providers serving youth in community settings. The four research topics covered are: (1) youth engagement and relevance of SRAE content, lessons, activities, or program components, (2) fidelity to implementation plans, (3) staff retention, and (4) successes and challenges for partnerships. (See section A2 for more information on the topics and research questions for each topic.)

Through the protocols, we will ask open-ended questions so respondents can provide detailed qualitative responses about their experiences. All three protocols were designed to be concise and streamline data collection to only collect the information necessary to answer the research questions and to ask questions relevant to the particular respondent type. For instance, the youth focus group protocol (Instrument 2) only asks questions related to the first topic, as youth do not have experience and knowledge of program fidelity, staff retention, and partnerships. The provider staff interview protocol (Instrument 1) tailors the questions to the different possible respondents. For instance, the protocol includes more detailed questions about forming and maintaining partnerships for project managers than facilitators, as project managers likely have more experience overseeing partnerships. Meanwhile, facilitators are asked more questions about fidelity to implementation plans, since they have more direct experience with this topic from their delivery of the lessons to youth. Finally, the partner staff protocol (Instrument 3) only asks about partnerships and youth engagement and relevance of SRAE content, lessons, activities or program components, as those are likely the areas where partner staff have the most knowledge.

B4. Collection of Data and Quality Control

The contractor will conduct interviews and focus groups in-person through site visits. We will conduct visits to up to six selected SRAE providers and staff at partner organizations to collect all data. Two experienced study team members will conduct each site visit and lead data collection. The study team members have extensive experience facilitating focus groups and interviews and will be trained on the protocols. One study team member will take notes during the interview and each interview will be audio recorded with participants' permission to ensure accurate collection of data. Following each site visit,

the study team will review notes from the data collection and update for accuracy based on the audio-recording.

Specifically, we will conduct the following data collections:

- Interviews with staff at each program. Respondents will have an interview time scheduled with team members who will use the interview protocol (Instrument 1).
- Focus groups with youth participating in SRAE programming at the provider. The study team will moderate the focus group using the focus group protocol (Instrument 2) and probe responses.
- Interviews with staff at partner organizations. Respondents will have an interview time scheduled with team members who will use the interview protocol (Instrument 3).

B5. Response Rates and Potential Nonresponse Bias

Response Rates

The qualitative data collection activities are not designed to produce statistically generalizable findings, and participation is wholly at the respondent's discretion. Response rates will not be calculated or reported.

NonResponse

Participants will not be randomly sampled, and findings are not intended to be representative. Consequently, we will not calculate nonresponse bias. Respondent grant recipient type and community setting type will be documented and reported in written data collection materials.

B6. Production of Estimates and Projections

The data will not be used to generate population estimates, either for internal use or dissemination.

B7. Data Handling and Analysis

Data Handling

Data collected through interviews and focus groups will be audio-recorded during in-person site visits. The data will be transcribed and de-identified to remove any PII. As possible, the study team may use AI-assisted tools or may share recordings from interviews and focus groups with an outside partner to transcribe the recording into notes, to ensure efficient processing of the data. Before sharing the recording with an AI tool or outside partner, the study team would ensure that no PII is present in the recording. Use of AI for this purpose will align with ACF's policies on responsible AI use. No PII will be shared with the AI-assisted tools or any outside partners.

The qualitative data, including typed notes and recordings, will be stored on Mathematica's secure network, which is accessible only to the study team, and Mathematica will delete the data at the end of the study. All notes and recordings will be saved under ID codes, rather than respondents' names. Any information linking ID codes and respondents' names will be saved on Mathematica's secure restricted drive and will be password-protected. This identifying information will be kept separate from the qualitative data in the notes and recordings, ensuring that no PII is included in the notes and recordings.

Before the data is analyzed, the study lead will conduct quality assurance checks to ensure the transcription is accurate and free from identifiable information.

Data Analysis

De-identified qualitative data from the interviews and focus groups will be reviewed for overarching themes and lessons on each of the key topics explored through the discussions. The study team will develop a coding scheme based on the research objectives and interview topics. The study team apply the coding scheme to the transcripts and conduct a thematic analysis of the responses under each topic. The study lead will monitor coding and thematic analysis across the team to ensure accuracy and consistency.

Data Use

Information collected in this GenIC is meant to inform ACF activities and may be incorporated into documents or presentations that are made public through conference presentations, websites, or social media. Any inclusion of information collected from the study will include a discussion of methods and limitations to ensure information is used appropriately. The purpose of any dissemination activities would be to share lessons learned, promising practices, and study findings to relevant audiences to ultimately improve the implementation of SRAE programming in the future.

The study team may use findings from these studies to develop issue briefs, reports, or webinars for grant recipients, federal staff, researchers, and/or training/ technical assistance providers on lessons learned, including implementation challenges and successes in community settings. In addition, the information gathered from these studies can inform federal staff on program improvement efforts. ACF may identify specific areas that merit future technical assistance or research.

B8. Contact Persons

Exhibit B.1 lists the federal and contract staff responsible for the study, including their affiliation and email address.

Exhibit B.1. Staff responsible for study

Name	Affiliation	Email address
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Attachments

Instrument 1: Provider staff interview protocol

Instrument 2: Youth focus group protocol

Instrument 3: Partner staff interview protocol

Appendix A: Parental consent and youth assent forms

Appendix B: Outreach materials