Evaluation Technical Assistance Update
for OAH & ACYF Teenage Pregnancy Prevention Grantees

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Frequently Asked Questions: Evaluation Start-Up

As part of the technical assistance (TA) to TPP grantees, the Evaluation TA team will produce a series of Evaluation Updates that discuss topics relevant to the current activities under way in grantees' evaluations. Grantees' requests for TA and conversations with TA liaisons will determine the topics for these updates. This update features answers to frequently asked questions about starting an effectiveness evaluation, such as gathering consent and collecting baseline data. Future updates will focus on later stages of evaluations, such as collecting data on program implementation and data analysis, and will reflect grantees' future requests for TA.

IN FOCUS: What Does It Mean to Be an Independent Evaluator?

The Office of Adolescent Health (OAH) and the Administration for Children, Youth and Families (ACYF) expect evaluations of their funded teenage pregnancy prevention programs to be conducted independently of program staff. The evaluation should also be conducted independently of the program developer. OAH and ACYF expect the independent evaluator to provide an unbiased assessment of program effectiveness that will meet U.S. Department of Health and Human Services (HHS) evidence standards, as well as an objective assessment of implementation fidelity. They also expect the evaluator to collect descriptive information that will set findings on implementation fidelity and program impacts in the context of the program setting as well as the differences in programmatic experiences and services between the program and comparison groups. To achieve the goal of independence, the evaluator—not the program staff—should assume primary responsibility for evaluation activities.

An independent evaluator is not an isolated evaluator. The evaluator has the primary role for ensuring that random assignment, the consent process, data collection, and analysis are conducted in ways that are consistent with HHS evidence standards. To achieve these objectives, the evaluator and program staff must have a common understanding of how the evaluation will unfold and then work together to implement evaluation activities as intended. For example, the evaluator and program staff should have a clear agreement on when to request evaluation consent and the process for doing so, and the efforts of both might be critical to successful completion of the consent process. Although the evaluator will collect most data, program staff can assist by collecting some data that are not affected by subjective judgment, such as program and professional development attendance, information on staff qualifications, staff training logs, and lesson plans or staff reports of content coverage. Still, the evaluator has a responsibility to ensure that these data collection efforts are systematic and rely on clearly defined protocols.

Program staff should not have access to individual-level data collected for the evaluation, such as survey responses. Individual survey responses will likely contain too much information that would be considered potentially identifiable. However, there are reasons to share aggregated responses from program youth with the program staff. For example, the evaluator could use the baseline survey data to describe the characteristics of the youth eligible to receive programming. Also, aggregated responses collected on follow-up surveys could be useful if the program has previously established benchmarks for changes in youths' knowledge, attitudes, beliefs, and behaviors. For example, if the program has prior evidence to suggest that knowledge of effective contraception increases by a certain factor from before to after the program, the evaluator could provide pre- and post-program knowledge of contraception *in the aggregate* and *for the program group only*. The evaluator should maintain and analyze all data collected from the control/comparison group during the evaluation period to ensure that all tests of program effectiveness are conducted appropriately and achieve OAH's and ACYF's goals of objectivity and independence.

If program staff are collecting some program implementation data, or if program staff receive aggregated program youth survey responses, it is conceivable that they could conclude that program implementation adjustments are necessary. For example, they could observe that youth attendance is low; staff content coverage is less than intended; or program youth have not improved, as expected, on certain measures. Using this knowledge to make midcourse modifications to improve program implementation is fine; however, it is critical that evaluators document any changes and describe them in final project reports.

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Should I Seek Study Consent from Youth and Parents/Guardians Before or After Random Assignment?

The recommended best practice is to seek consent for study participation *before* random assignment occurs. This ensures that knowledge of which group—program or control—the sample member has been assigned to does not affect the decision to consent, because that knowledge could affect the likelihood of consent and thus lead to biased impact estimates. Collecting consent before random assignment also means that evaluators can calculate sample attrition with respect to consenting students only, rather than with respect to all students from whom they sought consent. (See "How Is the Attrition Rate Calculated?")

If consent must occur after random assignment—for example, when clusters such as schools are randomly assigned—the evaluator should seek consent with the following two objectives in mind:

1. ***Use similar strategies to seek consent from both the program and control groups.*** The best practice is to use evaluation staff to seek consent from both groups, using the same forms and the same basic approach. If the consent process differs between the two groups, the types of students who consent to participate might differ systematically across study groups, potentially biasing estimated program impacts. For example, using program staff to seek consent from the program group but evaluation staff to seek consent from the control group could affect who consents. Similarly, including program status on a consent form for the program group but not on a consent form for the control group could lead to differences in the number and unobserved characteristics of those who consent. Related to this, it is good practice not to share the results of random assignment with students and their parents/guardians until the consent process is completed.

2. ***Focus on maximizing the overall consent rate and attaining similar consent rates for the program and control groups.*** Researchers should keep track of the consent rates in the program and control groups so that they can adjust the intensity of the effort to seek consent as needed. (Note that, although the intensity of the effort to seek consent might have to differ between groups, the overall approach to obtaining consent should not differ substantially between the two groups.) A high overall rate of consent, as well as similar consent rates between groups, will help minimize sample attrition immediately following random assignment, because attrition is calculated relative to the full sample from which consent is sought. (See "How Is the Attrition Rate Calculated?")

How is the Attrition Rate Calculated and How Can Attrition Be Minimized Early in the Evaluation?

In a randomized controlled trial (RCT), we define the attrition rate as the proportion of the student sample missing outcome data. This rate is calculated for the overall sample and separately for the program and control groups. The student sample is defined as students who are expected to participate in the program or counterfactual condition and the study as a result of random assignment.

A common mistake in calculating attrition is to fail to include students who do not provide consent if consent could only be sought after random assignment. In such cases, students for whom consent is not obtained should be counted as sample losses. To minimize sample loss early in the evaluation due to nonconsent, the evaluator should make every possible effort to collect evaluation consent from the entire student sample eligible for the program or control group as a result of random assignment. If you have any questions about the sample of students from which you should seek consent, please contact your TA liaison. (The attrition rate is not relevant to quasi-experimental evaluations, such as matched-comparison group or serial cohort designs.)

What Strategies Can I Use to Boost Evaluation Consent Rates?

Evaluators looking to boost the rate of consent for their studies might consider strategies involving incentives, parent meetings, and repeated contact. Evaluators can offer incentives for reaching a target consent return rate either to the individual (in the form of gift cards or small items) or to a group (such as a pizza party or funds for a field trip). One might also offer greater incentives for returning forms by a certain target date (for example, within the first week). Evaluators can consider hosting a parents' night to explain the study, answer questions, and distribute and collect consent forms on the spot. Parents/guardians might refuse to allow their child to participate if they feel they do not know enough about or understand the study or if they are not familiar with the organization conducting the study; a parents' night gives parents/guardians an opportunity to ask questions and learn something about the team doing the evaluation. Evaluators should make repeated consent attempts, sending the consent form to parents/guardians who are initially unresponsive or using reminder telephone calls or emails to prompt parents/guardians to return the forms.

What Information Should I Collect from Families and Youth as Part of the Consent Process?

To ensure that they can locate study participants for follow-up surveys, the evaluators should ask parents/guardians to provide basic contact information for themselves, as well as information for two other people who will know how to contact them if they have moved. Key information includes names, addresses, telephone numbers, and email addresses. Evaluators should also ask parents/guardians to indicate a preference for when and how they should be contacted. Evaluators can also gather information such as a birth date for the participating youth for future use, to send birthday cards to maintain a connection with the family and update contact information. Consent forms should also include a brief reminder that this information will be used only to notify them of study-related information. Evaluators should maintain the contact information in a database and update it regularly to make sure the information is current for tracking the sample. While updates every six months should be sufficient in most cases, it may be necessary to consider more frequent updates for transient populations, such as foster care youth. The evaluator should weigh the characteristics of the population against the desire not to overburden the sample when deciding on an appropriate time for follow-up.[1]

[1] *The TPP Eval TA team will soon release a list of best practices for tracking evaluation youth using alternative methods.*

What Should I Do if a Parent/Guardian Provides Consent for the Study but Not for Program Participation?

In the context of an RCT, seeking consent for both the evaluation and the program before randomization using a single consent form could help to avoid this problem. If that is not feasible, students who are randomized to a group and whose parents/guardians consent to the evaluation but not the program should be included in the evaluation, even though the student does not participate in the program. This is essential in order to calculate unbiased, intent-to-treat (ITT) impacts. In addition, if evaluators intend to measure the impact of the treatment on the treated (TOT) as a secondary analysis, they will need outcome data on all randomly assigned students, including those who were assigned to the program group but did not participate in the program. (This issue is not relevant for quasi-experimental evaluations, such as a matched-comparison group study.)

What Information Should I Collect from Youth in the Baseline Survey?

There are two broad categories of information that all evaluators should collect in the baseline survey: (1) demographic information on study participants and (2) baseline measurements of the behavioral outcomes of interest.

To meet HHS evidence standards, quasi-experimental studies and RCTs with high attrition must demonstrate that the program and comparison/control groups are equivalent on both demographic variables and at least one sexual behavioral outcome.[2] Collecting baseline assessments of these measures is therefore required for quasi-experiments. It is also strongly recommended for RCTs, because even in the context of random assignment, it is valuable to be able to demonstrate that random assignment worked and yielded equivalent groups. The demographic variables on which to establish equivalence include participants' age, grade level, gender, and race/ethnicity. The sexual behavioral measures can vary to some extent depending on the target population, but generally would include sexual activity (initiation, frequency, and number of partners); contraceptive use; sexually transmitted infections (STIs); pregnancies; or births. Evaluators can use these data later as covariates in analyses to improve the precision of the impact estimates and the power of the study—the probability that the study will detect program impacts if they exist.

[2] *Demonstrating equivalence on baseline measures of behavioral outcomes is not required if the study sample was younger than age 14 or in eighth grade at the time of the baseline assessment.*

How and When Should Baseline Data Collection Occur?

Data collection procedures should be similar for all participants in the program and control/comparison groups in terms of the timing, methods (via survey or administrative data, for example), and mode (such as paper and pencil or computer). Any differences in these aspects of data collection between the program and control/comparison groups risk creating a *confound*—a factor whose variation aligns perfectly with one of the study groups. Such a confound would make it impossible to disentangle the effect of the program from the effect of the data collection procedures.

The optimal timing for baseline data collection is before assignment to program and comparison groups. When this is not possible, however, the timing of the data collection should still be the same for the program and control groups; evaluators should collect data before the program group begins to receive services. Collecting data before the program group receives services ensures that the program does not influence the program group's responses at baseline. As noted above, the method of data collection and the modality should be the same, regardless of study group.

REMEMBER: The TPP Evaluation Technical Assistance website contains resources to support the consent and baseline data collection processes.

This update was written by Susan Zief, Juliette Henke, John Deke, Russ Cole, and Melissa Thomas from Mathematica Policy Research for the HHS Office of Adolescent Health under contract #HHSP23320095642WC, Task Order No. HHSP23337017T.

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