

EVALUATION TECHNICAL ASSISTANCE UPDATE

Teenage Pregnancy Prevention Grantees

Evaluations at a Glance

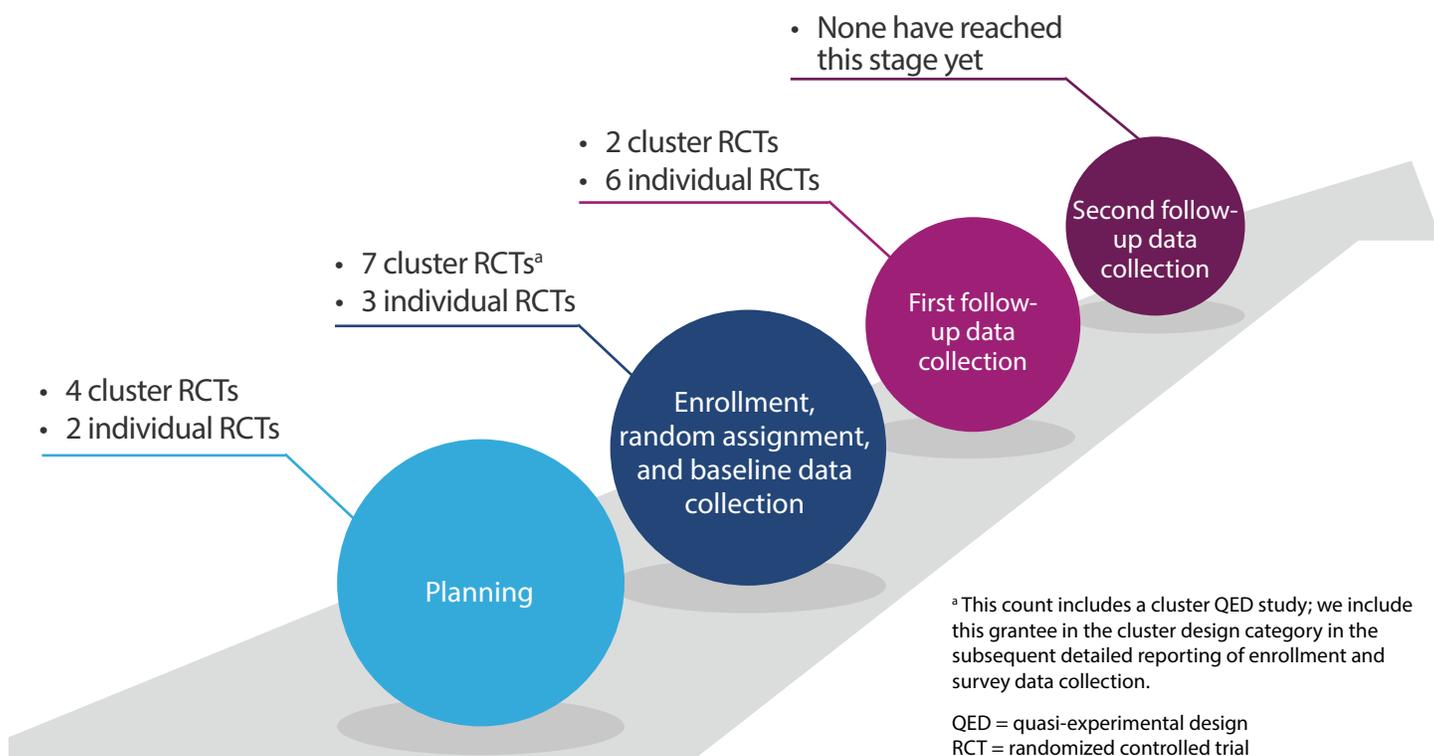
Using the CONSORT diagrams you provided to the Office of Adolescent Health (OAH) in February 2017, the Evaluation Technical Assistance (Eval TA) team has assessed enrollment and data collection progress so far. Halfway through the second year of the grant, 18 of 24 grantees have started enrolling youth in their programs and have enrolled nearly 8,000 youth thus far.¹ The rest of this update describes progress in collecting data and recruiting as of February 2017 and highlights some lessons learned from the recruitment effort.

Snapshot: Where are grantees in their evaluations?

As of February 2017, grantees were in various stages of their evaluations, largely depending on the duration of their programs and their enrollment cycles. Figure 1 categorizes grantees based on the furthest milestone reached in their evaluation.



Figure 1. Grantees' progress on evaluation milestones



¹The research designs for the three Centers for Disease Control and Prevention grantees are undergoing Office of Management and Budget approval and have not yet begun enrollment. Three other grantees are expected to begin enrollment this spring.

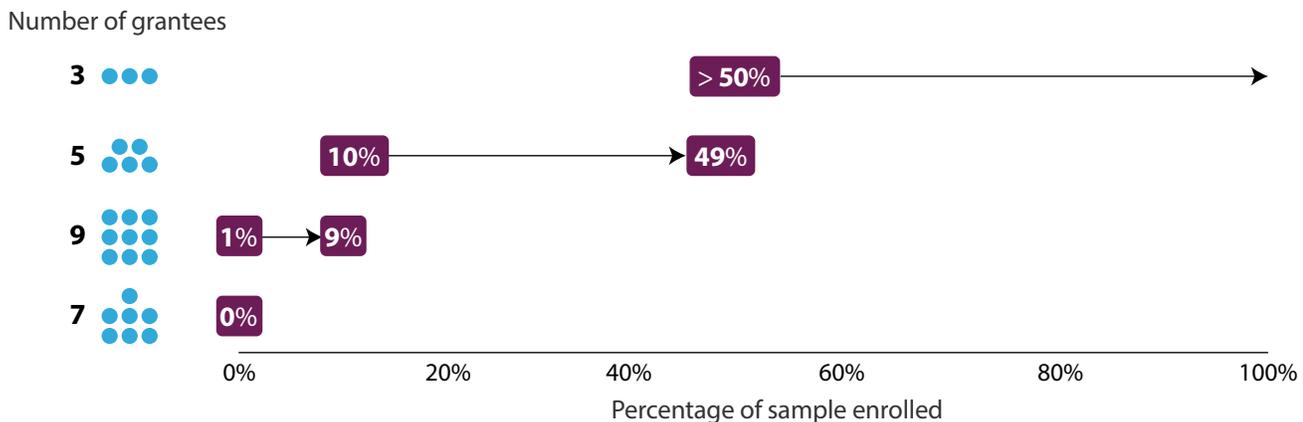
Grantees are making progress enrolling their samples and collecting survey data (Table 1 presents details). Across all in-process evaluations, nearly 8,000 youth have been randomly assigned to a condition and, in general, baseline and follow-up response rates are very high (10 grantees are reporting 100 percent completion rates for baseline surveys!).

Table 1. Grantees’ enrollment and data collection summary, for grantees who started enrollment

	Enrollment and randomization	Baseline data collection	Follow-up data collection
Individual designs (n = 9)	<ul style="list-style-type: none"> 1,115 youth have been randomized to intervention (566) and comparison (549) groups. Across grantees, this represents a range of 1 to 27 percent of their total intended sample. 	<ul style="list-style-type: none"> Grantees have 1,107 surveys completed, 561 for the intervention group and 546 for the comparison group, for an overall response rate of 99 percent. 	<ul style="list-style-type: none"> Grantees have 224 surveys completed, 114 for the intervention group and 110 for the comparison group, for an overall response rate of 75 percent. Completion rates across grantees range from 55 to 100 percent among the sample eligible for follow-up.
Cluster designs (n = 9)	<ul style="list-style-type: none"> 6,656 youth have been randomized to intervention (3,441) and comparison (3,215) groups. Across grantees, this represents a range of less than 1 percent to more than 79 percent of their total intended sample. 	<ul style="list-style-type: none"> Grantees have 5,415 surveys completed, 2,784 for the intervention group and 2,631 for the comparison group, for an overall response rate of 90 percent. 	<ul style="list-style-type: none"> Grantees have 422 surveys completed, 231 for the intervention group, and 191 for the comparison group, for an overall response rate of 95 percent. Completion rates across grantees range from 93 to 96 percent among the sample eligible for follow-up.

One way to roughly assess recruitment progress at this early stage is to determine whether grantees are on track to enroll their target sample size by the end of the grant given the time available for recruiting and the time that has passed thus far. After allotting time for design and piloting, follow-up data collection, and analysis and reporting, about one-third of the time available for recruiting has passed in the five-year grant period. Therefore, we can assess grantees’ progress by whether they have enrolled about one-third of their intended sample (of course, this benchmark for assessing progress might be appropriate only for grantees expecting steady enrollment across the entire grant period). In Figure 2, we show grantee enrollment progress towards their target sample sizes at this stage of the evaluation. We categorized grantees into groups based on how much of their target sample they have enrolled: 0% (have not started enrollment), between 1 and 9%, between 10 and 49%, and greater than 50%. Grantees should continue to work with their Eval TA liaisons to design strategies to bolster enrollment and to learn from one another’s successes and experiences.

Figure 2. Grantees' recruitment process



Recruitment successes and lessons learned

In the spirit of disseminating innovative strategies and lessons learned, we wanted to share recruiting strategies and experiences from several ongoing studies. Some of the strategies were part of grantees' initial plans and seem to be working well; others strategies were implemented when early recruiting lagged.

One grantee leveraged its knowledge of the target population when designing its recruitment strategy and prioritized hiring local staff.

Johns Hopkins University's Center for American Indian Health understood the key role that local staff would have to play in enrolling youth into its evaluation of the Respecting the Circle of Life, Mind, Body, and Spirit curriculum. For this grant, the center leveraged its history with and knowledge of the local population when designing its recruitment strategy to target a mobile youth population, often living in nontraditional households. The center prioritized hiring local staff familiar with the needs of the local American Indian population to recruit youth and administer the intervention and evaluation. The center's local staff knew where to find eligible youth in the community and, in many cases, actually knew the youth personally through other connections. Despite a delay in recruiting the first summer camp, the center met its enrollment goal by investing in local staff as recruiters for this difficult-to-reach target population.

Grantees had successful recruiting efforts through targeted advertising on and testing of social media platforms.

The Center for Innovative Public Health Research (CiPHR) used social media to enroll females nationally for its Girl2Girl text messaging intervention. In only two months, CiPHR enrolled almost 20 percent of its expected sample through Facebook and Instagram advertisements, a rate that exceeded expectations. CiPHR carefully targeted its advertisements based on social media profile information, so that the girls who met study eligibility criteria received the advertisements and had the opportunity to express interest in the study. To ensure the ads reached specified recruiting targets by race, ethnicity, and sexual experience, CiPHR continuously adjusted who the ads targeted to receive the advertisements; this enabled the team to reach the populations it sought to recruit. The team has successfully used this strategy to recruit male participants for another study.²

Similarly, Healthy Teen Network also had success with targeted recruiting using social media for its evaluation of Pulse, a web-based mobile health application. Healthy Teen Network started recruiting youth through Facebook paid advertising. Healthy Teen Network was successful at obtaining many impressions (that is the number of times an advertisement post is displayed on the screen) as well as high unique click-through rate (CTR) (that is the number of unique people who actually clicked on the paid ad link and were taken through to the screener page).

Healthy Teen Network tested other social network platforms as an alternative recruiting strategy, such as Twitter and Instagram. To test Twitter, Healthy Teen Network stopped all Facebook advertising in favor of Twitter-only advertising for fifteen days. Using data on advertisement impressions, CTR, screener completion, and enrollment numbers, the grantee concluded that Twitter was an effective platform to disseminate messages: within hours there were many impressions (that is, the ads were delivered to a lot of Twitter users). However, ultimately those impressions reached too many people outside the eligibility parameters, and did not convert into high CTR, screener completions, or successful enrollments. A test of Instagram-only campaigns revealed that even though the number of impressions was lower than Facebook advertising, it was even more successful than Facebook and Twitter at yielding a high CTR, reaching the sample frame, and resulted in a higher number of enrollments. The team expects to get much of its sample from Instagram. Healthy Teen Network will continue to test other digital advertising, including Google Ads, to determine the most time and resource efficient ways to recruit their sample. Social media platform analytics only provides a limited perspective of the success of the advertising. Consequently, Healthy Teen Network will continue to triangulate data from multiple analytic tools, such as Facebook analytics, Pixels, Bit.ly, and Urchin Tracking Module (Google Analytics) to assess the success of the advertisement.

One grantee systematically examined its enrollment flow and modified its approach based on what it learned to address lower than expected enrollment.

After beginning recruitment, The Policy & Research Group (PRG) noticed its enrollment was much lower than anticipated in its study of Practice Self-Regulation. PRG used a funnel approach (see the Systems for Tracking Recruitment and Retention brief in the next section) to trace potential sample members through the recruitment and enrollment processes to identify where it lost potentially eligible youth. Therapists are able to recommend that the youth do not participate in the study and PRG noted that a large number of youth were falling into this “provider not recommended” ineligibility category. After discussions with the therapists, PRG discovered wide variation in therapists’ understanding of this eligibility criterion. Because PRG identified this hole in the sample flow, and by clarifying the criteria for eligibility in the therapist’s assessments of the youth, PRG was able to plug this hole through which youth fell out of the evaluation. Through an ongoing systematic review of youth progressing through the recruitment and enrollment funnel, PRG continues to think critically about the barriers to enrollment, implement process changes such as the one described here and, thus, increase sample enrollment.

Conclusion

Grantees are making progress planning, enrolling, and collecting evaluation data from youth, and they are learning lessons along the way. The Eval TA team looks forward to continuing to brainstorm with you, helping you connect with one another, and sharing more lessons learned with the wider grantee community. If you have strategies that are working well, be sure to share them with your TA liaisons and other grantees serving similar populations or in similar settings.

² Prescott, T., et al. (2016). Reaching adolescent gay, bisexual and queer men online: Development and refinement of a national recruitment strategy. *Journal of Medical Internet Research*, 18(8) 1-13. Retrieved March 17, 2016 from https://innovativepublichealth.org/wp-content/uploads/JMIR_G2G-recruitment.pdf

Resources available

In addition to the lessons learned here, several research briefs developed by the Eval TA team on recruitment, enrollment and data collection could be helpful. You can find them on the [OAH Evaluation Training & Technical Assistance \(TA\) page](#).

- A. [District](#) and [School](#) Recruitment and Retention
- B. [Systems for Tracking Recruitment and Retention](#)
- C. [Sample Attrition](#)

For questions about any of the strategies described above, please contact the lead evaluator for each grantee:

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