Assessment of a QDS Data Collection System in HIV Prevention Program Evaluation

Generic Information Collection request under 0920-0840

Section A: Supporting Statement

April 19, 2010

CONTACT

Holly Fisher, PhD
Centers for Disease Control & Prevention
Division of HIV/AIDS Prevention
Program Evaluation Branch
Phone (404) 639-1940
Fax (404) 639-0929
hfisher@cdc.gov

Table of Contents

List of Attachments

Attachment 1. QDS Survey

Attachment 2. Consent Forms

Attachment 3. Screener Form

43.

44. *Assessment of a QDS Data Collection System in HIV Prevention Program Evaluation*

45.

46. Supporting Statement

47.

48. A. <u>JUSTIFICATION</u>

49.

50. A.1 <u>Circumstances Making the Collection of Information Necessary</u>

51.

52. The Centers for Disease Control and Prevention proposes to evaluate the feasibility of utilizing handheld devices and laptop computers to collect behavioral risk information directly from individuals at the point of interviewer-respondent interaction. The objective is to replace provider-administered surveys, interviews, or provider observations to collect client-level behavioral risk information.

53.

54. Because behavioral HIV-related risk information tends to be highly-sensitive and personal in nature, individuals may be more likely to report their actual risk behaviors when they can administer the survey to themselves in a private manner. One study of HIV testing found that people using a client-administered handheld device reported five times as many sexual partners as the number of partners reported by clients who were interviewed by agency staff (1).

55.

56. This project will compare the client-level behavioral risk information collected by means of the existing methods to the information collected using the mobile devices (hand held or laptop) pre-programmed with the survey instrument to:

57.

58. 1) compare differences in self-reported behavioral risk patterns across the two data collection systems, and 2) determine the feasibility of using client-administered handheld devices and laptop computers when collecting HIV behavioral risk information.

59.

60. The exploratory findings from this project will assist CDC in determining the utility and acceptability of client-administered, electronic data collection equipment when collecting highly-sensitive behavioral risk data from participants of CDC-funded HIV prevention programs.

61.
62.
63. **A.1.2 Privacy Impact Assessment**
64.
65. CDC will not receive any personally identifiable information. Any individually identifiable information collected by funded agencies will not be submitted to CDC. No data pertaining to participant contact information or the consent process will be collected or stored via QDS.
66.
67.
68. A.1.3 Overview of the Data Collection System
69.
70. Information will be collected electronically with handheld computerized devices and laptop computers using the Questionnaire Development System (QDS) software version 2.5. Electronic surveys downloaded on the handheld devices will utilize QDS Handheld Assisted Personal Interview software. Electronic surveys downloaded on the laptop computers will utilize QDS Computer Assisted Personal Interview software. The survey content will be identical for each type of device.
71. The responders will be volunteers who are recruited from the target population served by each funded agency.
72. The evaluation will involve quantitative data collection and will evaluate the use of QDS surveys and handheld electronic devices when collecting client-level risk data. This project is limited in scope and will only involve data collected from three agencies currently funded by CDC. However, the development of new, efficient methods for collecting HIV-related information from the general public could be used in future HIV-related research and evaluation projects and may ultimately improve the quality of behavioral risk data and reduce the burden of future data collections.
73.
74.
75. A.1.4 Items of Information to be Collected
76.
77. The QDS survey will collect demographic, behavioral HIV risk, and psychosexual information (see Attachment 1 for a paper version of the survey).
78.
79. The information collected by each of the three funded agencies may include personally identifiable information, such as name and contact information, in order to provide continuity of service, follow-up of referrals, and other

outreach activities. Please note that we are not asking the three agencies to collect any information that they will not otherwise be collecting under the terms of their cooperative agreements and for purposes associated with serving their clients. Personally identifiable information will be kept in a separate location and will be accessible only to appropriate agency staff. Any individually identifiable information collected by funded agencies will not be submitted to CDC. QDS data will be encrypted and submitted to CDC via the Secure Data Network.

The information collected for this project will be maintained or stored locally under strict access controls limited to the local project manager and relevant staff. Project data will be stored separately from personally identifiable information. Under no circumstances will an individual be identified using a combination of variables such as gender, race, birth date, and/or other descriptors.

A.1.5 Identification of Websites and Website Content Directed at Children Under 13 Years of Age

This information collection does not involve websites or website content directed at children less than 13 years of age.

A.2. Purpose and Use of Information Collection

The purpose of the “Assessment of a QDS Data Collection System in HIV Prevention Program Evaluation” project is to replace the current method for collecting highly-sensitive HIV behavioral risk information from at-risk individuals. Findings from this project are intended to 1) improve CDC’s ability to process client-level risk information and provide timely feedback to agencies that implement CDC-funded HIV prevention programs and 2) improve the quality of behavioral risk information reported by clients of HIV prevention programs.

A.3. Use of Improved Information Technology and Burden Reduction

Responder reactions will be evaluated using a survey developed by CDC with QDS software version 2.5 (Handheld

Assisted Personal Interview and Computer Assisted Personal Interview software modules). Project participants will complete the QDS survey on a handheld device or laptop computer. Upon survey completion, agency staff will upload the survey data to a desktop computer, encrypt the data file, and submit the file to CDC via the Secure Data Network.

96.

97.

98. **A.4. Efforts to Identify Duplication and Use of Similar Information**

99.

100. NCHHSTP has verified that there are no other federal generic collections that duplicate the data collection tools and methods included in this request.

101.

102.

103. **A.5. Impact on Small Businesses and Other Small Entities**

104.

105. Community based organizations and local health departments receive federal funds to conduct this evaluation.

106.

107. **A.6. Consequences of Collecting the Information Less Frequently**

108.

109. The activities involve a one-time collection of data. There are no legal obstacles to reducing the burden.

110.

111.

112. **A.7. Special Circumstances Relating to Guidelines of 5 CFR 1320.5**

113.

114. This request fully complies with the regulation 5 CFR 1320.5.

115.

116.

117. **A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agencies**

118.

119. A federal register notice for the umbrella collection was published on March 9, 2009.

120.

121.

122. **A.9. Explanation of Any Payment or Gift to Respondents**

123.

124. All project participants will be offered incentives in cash or kind depending upon the practices at the local communities. The tokens of appreciation will not exceed $40 per person per hour.
125.
126.
127. **A.10.<u>Assurances of Confidentiality Provided to Respondents</u>**
128.
129. Respondents' will be told that all individually identifiable information collected by the implementing agencies will not be submitted to CDC. A master list of assigned Client IDs with client names will be stored in a locked file cabinet and is intended for agency use only (and will not be submitted to CDC). Participant names will not be recorded on any other data collection document and will not be stored on any handheld device or laptop.
130.
131. Project data storage will be maintained in a secure area at all times at each agency in a locked file cabinet in the office of the project coordinator. All electronic data will be password-protected and accessible only to project staff and direct supervisors. Data will be stored located on network drives which are regularly backed up by staff.
132.
133. Participation in this project is strictly voluntary. The consent process will be implemented according to local/state policy. Consent forms for the three funded agencies involved in this activity are provided in Attachment 2. The consent process will generally involve agency staff providing a brief overview of the project, including a description of benefits and barriers to participation. Participants will be assured that the information they provide will be protected to the maximum extent permitted by law. Interested participants will sign a consent form prior to participation. Participants at two of the agencies will also be required to sign a HIPAA Privacy Statement. Consent and HIPAA forms will not be labeled with Client IDs and will be stored separately from the QDS data.
134.
135.
136. **A.11.<u>Justification for Sensitive Questions</u>**
137.
138. This request covers the collection of HIV behavioral risk data. Thus, participants will be asked to report on sensitive and private matters pertaining to their sexual practices and substance use. Some of the questions will ask

about involvement in illegal activities (e.g., use of illegal substances, having sex in exchange for money or drugs) and about past HIV/STD diagnoses. This information may be considered by some participants to be highly sensitive in nature. However, in order to effectively compare the QDS data collection system to PEB's existing data collection system, it is necessary to include questions about sexual activity and substance use as they pertain to HIV transmission.

139.

140. In no case will a participant's social security number be obtained by agency staff.

141.

142.

143. A.12.Estimates of Annualized Burden Hours and Costs

144.

145. **A.12.A. Estimated Annualized Burden Hours**

146.

147. The annualized response burden for this sub-collection (generic IC) is estimated at 443 hours. Exhibit A.12.A provides details about how this estimate was calculated. Timings were conducted during the instrument development process to support the overall burden per respondent. Administration of the screening instrument is estimated to take 5 minutes. Survey completion is estimated to take 30 minutes maximum. It is estimated that during a single year, 1000 screening forms will be completed (83 hours) and 720 surveys will be completed (360 hours), totaling 443 hours.

148.

149. Exhibit A.12.A Annualized Burden Hours

150. Type of Respondent	**151. Form Name**	**152. 153. Number of 154. Respondents**	**155. 156. Number of 157. Responses per 158. Respondent**	**159. 160. Average Hours 161. Per Response**	**162. 163. Total Response 164. Burden 165. (Hours)**
166. General	167. Screener	168. 1000	169. 1	170. 5/6	171. 83

150. Type of Respondent	151. Form Name	152. 153. Number of 154. Respondents	155. 156. Number of 157. Responses per 158. Respondent	159. 160. Average Hours 161. Per Response	162. 163. Total Response 164. Burden 165. (Hours)
public				0	
172. General public	173. Survey of Individual	174. 720	175. 1	176. 30/60	177. 360
178. Total	**179.**	**180.**	**181.**	**182.**	**183. 443**

184.
185.
186.

187. A.12.B. Estimated Annualized Costs

188.

189. Three community-based organizations have received federal funds to implement this project. The annualized cost to the respondent is described in Exhibit A.12.B.

190. The United States Department of Labor, Bureau of Labor Statistics May, 2005 (http://www.bls.gov/oes/current/oes291069.htm) was used to estimate the hourly wage rate for the general public for the purpose of this generic request. The figure of $20.00 per hour was used as an estimate of average hourly wage across the country. Thus, the total anticipated annual cost to participants for collection of information in this project will be $8,860.

191. Exhibit A.12.B. Annualized Cost to Respondents

192. Activity	193. Total Burden Hours	194. Hourly Wage Rate	195. Total Respondent Cost
196. Screener (Public)	197. 83	198. $20.00	199. $1,660
200. Survey of Individuals	201. 360	202. $20.00	203. $7,200

(Public)			
204. Total	**205.**	**206.**	**207. $8,860**

208.
209.
210.
211. **A.13.Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers**
212.
213. None. There will be no start up or other related costs to private entities.
214.
215.
216. **A.14.Annualized Costs to the Federal Government**
217.
218. This activity will involve participation of one CDC project officer (GS-13 level) who will be responsible for project design, project oversight, and analysis and dissemination of the results. The CDC project officer will provide remote and onsite technical assistance to the agencies implementing the data collection. Three contractors will also provide technical assistance to agencies throughout the project period. Travel may be required to provide this technical assistance. An estimated average cost per individual activity is listed below.
219.
220. Exhibit 14.A Estimated Cost to the Government
221.

222. Expense Type	**223. Expense Explanation**	**224. 225. Annual Costs (dollars)**
226. Direct Costs to the Federal Government	227.	228.
229.	230. CDC Project Officer (GS-13, 0.5 FTE)	231. $49,875
232.	233. CDC Travel (4 trips)	234. $5,200
235.	**236. Subtotal, Direct costs**	**237. $55,07**

		5
238. Cooperative Agreement or Contract	239. Cooperative Agreement	240. $ 489,341
241.	242. Contractor Program Coordinator (0.50 FTE)	243. $ 31,994
244.	245. Contractor Program Coordinator (0.50 FTE)	246. $ 31,994
247.	248. Contractor Program Coordinator (0.50 FTE)	249. $ 31,994
250.	251. Contractor Travel (8 trips)	252. $ 10,400
253.	254. **Subtotal, Cooperative Agreement or Contract costs**	255. **$ 595,723**
256.	**257. TOTAL COST TO THE GOVERNMENT**	**258. $ 650,798**

259.

260.

261. **A.15.Explanation for Program Changes or Adjustments**

262.

263. Not applicable – request is for a sub-collection under a generic approval.

264.

265.

266. **A.16.Plans for Tabulation and Publication and Project Time Schedule**

267.

268. Exhibit 16.A Project Time Schedule

269. 270. Activity	**271. 272. Time Schedule**
273. Training of data collection methods using QDS survey and handheld devices/laptop computers	274. Within one month of receiving OMB approval
275. QDS data collection begins	276. Within one month of receiving OMB approval
277. QDS data submission to CDC	278. Monthly

269. 270. Activity	271. 272. Time Schedule
279. QDS data collection ends	280. 12 months after receiving OMB approval

281.
282.

283. **A.17.Reason(s) Display of OMB Expiration Date is Inappropriate**

284. OMB Expiration Date will be displayed.

285.
286.

287. **A.18.Exceptions to Certification for Paperwork Reduction Act Submissions**

288. There are no exceptions to the certification.

289.
290.
291.
292.
293.

294. References

295.

296. 1. Sheon N, Gonzalez I, Gluth D, Facente S, Carraher N. PalmIT: Localizing a Structural Intervention to Improve HIV Test Counseling and Client Data Collection. Paper presented at the 2008 Centers for AIDS Prevention Studies Conference, San Francisco, CA. Available at: http://www.caps.ucsf.edu/conference/2008/pdf/Sheon2008CAPSConf.pdf. Accessed March 1, 2010.