**Usability Study of Medscape’s Technology-based Panel**

Generic Information Collection request under 0920-0840

Supporting Statement A

**March 28, 2011**

Contact Person:

Donata R. Green, Ph.D.

Technical Monitor

Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis,

STD and TB Prevention

Prevention Communication Branch
Centers for Disease Control and Prevention

ph: (404) 639-3869
fax: (404) 639-0943

email: dqg7@CDC.GOV

**Table of Contents**

**Section**

**A. Justification**

1. Circumstances Making the Collection of Information Necessary
2. Purpose and Use of the Information Collection
3. Use of Improved Information Technology and Burden Reduction
4. Efforts to Identify Duplication and Use of Similar Information
5. Impact on Small Businesses or Other Small Entities
6. Consequences of Collecting the Information Less frequently
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency
9. Explanation of Any Payment or Gift to Respondents
10. Assurance of Confidentiality Provided to Respondents
11. Justification for Sensitive Questions
12. Estimates of Annualized Burden Hours and Costs
13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers
14. Annualized Cost to the Government
15. Explanation for Program Changes or Adjustments
16. Plans for Tabulation and Publication and Project Time Schedule
17. Reason(s) Display of OMB Expiration Date is Inappropriate
18. Exceptions to Certification for Paperwork Reduction Act Submissions

B. **COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

1. Respondent Universe and Sampling Methods
2. Procedures for the Collection of Information
3. Methods to Maximize Response Rates and Deal with nonresponse
4. Test of Procedures or Methods to Be Undertaken
5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

REFERENCES

**Exhibits**

Exhibit 12.A Estimated Annualized Burden Hours

Exhibit 12.B Estimated Annualized Burden Costs

Exhibit 14.A Estimated Cost to the Government

Exhibit 16.A Project Time Schedule

**Attachments**

Attachment 1 . . . Pilot Questionnaire

Attachment 2 . . . Screener

Attachment 3 . . . Informed Consent

Attachment 4 . . . Medscape Email Notification

**Formative Research and Tool Development**

**Usability Study of Medscape’s Technology-based Panel**

**Supporting Statement**

**A. Justification**

**A.1. Circumstances Making the Collection of Information**

**Necessary**

Over one million individuals are estimated to be living with HIV in the United States. Recent estimates of HIV incidence released by the Centers for Disease Control and Prevention (CDC) indicate that 56,300 people became infected with HIV in 2006 (Hall et al., 2008), and this number is higher than CDC’s previous estimates of annual incidence. Historically, prevention efforts have targeted people at risk for HIV infection with the goal of keeping those who are HIV negative from becoming infected. However, the epidemic has changed with the introduction of highly active anti-retroviral therapy. An estimated 1,039,000 to 1,185,000 people are now living with HIV/AIDS in the United States (Glynn & Rhodes, 2005). Particularly worrisome is that an estimated 21% of HIV-infected persons may be unaware of their infection (CDC, 2008).

As partners in HIV prevention, health care providers can screen clients for HIV risk factors and encourage their clients to get an HIV test and learn their status, a major component of CDC’s Advancing HIV Prevention: New Strategies for a Changing Epidemic (AHP) initiative (CDC, 2003). Further, health care providers can communicate with patients about HIV prevention strategies and treatment options to help stop HIV transmission and improve access to and retention in treatment. Collecting data from health care providers, therefore, is an important component of this initiative, which aims to reduce barriers to early diagnosis and to increase access to and use of quality medical care, treatment, and prevention services for people living with HIV. All of these issues have incredible implications for how social marketing campaigns targeting health care providers are crafted and delivered.

In response to the continued HIV epidemic in our country, CDC has launched the *AAA campaign*, a 5-year, multifaceted communication campaign to reduce HIV incidence in the United States (CDC, 2009). CDC plans to release the campaign in phases, with some of the phases running concurrently. *Prevention IS Care* (PIC), one component of the campaign, is designed to encourage providers to conduct routine screening for transmission behaviors and counseling people living with HIV to reduce the practice of HIV-related risk behaviors and maintain constructive low-risk behaviors. *HIV Screening. Standard Care. (HSSC)*, another component of the campaign, is designed to encourage providers to make HIV testing a routine part of medical care for all patients ages 13-64.

The purpose of this study is to conduct usability testing of the methodology with a technology vendor to assess its ability to effectively reach the proposed audience. To conduct the usability testing, we will pilot-test an online questionnaire with a panel of primary care physicians and infectious disease physicians.

RTI has identified an Internet survey vendor, Medscape, with a unique online panel of healthcare providers that includes a large number of general practitioners and infectious disease providers. Medscape has a sample of 5,255 infectious disease doctors and 143,054primary care physicians. Medscape also offers unique recruitment methods that target physicians that specifically treat HIV patients. Thus, Medscape’s panel could enhance future CDC HIV prevention and testing evaluation projects and reduce the burden of future data collection efforts by selectively reaching appropriate target audiences.

The study will consist of a pilot questionnaire of health care providers to conduct usability testing of a technology-based instrument. The questionnaire will contain a module of questions relating to specific *PIC* and *HSSC* activities and communication initiatives. The sample will consist of a maximum of 800 respondents selected from an online market panel and recruited via an e-mail notification from Medscape (See **Attachment 4**). Participants will self-administer the questionnaire at home or work on personal computers. The research will include one data collection over a 3-month period. This pilot study will allow CDC to assess the use of Medscape’s capabilities to effectively and efficiently recruit and implement a questionnaire with providers.

***A.1.2 Privacy Impact Assessment***

The questionnaire will collect information on the following: sociodemographics; current HIV testing recommendations for patients; knowledge, attitudes, beliefs, and perceived social norms related to HIV testing; intentions regarding HIV testing; current practice standards regarding HIV screening and partner notification; providers’ self-efficacy about communicating with patients about HIV screening and partner notification; self-reported exposure to and awareness of specific *PIC* and *HSSC* campaigns; and reactions and receptivity to *PIC* and *HSSC* campaignmessages.

Neither RTI nor CDC will have access to information in identifiable form (IFF). Medscape will keep the IFF computer files (e.g., files containing information in identifiable form) for their panel sample used in this study, but neither the pilot study contractor nor CDC will have access to IFF. Data collection records will not be maintained with IIF and procedures will be followed to limit the linkage of this information to response data as described in Section A.10 and Section B.2. No identifiable information describing individual respondents will be included in the analyzed data and aggregate reports provided to CDC.

**A.1.3 Overview of the Data Collection System**

CDC’s contractor, RTI International, in conjunction with Medscape, will implement this usability study. The respondents for this usability study will be a maximum of 800 health care providers selected from the Medscape panel over a 3-month period. Medscape’s online panel of healthcare providers includes a large number of general practitioners and infectious disease providers. Medscape also offers unique recruitment methods that target physicians that specifically treat HIV patients. The usability study will examine Medscape’s capabilities in recruiting and administering questionnaires with providers, including those who treat patients with HIV. This panel could enhance future CDC HIV prevention and testing evaluation projects and reduce the burden of future data collection efforts by selectively reaching appropriate target audiences. The study will consist of a pilot questionnaire that contains a module of questions relating to specific *PIC* and *HSSC* activities and communication initiatives.

**A.1.4 Items of Information to be Collected**

Data to be collected includes the following: sociodemographics; current HIV testing recommendations for patients; knowledge, attitudes, beliefs, and perceived social norms related to HIV testing; intentions regarding HIV testing; current practice standards regarding HIV screening and partner notification; providers’ self-efficacy about communicating with patients about HIV screening and partner notification; self-reported exposure to specific *PIC* and *HSSC* campaigns; and reactions and receptivity to *PIC* and *HSSC* campaignmessages. A copy of the pilot questionnaire is attached as **Attachment 1**.

Participants will be screened to determine if they meet the pilot study criteria. Participants will be asked questions about themselves and their practice (type of practice, specialty, years in practice, age and gender) and the number of patients in their patient case load (overall and HIV positive patients). CDC and RTI will have access to this information but records will not be stored with IIF and procedures will be followed to limit the linkage of this information to response data as described in Section A.10. A copy of the screening instrument is attached as **Attachment 2**.

**A.1.5 Identification of Web Site(s) and Web Site 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 this study is to conduct usability testing of technology-based instruments and materials with providers. The usability testing will assess Medscape’s capabilities in reaching providers via the web for potential future use in evaluating CDC’s provider campaigns. Because health care providers (some of who specialize in HIV/AIDS and include infectious disease specialists) are the key audience of interest for the campaigns, we seek to test Medscape’s ability to reach and effectively administer questionnaires with providers, including those who treat patients with HIV.

Without access to a vendor that has substantial reach to primary care physicians and infectious disease specialists, including those who specialize in HIV, CDC cannot assess the impact of future campaigns and without access to the campaign audiences CDC cannot make evidence-based program and funding decisions regarding the continuation of campaign phases.

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

The usability study will rely on a Web-based questionnaire to be self-administered at home or work on personal computers. Utilization of the Web-based questionnaire allows respondents to complete as much of the pilot questionnaire as desired in one sitting and to continue the pilot questionnaire at another time, minimizing the possibility of respondent error by electronically skipping questions that are not applicable to a particular respondent, thus creating the least burden to the respondent.

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

**Information**

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) has verified that there are no other federal generic collections that duplicate the study types included in this request.

**A.5. Impact on Small Businesses or Other Small Entities**

This collection request does not involve burden to small business or other small entities.

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

The activities involve a one-time collection of data over a 3-month period.

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

**1320.5**

This request fully complies with regulation 5 CFR 1320.5.

**A.8. Comments in Response to the Federal Register Notice and**

**Efforts to Consult Outside the Agency**

For sub-collection requests under an approved generic ICR, federal register notices are not required and none were published.

A list of key consultants for this project is provided in ***Exhibit 2***.

**Exhibit 2. *PIC and HSSC Pilot Study* Consultants**

|  |  |
| --- | --- |
| Stephanie C. Creel, MA Communication Specialist Division of HIV/AIDS Prevention National Center for HIV/AIDS, STD and TB Prevention Centers for Disease Control and Prevention ph: (404) 639-3528 fax: (404) 639-2007 cre0@CDC.GOV | Kate (Judith) Griffith**,** RN, MSCommunication SpecialistDivision of HIV/AIDS Prevention National Center for HIV/AIDS, STD and TB Prevention Centers for Disease Control and Preventionph: (404) 639-6302fax: (404) 639-2007biq3@CDC.GOV  |
|  |  |

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

In an e-mail notification (see Attachment 4), requesting participation in the Medscape panel, participants will be offered a $50 Visa gift cards as a token of appreciation.

The token of appreciation was determined based upon the burden to the participants, taking into account participants’ occupations, the length of the data collection, and our previous experience conducting questionnaire administration with the study populations. The amounts are intended to encourage their cooperation, and to convey appreciation for contributing to this important study. Numerous empirical studies have shown that honoraria can significantly increase response rates (e.g., Abreu & Winters, 1999; Shettle & Mooney, 1999). Smaller amounts would not appear sufficiently attractive to providers. We also believe that the amounts specified will result in higher data validity as participants become more engage in the data collection process. Participants will receive their token of appreciation from Medscape after completing their participation in data collection.

**A.10. Assurances of Confidentiality Provided to Respondents**

Medscape will maintain a list of participant ID numbers, names, addresses, phone numbers, e-mail addresses, and medical license numbers only for the purpose of token of appreciation mailings and reminders about the study. CDC and RTI will have access only to the generic, randomly generated ID numbers for the purpose of tracking questionnaire completion patterns. Although CDC will own the data, neither RTI nor CDC will have IFF nor see names or contact information for any participant responses.

All respondents will be assured that the information will be used only for the purpose of this research and will be kept secure to the extent allowable by law, as detailed in the study consent form (see ***Attachment 3***). Respondents will be assured that their answers to screener and questionnaire items will not be shared with anyone outside the research team and that their names will not be reported with responses provided. Respondents will be told that the information obtained from all of the questionnaires will be combined into a summary report so that details of individual questionnaires cannot be linked to a specific participant.

Medscape creates a unique URL with an encrypted user ID for participants to access surveys. The URL is used each time a participant completes a survey. The URL will keep their spot in the questionnaire so they can pick up where they left off; if they have already completed the questionnaire, they will not be able to complete it again. Respondents need to finish the entire questionnaire to be considered a completed respondent.

RTI maintains restricted access to all data preparation areas (i.e., receipt and coding). All data files on multi-user systems will be under the control of a database manager, with access limited to project staff on a “need-to-know” basis only. Medscape takes the following security measures to ensure separation between respondents’ identity and their questionnaire data. First, the pilot questionnaire instrument has no IIF on it. No respondent name, address, e-mail address, phone number, or any other kind of IIF appears on the questionnaire. The only way a questionnaire is identified is with a digital identification number. Second, while the invitation method —

e-mail or direct mail — will have IIF for the purpose of contacting the respondents, this information will be kept separate and not linked with questionnaire responses. Third, screener data shall be considered part of the questionnaire data. Medscape will provide the results of the screener questions for all panelists, regardless of whether they qualify for the pilot study. However, Medscape will not retain responses to screening questions for those who are deemed ineligible for any other purpose outside the scope of this project. Fourth, Medscape will retain study records for the duration of the study. Upon final delivery of data files to RTI and completion of the project, Medscape will destroy all study records, including data files upon request. Medscape will not be able to supply or access this information for any reason, even at the request of RTI, once destroyed. Finally, data coming directly from the questionnaire engine are stored in a proprietary database. While these data are not encrypted, once inside the firewall, they are stored in a relational database protected by several layers of intrusion detection and access control. Data files delivered to RTI by Medscape will be sent via encrypted files.

**A.11. Justification for Sensitive Questions**

Sensitive information will not be collected from physicians and other health care providers. However, there is a minimal risk that some questions may make respondent feel uncomfortable. The informed consent form includes a statement about this risk and informs participants that they may choose not to answer a particular question if they wish and/or end the study at any time without penalty (See **Attachment 3**).

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

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

The total annualized response burden is estimated at 934 hours. ***Exhibits A.12.A*** and ***A.12.B*** provide details about how this estimate was calculated. The pilot study screener is expected to take about 3 minutes to complete. The pilot questionnaire is expected to take 10 minutes. Medscape reports that a typical response rate is between 5% and 15%. We anticipate screening 16,000 providers. We will complete 800 questionnaires.

**Exhibit A.12.A. Annualized Burden Hours**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Respondents** | **No. of Respondents** | **No. of Responses per Respondent** | **Average Hours per Response** | **Total Burden Hours** |
| Study screener | 16,000 | 1 | 3/60 | 800 |
| Questionnaire | 800 | 1 | 10/60 | 134 |
| Total |  |  |  | 934 |

**A.12.B. Estimated Annualized Costs**

In calculating annualized costs to physicians, we used the amount of $83.59 per hour as an estimate of the average physician’s hourly wage rate. We used the mean hourly wage for physicians and surgeons released from the United States Department of Labor, Bureau of Labor Statistics (May, 2010, available online at: <http://www.bls.gov/oes/current/oes291069.htm>). Actual hourly wage rates will vary by physician credentials (e.g., wage rates for IDS may be higher than the wage rates for PCPs). The estimated annual cost to physician participants for the hour burden for the collection of information will be $83,673.59.

**Exhibit A.12.B. Estimated Cost to Respondents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Respondents** | **Total Burden Hours** | **Hourly Wage Rate** | **Total Respondent Cost** |
| Study screener  | 800 | $83.59 | $66,872.00 |
| Questionnaire | 134 | $83.59 | $11,201.06 |
| Total | 934 |  | $78,073.06 |

**A.13. Estimates of Other Total Annual Cost Burden to Respondents**

 **and Record Keepers**

None. CDC does not anticipate providing start up or other

related costs to private entities.

**A.14. Annualized Cost to the Federal Government**

The contractor’s costs are based on estimates provided by the contractor who will carry out the data collection activities. With the expected period of performance, the annual cost to the federal government is estimated to be $127,574 (***Exhibit14.A***). This is the cost estimated by the contractor, RTI, and includes the estimated cost of coordination with CDC, data collection, analysis, and reporting.

**Exhibit 14.A Estimated Annualized Cost to the Government**

|  |  |  |
| --- | --- | --- |
| **Expense Type** | **Expense Explanation**  | **Annual Costs (dollars)** |
| ***Direct Cost to the Federal Government*** |
| * CDC oversight of contractor and project
 | CDC Project Officer  | $8,550 |
| *Subtotal, Direct Costs to the Government* | *$8,550* |
| ***Contractor and Other Expenses*** |
| * Recruitment and data collection (Contractor)
 | Labor hours and Other Direct Costs  | $89,024 |
| * Analysis and reporting (Contractor)
 | Labor hours and Other Direct Costs | $30,000 |
| *Subtotal, Contracted Services* | *$119,024* |
| **TOTAL COST TO THE GOVERNMENT** | **$127,574.00** |

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

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

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

 **Schedule**

Data analysis will be conducted to analyze Medscape’s capabilities in conducting data collection with providers, including those who treat patients with HIV. Data will be analyzed overall, as well as by provider specialty (primary care or infectious disease); age; race; income; and practice. Response rates for individual questions will be calculated. Data analysis will include basic summary statistics for the purposes of describing the sample and examining the distribution of the primary outcome variables.

A final report will provide background, results, and recommendations on the usability study’s findings in regard to enhancing future data collections and reducing participant burden. This report of less than 25 pages will include an introductory overview of the data collection needs and challenges that led to this usability study; a summary of usability study methods and activities; results; discussion of findings with regards to Medscape’s ability to recruit and administer a questionnaire with the intended audience; strengths and limitations of the usability study; recommendations for future use of the Medscape panel; and appendices.

The key events and reports to be prepared are listed in ***Exhibit 16*.A**

**Exhibit 16.A Project Time Schedule**

|  |  |
| --- | --- |
| **Project Activity** | **Time Schedule** |
|  |  |
| Data collection | 2 months after OMB approval |
| Data analysis | 1 month after completion of data collection |
| Submit final report | 1 month after completion of data analysis  |
|  |  |

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

OMB Expiration Date will be displayed.

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

**Submissions**

There are no exceptions to the certification.

**B. Collection of Information Employing Statistical Methods**

This information collection request does not employ statistical methods. The following is a description of data collection procedures.

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

The study will include a sample of health care providers selected from Medscape, a large online market panel of health care providers.

Obtaining a probability-based sample to reach the desired subpopulations of interest is cost-prohibitive for this pilot questionnaire. The data provided from the proposed pilot study will be used to assess Medscape’s capabilities in conducting future *AAA* evaluationsamong health care providers*.* Because the available sample pool from probability-based sources (e.g., mail questionnaires) will not provide the necessary sample size, the Medscape Web panel will be utilized.

Medscape uses a range of proprietary sources to obtain a nonprobability-based opt-in panel of U.S. adults.

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

**B.2.1 Recruitment**

For the present study, Medscape will send onsite alerts to all relevant MedscapeCME.com specialty areas and audience types, place questionnaire announcements in editorial areas of relevant areas of Medscape CME specialty sites, advertise through Medscape search engine drivers and results integration, and send e-mail announcements to physician and healthcare provider subscribers in targeted specialty editions. Each invitation will contain the pilot questionnaire title, the length of the pilot questionnaire, the incentive amount provided for successful completion of the pilot questionnaire, and instructions for accessing the secure Web site for the pilot questionnaire. Once an individual opts-in to the pilot questionnaire, a more in-depth description of the pilot questionnaire and the consent form will be presented informing the panelist of the secure and voluntary nature of the pilot questionnaire. See Attachment 4 for a copy of the email invitations.

Members are not added to the Medscape database until they have completed a 100% opt-in registration process. An individual must be invited and opt-in to the program and then participate in a stringent enrollment process where additional demographic data are collected in order to become a Medscape member. Panel members can permanently opt-out of the Medscape panel or a particular study at any time. When an invitation to fill out a questionnaire is sent to a Medscape member via e-mail, it also includes instructions on how to unsubscribe as a member of the Medscape panel.

Providers who do not respond to the first email will receive one e-mail reminder from Medscape requesting their participation. A copy of the e-mail notifications is included in **(*Attachment 4)***. The questionnaires will be self-administered and accessible any time of day for a designated period. All data collection materials are at an 8th-grade reading level or below due to sample eligibility criteria and CDC requirements.

**B.2.2 Screening and Scheduling Procedures**

Once the potential respondent has entered the secure Web site, a brief introduction will be presented informing the panelist of the secure and voluntary nature of the pilot questionnaire. After reading the description, each participant must click a link titled “Enter the survey.” Only respondents who click this link will enter the pilot screener ***(Attachment 2).***

Participants will be screened for eligibility via a brief online study screener that includes questions on gender, race/ethnicity, profession, education, and other characteristics needed to identify eligible sample members. Eligible participants include English-speaking health care providers who meet the criteria for the targeted audience.

Individuals who are eligible for the pilot study will be presented with a detailed online consent form (***Attachment 3***) where they will be given general information about the pilot study, topics to be covered in the questionnaire, potential risks, and the token of appreciation available for completing the questionnaire. Each participant must then check either a box labeled “I agree to participate” or “I do not want to participate.” Only respondents who consent will enter the pilot questionnaire.

**B.2.3 Data Collection Methods**

Once participants indicate their consent to participate, they will proceed directly to the online pilot questionnaire. Study participants will be given a designated period during which the questionnaire will be available for them to complete, making it feasible for participants to complete the questionnaire in private during their own time. This mechanism improves the accuracy and validity of the data obtained for these topics.

For each pilot questionnaire that Medscape participants complete, they will be given a Visa gift card in the amount of $50. A toll-free telephone number for Medscape customer support (1-888-506-6098) and an e-mail address (medscapecustomersupport@webmd.net) will be provided if participants have technical difficulty while completing the questionnaire. RTI will provide a toll-free telephone number for the RTI project director and a toll-free telephone number for the RTI IRB hotline should participants have any questions about the study or their rights as a study participant.

**B.3. Methods to Maximize Response Rates and Deal with Nonresponse**

The following procedures will be used to maximize cooperation and to achieve the desired high response rates:

For the pilot questionnaire that Medscape participants complete, they will be given a Visa gift card in the amount of $50.00.

Providers who do not respond to the first email will receive one e-mail reminder from Medscape requesting their participation in the pilot study.

Medscape will provide a toll-free telephone number and e-mail address to all sampled individuals and invite them to call or e-mail with any questions or concerns about any aspect of the study.

RTI will provide a toll-free telephone number for the RTI project director and a toll-free telephone number for the RTI IRB hotline should participants have any questions about the study or their rights as a study participant.

Medscape data collection staff will work with RTI project staff to address any concerns that may arise.

**B.4. Tests of Procedures or Methods to be Undertaken**

This submission is a request for authorization to conduct tests of procedures and methodologies typical in methods and instrument development.

**B.5.** **Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

Donata R. Green, Ph.D.

Technical Monitor

Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

Prevention Communication Branch
Centers for Disease Control and Prevention

ph: (404) 639-3869
fax: (404) 639-0943

dqg7@CDC.GOV

Brian Southwell, Ph.D.
Senior Research Scientist
RTI International
3040 Cornwallis Rd.
Research Triangle Park, NC 27709
bsouthwell@rti.org
919-541-7384

Matt Holland,
Executive Director at Medscape

370 7th Avenue, Suite 1101
New York, NY 10001
MHolland@medscape.net

212-301-6733

**REFERENCES**

Abreu, D. A., & Winters, F. (1999). Using monetary incentives to reduce attrition in the survey of income and program participation. *Proceedings of the Survey Research Methods Section of the American Statistical Association*.

Centers for Disease Control and Prevention (CDC). 2003. *Advancing HIV Prevention: The Science Behind the New Initiative*. Retrieved January 21, 2011, from

<http://www.cdc.gov/hiv/topics/prev_prog/ahp/resources/qa/print/ahp_science.htm>.

Centers for Disease Control and Prevention (CDC). (2008). HIV prevalence estimates—United States, 2006. *Morbidity and Mortality Weekly Report*, *57* (No. 1073–1076).

Centers for Disease Control and Prevention (CDC). (2009). *Act Against AIDS refocusing national attention on the HIV crisis in the United States*. Retrieved January 21, 2011, from: <http://www.cdc.gov/nchhstp/Newsroom/docs/AAABackgrounder-3-31-09-508Compliant.pdf>.

Glynn, M., & Rhodes, P. (2005, June). *Estimated HIV prevalence in the United States at the end of 2003*. Presented at National HIV Prevention Conference, Atlanta, GA. Abstract 595.

Hall, H. I., Song, R., Rhodes, P., Prejean, J., An, Q., Lee, L. M., Karon, J., Brookmeyer, R., Kaplan, E. H., McKenna, M. T., & Janssen, R. S. for the HIV Incidence Surveillance Group. (2008). Estimation of HIV incidence in the United States. *Journal of the American Medical Association*, *300*(5), 520.

Shettle, C., & Mooney, G. (1999). Monetary incentives in U.S. government surveys. *Journal of Official Statistics, 15*, 231–250.