# HIV/AIDS Awareness Day Programs 200-2009-30908

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Supporting Statement Part B

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### B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

This information collection request does employ statistical methods. The following is a description of data collection procedures.

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

This is a request for OMB approval of a new data collection. The purpose of the evaluations are to assess the extent to which the four noted National Awareness Days achieved its goals of motivating populations at risk for HIV to become informed and get tested in addition to to enhance the involvement of HIV/AIDS stakeholders in activities that raise awareness. In addition, the evaluations of the impact of the CBA will help increase participation in support of HIV/AIDS prevention among African Americans, Native Americans, Asian and Pacific Islanders, and Latino populations.

The monitoring portion involves a reporting format to obtain actual program implementation and activities information. This project is to collect data for the evaluation of the implementation of the HIV/AIDS Awareness Day activities from 4 HIV/AIDS Awareness Day programs: National Black HIV Awareness Day - February 7; National Native HIV/AIDS Awareness Day - March 20; National Asian and Pacific Islander HIV/AIDS Awareness Day - May 19; National Latino AIDS Awareness Day - October 15<sup>th</sup>. This project will allow CDC and the national events planning committees of these awareness days to receive feedback from community implementers on what type of HIV/AIDS Awareness Day event that they held in their community..

The respondents providing the information for the proposed project are the national events planning groups who are required to complete the monitoring process forms. For the process monitoring, all CBA provider grantees will be respondents. All willing community-based organizations and program planners are given the opportunity to complete the on-line evaluation process.

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

This collection of information involves no test of procedures or methods to be undertaken. There are four (4) different web-based systems that will be designed by four (4) different parties. The National Black HIV/AIDS Awareness Day uses a website <a href="www.blackaidsday.org">www.blackaidsday.org</a> that is owned and designed by Healthy Black Communities (CDC indirectly funded contractor) performed under number 200-2009-30988 0001 by staff located at Healthy Black Communities and is managed by the owner LaMont Evans. The National Asian Pacific Islander HIV/AIDS Awareness Day website <a href="www.banyantreeproject.org">www.banyantreeproject.org</a> is owned and operated by the Banyan Tree Project. The overall design, layout, and content are provided by the Banyan Tree Project team, particularly Stephanie Goss and David Stupplebeen. The technical details of making the page are done by their external consultant, Greg Mar, who is also the agency website webmaster. The National Latino AIDS Awareness Day's website <a href="www.nlaad.org">www.nlaad.org</a> was designed in house by Latino Commission on AIDS (LCOA) staff. There is no recruitment or screening. Organizations, health departments and community group register their events via the website.

Data collected is general market media research and does not focus on individuals. The National Native HIV/AIDS Awareness Day's website <a href="www.nnaapc.org">www.nnaapc.org</a> is designed by Andrea Israel – CA7AE: HIV/AIDS Prevention Project. The CA7AE: HIV/AIDS Prevention Project requite participants by sending them a small promotional packet of information related to National Native HIV/AIDS Awareness Day and encourage them to visit the website. Participants are not typically screened, but the marketing materials are accounted for during distribution of materials to ensure material accountability. The data is collected via surveymonkey.com and mail-in forms. No individual interviews are conducted.

### **B.2.1. Recruitment**

No part of this project entails an experimental design. These forms contain semi-structured, closed-ended and open-ended questions about program plans and program implementation. The forms were designed by the Capacity Building Branch (CBB) grantees and HIV/AIDS Awareness planning partners, which includes CDC. The improvements were the result of information gathered from the assessments and consultations with the four (4) national planning groups and community-based organizations.

All grantees and activity/event planners will enter data in the web-based systems. All of the data will be down-loaded from the web-based system and analyzed to develop a single report that will be provided to the CDC. Aggregate data will be used by the CBB and CDC administrators for decision-making and program improvement. This web-based system allows the CBA provider grantees to track their goals, objectives and activities.

The technical monitor and HIV/AIDS Awareness Day leads will review the evaluation report and make recommendations as needed. A variety of analyses are planned. Quantitative data will be analyzed by the contractor that will be selected through the competitive process and guidelines from the Procurement and Grants Office. After data collection is complete, crosstabulations of aggregate data e.g., sub-category by type of HIV/AIDS events will be made available both to the CDC for program planning, monitoring, and improvement purposes.

Quantitative data will be tabulated and a descriptive summary of aggregate findings will be developed as well as summaries by categories and components. The comparisons will be made by comparing the survey results of each awareness campaign from year to year. Comparisons will not be made between the various ethnic groups, nor will one campaign be compared with another. Results will be presented in graphic, written and verbal forms. Relevant program information will be reported in the aggregate to the DHAP. Successes will be highlighted and challenges will be noted for resolution. Reports will include recommendations for performance categories, and components, program implementation improvement, and how CDC might better facilitate the work of their directly and indirectly funded grantees.

## **B.2.2.** Screening and Scheduling Procedures

There will be no screening or scheduling procedures required.

#### **B.2.3. Data Collection Methods**

Web-based surveys

Surveys will be offered online for activities/events planners to complete following their activities/events.

## **B.3.** Methods to Maximize Response Rates and Deal with Non-response

This data collection process aims to standardize the types of data the national activities/events planners will submit. These methods will contribute to the ease of reporting and reduced burden, thereby, maximizing response rates for all data points in the reporting forms.

## **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

No other individuals were consulted on the statistical aspects or analysis of data from this subcollection.

Additional information about the contract may be obtained from Dr. Dewonda Waller, Public Health Analyst, CDC/NCHSTP/DHAP-IRS/ Capacity Building Branch, 8 Corporate Blvd, Mailstop E-40, Atlanta, GA 30329 (404) 639-3863. The Branch Chief, Mr. Rashad Burgess can also be contacted for information regarding this contract at the following address and phone number: CDC/NCHSTP/DHAP-IRS/ Capacity Building Branch, 8 Corporate Blvd, Mailstop E-50, Atlanta GA 30329 (404) 639-0907.