

Domestic Guidelines for HIV Testing during the Refugee Screening at U.S. Health Departments

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Program Official/Project Officer

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Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

The respondent universe is comprised of the 51 state and District of Columbia health department refugee health coordinators that are funded under the Department of Human and Health Services/the Office of Refugee Resettlement. It is important to mention that the Office of Refugee Resettlement who funds state refugee health coordinators defines the refugee health coordinator in the District of Columbia as ‘state’ refugee health coordinator. The data collection efforts described in this proposal concern the entire universe of potential respondents. As collecting data from the entire population of respondents is feasible, a sampling strategy will not be employed.

Table B-1: Potential Respondent Universe

Entity	Potential Respondent	N
State and District of Columbia Health Departments	Refugee Health Coordinator	51
Total Universe of Potential Respondents		51

2. Procedures for the Collection of Information

Eligible respondents include the state and District of Columbia health department refugee health coordinator or other designated official of refugee health activities (N=51). We anticipate only one data collection response per state and District of Columbia. An introductory email notification (see **Attachment D**) will be sent to all state refugee health coordinators informing them of the planned data collection, announcing the dates the data collection will be administered, and providing relevant web links to assessment. Data will be collected through a single data collection using the web-link access on *Survey Monkey*. The data collection will remain open for a period of 14 days (10 business days) to allow ample time for respondents to complete the data collection. Reminder emails will be sent to non-respondents on the 6th business day regarding the upcoming deadline for completion of the data collection (see **Attachment E**). For any state who do not respond, a reminder email will be sent after the data collection has closed (11th business day) (see **Attachment F**). Reminders will only be used for non-respondents. After data collection is completed, a follow-up email (see **Attachment G**) will be sent to respondents, thanking them for response and promising results of the data collection by a specified date.

The data collection will be administered one time and the data collected will be used to meet the objectives of the following assessment regarding the Domestic Guidelines for HIV Testing during the Refugee Screening at U.S. Health Departments:

- Assess the CDC’s recommended guideline for HIV testing among newly arriving refugees at U.S. health departments
- Determine the successes and challenges of implementing these guidelines since the final removal of HIV testing requirement prior to arrival into the U.S.

- Determine gaps by assessing routinely available aggregate HIV testing results of newly arriving refugees.

3. Methods to Maximize Response Rates Deal with Nonresponse

Advance notification (see **Attachment D**) and reminders via emails and/or telephone calls (see **Attachment E and F**) will be utilized to maximize response rates. A 100% response is expected.

4. Test of Procedures or Methods to be Undertaken

The data collection instrument was pilot tested by three refugee health coordinators and reviewed by four CDC subject matter experts. Feedback from this group was used to refine questions as needed, ensure accurate programming and skip patterns and establish the estimated time required to complete the survey. It is noted, the time required to take the assessment ranged from 15-30 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 30 minutes) is used.

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

Name	Title	Organization	Phone Number	Email
Curi Kim	Medical Officer	CDC	202-401-5585	ckim@cdc.gov
Sharmila Shetty	Medical Officer	CDC	404-639-4402	sshetty@cdc.gov
Steve Neshiem	Medical Officer	CDC	404-639-8273	snesheim@cdc.gov
Adria Posser	Epidemiologist	CDC	404-639-2061	aprosser@cdc.gov
Jessica Montour	Refugee Health Coordinator	Texas Health Department	512-533-3161	Jessica.montour@dshs.state.tx.us
Blain Mamo	Refugee Health Coordinator	Minnesota Health Department	651-201-5535	Blain.mamo@state.mn.us
Jennifer Morillo	Refugee Health Coordinator	North Carolina Health Department	919-733-7286 ext. 112	Jennifer.morillo@dhhs.nc.gov

LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

- **Attachment D.** Notification Email
- **Attachment E.** Reminder Email
- **Attachment F.** Final Reminder Email
- **Attachment G.** Follow-up Email