

Justification for the modification of 0920-0770, National HIV Behavioral Surveillance (NHBS) System

The Centers for Disease Control and Prevention (CDC) requests to make non-substantive revisions to the currently approved National HIV Behavioral Surveillance (NHBS) System (OMB No. 0920-0770; expiration date 5/31/2014). The proposed non-substantive revisions are for the NHBS Round 3 data collection instrument; all other project activities and methods remain the same as in the OMB approved data collection system. The proposed revisions do not change the estimated burden.

This submission includes “redlined” and “clean” versions of the NHBS data collection instrument:
“NHBS_Round3_Q-aire_v13_Redlined_5Dec11.docx”
“NHBS_Round3_Q-aire_v13_Clean_5Dec11.docx”

Overview of NHBS

NHBS collects data on select behaviors among individuals at increased risk for HIV infection. The project is implemented in 20 metropolitan statistical areas in the United States known to be most affected by the HIV epidemic. Data collection is conducted in repeated 12-month cycles among three populations: men who have sex with men (MSM), injecting drug users (IDU) and heterosexuals at increased risk (HET). During the OMB approved period (5/31/2011 to 5/31/2014), three Round 3 NHBS data collection cycles will be implemented. The MSM cycle of NHBS is currently ongoing, and it will be followed by the IDU cycle in 2012 and by the HET cycle in 2013.

NHBS cycles use different sampling methods, based on what is known about reaching the specific population. The MSM cycle uses venue-based sampling and the IDU and HET cycles use respondent driven sampling. Regardless of the cycle, recruited participants complete an eligibility screener and those who are found to be eligible for the survey complete a standardized, anonymous behavioral assessment interview. The behavioral assessment collects information about demographic characteristics, behavioral risk for HIV, HIV testing, and access to prevention services, and it is administered by trained interviewers using handheld computers. The survey is a single document, with cycle-specific sections used only during each appropriate cycle (MSM, IDU or HET). Participants are also offered an optional, anonymous HIV test.

NHBS is an important component of CDC’s integrated HIV and AIDS surveillance system and the data have significant implications for policy, program development, and resource allocation at the state/local and national levels.

Proposed Changes and Justification

We propose non-substantive revisions to the OMB-approved data collection instrument (OMB No. 0920-0770), which includes the eligibility screener and the behavioral assessment interview. The proposed revisions are based on 1) experiences with implementation of the first of three NHBS data collection cycles (the currently ongoing MSM cycle) and 2) recommendations from cognitive testing conducted by the National Center for Health Statistics on the wording and order of questions regarding the size of participants’ social networks. All proposed changes are consistent with the purpose and use of the information collection as stated in the OMB-approved project and the burden will not change.

The requested revisions are described in more detail below and marked in the enclosed “redlined” version of the NHBS data collection instrument (“NHBS_Round3_Q-aire_v13_Redlined_5Dec11.docx”).

1. Changes based on experiences with implementation

During implementation of the currently ongoing NHBS MSM cycle, we identified a need to make minor revisions to the data collection instrument. We describe the types of revisions we propose and provide examples for each. All changes are marked in the enclosed “redlined” version of the NHBS data collection instrument (“NHBS_Round3_Q-aire_v13_Redlined_5Dec11.docx”).

a. Minor programming and text modifications

- Corrected minor errors to resolve discrepancies between the written document and the programmed instrument in handheld computers (e.g., added “Yes” and “No” responses to a confirmation message following question ES1 on page 3; added “Refuse to answer” and “Don’t know” responses to question ES11a on page 7)
- Added instructional text for the interviewer to help clarify the meaning of some questions and to help ensure correct responses (e.g., added a “SAY” text box on page 20 to clarify the type of relationship that is asked in question NS-1)
- Revised a few questions to make them easier for participants to understand and to provide valid responses (e.g., added “In the past 12 months, *that is, since <interview month> of last year, . . .*” to DM-1 on page 30)
- Corrected or clarified skip patterns to ensure that participants are asked only the intended questions (e.g., removed 1 and added 4 skip instructions in the sex partner questions matrix table on page 41)
- Provided additional clarifications and instructions to programmers who are responsible for programming the survey instrument into handheld computers and to make the written document more user-friendly. Examples of these changes include the following:
 - Skip patterns that were previously listed next to question responses were moved/repeated in separate instruction boxes (e.g., skip instructions in question INT6 for response “No” are repeated in an instruction box directly following the question on page 2)
 - Added section titles (e.g., “Consent” section on page 13)
 - Reworded some instructions to the programmers so that they are easier to understand (e.g., skip instructions before CN-5 on page 14)

b. Confirmation messages and validity checks

- Added a confirmation question ID15conf on page 87 to detect out-of-range responses for question ID-15. This confirmation question is only asked if participants provided a response to question ID-15 that was outside the range of valid responses.
- Added confirmation messages, validity check questions, and instructions to the interviewer on pages 95, 96, 98, 100-105. These messages and questions are only used if participants provide responses that are outside the range of valid responses to questions regarding HIV testing history.

c. Consent confirmation questions

- Restructured how responses to consent confirmation questions in INT12 on page 126 will be recorded in the final dataset. The currently approved consent questions for HIV testing and counseling, other lab tests, and storage of a blood specimen for future testing will be

documented in separately coded variables: CN-2, CN-3, and CN-4, respectively. No new questions were created.

d. Flashcards

- Deleted Flashcard D because its use was determined unnecessary
- Added Flashcard K to assist participants with recalling a set of response options

2. Changes based on cognitive testing (1 survey question removed from the IDU and HET cycles)

The National Center for Health Statistics conducted cognitive testing of questions previously used in NHBS IDU and HET cycles to estimate the size of participants' social networks. Participants were first asked to estimate the number of all the people they know and then, through subsequent questions, they were asked to estimate the number of smaller, more specific subgroups of people in their social networks. Cognitive testing revealed that participants answered questions regarding specific subgroups more accurately than questions regarding everyone they know. Based on these results, the proposed revised questions for the NHBS Round 3 IDU and HET cycles will utilize a top down approach where participants are first asked about networks of small, specific subgroups.

The revised social network size questions (IDU cycle: NS2, NS2a, NS2b; HET cycle: NS3, NS3a, and NS3b) and the corresponding confirmation messages and skip pattern instructions are on pages 22-29. This change resulted in 1 less survey question per cycle.

Impact of Changes on the Estimated Burden

The proposed non-substantive revisions to the data collection instrument will not change the overall estimated burden. The revisions are consistent with the previously approved question domains and with the purpose and use of the currently approved data collection. The burden per participant (35 minutes for the MSM cycle, 61 minutes for the IDU cycle, and 46 minutes for the HET cycle) will remain the same. The number of participants and the annual reporting and record keeping burden will also not change.