

**EVALUATION OF VIRAL HEPATITIS PROGRAM IMPLEMENTATION**

**New**

**Supporting Statement – Part B**

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**B. Collection of Information Employing Statistical Methods If statistical methods will not be used to select respondents and item 17 on Form 83-I is checked “No” use this section to describe data collection procedures.**

The evaluation will collect formative data and thus the most effective data collection methods will involve collecting qualitative data through key informant interviews. Since qualitative methods are useful for gaining an in-depth understanding of issues related to a “real world” setting, this approach is well suited for this study. Qualitative interviews with key informants will allow specific evaluation questions to be addressed, yet still remain open and receptive to unexpected information from the interviewees. Since collecting qualitative data is an iterative process, this flexibility will be very important for conducting the interviews and capturing issues relevant to stakeholders. Due to the selected methods that will be employed to collect study data, the key informant interviews will be analyzed using qualitative content analysis methods. Therefore, statistical methods will not be used to analyze study data. To help improve the accuracy and efficiency of interpreting study results, we will employ the use of QSR NVivo 9, a software program specifically designed to assist with analyzing qualitative data.

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

The goal of the evaluation is to learn about local-level implementation of the Action Plan for the Prevention, Care and Treatment of Viral Hepatitis (Action Plan) in four jurisdictions: Alabama, Massachusetts, New York and Washington State. To accomplish this, participants will be recruited from a variety of settings including state and local health departments, community-based organizations, healthcare facilities, and correctional facilities. Participants will be staff at these facilities and not clients or patients. To identify potential participants, we will consult with the CDC-funded Adult Viral Hepatitis Prevention Coordinators in each jurisdiction. The Adult Coordinators are knowledgeable about the viral hepatitis activities that are occurring in their respective jurisdictions and will recommend individuals to be included in the formative evaluation. Selection of key informants will therefore be purposive, and not based on a sample.

In addition to the key informant interviews that will be conducted in each of the four jurisdictions, a select number of interviews will also be conducted with a purposive sample of national-level stakeholders. National stakeholders may include staff at HHS, the Viral Hepatitis Interagency Working Group, the CDC’s Division of Viral Hepatitis, the National Alliance of State and Territorial AIDS Directors (NASTAD), The National Viral Hepatitis Roundtable, the National Association of Community Health Centers, and the American Association for the Study of Liver Diseases.

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

*B.2.1. Recruitment and data collection*

Recruitment of all key informants will be conducted by the contractor (Battelle). The Battelle project manager or other key staff will contact recommended informants by telephone or email to explain the purpose of the interview and request his or her

participation. If the participant agrees, an interview will be scheduled at a time that is convenient for him or her. The interview will be semi-structured, following a formal interview guide. Each interview is expected to be about 30 minutes in length. Interviews will be conducted by a trained interviewer and will generally occur by telephone. Prior to the start of the interview, the interviewer will read the consent form and obtain informed consent from the participant. Permission will also be requested to audio record the conversation to help prepare accurate interview notes.

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

The contractor will employ several strategies to maximize response rates and participation in the evaluation. In most cases, introductions with potential participants will come from the Adult Viral Hepatitis Prevention Coordinators, who will likely have an established relationship with potential respondents. Additionally, when attempting to schedule the interviews, participants will be asked for dates and times that are most convenient for them. Interviews will also be conducted by telephone to provide greater flexibility and be less of a burden for respondents.

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

The proposed request will employ approaches typical in analyzing qualitative data, and are modeled after similar studies that achieved high response rates.

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

No individuals apart from the contractor (Battelle) will be consulted on the statistical aspects or analysis of data.