

HIV Health Improvement Affinity Group (HHIAG) Assessment

OSTLTS Generic Data collection Request
OMB No. 0920-0879

Supporting Statement – Section B

Submitted: 7/27/17

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Section B – Data collection Procedures

1. Respondent Universe and Sampling Methods

The respondent universe for this information collection will consist of 110 state health department and Medicaid/Children’s Health Insurance Program (CHIP) staff acting in their official capacity as medical and health service managers (67 state health department staff; 43 Medicaid/CHIP agency staff) across 19 states (Alaska, California, Connecticut, Georgia, Illinois, Iowa, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Nevada, New Hampshire, New York, North Carolina, Rhode Island, Virginia, Washington, and Wisconsin). See **Attachment A** for the respondent list by state governmental entity.

Information will be collected from respondents via two methods: a web-based assessment and telephone interviews. The HHIAG internal state participant contact list will be used to retrieve the contact information needed to contact the respondent universe. Details regarding the specific respondent universe and associated sampling for each of the methods are outlined below.

Web-based Assessment (n=110)

All 110 respondents will be invited to participate in the web-based assessment. We anticipate a response rate of approximately 80-90%. As described below, reminders will be sent to maximize participation.

Telephone Interviews (n=36)

We will conduct 12 group interviews with up to 3 participants per interview, resulting in a total of 36 total respondents. All respondents will be government officials acting in their official capacity, working for either the state health department or Medicaid/CHIP. The states that will be invited to participate in the interviews have been pre-selected based on the following factors: geographic diversity, HIV diagnoses, and technical assistance requests (**see Attachment E – Governmental entity selected for HHIAG telephone interview**). Three states (Iowa, Massachusetts, Alaska) will be invited to participate in two separate interviews, one including representatives from the health department and the other from Medicaid/CHIP. This was purposeful in order to compare thoughts and opinions of the process within a state.

If any of the states are unwilling to participate, we will select another state whose geographic location, HIV diagnoses, and technical assistance request behavior are similar to the missing state.

Participating in both the survey and interviews will be voluntary. The purposive sampling approach is intended to adequately represent the diversity of HHIAG participants with respect to subject matter expertise input, request for technical assistance, HIV diagnoses, and geography while acquiring sufficient information to meet the goals of the interviews, i.e., to

provide more detailed information to the quantitative data collected. This approach will reduce the burden on respondents as well as on staff collecting and analyzing the data.

The selection criteria will not involve responses to the web-based assessment.

2. Procedures for the Collection of Information

Data will be collected via two methods: 1) one-time web-based assessment and 2) one-time group telephone interviews. CDC will lead the web based assessment, data analysis, and reporting. CMS and HRSA will participate in the data analysis and reporting for the web based assessment. The telephone interviews will be conducted by two staff from CDC, CMS, and/or HRSA. Emergint Technologies, Inc. will transcribe the telephone interviews. Two staff from CDC and HRSA will conduct the qualitative data analysis. CDC, CMS, and HRSA will participate in the reporting of the telephone interviews.

Web-based Assessment

For the web-based assessment, respondents will be recruited through an invitation email sent to all state health department and Medicaid/CHIP agency staff on the master contact list (n=110) (see **Attachment F—Web-based Assessment Invitation Email**). The notification email will explain:

- The purpose of the assessment, and why their participation is important
- Instructions for participating
- Method to safeguard their responses
- That participation is voluntary
- The expected time to complete the instrument
- Contact information for the project team

The email will provide a link to the online assessment. Respondents will be asked to complete the assessment instrument within a two week (10 business days) period to allow ample time for respondents to complete it. Following the introductory email, a reminder email will be sent to non-respondents the second week following the initial invitation (7th business day) (see **Attachment G—Web-based Assessment Reminder Email**). Those who do not respond within seven days from the second reminder email will be considered non-responders.

Once the data collection period for the web-based assessment has closed, CDC will export the quantitative data from SurveyMonkey into a Microsoft Excel file. The file will be stored on a multi-user share which is a network-based file folder that can only be accessed by a designated group of users. Users requesting access, must first complete PEB's Data Security and Confidentiality training and obtain approval from the data steward of the requested file share. CDC staff will review information for completeness and simple descriptive statistics will be run looking at response frequencies. Depending on the response distribution, frequencies may be cross-tabulated to identify response similarities and differences among sub-groups of respondents, such as those who work for a Health Department as compared to those affiliated with Medicaid/CHIP, or by the three learning communities (1) Data Linkage and Outcome

Learning Community, 2) Data Analysis and Utilization for Delivery System Improvement Learning Community, and 3) Provider Engagement and Quality Improvement Learning Community).

The web-based assessment will occur prior to the telephone interviews so as not to overburden the telephone interview respondent in the same timeframe or confuse them about the two separate collections that may result in decreased participation. The web-based assessment data collection time period is approximately 3 weeks from the date of OMB approval. At the close of the web-based assessment data collection, invitations will be emailed to participate in phone interviews. The telephone interviews will be scheduled over a 3 week period.

Telephone Interviews

For the telephone interviews, participants will be invited to participate by email (see **Attachment H—State-Level Phone Interview Invitation Email**). If the participant does not respond to the email within 7 days, a phone call will be made (see **Attachment I—State Level Interview Invitation Phone Script**). If the participant cannot be contacted or declines, that person will be considered a non-responder. In this instance, we will identify an alternate, matching census region and HIV diagnoses to replace the state that is a non-responder. Telephone interviews will be conducted by staff members from CDC, CMS, and HRSA.

All telephone interviews will be recorded and transcribed. Verbal permission to be recorded will be obtained from the participant prior to the beginning of the interview. Each of the transcribed interviews will be compared against the recording to ensure accuracy. The data will then be coded to identify common themes. Two analysts (CDC, HRSA) will independently code transcriptions and then discuss their coding decisions to reach agreement on coding. EZtext will be used.

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the data collection is voluntary, the project team will make every effort to maximize the rate of response.

The web-based data collection instrument was designed with particular focus on streamlining questions to allow for skipping narrative questions based on a 'no' response to a previous questions, thereby minimizing response burden. The web-based assessment instrument used close-ended questions whenever possible while still providing space to expand answers on the usefulness and value of this model of collaboration given the variety of action plans proposed and implemented thereby minimizing response burden. Following the introductory email a reminder email will be sent to non-respondents the second week following the initial invitation (7th business day) (see **Attachment G—Web-based Assessment Reminder Email**).

For the phone interviews, if the participant does not respond to the email within 7 days, a phone call will be made (see **Attachment I—State Level Interview Reminder Phone Script**).

If the participant cannot be contacted or declines to participate, we will identify an alternate, matching census region and HIV diagnoses to replace the state that is a non-responder.

4. Test of Procedures or Methods to be Undertaken

Web-based Assessment Instrument

The estimate for burden hours is based on a pilot test of the information collection instrument by 3 public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 25 minutes (range: 15 to 25 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 25 minutes) is used.

Telephone Interviews

The state-level phone interview guide was pilot tested with 3 public health staff familiar with the HHIAG. In the pilot test, the average time to complete the interview was approximately 60 minutes (range: 45-60 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 60 minutes) is used.

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

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LIST OF ATTACHMENTS – Section B

Attachment E – Governmental Entities Selected for HHIAG Telephone Interview
Attachment F – Web-based Assessment Invitation Email
Attachment G – Web-based Assessment Reminder Email
Attachment H – State-level Phone Interview Invitation Email
Attachment I – State-level Interview Invitation Phone Script