

**Evaluation of Enhancing HIV Prevention Communication and Mobilization Efforts
through Strategic Partnerships**

OMB No. 0920-16LL

Supporting Statement A

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- **Goal:** To assess the extent to which partnership activities meet the overarching goals for dissemination and communication and implementation of national engagement efforts, namely examining their potential to:
 - increase HIV awareness among the general public, reduce new HIV infections among disproportionately impacted populations, and improve health outcomes for people living with HIV and AIDS in United States and its territories;
 - influence attitudes, beliefs, and knowledge about HIV; receptivity to AAA campaign messages; perceived credibility; perceived risks of HIV and importance of HIV prevention and testing; intentions related to HIV prevention and testing; and HIV testing related behaviors among those who report exposure to the various AAA messages.
- **Intended use of the resulting data:** The information obtained from the proposed study will be used by federal policy makers to assess the effectiveness of the partnership activities and the appropriateness of continued or expanded funding of partnership projects.
- **Methods to be used to collect data:** Repeated cross-sectional study design for some aspects, longitudinal design for others
- **The subpopulation to be studied:** CDC's HIV prevention, dissemination, and implementation partners, including partners from CDC-funded programs and organizations external to CDC (e.g., state and local health departments, colleges and universities, community health care centers, community-based organizations, AIDS-serving organizations), as well as collaborators who do not receive CDC funding who promote improved HIV and AIDS health outcomes for the general public.
- **How data will be analyzed:** Descriptive analyses, Multivariate models

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) requests a three-year OMB approval for a new information collection request (ICR) entitled “Evaluation of Enhancing HIV Prevention Communication and Mobilization Efforts through Strategic Partnerships”. The data collection is authorized under Section 301 of the Public Health Service Act (42 U.S.C. 241) (**attachment 1**).

In July 2010, the White House released the National HIV/AIDS Strategy (NHAS). The purpose of NHAS is two-fold: “Refocus existing efforts and deliver better results to the American people within current funding levels, as well as make the case for new investments” and “set clear priorities and provide leadership for all public and private stake-holders to align their efforts toward a common purpose.” In July 2015, this plan was updated to reflect work accomplished and new scientific developments. The four goals of NHAS 2020 are: 1) reducing the number of people who become infected with HIV; 2) increasing access to care and improving health outcomes for people living with HIV; 3) reducing HIV-related health disparities and health inequities; and 4) achieving a more coordinated national response to the HIV epidemic.

In an effort to refocus attention on domestic HIV/AIDS, CDC launched the Act Against AIDS (AAA) initiative in 2009 with the White House and the US Department of Health and Human Services. AAA is a multifaceted national communication initiative that supports reduction of HIV incidence in the US through multiple, concurrent communication and education campaigns for a variety of audiences, including the general public, populations most affected by HIV, and health care providers. All campaigns support the comprehensive HIV prevention efforts of CDC and NHAS.

Within this context, CDC’s Division of HIV/AIDS Prevention (DHAP) is implementing various partnership activities to increase HIV awareness among the general public, reduce new HIV infections among disproportionately impacted populations, and improve health outcomes for people living with HIV/AIDS in the US and its territories. DHAP is funding the “PS15-1505: Enhancing HIV Prevention Communication and Mobilization Efforts through Strategic Partnerships” program. Partners funded under the partnership program will (1) support the dissemination of AAA campaign materials, messaging, and other CDC resources that support HIV prevention and (2) implement national engagement efforts focusing on HIV prevention and awareness. Partners represent civil, media, and LGBT-focused organizations. In addition, DHAP will continue to support the Business Responds to AIDS (BRTA) program. Founded in 1992, the purpose of the BRTA program is to engage and support the private sector in promoting HIV education, awareness, and policies in the workplace. This program aims to encourage businesses to implement HIV/AIDS policies and education programs in the workplace with the overarching goal of increasing public understanding of, involvement in, and support for HIV prevention.¹

The purpose of the project is to assess the extent to which partnership activities meet the overarching goals for message dissemination and implementation of national engagement and communication efforts for HIV prevention and awareness. The objective is to collect information from partners on their activities for disseminating HIV messages; barriers and facilitators to implementation of these activities; factors that may help contextualize their progress towards meeting the initiative’s goals; and their involvement in promoting HIV education, awareness, and policies in their organization.

¹ “Partners” refers collectively to CDC contractors, grantees, and collaborators.

2. Purpose and Use of the Information Collection

The overall goal of the project is to determine the extent to which the upcoming partnership activities meet the initiative's overarching goals for dissemination and communication and implementation of national engagement efforts. To do so, the evaluation will collect data from partners via completion of a metrics database, key informant interviews, interim progress reports, a survey, and an activities form on the following outcomes:

- **Short-term outcomes:** (1) exposure to AAA campaigns and corresponding HIV-related messaging among target audiences; (2) facilitation of HIV testing among target audiences; and (3) community partnerships promoting HIV prevention strategies.
- **Intermediate outcomes:** (1) HIV-related information-seeking behaviors; (2) awareness and knowledge about HIV; (3) number/percentage who receive an HIV test, both among target audiences; and (4) the extent to which the private sector promotes HIV education, awareness, and policies into their organization.
- **Long-term outcomes:** (1) HIV preventive and testing behaviors among target audiences; (2) undiagnosed HIV infection among target audiences; (3) cross-community support for HIV prevention, testing, and referral strategies; and (4) HIV incidence among target audiences.

Information will be collected from partners and their collaborators (i.e., individuals and entities that work with partners to carry out programmatic activities). Specifically, 50 partner organizations will be asked to report on metrics data on a quarterly basis; one representative from 25 partner organizations will be asked to participate in key informant interviews, and to complete interim progress reports; 300 partner organizations and their collaborator organizations will be asked to complete a one-time survey on their organization's involvement in promoting HIV education, awareness, and policies in their organization; and 500 partner organizations and their collaborator organizations will be asked to complete a partnership activities form for each activity that they complete related to this initiative, describing the activity.

The data gathered for this project will be summarized in reports prepared for CDC by its contractor, such as biannual reports, annual reports, and final reports. It is possible that data from this project will be published in peer-reviewed manuscripts or presented at conferences; the manuscripts and conference presentations may appear on the Internet. Specific plans for peer-reviewed publications and conference presentations have not yet been developed, but potential publication and presentation topics include the development, implementation or evaluation of partnership efforts. CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention is funding the data collection.

There is one respondent universe for this data collection: Partners and their collaborators (i.e., individuals and entities that work with partners to carry out programmatic activities). Data from five sources will be integrated to enrich and strengthen evaluation findings. The data sources include the following:

- a) **Metrics Database:** Partners will be required to report quarterly data to CDC and CDC's evaluation contractor through a metrics database (see **attachment 3a** for screenshots). The database will gather information on dissemination of HIV messaging and communication, including materials distribution; media and advertising impressions; and message channels. The database will also collect information on implementation of national engagement efforts, including dissemination of materials at national and local events, HIV testing facilitation, and formation and coordination of strategic partnerships

(see **attachment 3b** for a uniform description of all metrics and relevant examples). CDC will use the metrics data to measure partners' individual and collective (both overall and by sector/funding category) progress towards program objectives.

- b) **Key informant interviews:** The point of contacts (POCs) from some partner organizations will be interviewed twice yearly. CDC's evaluation contractor will conduct the interviews via telephone to qualitatively assess the degree to which program objectives are being achieved, implementation practices, training and technical assistance (T&TA) needs, barriers and facilitators to implementation, and factors that may help contextualize progress towards meeting objectives (see **attachment 3c** for the interview guide).
- c) **Interim Progress Report:** Partners will complete a standardized progress report on a biannual basis (see **attachment 3d** for the template) via a user-friendly electronic form, eliminating the use of paper entirely. The progress reports will gather information on key successes, facilitators and barriers, and major achievements; organizational and key staff changes; and innovative practices and lessons learned.
- d) **Partner Survey:** Partners will be administered a brief online survey to assess their involvement in promoting HIV education, awareness, and policies in their organization. The survey is organized into six main sections: demographic information; organizational policies addressing health, safety, and disability, including HIV/AIDS; organizational health and safety issues, including exposure to blood and bodily fluids; the availability and implementation of health promotion and wellness programs; philanthropic and charitable efforts for health-related causes and for HIV/AIDS, and awareness and engagement with CDC's HIV communication initiatives (see **attachment 3e**).
- e) **Partnership Activities Form:** Partners may be asked to complete a brief electronic form to provide information on each partner activity that they complete. The form will collect information on the type of event, the audience, and key highlights; the number of HIV tests administered (if any) and the number of preliminary positives; the number and type of materials distributed (if platforms used (if any) and related metrics; and the number and type of media activities (if any) any); the number of Internet ads placed (if any) and related metrics; the types of social media and related metrics (see **attachment 3f**).

3. Use of Improved Information Technology and Burden Reduction

Collection of information will take place electronically for the metrics database, Interim Progress Report, Partner Survey, and Partnerships Activities Form. These data collection instruments allow for 100% of respondents to submit information through electronic means to increase efficiency and decrease error and cost.

- a. **Metrics Database:** Partners will enter metrics data into a user-friendly online database quarterly (see **attachment 3a** for screenshots and see **attachment 3b** for the metrics being collected). CDC and the evaluation contractor will provide T&TA to partners to ensure data completeness and quality (e.g., via scheduled webinars) as well as on an informal, as-needed basis. The database has separate worksheets (tabs) for different types of metrics (e.g., events, social media) and when possible, includes pull-down menus from which partners can easily select data options. This feature has several advantages: (1) reduces reporting burden for the partners, (2) improves accuracy and completeness, and (3) facilitates evaluation analyses. T&TA materials will be shared with partners and updated as needed. CDC and the evaluation contractor will work with partners to

facilitate reporting and, thus, reduce the burden of reporting. In addition, analyses used to support program evaluation are automated, reducing the burden on CDC and contractors and ensuring maximum efficiency.

- b. **Interim Progress Report:** The Interim Progress Report asks qualitative and quantitative questions necessitating narrative text and aggregated counts to facilitate process evaluation. The Interim Progress Report is flexible so that partners will only be required to answer questions applicable to their organization and/or partnership activities.
- c. **Partner Survey:** On a rolling basis, as partners onboard, some will be asked to complete the partner survey on a secure website. This will minimize the burden to respondents and facilitate/the efficiency of the contractor's evaluation analyses.
- d. **Partnership Activities Form:** On a rolling basis, as partners hold events, some will be asked to complete the form and send it to CDC. The form is flexible so that partners will only be required to answer questions applicable to their partnership activity.

Our data collection also requires that we employ qualitative research methods for the biannual key informant interviews. The foci of interviews do not lend themselves to electronic reporting; hence, electronic reporting will not be utilized. The qualitative data are crucial as they will provide information not gathered through other means, such as the context of program implementation, including partner's successes and challenges; rich detail on partners' program activities; and often, explanations or other information to interpret results (trends, patterns, etc.) suggested by the quantitative (metrics) data.

4. Efforts to Identify Duplication and Use of Similar Information

Information on the particular experiences and outcomes of the partners involved with these campaigns are not available via any means other than the ones proposed here. In addition, the Partner Survey, Partnerships Activities Form, and Metrics Database are new types of data collection that were not used in previous partner evaluations. Since data collection is conducted electronically, mechanisms have been established to streamline efforts and reduce the likelihood of the submission of duplicate data. Each partner will have separate logins for the Metrics Database and will only be allowed to participate in data collection only once during the collection period (e.g., only one key informant interview per partner). These activities will aid in the assessing the extent to which partnership activities aid in message dissemination and implementation of national engagement and communication efforts for HIV prevention and awareness. Presently, there are no other known evaluation activities to determine the level of engagement and reach of community and/or business partners in CDC's HIV prevention communication efforts.

5. Impact on Small Businesses or Other Small Entities

"This data collection will not involve small businesses."

6. Consequences of Collecting the Information Less Frequently

Table A.6.1 shows the planned data collections, the frequency of each collection, and a justification for the stated frequency. The monitoring and evaluation of partner engagement in CDC's HIV prevention communication efforts will aid in the assessment of its overarching progress in attaining its goals and objectives. This is instrumental in determining the appropriateness and effectiveness of CDC's ongoing programs and activities. The frequency of data collection has been based on previous information collection activities that have been

considered to be of minimal burden to project partners. Furthermore, electronic systems have been established to streamline data collection, reducing time and effort required to provide information.

Table A.6.1 Frequency of Data Collection and Justification for Frequency, by Data Source

Data Sources	Frequency	Justification for Frequency
Metrics Data Reporting	Quarterly	(1) Assess interim and long-term progress toward meeting program objectives. (2) Identify areas for program improvement and best practices to guide delivery of T&TA.
Key Informant Interviews	Twice a year	(1) Qualitatively assess and describe implementation practices and activities and follow up on any issues identified through review of metrics data and Interim Progress Reports. (2) Identify areas for program improvement and best practices to guide delivery of T&TA. (3) Provide additional context and detail for interpreting metrics data.
Interim Progress Reports	Biannually	(1) Assess interim and long-term progress toward meeting program objectives. (2) Provide data to partners and CDC that can be used to identify areas for program improvement and best practices to guide delivery of (CDC) or requests for (partners) T&TA. (3) Provide additional context and detail for interpreting metrics data.
Partner Survey	Once, on a rolling basis when collaborators on-board	Obtain insight into what partners are doing to promote HIV prevention and awareness and decrease HIV-related stigma and discrimination.
Partnership Activities Form	Once, on a rolling basis when partners complete an event	Assess and describe activities and follow up on any issues identified through review of data.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no other special circumstances that require the data collection to be conducted in a manner inconsistent with 5 CRF 1320.5 (d)(2). This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 60-day Federal Register Notice was published in the Federal Register on 02/01/2016, Vol. 81, No. 20; pp. 5125-5126 (**Attachment 2**). We received one non-substantive public comment (**Attachment 2a**).

No one was consulted outside the agency to obtain their views on the reporting format or the data elements to be reported.

9. Explanation of Any Payment or Gift to Respondents

No incentive or any payment will be offered to respondents for interviews or survey.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The CDC NCHHSTP Privacy and Confidentiality Review Officer has assessed this package for applicability of 5 U.S.C. § 552a, and has determined that the Privacy Act does not apply to the information collection. The screening instrument and surveys ask respondents to provide names and contact information for other individuals who might be able to answer questions about various policies/procedures, activities, and other aspects of the partner organization. This personally identifiable information (PII) will not be entered into a system of records and will be kept separate from participant responses about the organization. The project will collect minimal PII (name, telephone number) to identify additional potential respondents but will not store, use, maintain or transmit personally identifiable information (PII) designed to be retrieved by an individual's name or identifier assigned to that individual.

The organization will be the main unit of analysis, although some personally identifiable information for other potential respondents will also be collected. "The metrics reporting data will be identifiable and clearly linked to each partner organization. However, these data are not of a personal nature; they are meant to quantify the amount of activities implemented by each partner and describe the processes utilized for implementation. CDC will create reports specific to each partner organization and work with individual partners on issues raised by their data. For any evaluation reports and presentations that report metrics data collectively in summary form, CDC will de-identify partner data so that no one partner can be identified.

At the beginning of the key informant interview, the contractor who leads the discussion will review the informed consent script (see **attachment 3c**). The moderator will inform participants that the interview is voluntary and that they may choose not to answer any question and end participation at any time. The moderator will also inform participants that the contractor will report findings in summary form so that participants cannot be identified and that their identifiable information will be kept secure and separate from the interview notes and audio recordings. In addition, the moderator will inform the participant that there is also a note taker on the line. The informed consent script will offer contact information for a member of the CDC's National Partnerships Team (NPT) and for the evaluation contractor, should participants have questions or concerns about the interviews or the project itself.

The interim progress report data will be identifiable and clearly linked to each partner. However, these data are not of a personal nature; they are meant to describe the successes, facilitators and barriers, and major achievements of each partner; organizational and key staff changes; and successes, innovative practices, and lessons learned. CDC will create reports specific to each partner organization and work with individual partners on issues raised by their

data. For any evaluation reports and presentations that report metrics data collectively in summary form, CDC will de-identify partner data so that no one partner can be identified.

The partner survey involves individuals representing their organizations and they will be presented with general information about the project, topics to be covered in the survey, and potential risks of participation. They will be advised that their participation is completely voluntary and that consent to participate can be revoked by the participant at any point during the survey. Once participants indicate their consent to participate, they will proceed directly to the online survey. Participants will be given a designated period during which the survey will be available for them to complete, making it feasible for participants to complete the survey at a place and time of their choosing. The Partner Survey is of the programmatic nature, rather than the individual nature, providing another layer of privacy. Data will be treated in a private matter unless otherwise required by law.

The partnership activities form data will be identifiable and clearly linked to each partner. However, these data are not of a personal nature; they are meant to describe partners' activities. CDC will create reports specific to each partner and work with individual partners on issues raised by their data. For any evaluation reports and presentations that report metrics data collectively in summary form, CDC will de-identify partner data so that no one partner can be identified.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

This project has received approval through a Project Determination from the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, which has deemed this activity as program evaluation and not human subject research. Notice of approval has been forwarded.

For the in-depth interviews, the evaluation contractor will utilize POC's names, phone numbers, and email addresses to send reminder emails and make reminder telephone calls, as well as for conducting the telephone interviews; however, the information will not be recorded elsewhere. All participants will be informed that any information they provide will be completely voluntary and they can end their participation at any time. We will obtain verbal consent for the telephone interviews. Once a potential participant provides verbal consent, we will proceed with the interview.

For the partner survey, CDC and the evaluation contractor will receive data for analysis in aggregate form. The participant ID itself will only be used to track the survey completion pattern (i.e., how many people complete a survey). Information in identifiable form (IIF) is not shared with anyone, including CDC and CDC's contractor. It is stored separately from the survey data file and is not linked in any way to participant responses.

The online survey vendors will maintain a list of participant ID numbers, names, telephone numbers, and email addresses only for the purpose of reminders about the project. CDC and CDC's contractor will only have access to the generic, randomly generated ID numbers for the purpose of tracking survey completion patterns. Although CDC will own the data, neither CDC nor CDC's contractor will have IIF nor see names or contact information for any participant responses.

All respondents will be assured that the information will be used only for the purpose of this research and will be kept secure to the extent allowable by law, as detailed in the sample consent form (see **Attachment 4**). Respondents will be assured that their answers to screener

(see **Attachment 3g**) and survey questions will not be shared with anyone outside the research team and that their names will not be reported with responses provided. Respondents will be told that the information obtained from all of the surveys will be combined into a summary report so that details of individual questionnaires cannot be linked to a specific participant.

The introduction to the survey, which participants will receive via email or view online, will provide a very brief description of the survey. The introduction will also provide instructions for accessing the screener. Potential participants will access the screener by clicking on the screener URL that will be imbedded in the survey introduction. At this time, the potential participant will be asked if they are willing to answer a few questions to determine if they are eligible. Each person must check either a box labeled “yes” or “no.” Only respondents who consent will receive a personal password, which they will use to enter the screener.

Participants who are eligible to participate in the survey will be provided with a description of the project and administered informed consent. During this process, potential participants will be informed of the private and voluntary nature of the survey. After reading the informed consent, each participant must check either a box labeled “I have read this consent form and agree to participate in the survey.” or “I have read this consent form and do not want to participate in the survey.” Only respondents who consent will enter the survey.

Individuals who consent to participate in the survey will be able to access the survey by clicking on the link to the survey URL and then entering his/her personal password. A respondent’s personal password will not change. The personal password is required each time to access the survey and will keep the respondents’ spot in the survey so they can pick up where they left off; or, if they have already completed the survey, they will not be able to complete it again.

CDC’s contractor maintains restricted access to all data preparation areas (i.e., receipt and coding). All data files on multi-user systems will be under the control of a database manager, with access limited to project staff on a “need-to-know” basis only. The online vendor panels take the following security measures to ensure separation between respondents’ identity and their survey data. First, the survey instrument has no personally identifying information (PII) on it. No respondent name, email address, telephone number, or any other kind of PII appears on the survey. The only way a survey is identified is with a digital identification number. Second, although the invitation method (i.e., email) will inherently have PII information included, this will not be combined with survey responses so the responses from the survey are not linked to the PII. Third, screener data will be considered part of the survey data. The vendors will provide the results of the screener questions for all panelists, regardless of whether they qualify for the project. However, they will not retain responses to screening questions for those who are deemed ineligible for any other purpose outside the scope of this project. Fourth, the vendors will retain records for the duration of the project. The screening and survey instruments ask respondents to provide names and contact information (PII) for other individuals who might be able to answer questions about various policies/procedures, activities, and other aspects of the partner organization. This PII will not be entered into a system of records and will be kept separate from participant responses about the organization. Respondents will not be asked sensitive questions.

12. Estimates of Annualized Burden Hours and Costs

This section summarizes the total burden hours for this information collection in addition to the cost associated with those hours. Based on previous experiences conducting similar data

collections, we estimate the total annualized response burden to be 5,083 annually. Table A.12.1 provides details about how this estimate was calculated.

- **Metrics Database (Attachments 3a):** Each partner will report metrics data on a quarterly basis. This activity will entail collecting data from collaborators (e.g., for joint events), synthesizing data from various sources (if applicable), entering the data into a database, and/or responding to questions for clarification or additional data from CDC or the evaluation contractor. It is estimated that these activities will account for 3,600 burden hours annually.
- **Key Informant Interview Guide (Attachment 3c):** Each partner will participate in two key informant interviews per year. Each interview will last 1 hour. It is estimated that participation in key informant interviews will account for 50 burden hours annually.
- **Interim Progress Report (Attachment 3d):** Each partner will prepare a written Interim Progress Report using a standardized reporting template, which will take about 8 hours to complete. It is estimated that completing the Interim Progress Report will account for 400 burden hours annually.
- **Partner Survey and Partner Screener (Attachment 3e and 3g):** The total time estimated to complete the survey is 30 minutes (**Attachment 3e**), while the estimated time for completion of the screener is 10 minutes (**Attachment 3g**). Not all items will be relevant for all organizations and they will only need to complete the survey once. The total number of organizations and respondents is approximately 300. The human resources manager at each organization should be able to complete the survey without having to consult organizational records for the information. If the organization does not have a human resources manager or if the individual is unavailable, we will ask another well-informed senior manager to complete the survey. The annual burden for the survey and screener is 200 hours.
- **Partnership Activities Form (Attachment 3f):** The total time estimated to complete the survey is 25 minutes. Not all items will be relevant for all partners and they will only need to complete the survey once per event/activity. The total number of partners and respondents is approximately 500. It is estimated that completing the form will account for 800 burden hours annually.

Table A.12.1. Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses Per Respondent	Average Burden per Response (in hours)	Total Burden Hours*
Partner Organization	Metrics Database (Att 3a)	50	4	18	3,600
Partner Organization	Key Informant Interview Guide (Att 3c)	25	2	1	50
Partner Organization	Interim Progress Report (Att 3d)	25	2	8	400
Partner Organization	Partner Survey (Att 3e) & Screener (Att 3g)	300	1	40/60	200

Partner Organization	Partnership Activities Form (Att 3f)	500	4	25/60	833
Total					5,083

**Rounded to the nearest hour.*

In calculating annualized costs to partners, we used \$32.56 per hour as an estimate of the average hourly wage rate. To establish this amount, we used the mean hourly wage for all occupations released from the United States Department of Labor, Bureau of Labor Statistics since the occupational categories of participants are unknown at this time (May 2014; available online at http://www.bls.gov/oes/current/oes_nat.htm#00-0000).

Table A.12.2 Estimated Annualized Burden Costs

Form Name	No. of Respondents	No. of Responses Per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs*
Metrics Database	50	4	18	3,600	\$32.56	\$117,216
Key Informant Interview Guide	25	2	1	50	\$32.56	\$1,628
Interim Progress Report	25	2	8	400	\$32.56	\$13,024
Partner Survey & Screener	300	1	40/60	200	\$32.56	\$6,512
Partnerships Activities Form	500	4	25/60	833	\$32.56	\$27,122
Total						\$165,502

**Rounded to the nearest dollar.*

13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no start-up or maintenance costs. We do not require any additional record keeping.

14. Annualized Cost to the Federal Government

The annualized cost to the federal government is \$204,654, which is based on the evaluation contractor's costs for carrying out the data collection activities, analysis, and reporting and CDC's oversight of the evaluation contractor and project (*Table A.14.1*). One CDC Contracting Officers' Representative (COR) will be responsible for obtaining CDC approvals, providing project oversight, and participating in analysis and dissemination of the results. This

project will be executed as part of Contract No. HHSD2002013M53964B/Order No. 200-2015-F-88167.

Table A.14.1 Annualized Cost to Government Costs

Expense Type	Expense Explanation	Annual Costs (dollars)
Direct Costs to the Federal Government	CDC, COR (GS-14 0.20 FTE): CDC oversight of contractor and project	\$29,654
	Subtotal, Direct Costs	\$29,654
Cooperative Agreement or Contract Costs	Contract No. HHSD2002013M53964B/Order No. 200-2015-F-88167 (RTI International): Recruitment, data collection, analysis, and reporting	\$175,000
	Subtotal, Cooperative Agreement or Contract Costs	\$175,000
	TOTAL COST TO THE GOVERNMENT	\$204,654

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

This project will be executed as part of Contract No. HHSD2002013M53964B/Order No. 200-2015-F-88167. This contract was awarded on September 28, 2015. We expect to begin data collection in the Summer of 2016. Data will be aggregated as part of the evaluation data collected as part of the Act Against AIDS initiative. No new datasets will be developed.

Tabulation

Quantitative data. There are four sources of quantitative data: the metrics database, Interim Progress Reports, Partner Surveys, and Partnerships Activities Form. The purposes of these data collections are described in *Table A.6.1*. On a quarterly and annual basis, the evaluation contractor will analyze metrics data and Interim Progress Report information and summarize them in evaluation reports. For the partners’ annual evaluation report, the evaluation contractor will aggregate the quarterly metrics data into an annual dataset at the end of each program year. Means will be computed for continuous, normally distributed data (e.g., the mean number of events held quarterly or annually) and frequencies will be computed for categorical data (e.g., the number of partners meeting a particular objective in a given year). Percentages will also be calculated as appropriate (e.g., the percentage of partners meeting a particular objective in a given year). Based on the Partner Survey data and Partnerships Activities Form, we will produce descriptive tabulations presenting the prevalence of organizational HIV/AIDS policies and programs, and of partnerships activities/events, respectively.

Qualitative data. There are three sources of qualitative data: Key informant interviews, Metrics Database, and Interim Progress Reports. The purposes of these data collections are described in *Table A.6.1*. Data gathered through the key informant interviews will be entered into an analytic matrix by the note taker during the data collection. The contractor will conduct thematic or ground theory analysis of these data to understand participants’ viewpoints and experiences in a rigorous and detailed manner. The evaluation contractor will summarize results

from each round of interviews into a report; these data will also be used to supplement the quantitative data presented in the annual evaluation report. The metrics database also requires entry of limited qualitative data to characterize events (e.g., trainings, outreach events, conferences), materials, and media impressions to contextualize findings presented in the annual evaluation report. To enumerate achievement of individualized partner objectives, qualitative data from the Interim Progress Reports will be abstracted and organized numerically into an Excel matrix (i.e., we will review qualitative descriptions of program activities to count the number of organizations that achieved a particular objective). The resulting frequencies and percentages will be reported in annual evaluation reports. Additional information from the Interim Progress Reports will be abstracted as needed and interwoven into evaluation reports to describe activities and explain trends in quarterly and annual metrics data. These and other descriptive data will be interwoven into annual evaluation reports.

Publication Plans

The qualitative and quantitative data gathered for this project will be summarized in reports prepared for CDC by RTI, such as quarterly/biannual reports, annual reports, and final reports. It is possible that data from this project will be published in peer-reviewed manuscripts or presented at conferences; the manuscripts and conference presentations may appear on the Internet. Specific plans for peer-reviewed publications and conference presentations have not yet been developed, but potential publication and presentation topics include the development, implementation or evaluation of partnership efforts.

Time Schedule

Clearance is requested for a period of 3 years. The project’s time schedule is shown in *Table A.16.1*.

Table A.16.1 Annual Project Time Schedule

Activity	Timing
Partners submit metrics data	Upon OMB approval and quarterly thereafter
Partners complete partner survey	Upon OMB approval, on a rolling basis throughout the year
Partners complete partnerships activities form	Upon OMB approval, on a rolling basis throughout the year when partners complete an event
CDC and contractor analyze first quarter data and contractor submits quarterly report	2 months after OMB approval
CDC and contractor analyze first quarter data from partnership activities form	2 months after OMB approval
Partners submit second quarter metrics data	3 months after OMB approval
CDC and contractor analyze second quarter data and contractor submits quarterly report	5 months after OMB approval
CDC and contractor analyze second quarter data from partnership activities form	5 months after OMB approval
Contractor conducts one of two rounds of biannual key informant interviews	6 months after OMB approval

Activity	Timing
Contractor analyzes and reports on key informant interview data	1 month after interviews are complete
Partners submit third quarter metrics data	6 months after OMB approval
CDC and contractor analyze data from partner survey	6 months after OMB approval
CDC and contractor analyze third quarter data and contractor submits quarterly report	8 months after OMB approval
CDC and contractor analyze third quarter data from partnership activities form	8 months after OMB approval
Partners submit fourth quarter's metrics data	9 months after OMB approval
CDC and contractor analyze fourth quarter data and contractor submits quarterly report	11 months after OMB approval
CDC and contractor analyze fourth quarter data from partnership activities form	11 months after OMB approval
CDC and contractor analyze aggregate annual data (inclusive of metrics, partnership activities form, and Interim Progress Reports)	11 months after OMB approval
Contractor submits annual report for first program year	12 months after OMB approval
Contractor submits annual report on partner survey data	12 months after OMB approval
Contractor conducts one of two rounds of biannual key informant interviews*	12 months after OMB approval

**Analysis and reporting of key informant interview data will occur in month one of year 2 (i.e., 13 months after OMB approval).*

17. Reason(s) Display of OMB Expiration Date is Inappropriate

We do not seek approval to eliminate the expiration date.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification statement.

References

- Bradley, H., Hall, H. I., Wolitski, R. J., Van Handel, M. M., Stone, A. E., LaFlam, M., et al. (2014). Vital Signs: HIV Diagnosis, Care, and Treatment Among Persons Living with HIV — United States, 2011. *Morbidity and Mortality Weekly Report (MMWR)*, 63(47); 1113-1117.
- Siddiqi, A., Hu, X., & Hall, H. I. (2015). Mortality Among Blacks or African Americans with HIV Infection — United States, 2008–2012 *Morbidity and Mortality Weekly Report (MMWR)*, 64(04);81-86