Capacity Building Assistance Program: Assessment and Quality Control

OMB No. 0920-New

Supporting Statement – Section B

August 13, 2015

Program Official/Project Officer

Name: Miriam E. Phields, PhD
Title: Lead Behavioral Scientist
CIO: Centers for Disease Control and Prevention, National Center for HIV, Viral Hepatitis, STD, and TB
Division: Division of HIV/AIDS Prevention
Branch: Capacity Building Branch
Address: 1600 Clifton Road, MS E40, Atlanta, GA 30333
Phone: 404-639-4957
Fax: 404-639-0944
Email: byn8@cdc.gov

Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

The respondent universe consists of health professional employees from community-based organizations (CBOs), health departments, and healthcare organizations, most of whom are funded directly or indirectly by the CDC, who receive Capacity Building Assistance (CBA) services (training and technical assistance (TA)) from two CDC-funded programs, the CBA provider grantees funded by Division of HIV/AIDS Prevention and HIV/STD Prevention Training Center grantees. These health professionals provide essential HIV prevention services in communities and local areas where HIV is most heavily concentrated to achieve the greatest impact in decreasing the risks of acquiring HIV; increasing HIV testing; increasing access to care and improving health outcomes for people living with HIV. Their positions include HIV educator, clinical supervisor, HIV prevention specialist, clinician, outreach worker, case manager director, program coordinator, program manager, disease intervention specialist, partner services provider, physicians, nurses, and health educators, etc. The CDC-funded Capacity Building Assistance providers offer classroom and web-based training and one-on-one technical assistance to build and maintain the capacity of health professionals and their organizations to control and prevent STDs and HIV.

We anticipate collecting HPAT, Training Follow-up Instrument (or Training Telephone Script), and Technical Assistance (TA) Satisfaction Instrument (or Technical Assistance Telephone Script) data from 7,400 people for each instrument annually over a 3-year period. For the CBA Key Informant Interviews, we anticipate collecting qualitative information from 40 people, one response per year (**Attachment 16**: CBA Key Informant Interview Script). This estimate is based on the number of people provided with CBA services per year. Recipients of CBA services will be identified from CDC's CBA Request Information System (CRIS) database of CBA requests. This will allow us to assess consumer satisfaction and short-term outcomes for different types of CBA services. CBA services include training and technical assistance in the areas of HIV prevention with HIV-positive persons, HIV prevention HIV-negative persons, HIV testing, condom distribution, organizational development and management, HIV planning, and HIV prevention policy. From April 1, 2014 to March 31, 2019, technical assistance and training will be provided as requested to health professional employees from community-based organizations (CBOs), health departments, and healthcare organizations, most of whom are funded directly or indirectly by the CDC.

Qualitative interviews will consist of a mix of up to 40 CBA recipients who did and did not complete the web-based data collection instruments that was sent to them (20/20 split). Interviewing a mix of responders and nonresponders to the web-based

instruments was chosen to reduce the potential for non-response bias and selection bias. Potentially, the most unsatisfied recipients were unwilling to respond to the web-based instruments, leading to an over-estimation of satisfaction with CBA services. Involving CBA recipients who did not complete the online instruments may fill gaps in the quantitative data findings from the instruments. Likewise, CBA recipients that did complete a web-based instrument will have an opportunity to elaborate on their responses and assist in the filling of information gaps. Both insights are key to better understanding the experiences of CBA recipients. Interview participants will be randomly selected until 40 interviews are completed.

2. Procedures for the Collection of Information

The information collection system consists of four instruments administered to the recipients of CBA services (i.e., training and TA). Recipients of CBA services include agency staff from community-based organizations (CBOs), health departments, and healthcare organizations, most of whom are funded directly or indirectly by the CDC. Before the CBA services are delivered, the CBA service recipients will complete the Health Professional Application for Training (HPAT) (**Attachments 3 and 4**) as part of registration for training and TA services. The HPAT is administered online or by paper depending on whether the registration process is web-based or completed in person. CDC contracts with Danya International to coordinate online registration and data collection for the HPAT for some of the CBA trainings. The CBA provider grantees coordinate registration and data collection for the HPAT for other trainings and TA services. During the training or TA services, CBA recipients will be given the opportunity to opt-out of further data collection.

After CBA services are delivered, each CBA recipient will receive an email invitation (**Attachment 9: Training Intro Email or Attachment 10: Technical Assistance (TA) Intro Email**) to complete the web-based instruments. The email will contain a link to the web-based Training Follow-up Instrument (**Attachment 5: Training Follow-up Instrument Word version; Attachment 6: Training Follow-up Instrument screenshots**) or the web-based Technical Assistance (TA) Satisfaction Instrument (**Attachment 7: Technical Assistance (TA) Satisfaction Instrument Word version; Attachment 8: Technical Assistance (TA) Satisfaction Instrument screenshots**) and instructions for completing the instruments online. Those CBA recipients who participate in a training will get the Training Intro Email with the link to the web-based Training Follow-up Instrument, and those who participate in technical assistance will get the Technical Assistance (TA) Intro Email with the link to the Technical Assistance (TA) Satisfaction Instrument. The CBA Request Information System (CRIS) application will send the email invitation for the Training Follow-up Instrument 90 days after the training or for the Technical Assistance (TA) Satisfaction Instrument, 45 days after the technical assistance (TA)

is completed. Two weeks after the emails for the Technical Assistance (TA) Satisfaction and Training Follow-up instruments are sent out, a reminder (**Attachment 11:Training Reminder Email and Attachment 12: Technical Assistance (TA) Satisfaction Reminder Email**) will be emailed to respondents who have not completed the online instruments. One week after the reminder emails are sent, SciMetrika (contractor) will contact the nonresponders by telephone to administer the telephone script version of the Training Follow-up Instrument (**Attachment 13: Training Telephone Script for non-responders)** or the Technical Assistance (TA) Satisfaction Instrument (**Attachment 14: Technical Assistance (TA) Telephone Script for non-responders**)by telephone if they are willing . Given the typically low response rate to online assessments, this telephone follow-up strategy increases the responses to the instruments.

In addition, a subset of up to 40 CBA recipients will be asked by email (**Attachment 15**: CBA Key Informant Interview Email) to participate in one qualitative telephone interview. SciMetrika will conduct telephone interviews with those health professional who agree to participate. SciMetrika will use the CBA Key Informant Interview Script (**Attachment 16**: CBA Key Informant Interview Script) designed to assess CBA consumers' perception about the impact of CBA services on their organizational capacity (e.g., application of knowledge and skills, potential organization changes as a result of CBA services) and to solicit information about how the CBA program can be improved. The CBA Key Informant Interview will collect more qualitative information which will build on the quantitative information collected with the web-based instruments.

All data collection tools have been pilot tested by six public health experts and professionals. 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 information collection instruments.

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the data collection process is voluntary, every effort will be made to maximize the rate of response to the data collection. Email reminders will be sent the training and technical assistance recipients who have not responded to the web-based tool for training or TA after two weeks to maximize response rates (**Attachments 11 and 12**). One week after the reminder email, our SciMetrika contractor will follow-up with training and TA recipients by telephone to remind the recipients or collect the information by telephone (**Attachments 13 and 14**). This strategy significantly raises the response rate to the web-based data collection.

CBA Key Informant Interview participants will be randomly selected from all CBA service recipients to participate in the interview until 40 interviews are completed.

4. Test of Procedures or Methods to be Undertaken

The data collection tools were reviewed by public health and evaluation experts in CDC/DHAP's Capacity Building and Program Evaluation Branches as well as by our evaluation contractor, SciMetrika, to ensure that content and readability is appropriate. The estimate for burden hours is based on a pilot test of the information collection instruments by six public health professionals. In the pilot test, the average time to complete the instruments including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 12 minutes for the web-based instruments and 15 minutes for the telephone key informant interview. Based on these results, the estimated time range for actual respondents to complete the instruments is 10-15 minutes most respondents plus an additional 15 minutes for a sample of 40 respondents who also participate in the key informant interview. 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

The data collection was designed by evaluation consultants from SciMetrika and the project lead from CDC's DHAP Capacity Building Branch. Danya International is responsible for maintaining the online training registration system which collects the HPAT data as part of training registration. Consultants from Acentia will lead the development and maintenance of web-based data collection activities. Consultants from SciMetrika will lead the data collection via telephone interviews, data cleaning, analyses of data, and development of reports summarizing the findings of the data collection. Statistical consultation will be provided by SciMetrika.

Miriam Phields, PhD
Senior Behavioral Scientist
Centers for Disease Control and Prevention
Division of HIV/AIDS Prevention, Capacity Building Branch
Phone: (404) 639-4957
Email: byn8@cdc.gov

Sherese Bleechington, DrPH, MPH, CHES
Senior Health Evaluation Leader
Population Health Sciences Division
SciMetrika, LLC
Phone: (404) 214-6708
Email: SBleechington@SciMetrika.com

Shawn Hirsch, MPH
Statistician
Population Health Sciences Division

SciMetrika, LLC
Phone: (919) 354-.5266
Email: Sshirsch@scimetrika.com

Rachel Kramer, MPH
Research Associate
SciMetrika, LLC
Phone: (919) 354-5262
Email: rkramer@scimetrika.com

Beverly Stokeling-Cunningham, PMP, SSGB
Project Lead
Acentia Company
Phone: (678) 350-9826
Email: Beverly.Stokeling@acentia.com

Sue Pettus
Software Engineer
Acentia Company
Phone: (678) 350-9834
Email: sap8@cdc.gov

Bob Strotman
Software Engineer
Acentia Company
Phone: (678) 350-9847
Email: Robert.Strotman@acentia.com