

Capacity Building Assistance Program: Assessment and Quality Control

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Supporting Statement – Section B

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Contact:

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 7,400 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 data from a total of 7,400 people. For both web assessments, we anticipate collecting information from a total of 7,400 people. 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.

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 DLH 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, the web-based Training Follow-up Instrument (**Attachments 5 and 6**) and the TA Satisfaction Instrument (**Attachments 7 and 8**) will be distributed using the CBA Request Information System (CRIS) application by emailing respondents a link to the data collection instruments (**Attachments 9 and 10**). The Training Follow-up Instrument will be emailed training participants 90 days after the training, and the TA Follow-up Instrument will be emailed to TA recipients 45 days after the technical assistance (TA) is completed. The email will contain instructions for completing the instruments on-line. Two weeks after the emails for the TA and Training Follow-up instruments are sent out, a reminder will be emailed to respondents who have not completed the online instruments (**Attachments 11 and 12**). One week after the reminder emails are sent, SciMetrika contractor will contact the non-responders by telephone to administer the instrument by telephone if they are willing (**Attachments 13 and 14**). Given the typically low response rate to online assessments, this telephone follow-up strategy increases the responses to the 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 (**Attachment 14**). This strategy significantly raises the response rate to the web-based data collection.

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. Based on these results, the estimated time range for actual respondents to complete the instruments is 10-15 minutes most respondents. 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. DLH is responsible for maintaining the

online training registration system which collects the HPAT data as part of training registration. Consultants from SeKON Enterprise, Inc. / Maximus 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

Name: Lisa Hawley

Senior Health Evaluation Leader

Population Health Sciences Division

SciMetrika, LLC

Phone: 919-354-5244

Email: lhawley@scimetrika.com

Name: Megha Joshipura

Statistician

Population Health Sciences Division

SciMetrika, LLC

Phone: 919-354-5200

Email: mjoshipura@scimetrika.com

Name: Donna Shaw

Project Coordinator

SciMetrika, LLC

Phone: (919) 354-5260

Email: dshaw@scimetrika.com

Beverly Stokeling-Cunningham, PMP, SSGB

Project Lead

SeKON Enterprise, Inc. / Maximus

Phone: (678) 350-9826

Email: bss7@cdc.gov

Sue Pettus

Software Engineer

SeKON Enterprise, Inc. / Maximus

Phone: (678) 350-9834

Email: sap8@cdc.gov

Bob Strotman

Software Engineer

SeKON Enterprise, Inc. / Maximus

Phone: (678) 350-9847

Email: ms7@cdc.gov