

Supporting Statement B for the *Ryan White HIV/AIDS Program (RWHAP) Recipient Compilation of Best Practice Strategies and Interventions*

New

1. Respondent Universe and Sampling Methods

John Snow, Inc. (JSI) has been contracted by HRSA HAB to develop the *Ryan White HIV/AIDS Program Compilation of Best Practice Strategies and Interventions* (i.e., Best Practice Compilation), a comprehensive, web-based compilation of RWHAP recipient and subrecipient intervention strategies. The JSI project team has developed draft criteria for the types of intervention strategies to be included in the Best Practice Compilation and a draft submission form that interested recipients and subrecipients voluntarily complete. In addition, the project team has designed the Best Practice Compilation's interface including search functionality and the profile generated for recipients and subrecipients about the intervention strategy.

The JSI project team will conduct up to 30 site visits to test the criteria and gather recipient and subrecipient feedback on the submission form, the Best Practice Compilation search functionality, and the intervention strategy profile. We will select these 30 sites from the universe of interested recipients and subrecipients that voluntarily submit intervention strategies to share with other RWHAP recipients and subrecipients. There are approximately 500 recipients and 1,700 subrecipients that provide direct services to people with HIV. Through extensive outreach via HRSA HAB newsletters and input from HRSA HAB leadership, the Recipient Compilation Workgroup, and Project Officers, we assume that up to 70 recipients and subrecipients will express interest in submitting an intervention strategy by completing a pre-submission screening form (see Supporting Statement A). Approximately 50 recipients and subrecipients will pass the screener and submit the more comprehensive submission form. Intervention strategies will then be scored based on the pre-established scoring criteria by the JSI project team. From the universe of submitted intervention strategies, we will strategically select 30 sites, ensuring a range of scores and representativeness of:

- HRSA region
- Proposed outcome – direct outcome on the care continuum versus intermediary outcome associated with the case continuum (e.g., housing)
- Thematic or high-priority topic area (e.g., telehealth, data driven, mental health and substance use)
- Target population
- Implementing agency (e.g., community health center, hospital-based clinic, RWHAP Part recipient)

2. Procedures for the Collection of Information

The project does not aim to collect data from a statistically representative sample of recipients and subrecipients to calculate metrics and extrapolate findings to all RWHAP recipients and subrecipients. Instead, the project team will identify common themes and suggestions through interviews conducted during the site visits to inform changes to the criteria, submission form, and Best Practice Compilation.

Two researchers experienced in qualitative data collection will conduct site visits. Site visit interviews will be recorded and transcribed to support recall. However, transcripts will not be coded. Instead, after each site visit, the qualitative research team that participated in the visit will review transcripts and develop a summary memo for each intervention strategy, answering the following questions:

1. Does the submission form accurately and comprehensively capture information about the intervention strategy? If not, why not and how could the submission form be changed?
2. Do the scoring criteria effectively identify novel approaches that are based on data suggesting effectiveness? If not, why not and how could the criteria be changed?
3. Does the Best Practice Compilation framework accurately categorize and display the initiative and provide helpful information for implementation? If not, why not and how could the compilation or profile be changed?

The project team will then summarize all recommended changes in a single report for HRSA HAB, identifying the recommendations most feasible to implement and likely to lead to the effective implementation and use of the Best Practice Compilation. With feedback from HRSA HAB, final recommendations will be incorporated into the submission form, scoring criteria, and Best Practices Compilation for final implementation.

3. Methods to Maximize Response Rates and Deal with Nonresponse

We will maximize response rate by disseminating information about the Best Practice Compilation and the process to submit an intervention strategy through HRSA HAB's typical methods of communication, including an overall RWHAP newsletter, newsletters by funding Part, and targeted emails based on Project Officer, HRSA HAB leadership, and Recipient Compilation Workgroup feedback. In addition, at the 2018 National Ryan White Conference, we spoke with and collected contact information from multiple recipients that were interested in the Best Practice Compilation. We will send personalized emails to these individuals, along with recipients that presented on intervention strategies at the conference. All communications to recipients will encourage them to share the information with their subrecipients, so they submit intervention strategies as well.

If we find that certain types of intervention strategies are overrepresented, we will work closely with Project Officers, HRSA HAB leadership, and to expand targeted outreach to intervention strategies that might we underrepresented.

In addition, the project team is working closely with the TargetHIV.org website team to make the submission process as seamless as possible to reduce barriers. The two-tiered submission

process will include structured questions and responses for data entry ease and allow recipients and subrecipients to save and return to their submissions.

When recruiting for and scheduling site visits, we will accommodate the schedules of recipients and subrecipients, conducting visits at their convenience. In addition, we will provide flexibility in terms of the format of the site visit – one long group interview versus individual shorter interviews. Finally, if an in-person site visit is not feasible for the recipient or subrecipient, we can conduct interviews by phone.

4. Tests of Procedures or Methods to be Undertaken

The project team will conduct pilot testing with four respondents in September 2019 or nine or fewer respondents to make refinements to the data collection protocols.

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

Data Collection Design

The data collection process was designed by staff from HRSA HAB and JSI.

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Data Collection and Analysis

The follow staff from JSI and a subcontractor, Mission Analytics Group, Inc., will conduct the site visits:

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