

Comprehensive HIV Prevention and Care for Men Who Have Sex with
Men of Color

OMB No. 0920-1178

Extension

SUPPORTING STATEMENT B

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B. Statistical Methods

This collection does not employ statistical methods.

1. Respondent Universe.

The respondents are 87 state and city health departments and their community-based organizations (CBOs), clinics and other health providers, behavioral health and social health providers in their jurisdiction that form a collaborative that are funded by the Division of HIV/AIDS Prevention, NCHHSTP, of CDC. The 87 collaborative members will be required to provide thirteen HIV prevention services for MSM of color at substantial risk for HIV infection and eleven HIV care services for MSM of color living with HIV infection. Data will be collected from all grantees.

HIV prevention program data for monitoring and evaluation (M&E) will be collected by grantees for three years (years two through four of the project period). Data will be collected for each of the 24 required services. Since all grantees report all funded intervention data, no sampling or respondent selection will be used. These data will be submitted to CDC semiannually.

The M&E data are used to monitor and evaluate HIV prevention programs, interventions, and activities. Data-driven program monitoring and evaluation better enables CDC, state and city health agencies, and local program managers to provide valuable feedback and assistance to front-line prevention service providers. The value of feedback is increased because counseling

and assistance will be categorical at all levels and tailored to correct specific, documented problems and deficiencies. The M&E data are also used to inform stakeholders, including federal and state executive offices and legislative bodies, based on specific information regarding how public health resources are used programmatically, for what purpose, and to what effect.

2. Procedures for the Collection of Information

Though data elements in this ICR are standardized, data collection across the 87 health departments and collaborative members are not standardized. Data is collected as part of the usual and customary practice of the grantees. Grantees use their own data collection instruments and processes. M&E data is entered into Excel templates as appropriate. Data is checked for data quality and conformity to M&E requirements, placed in analyzable data sets, and transmitted in encrypted form via Secure FTP site to CDC. No personally identifying information is submitted to CDC.

3. Methods to Maximize Response Rates and Deal with Nonresponse

Not applicable.

4. Tests of Procedures or Methods to be Undertaken.

Not applicable.

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

The monitoring and evaluation (NHM&E) variables and values have been developed over the past fourteen years by multiple branches and contractors, as coordinated by the Program Evaluation Branch under the direction of the Division of HIV/AIDS Prevention; National Center for HIV, Viral Hepatitis, STD, and TB Prevention. Additional evaluation variables have been developed by a collaboration between Epidemiology Branch and Program Evaluation Branch staff within the Division of HIV/AIDS prevention. Data will be analyzed by the Program Evaluation Branch staff.