

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

**OMB No. 0920-1161**

**Supporting Statement B**

**Reinstatement without Change**

**January 20, 2021**

Contact Person:

Euna M. August, PhD, MPH  
Prevention Communication Branch  
Division for HIV/AIDS Prevention  
Centers for Disease Control and Prevention  
1600 Clifton Road NE, MS E-49  
Atlanta, GA 30333  
Telephone: (404) 639-8297  
Fax: (404) 639-2007  
E-mail: [wvj3@cdc.gov](mailto:wvj3@cdc.gov)

**Table of Contents**

**B. Statistical Methods.....3**

- 1. Respondent Universe and Sampling Methods.....3
- 2. Procedures for the Collection of Information.....3
- 3. Methods to Maximize Response Rates and Deal with Nonresponse.....5
- 4. Test of Procedures or Methods to Be Undertaken.....6
- 5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data.....6

## **B. STATISTICAL METHODS**

### **1. Respondent Universe and Sampling Methods**

The respondent universe for this data collection will include CDC's HIV prevention dissemination and implementation partners. These entities could include partners from other 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 and other entities interested in promoting improved health outcomes), as well as collaborators who do not receive CDC funding. Sampling is not relevant to this data collection because all data are to be gathered from partners.

### **2. Procedures for the Collection of Information**

#### ***Metrics Reporting***

Partners will report quarterly metric data into an online database (***Attachment 3b: Metrics Data Dictionary***). Each partner will have access only to their own reporting spreadsheets in the database (***Attachment 3a: Screenshots of Metrics Database***). CDC will send a reminder to partners on the day the database is "open" for data entry, and then again every 2 weeks until the database is "locked." Once locked, partners will be unable to modify their data without special access to do so. Each partner's spreadsheets will be open for the entire duration of the quarter plus one month. Partners will be able to enter data at any time during this four-month period. There is no limit on how many times a partner can enter the database or enter data. Spreadsheets will be locked one month after the end of a quarter.

After spreadsheets are closed to partners, the evaluation contractor will download the partners' data into an individual spreadsheet for each member and highlight issues identified with the partners' data (2-week process). CDC will conduct a final check of the issues identified by the contractor (1-2 week process) and will work with partners to resolve outstanding questions (3-week process). After review, CDC will return the spreadsheets with resolutions, to the contractor who will complete final data aggregation (2-week process). Finally, the evaluation contractor will upload the resolutions and additional data received and alert CDC that the data is ready for CDC's final approval.

#### ***Key Informant Interviews***

CDC may work with the contractor to determine a 2-week period during which bi-annual key informant interviews will be conducted (***Attachment 3c: Key Informant Interview Guide***). CDC will inform partners of this timeframe and the contractor will work with them to schedule a 1-hour interview with the point of contact from some partner organizations. The program coordinator will select a day and time for the interview of his or her choosing. The contractor will notify the contractor when interviews are scheduled. The contractor will send reminders to partners before their scheduled interviews. Partners will be given one opportunity to reschedule an interview if they are unable to attend.

The contractor will conduct the interviews via telephone using a toll-free conference call line. Before initiating the interview, the contractor will obtain verbal consent (see “Introduction” in **Attachment 3c: Key Informant Interview Guide**) from participants following the procedures detailed in *Section A.10*. Participants will be asked semi-structured questions to qualitatively assess the degree to which program objectives are being achieved. The interviews will also explore promising implementation practices; ascertain ongoing training and technical assistance needs; describe collaborative experiences with CDC and other partners, and external collaborators; and describe the environments in which Partnership Program strategies are being implemented.

Interviews will be conducted by an interviewer and a note taker. With participants’ permission, the discussion will be audio recorded as a backup to the notes. The notes and audio recordings will be maintained on the project’s share drive, accessible only to staff who work on the project and will be destroyed after the close of the project.

### ***Interim Progress Report***

CDC has and will continue to provide partners with the template for the Interim Progress Report (IPR) (**Attachment 3d: Interim Progress Report Template**). The bi-annual reports have and will continue to be due to CDC by the end of the last month in the first quarter of the subsequent reporting period. CDC will review the interim progress reports to learn valuable information about the context for the quantitative findings. CDC may also provide the contractor with the partners’ IPRs so the contractor can incorporate the information into each year’s annual evaluation report.

### ***Partner Survey***

CDC may administer a survey online to partners (**Attachments 3e: Partner Survey and 3g Partner Survey Screener**). These entities could include CDC partners (e.g., state and local health departments, colleges and universities, community health care centers, community-based organizations, AIDS-serving organizations, barbershops, labor organizations, other entities interested in promoting improved health outcomes), as well as collaborators who do not receive CDC funding. The survey is organized into five main sections including organizational policies addressing health, safety, and disability, including HIV; 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; and awareness and engagement with CDC’s HIV communication initiatives. CDC will administer the survey on a rolling basis as partners onboard, but each organization will only complete it one time. Representatives from each organization will be invited via e-mail from CDC to participate in the voluntary survey. Following this introductory email, another email will be sent from the evaluation contractor containing the link to the survey.

### ***Partnership Activities Form***

Partners may be asked to complete a brief electronic form to provide information on each partner activity that they complete (**Attachment 3f: Partnership Activities Form**). These entities could include partners from other 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, barbershops, labor organizations, other entities interested in promoting improved health outcomes). The form collects information on partners' activities/events including 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 any); the number of Internet ads placed (if any) and related metrics; the types of social media platforms used (if any) and related metrics; and the number and type of media activities (if any) and related metrics. Partners will only complete the form one time per activity/event within 4 weeks of close of each activity.

### **3. Methods to Maximize Response Rates and Deal with Nonresponse**

CDC and the evaluation contractor will facilitate cooperation through the following means:

- **Metrics Reporting:** CDC will provide email and/or phone reminders. CDC and the contractor will offer routine and ad hoc training and technical assistance on how to report data in an accurate and timely manner.
- **Key Informant Interviews:** The contractor will offer partners multiple scheduling options within a two-week timeframe for participating in interviews. Partners will be given one chance to reschedule an interview if they are unable to attend at the last minute due to unforeseen circumstances. The contractor will send emails prior to the interviews to remind partners of their appointments.
- **Interim Progress Reports:** CDC will send reminder emails before the deadlines for IPRs and will follow up with partners requesting additional time to complete the reports.
- **Partnership Activities Form:** CDC will provide quarterly email reminders requesting that partners complete the form.

Further, funded partners in some partnership programs will be individually evaluated on their ability to meet predetermined goals and objectives, as well as being compared to other partners. Funding is not contingent upon the completion of evaluation activities.

CDC and the evaluation contractor will facilitate cooperation for the Partner Survey through the following means:

- CDC will send partners an introductory letter with basic information about the survey. This study overview will present an interesting and appealing image and alert participants to the upcoming survey.
- Research on the most appropriate informant for each partner will be done to ensure the person who is invited to complete the survey has insight on the topics being discussed.

- A short and direct introductory description will be used to quickly inform respondents about the survey to ease participation.
- Participants who do not complete the survey within 2 weeks of receiving the invitation email will receive up to two e-mail reminders from the evaluation contractor requesting their participation in the survey.
- The evaluation contractor will provide a phone number for each organization's project director and a toll-free telephone number for their IRB hotline should participants have any questions about the study or their rights as study participants.

Finally, all partners (funded and unfunded) have and will continue to be provided with technical assistance from CDC and the contractor, which will help assuage difficulties with data collection.

#### **4. Test of Procedures or Methods to Be Undertaken**

This study's procedures and methods with grantees have been applied in a similar initiative, CDC's Act Against AIDS Leadership Initiative, as well as other similar projects conducted by CDC and/or the contractor. Two past administrations of the Business Responds to AIDS (BRTA) survey provide useful information about the feasibility of conducting the survey and its expected results. OMB recommendations on statistical methods are not applicable.

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

Jo Ellen Stryker  
Centers for Disease Control and Prevention  
1600 Clifton Road NE, MS E-49  
Atlanta, GA 30333  
[gux6@cdc.gov](mailto:gux6@cdc.gov)  
(404) 639-2071

Euna M. August  
Centers for Disease Control and Prevention  
1600 Clifton Road NE, MS E-49  
Atlanta, GA 30333  
[wvj3@cdc.gov](mailto:wvj3@cdc.gov)  
(404) 639-8297

Jennifer D. Uhrig  
RTI International  
3040 Cornwallis Rd.  
Research Triangle Park, NC 27709

[uhrig@rti.org](mailto:uhrig@rti.org)  
(919) 316-3311