**Medical Monitoring Project Facility Survey**

OMB Control Number: 0920-New

**Supporting Statement B**

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1. **Respondent Universe and Sampling Methods**

The targeted national population of inference for the Medical Monitoring Project Facility Survey (MMP FS) is HIV care facilities where participants of the Medical Monitoring Project (MMP; OMB # 0920-0740) received health care. MMP employs a two-stage sampling design. During the first stage, 23 project areas were sampled from all states in the U.S., the District of Columbia, and Puerto Rico. During the second stage, simple random samples of persons with diagnosed HIV aged 18 years and older are drawn annually for each participating state/territory from the National HIV Surveillance System (NHSS), a census of persons with diagnosed HIV in the United States. Persons who agree to participate and who have received HIV care in the past 24 months have their medical records abstracted by MMP staff. During the 2018 MMP data collection cycle, MMP staff abstracted medical records at 1,081 HIV care facilities. Because MMP response rates have increased with each cycle, we expect to send surveys to approximately 1,500 HIV care facilities for the MMP FS. Surveying the entire universe of facilities at which an MMP abstraction took place is preferable to surveying a sample because the total number of facilities is relatively small and employing sampling would unnecessarily complicate MMP FS methods. Although the resulting data will not be representative of all HIV care facilities in the United States, it will reflect the characteristics of facilities that provided HIV care to a probability-based national sample of adults with diagnosed HIV, which has value because it will include facilities in a large number of geographic areas that serve a diverse range of patients. Creating a sampling frame that includes all HIV care facilities in the United States would be difficult and resource intensive.

Expected Response Rate

The response rate for a 2013 survey of HIV care providers (MMP Provider Survey, OMB # 0920-0840) at facilities that were recruited for MMP (OMB # 0920-0740) under MMP’s earlier design yielded a raw response rate of 61%. Because the MMP FS will use similar data collection methods, a similar or higher response rate is expected. Our goal for the MMP FS is an 80% response rate. Further, we will offer facilities that do not respond to the full survey an opportunity to complete a short 5 minute survey consisting of a subset of key questions from the full survey. We expect 15% of facilities to choose this option.

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

For the MMP Facility Survey, administrative staff at surveyed facilities will be able to access the survey at their convenience either via a Web-based application **(Attachment 3)** or paper questionnaire **(Attachment 4)**. Time required to complete the survey is expected to be approximately 30 minutes.

Both web and paper surveys will be self-administered and will have explicit completion instructions. If the facility staff has technical difficulties accessing the web-based survey, they can contact the CDC Contractor. Contact numbers and web addresses for the CDC Contractor staff associated with the MMP Facility Survey will be provided in the recruitment packet and on the survey website. At the end of the MMP Facility Survey, the staff will have the option to print the survey questions and their responses.

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), CDC, has determined that the MMP Facility Survey is not research and that it is a routine disease surveillance activity, with data being used for disease control program or policy purposes **(Attachment 8)**. Because NCHHSTP has determined that the MMP Facility Survey is not research, it is not subject to human subjects regulations, including federal institutional review board (IRB) review and approval. All MMP Facility Survey staff and CDC Contractor staff must adhere to the ethical principles and standards by respecting and protecting the privacy, confidentiality, and autonomy of participants to the maximum extent possible.

Health departments participating in MMP will follow state and/or local procedures to determine whether the MMP Facility Survey is subject to state and/or local human subject regulations. The need for state/local IRB review, and the IRB approval and renewal dates, if applicable, must be kept on file in each project area and provided to CDC.

The CDC Contractor will be responsible for designing and hosting the web-based survey. The Contractor will test the draft version of the MMP Facility Survey in both web and paper formats prior to finalizing the survey and survey distribution.

MMP staff will provide to the CDC Contractor addresses of all facilities at which MMP abstractions took place during the 2019 MMP data collection cycle (June 2019 through May 2020). The name of the facility administrator will also be provided to the contractor. The CDC Contractor will prepare all materials to be included in the recruitment packet mailed to eligible facilities. All materials will be mailed to facility administrators in a stamped plain, white, letter-sized envelope (**Attachment 5b**).

The recruitment packets will include a CDC recruitment letter **(Attachment 5a)** that will explain the purpose of the survey, instructions on how to complete the survey, including instructions on how to access the web-based survey via the facility’s unique identification number.

Participating facility staff will access the survey through a secure website, and data will be automatically saved, so that a respondent may stop the survey at any time and return later to the next survey question. For facility staff who choose to complete the paper survey, a stamped envelope addressed to the CDC Contractor will be included in the recruitment packet. The CDC Contractor will enter responses on paper into the web-based application.

The facility staff will enter the facility’s unique identification number to complete the survey. These unique facility identification numbers will be used to identify which facilities have completed the survey and which facilities need to be followed-up.

A modified version of Dillman's Tailored Design Method will be used to follow-up on non-responders (Dillman 2014). Dillman suggests three follow-up contacts to assure adequate response rates. One week after the mailing of the provider recruitment packets, the CDC Contractor will mail a postcard reminder (**Attachment 5c**). The postcard will have standard language thanking all those who have responded and providing a friendly reminder for those who have yet to complete the survey. Three weeks after the original mailing, facilities that have not completed the survey will be sent a non-respondent letter (**Attachment 5d**), the original CDC recruitment letter (**Attachment 5a**), and a replacement paper survey (**Attachment 4**). CDC will write the text of the non-respondent letter and the CDC Contractor will be responsible for preparing the follow-up packages and will send them to the non-respondents. Seven weeks after the original Facility Survey mailing, the Contractor will send a final mailing. The procedures will be the same as for the three-week reminder. Finally, the Contractor will place a telephone call to facilities that have not responded within two months to remind them to complete the survey. At this time, nonresponding facilities will be offered the opportunity to complete a short 5 minute survey consisting of a subset of key questions from the full survey (**Attachment 6**). One week before the end of data collection, a final thank you letter will be mailed to all facilities (**Attachment 5e**).

MMP Facility Surveys will not contain specific identifiers (e.g., name, address, social security number). Paper surveys will be destroyed six months after survey activities are completed.

The web-based software, which will serve as a means of collecting data, supports the ability to encrypt response data and password-protect surveys so that unauthorized users are unable to view, export, or modify collected data.

Quality Control

 The web-based data collection system incorporates logic and data validation rules to prevent respondents from not following skip logic or entering invalid dates and multiple responses to questions designed for a single response. The web-based survey platform will also be utilized for entry of data from paper survey forms. Since human operators can generate errors, two distinct operators will key each survey booklet. Data entry discrepancies will trigger an alert that can be addressed by correcting the second entry or leaving the alert in place for a supervisor to review later. A log is retained of all alerts and the resolution of each. Errors that occur on the paper survey due to the respondent not following instructions will be keyed as entered and flagged for editing or correcting by the Project Manager utilizing a data cleaning protocol. Errors that are cleaned after the data entry phase will be identified in a SAS data cleaning program that will log each error and how the data element was changed to bring it back into consistency. CDC will regularly convene conference calls with the Contractor to address any issues with the software and discuss mechanisms that are being used for administering the survey as well as all aspects of management.

Because the MMP Facility Survey is a descriptive project, power calculations, which are used in sample size determinations for studies that test specific hypotheses, were not performed.

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

Having both web-based and paper options to complete the survey may help to increase likelihood of response. A modified version of Dillman's Tailored Design Method will be used to follow-up on non-responders (Dillman 2014). Dillman suggests three follow-up contacts to assure adequate response rates; details of these methods are in Section 2 Procedures for the Collection of Information. In addition, offering a short version of the survey to facilities that have not responded to multiple recruitment attempts will further increase the final response rate for key survey questions.

Recruitment will be monitored through weekly data reports from the data submitted to the CDC Contractor. The CDC Contractor and CDC will use the data in these reports to identify problems with recruitment. MMP project area staff may be asked to contact facilities to urge non-responders to complete the survey.

Assessing Non-Response Bias

The CDC Contractor will collect a minimal data set (**Attachment 9**) for all facilities from publicly available data. The data elements that will be evaluated include: Primary Care Health Professional Shortage Area (HPSA) designation, Medically Underserved Area/Population (MUA/P) designation, Rural-Urban Continuum Code, Ryan White HIV/AIDS Program Funding, and the number of MMP respondents that had a medical record abstracted from the facility (a proxy measure of HIV patient load). Numbers of MMP respondents by facility ID will be provided to the contractor by MMP staff. Minimal data on respondents and non-respondents will be compared to identify predictors of non-response. Predictors with statistically significant effects will be used in the development of weight adjustment classes to increase the generalizability of results to the universe of facilities at which an MMP medical record abstraction was performed during the MMP 2019 data collection cycle.

**4. Tests of Procedures or Methods to be Undertaken**

CDC staff will test the skip patterns and responses using the paper versions of the data collection instruments. The CDC Contractor will program and test a web-based application using an industry standard testing methodology. The Contractor will conduct a minimum of 25 mock surveys with project staff and create a pilot dummy data set. CDC will duplicate these processes to validate that quality assurance processes are working. OMB will be informed of any changes to data collection procedures or instruments as quickly as possible.

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

Consultants on Statistical Aspects

The following CDC staff were consulted on statistical aspects:

George Khalil

Statistician, Quantitative Sciences and Data Management Branch, Email: uwm4@cdc.gov

Timothy McManus

Epidemiologist, Behavioral and Clinical Surveillance Branch, Email: tsm9@cdc.gov

Individuals Collecting and/or Analyzing Data

CDC is not directly engaged with human subjects during data collection. However, CDC Project Staff below will monitor the progress of recruitment by Contractor staff and analyze the data.

CDC Project Staff

All CDC project staff can be reached at the following address and phone number:

Behavioral and Clinical Surveillance Branch

Division of HIV/AIDS Prevention

Centers for Disease Control and Prevention

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Phone: (404) 639-2090

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ICF International CDC CIMS Contract Project Staff

All CDC CIMS contracted staff can be reached at the following address and phone number:

Behavioral and Clinical Surveillance Branch

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CDC personnel responsible for receiving and approving CIMS contract deliverables:

LaShonda Billingsley

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RTI International Contract Project Staff

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