

National Learning Community for HIV CBO Leadership Evaluation

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Supporting Statement – Section B

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Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

The respondent universe consists of 270 mid- and senior-level managers from community-based organizations (CBOs), all participants are funded directly or indirectly by the CDC, who receive Capacity Building Assistance (CBA) services from CDC Division of HIV/AIDS Prevention. The CDC-funded National Learning Community for HIV CBO Leadership (Learning Community) offers a catalog of 30- to 40-minute self-paced courses designed by and for CBO managers, a virtual cohort-based Creative Problem-Solving Intensive, and up to 10 coaching hours with a certified coach to build and maintain the capacity of health professionals and their organizations to control and prevent HIV.

We anticipate an annual total of 270 HIV CBO leaders (executive directors and program managers) from community-based organizations (CBOs) will register for the National Learning Community, will complete the program’s foundational courses, coaching sessions, and other optional supplemental courses on managing people, programs, and organizations, and will complete a post-participation survey three-months after registering. Participants who complete the foundational courses can participate in the optional National Learning Community’s guided creative problem-solving intensive, a 6-week component made up of 1-2-hour weekly sessions. Because of the additional time commitment, we anticipate that half of all those who register for the National Learning Community will participate in the creative problem-solving intensive component. Therefore, we estimate an annual total of 135 HIV CBO leaders (executive directors and program managers) who participated in the program’s foundational courses will participate in the creative problem-solving intensive and complete the semi-structured phone interview.

Data will be used to improve outreach efforts; to improve the short courses and the creative problem-solving intensive sessions which are not rated highly by program participants; and to improve access to technology platforms used to deliver these services throughout the program’s duration. In the end, the data collected by the funded recipient, Asian & Pacific Islander American Health Forum (APIAHF), will be used to evaluate the overall effectiveness of the National Learning Community for HIV CBO Leadership.

2. Procedures for the Collection of Information

The information collection system consists of three instruments administered to Learning Community participants.

Before participants are granted access to the Learning Community, they will receive an email invitation (**Attachment 3**) to an online Learning Community Registration Form (**Attachments 4 and 5**). One week after the email invitation for the Registration Form is sent out, a reminder email will be sent to participants who have not completed it (**Attachment 6**).

Three months after a Learning Community participant registers, they will receive an email invitation (**Attachment 7**) to complete an online Post-Participation Survey (**Attachments 8**

and 9). One week after the invitation email for the Post-Participation Survey is sent out, a reminder email will be sent to participants who have not completed it (**Attachment 10**).

Participants of the Creative Problem-Solving Intensive will receive an invitation email (**Attachment 11**) to schedule in a semi-structured phone interview (**Attachment 12**) upon completion of the six-week Creative Problem-Solving Intensive. One week after the invitation email is sent, a reminder email will be sent to participants who have not scheduled an interview (**Attachment 13**). Those who respond to the email and schedule an interview will be contacted by evaluation staff from the Asian & Pacific Islander American Health Forum for the interview. The interview will be conducted by phone only via Zoom, using a privacy code. It will last 15 minutes. Participants will be asked if they agree for the interview to be recorded in order to note their responses correctly. If they agree, the recording will be conducted through Zoom. If they do not agree to the interview being recorded, they will be asked if they agree to the interviewer taking written notes during the interview. If they do not agree to either option, the interview will not take place.

All data collection tools have been pilot tested with three public health professionals to establish the estimated time required to complete the data 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 to Learning Community participants who have not responded to the Registration Form (**Attachment 6**) Post-Participation Survey (**Attachment 10**) and invitation to schedule a Semi-Structured Interview (**Attachment 13**) one week after the first email for each data collection instrument is sent out, to maximize response rates.

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 to ensure that content and readability is appropriate. The estimate for burden hours is based on a pilot test of the data collection instruments by three public health professionals. In the pilot test, the average time to complete the Registration Form is 3 minutes, the average time to complete the Post-Participation survey is 6 minutes, and Semi-Structured Interview will be conducted in 15 minutes, making the total for all three data collection instruments 24 minutes. Based on these results, the estimated time range for actual participants to complete the instruments is 25-30 minutes for 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 the Director of Monitoring and Evaluation and the C4H Associate Director at the Asian & Pacific Islander American Health Forum and the health specialist and project lead from CDC's DHAP Capacity Building Branch. The Asian &

Pacific Islander American Health Forum Capacity for Health branch is responsible for maintaining the online training registration system which collects the Registration Form data, leading the development and maintenance of web-based data collection activities for the Registration Form and Post-Participation Survey, conducting and collecting data via telephone interviews, data cleaning, analyses of data, and development of reports summarizing the findings of the data collection.

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