Evaluating a HIV/AIDS Focused Video Game for Young People

Generic Information Collection request under 0920-0840 (exp. 02/29/2016)

Section B: Supporting Statement

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B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

The following is a description of data collection procedures.

B.1. Respondent Universe and Sampling Methods

Participants will be recruited from a variety of settings including community-based organizations, colleges and universities, schools, and civic organizations that serve youth in the target age range of 11-24 years in Georgia.

B.2. Procedures for the Collection of Information

B.2.1. Recruitment

Participants will be recruited and screened using convenience samples from different settings including, community based organizations, and civic organizations that serve youth in the target age range in Georgia. The research staff will post flyers in strategic locations at the selected facilities with contact numbers and emails for organization staff (**Attachment 4a**).

Project participants will receive tokens of appreciation for participation in the study in the form of a $10 gift card for completing the surveys on the day they begin the study and a $15 gift card for completing the 30 day follow up survey. This token is needed to facilitate the timely and adequate recruitment of participants which will improve the quality of the results.

Tokens of appreciation are also needed in this study to recruit, enroll, and retain the minimal sample size that is needed to detect effects of the intervention (n=200). These participants need to be recruited in a short amount of time in order for the project to be completed closer to its scheduled end date of April 30, 2015, since it is an HHS Ventures project, per the HHS IdeaLab mandate. Not using tokens of appreciation will make it impossible to achieve the level recruitment and retention necessary to complete the study. Furthermore, intervention testing and product testing are unlike involuntary government data collections such as the census or surveillance data collection because participants choose whether or not they participate.

B.2.2. Screening and Scheduling Procedures

Potential participants will let study staff know if they are interested in participating the study. Study staff will then collect demographic and contact information using the participant demographic data collection tool **(Attachment 3a)**. If potential participants are screened as eligible because they are between 11 and 24 years old, they will be scheduled to complete the surveys and/or play the based on their schedules.

B.2.3. Data Collection Methods

a) Hard Copy *Surveys*

A total of 200 participants will be recruited for the study. The participants in the study will be split into two groups: 1) an experimental and 2) a control group. Each group will consist of 100 participants. Participants in the experimental group will complete surveys before playing the game, immediately after playing the game (no longer than 30 minutes after finishing playing the game), and 30 days after playing the game. Participants in the control group will complete a survey when they begin the study and then again 30 days afterward. (**See Attachments 3b, 3c, 3d**)

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

The study staff will use multiple strategies to maximize response rates and to decrease non-response. In all phases of the study, the study staff will schedule data collection of respondents on days and times when a maximum number of respondents are available including weekends. Once the groups are scheduled participants will receive phone calls from study staff to remind them to attend. To maximize study retention in the assessments participants will be provided with a token of appreciation for their participation. Participants who complete pre and post-test surveys will receive a total of $25 as a token of appreciation.

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

Data analysis will be conducted using Statistical Analysis System (SAS). In order to determine the interventions impact on the knowledge, attitudes, beliefs, behavioral intentions and behaviors related to HIV/AIDS prevention, repeated measure t-tests will be conducted. In order to control for

type 1 error, the statistical significance level will be set at 0.05. All statistical tests will be two-tailed tests to better determine the positive or negative impact of the intervention on the participants'. Prior to the analysis, the data file will be cleaned using frequency tables and central tendency statistics to identify missing data and outliers. Maximum Likelihood Estimation (MLE) will be used to impute data for missing values. Summary variables of Likert scale items will be created for the following outcomes:

1) HIV/AIDS Knowledge
2) HIV Testing
3) HIV/AIDS Stigma
4) HIV/AIDS attitudes (including HIV/AIDS testing and safe sex practices)
5) HIV/STI beliefs (including stigma and myths)
6) HIV/STI related intentions to engage in behaviors that will reduce the risk of contracting HIV/STI.
7) HIV/AIDS related risk behaviors (initiation, abstinence, condom use, number of sex partners, #of times tested for HIV)

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

No other individuals were consulted on the statistical aspects or analysis of data from this sub-collection.