

## Response Form for the Final Performance Review Report\*

1. Name of Grantee: Hepatitis B Foundation
2. Year of Grant: 2010 Formula Grant

***A. For the overall grant, briefly describe your grant oversight process. How will you ensure that future health research grants and projects are completed and required reports (Annual Reports, Final Progress Reports, Audit Reports, etc.) are submitted to the Department in accordance with Grant Agreements? If any of the research projects contained in the grant received an “unfavorable” rating, please describe how you will ensure the Principal Investigator is more closely monitored (or not funded) when conducting future formula funded health research.***

The HBF has a documented oversight process for all health research grants and projects. Routine key personnel meetings ensure that goals and objectives are met in a timely manner, that barriers to project success are overcome, and that all reports are submitted on deadline. Key personnel are monitored by the Principal Investigator, and the HBF Executive Director and President provide oversight to ensure that all Principal Investigators are monitored, as well. To date, HBF has met or exceeded all goals of projects funded through formula fund health research.

\* Please note that for grants ending on or after July 1, 2007, grantees' Final Performance Review Reports, Response Forms, and Final Progress Reports ***will be made publicly available on the CURE Program's Web site.***

**Project Number:** 1085101  
**Project Title:** Determining Correlates of Hepatitis B Status Among  
High-Risk Asian and Pacific Islanders in Pennsylvania  
**Investigator:** Cohen, Chari

***B. Briefly describe your plans to address each specific weakness and recommendation in Section B of the Final Performance Summary Report using the following format.*** As you prepare your response please be aware that the Final Performance Review Summary Report, this Response Form, and the Final Progress Report will be made publicly available on the CURE Program's Web site.

Reviewer Comment on Specific Weakness and Recommendation (*Copy and paste from the report the reviewers' comments listed under Section B - Specific Weaknesses and Recommendations*):

Response (*Describe your plan to address each specific weakness and recommendation to ensure the feedback provided is utilized to improve ongoing or future research efforts*):

Reviewer 1:

1. Provide a clear definition of the study population of APIs.
2. The researchers need to clarify how they constructed their outcome measures (e.g., infection, immunity, not protected).
3. They need to provide the rationale for how they made categories of the predictors from a previous study (e.g., years in the U.S. and knowledge of HBV infection).
4. I recommend doing more refined data analysis in consideration of "missingness" and multicollinearity. In the tables, they could provide the crude odds ratio and the adjusted odds ratio to compare changes after adjustment.

Response –

- The study population consisted of foreign-born APIs who participated in free community-based HBV screenings in Philadelphia.
- Blood tests were used to denote outcome measures - infection was defined as HBsAg+/HBsAb-; immunity was defined as HBsAg-/HBsAb+; not protected was defined as HBsAg-/HBsAb-.
- Categories of predictors were selected from published literature that have shown that certain predictors are associated both with HBV infection and with screening behaviors. Data on these predictors were collected via written screening questionnaires for each participant at the time of blood draw, which occurred before the start of this grant period.
- Additional data analysis will be conducted, addressing missingness and multicollinearity.

Reviewer 2:

1. Seek biostatistical support for writing and interpreting the results of the analyses performed. The current version of the results section of the manuscript and the associated tables are weak and contain numerous minor interpretation errors.
  - An odds ratio represents the change in the “odds” of an event not the likelihood; reviewers will not like this nomenclature.
  - Why is “other” the reference group for the country of origin variable, especially since this is the main predictor the team is looking at for inference?
  - No p-values are reported for the multi-variable (not “multivariate”) analysis, although 95% of CIs are reported.
  - Results are discussed as if they were significant (based on  $p < 0.05$ ) when the CI includes 1.0.
2. Plan to use either linear regression (if assumptions hold), negative binomial regression or GLM techniques for Specific Aim 2. Logistic regression techniques are not correct for number of physician visits.
3. Include/obtain data from a matched cohort of U.S.-born patients to strengthen the argument that country of origin affects the outcomes studied. I think this is a weakness that limits the reach of the current results. Restricting the analysis to only foreign-born individuals weakens the investigation.

Response –

- We have now included a biostatistician from Drexel University School of Public Health to assist with data analysis and interpretation of results. This will address the statistical issues review 2 brings up.
- It is very difficult to get matched cohort data of U.S.-born patients who have been screened for HBV and also filled out our screening questionnaire. Our screening funding only allows us to screen those born outside of the U.S., and therefore, we do not have matched cohort data available at this time. We can look into ways of addressing this without collecting additional data on U.S. born individuals.

Reviewer 3:

A stated aim of this application was to address the hypothesis that limited healthcare access will correlate with age, country of origin, year of entry into the U.S., annual income, understanding of the U.S. health care system, and English proficiency in the Asian and Pacific Islander population in southeastern Pennsylvania. However, no details on the progress of this aim were provided, and it is not clear why this is so. Was it not possible to obtain these results for some unanticipated reason? Were the results simply uninformative?

Response –

With the limited funds provided, and the short time period, we were unable to conduct all of the analyses initially planned. We are now in the process of doing these analyses, and they will be complete by the end of 2013

***C. If the research project received an “unfavorable” rating, please indicate the steps that you intend to take to address the criteria that the project failed to meet and to modify research project oversight so that future projects will not receive “unfavorable” ratings.***

Response:

***D. Additional comments in response to the Final Performance Review Report (OPTIONAL):***

Response: