REQUEST FOR OMB REVIEW AND REINSTATEMENT OF APPROVAL FOR THE

HIV PREVENTION PROGRAM EVALUATION AND MONITORING SYSTEM FOR

HEALTH JURISDICTIONS AND COMMUNITY-BASED ORGANIZATIONS

(Formerly OMB 0920-0696, expired November 30, 2006)

Supporting Statement B

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B. <u>Statistical Methods</u>

This collection does not employ statistical methods.

1.   Respondent Universe.

Agencies and organizations funded to conduct HIV prevention activities develop interventions designed to reduce HIV risk factors in targeted populations. Data will be collected from all these grantees.

The populations and risk factors targeted are identified through a community planning process. Once the target factors and populations are identified, intervention protocols are developed based on both community assessment and the science of HIV prevention. Data for PEMS are collected in the process of delivering the prevention services described in the protocols. Data will be entered for every client in every session of every intervention receiving any CDC funding, either directly from CDC or indirectly through CDC-funded jurisdictions. This will include 59 directly funded state or city health departments, approximately 160 directly-funded community-based organizations, and an estimated approximately 1000 indirectly funded organizations (local health departments, community-based organizations, etc.). Since all grantees report all funded intervention data, no sampling or respondent selection will be

used. These data will be entered into PEMS and, upon OMB approval, submitted to CDC quarterly.

The PEMS data will be analyzed and used to monitor and evaluate prevention programs, interventions, and activities. Data-driven monitoring and evaluation better enables CDC, state and local health agencies, and local program managers to provide valuable feedback and assistance to lower-level managers and to front-line prevention service providers. The value of feedback is increased because counseling and assistance will be categorical at all levels and tailored to correct specific, documented problems and deficiencies. The PEMS data will also be analyzed and used to inform stakeholders, including federal and state executive offices and legislative bodies, with specific information regarding how resources are used, for what purpose, and to what effect.

2. Procedures for the Collection of Information

Not applicable.

3. Methods to Maximize Response Rates and Deal with Nonresponse

Not applicable.

4. Tests of Procedures or Methods to be Undertaken.

Not applicable.

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

The HIV Prevention Program Evaluation and Monitoring System has been developed over the past five years by multiple branches and contractors, as coordinated by the Program Evaluation Research Branch under the direction of the Division of HIV/AIDS Prevention, National Center for HIV, Hepatitis, STD, and TB Prevention, Coordinating Center for Infectious Diseases. The current Director of the Division of HIV/AIDS Prevention is Dr. Robert Janssen (404-639-0900).

List of Attachments

Attachment A - Section 306 of the Public Heath Service Act

Attachment B - Description of consultations, site visits, workshops, and list of persons contacted outside the agency

Attachment C1 – PEMS Data Variables and Values for Health Jurisdictions

Attachment C2 – PEMS Data Variables and Values for Community-Based Organizations

Attachment D – PEMS Home Page

Attachment E – Counseling, Testing and Referral Form

Attachment F - Federal Register 60-day notice

Attachment G1 – Rules of Behavior for PEMS Agency System Administrators

Attachment G2 – Rules of Behavior for PEMS Agency Users

Attachment H – Burden Estimate Calculations