

Justification for the modification of 0920-0696, “HIV Prevention Program Evaluation and Monitoring System for Health Departments and Community-Based Organizations”

The Centers for Disease Control and Prevention requests to add 11 variables to the NHM&E data set included in the currently-approved data collection 0920-0696, called National HIV Prevention Program Monitoring and Evaluation (NHM&E) Data. [Note: This data collection was formerly called HIV Prevention Program Evaluation and Monitoring System for Health Departments and Community-Based Organizations (PEMS).]

The NHM&E data are a set of standardized variables to assist CBOs and HDs in monitoring and evaluating their activities to help them develop, deliver, and refine successful HIV prevention interventions. These data are also used to report key program performance indicators to CDC to show whether the programs implemented or supported are efficient and effective in achieving their stated goals. NHM&E data supply program managers with service-level information regarding intervention processes (e.g., who delivered what to whom, how many, where, and when) and client-level information (e.g., client demographics, behavioral risk factors, exposure to services, verified referrals into other services, and changes in risk-behaviors for selected interventions) for monitoring and enhancing local HIV prevention programs. Much of these data are already being collected by CBOs and HDs using locally developed forms. The NHM&E variables were approved by OMB on 09/18/10 and will expire on 8/31/13.

Under two recent funding opportunity announcements (FOAs) (PS10-10181 and PS11-1117), health departments in major metropolitan areas will be required to report additional, aggregate-level data to CDC related to their HIV prevention and care activities. In September 2010, twelve U.S. metropolitan statistical areas (MSAs) received funding (PS10-10181), through their city/state health departments, to conduct the Enhanced Comprehensive HIV Prevention Plan project, or ECHPP. These twelve MSAs had the highest AIDS prevalence rates in the U.S. at the end of 2007, representing 44% of all U.S. AIDS cases. The purpose of ECHPP is to enhance existing HIV prevention services and provide an optimal mix of evidence-based behavioral, biomedical, and structural interventions to have maximum impact on the HIV/AIDS epidemic. ECHPP was created in direct response to the National HIV/AIDS Strategy released by the White House in June 2010. ECHPP objectives and goals are directly aligned with the National Strategy and, as a result, there are several new interventions that will be implemented by health departments (and monitored by CDC). ECHPP is a three-year project (September 2010 to August 2013; PS10-10181 funds Year 1; PS11-1117 funds Year 2).

NHM&E program data reported from these 12 jurisdictions will be used to monitor and evaluate ECHPP. This change request is to add additional variables to the currently approved list of NHM&E variables for the purposes of ECHPP program monitoring and evaluation. These data are needed to monitor interventions that have not previously been monitored by CDC (i.e., the variables did not exist when the previous data set was approved). Data collected and reported by

grantees will be used to inform progress toward meeting goals and objectives of the National HIV/AIDS Strategy in these urban areas hardest hit by HIV/AIDS.

CDC is requesting to add 11 variables to the NHM&E data variables (see attachment for a description of these new variables) and modify two existing variables. Since there are no significant total changes in the number of variables, we are not anticipating any change in burden or cost.