

**“Developing a Responsive Plan for Building the Capacity of Community Based
Organizations (CBOs) to Implement
HIV Prevention Services”**

0920-NEW

Section A: Supporting Statement

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Supporting Statement

Section

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) requests approval for a new data collection entitled "Developing a Responsive Plan for Building the Capacity of Community Based Organizations (CBOs) to Implement HIV Prevention Services" for 3 years.

Background

The Centers for Disease Control and Prevention (CDC) estimates that over 1 million people in the United States are living with HIV. Each year, approximately 50,000 people in the United States become newly infected. Some groups are disproportionately affected by this epidemic. For example, between 2006 and 2009, there was an almost 50% increase in the number of new HIV infections among young Black men who have sex with men (MSM). In order to address these health disparities, the CDC funded 34 community-based organizations (CBOs) via cooperative agreement PS11-1113 to implement HIV prevention programs targeting young MSM of color and young transgender persons of color.

Building the capacity of CBOs is a priority to ensure effective and efficient delivery of HIV prevention services. Since the late 1980s, CDC has been working with CBOs to broaden the reach of HIV prevention efforts. Over time, the CDC's program for HIV prevention has grown in size, scope, and complexity, responding to changes in approaches to addressing the epidemic, including the introduction of new tools; effective behavioral, biomedical, and structural interventions; and public health strategies.

In the absence of biomedical means, such as a vaccine, cooperative agreements funded to help build the capacity of HIV prevention service providers to deliver effective and efficient prevention services have been a significant accomplishment over the past 15 years. The Capacity Building Branch within the Division of HIV/AIDS Prevention (DHAP) at CDC provides national leadership and support for capacity building assistance (CBA) to help improve the performance of the HIV prevention workforce. One way that it accomplishes this task is by funding CBA providers via cooperative agreement PS09-906 to work with CBOs, health departments, and communities to increase their knowledge,

skills, technology, and infrastructure to implement and sustain science-based, culturally appropriate interventions and public health strategies. CBA providers are charged with conducting organizational needs assessments as part of their charge so that they can tailor their CBA activities to the specific needs of the service providers (CBOs).

Per the required grantee activities stated in the CBOs' cooperative agreement (PS11-1113), "...applicants selected for funding must work with CDC-funded CBA providers to develop and implement a Strategic Plan for Enhanced CBO Capacity". CBA providers will conduct face-to-face field visits with the CBOs utilizing a structured organizational needs assessment tool (**attachment 3**) that was developed in collaboration with CDC. This comprehensive tool offers a mixed-methods data collection approach consisting of checklists, close-ended questions, and open-ended questions. CBOs will be asked to complete the tool prior to the field visits in order to maximize time during the visits for discussion and strategic planning.

Thus, in response to assessments and consultations conducted in 2008 and 2009 as well as Funding Opportunity Announcement (FOA) requirements, CDC is initiating a plan of action which begins with: (1) assessing the needs of currently funded CBOs; (2) developing a Strategic Plan for Enhanced CBO Capacity (herein referred to as a "CBA Plan") based on the identified needs; and, (3) providing CBA to address those needs over the life of the cooperative agreements. This is critical to CBA providers to better respond to the needs of CDC-funded grantees to facilitate changes in organizational processes, delivery strategies, and program goals and objectives that may, in turn, lead to improved programs.

Findings from this project will be used by the participating CBOs, the CBA providers, and the Capacity Building Branch. By the end of the project, the participating CBOs will have tailored CBA Plans that they can use to help sustain their programs across and beyond the life of their five-year cooperative agreements. Based on these plans, the CBA providers (in collaboration with CDC) will be able to better identify and address those needs most reported by CBOs. Finally, the Capacity Building Branch will be able to refine its approach to conceptualizing and providing CBA on a national level in the most cost-effective manner possible.

This information collection is sponsored by CDC as part of the program requirements for grantees funded under the cooperative agreements PS09-906 and PS11-1113. CDC has provided guidance and

facilitation in the development of the protocol and tools that the CBA providers will use. This ensures efficiency and effectiveness while reducing the burden of excessive assessments to CBOs.

This collection responds to the statutes authorizing this type of data collection (Section 301 of the Public Health Service Act (42 U.S.C. 241) and Section 306 a& b (section a), emphasizing the use of data collection of public and non-profit entities by the Department of Health and Human Services (DHHS).

Privacy Impact Assessment

The completed CBO Needs Assessment Tools (**Attachment 3**) and the CBA Plans will be uploaded to the CDC's CBA Request Information System (CRIS) which has been previously assessed under the current CBA program in accordance with Title II of the E-Government Act of 2002. This Act requires federal agencies to conduct PIAs before developing IT systems that collect, maintain, or disseminate IIF. Title II of the E-Government Act of 2002 requires federal agencies to conduct PIAs; thus, a PIA was previously conducted under OMB No. 0920-0658.

Each uploaded organizational needs assessment will include the name of the CBO funded under cooperative agreement PS11-1113, the agency's address, and business contact information for the executive director, lead program contact, and person completing the tool; the uploaded CBA Plans will include a subset of this information. CBA providers will collect, store, and maintain program information for their assigned CBOs (34 in total) based on current standards made accessible to them by the CDC and in compliance with the Office of the Chief Information Security Officer (CDC/OCISO) requirements. These include guidance and standards for protecting stored data and protection from illegal internet access. An assigned password will be required to gain access to the CRIS that will house the CBOs' needs assessment data and associated CBA Plans.

Only the CBA providers, CBOs, and key CDC staff (e.g., project officers, program consultants, team leaders, project lead) will have access to the data.

Overview of the data collection system

This is a mandatory information collection required by cooperative agreements PS09-906 and PS11-1113. CBA providers are required to collect these data as a routine part of performing their work. In addition, CBOs funded under (PS11-1113) are required during the first year of their funding to identify what capacity building services they will require to successfully implement their HIV prevention services and develop strategies for meeting those needs.

Ten CBA providers funded to deliver CBA for CBOs related to Organizational Infrastructure and Program Sustainability (OIPS) will facilitate the organizational needs assessment process. CBA providers will conduct face-to-face field visits with the CBOs utilizing a structured organizational needs assessment tool (**Attachment 3**) that was developed in collaboration with CDC. This comprehensive tool offers a mixed-methods data collection approach consisting of checklists, close-ended (quantitative) questions, and open-ended (qualitative) questions. CBOs will complete electronic versions of the tool (**Attachment 3**) prior to the field visits in order to maximize time during the visit for discussion and strategic planning. Within four weeks following all field visits, the CBA providers will develop a written CBA Plan for each assigned CBO summarizing key findings. This CBA Plan will include major CBA needs identified by CBO staff and/or CBA providers, in addition to recommendations for addressing those needs using a variety of CBA approaches.

Data will be collected from all 34 CBOs funded under cooperative agreement PS11-1113. Respondents will include agency staff familiar with the CBOs' HIV prevention program. Such staff may include the executive director, fiscal manager, evaluator, program implementers, consultants, and others. Data will be collected via pen and paper or via laptop. Once the data are analyzed and the CBA Plans are developed, the CBA providers will upload the documents to CRIS for review and approval from the CBA providers' Program Consultant (PC) and the CBOs' Project Officer (PO). The finalized documents will be accessible to authorized users, including CBA providers and CDC staff.

Items of Information to be collected

The CBO Needs Assessment Tool (**Attachment 3**) contains questions in domains (i.e., Program Implementation, Monitoring and Evaluation, and Organizational Infrastructure) relevant to capacity needed to successfully implement HIV prevention

programs. Within each of those domains, specific subsections address areas reflected in the Funding Opportunity Announcement: CDC-RFA-PS11-1113. The subsections of the domains are as follows:

Program Implementation

- Risk-Reduction Interventions and Services
- Adaptation
- Recruitment and Retention
- Enhanced HIV Testing
- Linkage to Care and Coordinated Referral Networks
- Condom Distribution
- Youth Advisory Boards

Organizational Infrastructure

- Strategic Planning
- Governance
- Fiscal Management
- Resource Development and Grant Writing
- Human Resource Management and Staff Development
- Technology

(There are no subsections under the Monitoring and Evaluation domain.)

In addition to program-specific questions, contact information for each of the 34 CDC-funded CBOs will be included. This contact information includes the name, address, and phone number of the agency, in addition to the names and business phone numbers of lead program staff. This information will be used to follow up with individuals to clarify responses and ensure that each grantee receives the CBA it needs.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age.

This data collection does not involve Website or Website content directed at children under the age of 13.

2. Purpose and Use of the Information Collection

The purpose of this project is to assess the CBA needs of CBOs and to develop a CBA Plan to address those needs. The outcome is to build capacity of CBOs to effectively implement, monitor, evaluate, and sustain their CDC-funded HIV prevention programs. Specifically CBA providers will:

- (1) Assess the CBA needs of 34 CBOs funded under PS11-1113

- (3) Develop a responsive CBA Plan to address the identified needs over the course of the five year cooperative agreement; and
- (4) Determine the most appropriate ways to deliver effective CBA.

The information will be used to inform the development of individualized CBA Plans to improve CDC grantees' program processes and operations in three critical areas: program implementation, monitoring and evaluation, and organizational infrastructure.

The proposed information collection will benefit CDC by providing standardized data that will allow CDC to: (a) determine the extent to which capacity building efforts are implemented nationally, (b) improve CBA programs to better meet the needs of CDC-funded CBOs implementing HIV prevention programs, c) help focus and improve CBA quality, and (d) be accountable to stakeholders (e.g., Congress, the American public) by informing them of progress made to support CDC's grantees nationwide.

Without these data, the CDC's ability to proactively address the capacity building needs of CBOs will be greatly impaired. As a consequence, CBOs may not receive needed CBA that will help them successfully implement and sustain their CDC-funded HIV prevention programs.

Privacy Impact Assessment Information

The proposed data collection will have little or no effect on the privacy of the respondents representing their agencies. The organization (and not the individual) will be the unit of analysis. Since this is not a research project and personally identifiable information is not collected, nor is consent solicited, the Privacy Act does not apply.

3. Use of Improved Information Technology and Burden Reduction

CBA providers will send via email to CBOs an electronic version (Microsoft Word) of the organizational needs assessment tool (**Attachment 3**) with instructions for completion prior to the field visits. The proposed agenda for the field visits will also be sent to CBOs to facilitate planning (e.g., availability of pertinent staff). The data from the organizational needs assessment tool will

be analyzed to develop tailored CBA Plans for each CBO. The completed organizational needs assessment tools and CBA Plans will be uploaded to CRIS.

CRIS is a web-based application that can be accessed from any computer with Internet capability, thereby allowing for continuous communication with the CBA providers, program consultant, CBOs, and project officers about the status of activities documented in the CBA Plans. CRIS uses an electronic medium that provides access to information for grantees in different time zones and for CDC staff who are on travel. CRIS is designed as a user-friendly system with input fields that have drop-down boxes or radial buttons to help the user select the most appropriate information for completing a CBA request. It will also allow the CBA provider to respond to and document CBA provided based on the CBA Plan.

Each user must have an active CRIS User ID and password for logging on. All initial CRIS passwords are temporary and must be changed when logging on for the first time. Passwords must be changed every 60 days, allowing for the utmost security.

4. Efforts to Identify Duplication and Use of Similar Information

Before the project was initiated, we conducted preliminary research on capacity building activities by the Department of Health and Human Services, such as the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), and the Center for Substance Abuse Prevention (CSAP). It was determined that there were limited capacity building efforts and that the CSAP's capacity building focused on evaluation capacity activities for substance abuse prevention programs. It was also determined that information collections specific to increasing capacity to plan, implement, and evaluate HIV prevention programs and specific interventions and public health strategies are not being conducted by other CDC branches. Therefore, the Capacity Building Branch has determined that there are no other data collections that duplicate the tools and methods proposed in this request. The information to be furnished is unique and specific to the CBA activities funded by the CBA cooperative agreements for HIV prevention.

This effort to standardize the organizational needs assessment process serves multiple purposes: (1) to reduce the burden of several assessments of CBOs being conducted by the 10 OIPS CBA providers; (2) to ensure that key areas of capacity relevant to

the Division of HIV/AIDS Prevention's (DHAP's) mission and strategic plan are identified and prioritized; (3) to facilitate communication and tracking of CBA activities related to the CBA Plans via CRIS; and (4) to provide leadership and work collaboratively with CBA providers to develop a proactive and responsive approach to addressing the identified needs.

5. Impact on Small Business or Other Small Entities

The collection of information builds the capacity of small businesses, specifically CBOs. The organizational needs assessment is designed to determine their capacity building needs across several domains and will involve the completion of the organizational needs assessment tool and participation in a field visit. Efforts will be made to minimize the burden on CBOs. For example, the tool will be shared in an electronic format to allow for electronic documentation and submission of responses. In addition, those CBOs that participated in a similar process under cooperative agreement PS10-1003 will not have to complete the entire tool, thereby reducing burden on those grantees. This data collection is a required activity under cooperative agreement PS11-1113.

6. Consequences of Collecting the Information less Frequently

The comprehensive organizational needs assessment will be conducted once during the five-year cooperative agreement. On the other hand, the tailored CBA Plans may be updated periodically as some needs are met and new needs identified.

Not collecting this information would hinder the CBA providers' ability to: (1) ascertain the actual CBA needs of CBOs and the methods and strategies that CBA providers can use to meet those needs; (2) adequately plan to address those needs according to the program requirements under (PS09-906); and (3) proactively respond to CBOs' needs in a timely fashion so that CDC-funded CBOs can plan, implement, evaluate and sustain their HIV prevention programs.

7. Special Circumstances relating to the Guidelines of [5 CFR 1320.5](#)

This request fully complies with the guidelines of 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 60-day Federal Register notice to solicit public comments was published in the *Federal Register* on April 30, 2012 (Vol. 77, No. 83, p. 25484-25485). A copy of this publication is attached (**Attachment 2**).

9. Explanation of Any Payment or Gift to Respondents

The assessment of capacity building needs and the provision of CBA are requirements of the cooperative agreement for the CBA providers funded under PS09-906. Participation in CBA activities and the identification of CBA needs, and development of CBA Plans are requirements of the CBO cooperative agreement (PS11-1113). Therefore, respondents will not receive remuneration for participation in this data collection.

10. Assurance of Confidentiality Provided to Respondents

Certificates or Assurance of Confidentiality do not apply for this project.

IRB Approval

This project will undergo a Project Determination. (However, the Capacity Building Branch engaged in a nearly identical process under PS10-1003 and that project was determined not research involving human subjects. Therefore, IRB approval was not required.)

Privacy Impact Assessment Information

A. This information collection is not subject to the Privacy Act. The Privacy Act does not apply to organizations. The organizational needs assessment tool (**Attachment 3**) and associated CBA Plans address areas of organizational capacity needed to conduct HIV prevention services.

B. CBA providers and CDC staff will have passcodes and access to the finalized organizational needs assessments and CBA Plans for which they are responsible. All data will be stored in CRIS, a computerized application that is secured via CDC's firewall and secure Internet systems. There are several safeguards in place to handle CBO related data submitted and maintained in CRIS. Data will be stored at CDC and managed based on current CDC/OCISO (Office of the Chief Information Security Officer) requirements and standards. This includes protecting stored data within the CDC Internet Firewall. CRIS was assessed under the Capacity

Building Branch's current CBA Program (PS09-906) in accordance with Title II of the E-Government Act of 2002. A Privacy Impact Assessment was conducted under OMB No. 0920-0658.

CBO grantees will be assured that their responses and records are secure and will only be accessible to pertinent CDC staff and to those CBA providers providing CBA related to their CBA Plans; specific CBO data will be kept and treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

C. Respondent consent will not be sought for this project. Participation in this project is a required grantee activity under both PS09-906 and PS11-1113.

D. Respondents agreed to participate in this project when they applied for and accepted awards for PS09-906 and PS11-1113. The Privacy Act does not apply.

11. Justification for Sensitive Questions

This information collection addresses organizational issues related to capacity for planning, implementing, evaluating, and sustaining HIV prevention programs. No individual-level data are collected. Representative staff of the directly-funded CBOs will complete the organizational needs assessment tool and respond to questions during the field visits.

The proposed information collection does not contain questions of a sensitive nature. Respondents will not be asked to provide information about their sexual behaviors or attitudes, nor will they be asked to disclose their HIV status. Rather, respondents will be asked to report their specific agency needs for capacity building technical assistance.

12. Estimates of Annualized Burden Hours and Costs

This information collection is a one-time occurrence that will take place over a period of six months. The organizational needs assessment tool (**Attachment 3**) will be used to assess the capacity of 34 CBOs. Eighteen of the 34 CBOs are dually funded under both PS11-1113 and PS10-1003; they participated in a similar process under the earlier cooperative agreement (i.e., PS10-1003). Therefore, they will not need to complete the full needs assessment tool nor participate in a full-day field visit; the burden will be reduced for these participants.

In aggregate, CBO response requires approximately 75 burden hours for the 34 respondents (see Table 12 below). There is no cost to respondents other than their time.

Exhibit 12.A: Estimate of Annualized Burden Table

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
CBOs only funded under PS11-1113	CBO/CBA Needs Assessment	16	1	3	48
Dually funded CBOs (funded under both PS11-1113 and PS10-1003)	CBO/CBA Needs Assessment	18	1	1.5	27
Total		34			75

B. Annualized cost to respondents for the burden hours is provided in Exhibit A.12.B. The estimates of hourly wages were obtained from the Department of Labor 2010. The average hourly wage for executive directors and professional staff is based on average wages for the six highest metropolitan areas. The estimated annualized cost to CBO respondents is \$3112.50.

Exhibit 12.B: Estimated Annualized Burden Costs

Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Executive Director or Program Manager	75	\$41.50	\$3112.50
Total	75		\$3112.50

13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no other costs to respondents.

14. Annualized Cost to the Federal Government

Annualized Cost to the Federal Government

The annualized cost to the government is estimated to be \$190,320.00. The project is funded through a cooperative agreement to ten CBA providers funded to provide CBA under Category A: Organizational Infrastructure and Program Sustainability for CBOs (PS09-906) for five years. It is also funded through a cooperative agreement to 34 CBOs (PS11-1113) for five years. The project will involve the participation of six CDC program consultants who will oversee the CBA providers' work, 14 CDC project officers who will oversee the CBOs' participation and ensure they receive needed CBA, and one CDC Behavioral Scientist who will be responsible for project design, project oversight, and analysis and dissemination of key findings. An estimated cost is provided in the table below.

Exhibit 14.A: Estimates of Annualized Costs to the Federal Government.

Expense Type	Expense Explanation	Annual Costs (dollars)
Direct Cost to the Government	CDC Behavioral Scientist (GS-13, .20 FTE)	\$19,884.80
	6 CDC Program Consultants (GS-	\$51,130.56

	13,.10 FTE)	
	14 CDC Project Officers (GS-13,.10 FTE)	\$119,304.64
	TOTAL COST TO THE GOVERNMENT	\$190,320.00

Salary estimates were obtained from the United States Public Health Service Commissioned Corps Website (<http://dcp.psc.gov/>) and the OPM salary scale (<http://www.opm.gov/>).

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Exhibit 16.A: Project Time Schedule

Activity	Time Schedule
Grantee training on data collection methods	Within 1 month after to receiving OMB approval
Data collection begins	Within 1 month after OMB approval
Analysis begins	6 months after OMB approval
Dissemination of results	12 months after OMB approval

17. Reason(s) Display of OMB Expiration Date is Inappropriate

No exception is requested.

18. Exceptions to Certification for Paperwork Reduction Act (PRA) Submissions 5CFR 1320.3(h)(1)-(10)

No exception is requested.

References

Centers for Disease Control and Prevention. (2005a). Trends in HIV/AIDS diagnoses—33 states, 2001-2004. *MMWR*. 54: 1149-1153.