HIV/AIDS Awareness Day Programs

0920-0890

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 an approval for a 3-year extension of #0920-0890 exp. 6/30/2014, entitled, "HIV/AIDS Awareness Day Programs". The data collection will monitor HIV prevention activities for the program called Monitoring. Data and will be collected annually for 3 years.

During the past 3 year approval we obtained data from 4 HIV/AIDS Awareness Day Programs and accomplished national outreach and mobilization efforts towards their targeted populations as well as awareness to the general population about HIV/AIDS issues that impact their communities. The importance of each HIV/AIDS awareness day has been demonstrated in reaching beyond traditional audience. This has been done by collaborating with agencies and organizations who serve communities in areas affected by HIV/AIDS.

The HIV/AIDS Awareness Day Programs are part of the Department of Health and Human Services' larger initiative to "Eliminate Racial and Ethnic Disparities in Health by the year 2010 (DHHS, 2005)." The principal goals of the Minority AIDS Initiative continue to be (1) to improve HIV/AIDS related health outcomes and (2) to reduce HIV/AIDS-related health disparities. Core to these goals is the focus of building organizational capacity of health departments and community-based organizations to implement, improve, evaluate, and sustain the delivery of HIV prevention services for high-risk individuals and racial/ethnic minority populations.

The proposed data collection contains key features that address funded capacity building activities. The program information from each of the four HIV/AIDS Awareness days will be collected through four different data collection instruments. The information from the four HIV/AIDS Awareness Day program's data collection instruments are important to help determine program success.

Continued monitoring and evaluation are critical activities necessary for the proper performance of CDC funded HIV prevention programs to ensure the provision of effective and efficient prevention services. Monitoring and evaluation provide concrete

data for program improvement and accountability to stakeholders and funders (Nu'Man, 2007).

The proposed data collection is an important link to the CDC's broader prevention mission as it fosters collaboration between government agencies, and national, regional and community-based organizations. This information contributes to CDC's broader research agenda because the knowledge attained through the proposed data collection, both content and method will enhance CDC's ability to improve the implementation of HIV prevention efforts to include reach, sustained quality, and access to key populations at risk for HIV/AIDS.

Background

According to the CDC, the United States has been relatively stable at approximately 50,000 annual infections between 2006 and 2009. Each year, the largest number of new HIV infections was among white men who have sex with men (MSM) followed closely by black MSM. Hispanic MSM and black women were also heavily affected. Over the four year period, new HIV infections appear to be relatively stable among all populations except young MSM. The overall increase among young MSM was driven by a 48 percent increase in HIV infections among young black MSM during the four-year time period. The HIV/AIDS epidemic has particularly impacted racial/ethnic populations (including African Americans, American Indians/Alaska Natives/Native Hawaiians, Asians and Pacific Islanders, and Hispanics/Latinos).

African-Americans

By race/ethnicity, African Americans face the most severe burden of HIV in the United States. While blacks represent approximately 14 percent of the U.S. population, the latest CDC estimates show that they account for almost half of all new infections in the United States each year (44 percent) as well as almost half of all people living with HIV (44 percent). Approximately one in 16 black men will be diagnosed with HIV during their lifetime, as will one in 32 black women. Among blacks, men account for 70 percent of new HIV infections. Women account for 30 percent. Even though new HIV infections among blacks overall have been roughly stable since the early 1990s, compared with members of other races and ethnicities, they continue to account for a higher proportion of cases at all stages of HIV—from new infections to deaths. In addition to experiencing historically higher rates of HIV infection, African-Americans continue to face

challenges in accessing health care, prevention services, and treatment.

American Indians/Alaska Natives/Native Hawaiians

Recent statistics from the CDC confirm that the HIV/AIDS epidemic continues to be a serious health concern facing the American Indian/Alaska Native/Native Hawaiian (AI/AN/NH) community. As of the end of 2005, the AI/AN/NH population had an HIV/AIDS diagnosis rate of 10.6 per 100,000, ranking them third highest among racial/ethnic groups in the United States. The AIDS diagnosis rate among AI/AN/NH has been higher than that of Caucasians since 1995. The high rates of illicit drug use and sexually transmitted diseases in the AI/AN/NH population suggest that the behaviors that facilitate the spread of HIV are relatively common.

Asians and Pacific Islanders

Asians and Pacific Islanders account for less than one percent of the total number of HIV/AIDS cases in the United States. However, in recent years, the number of AIDS diagnoses in this group has increased steadily. The Asian and Pacific Islander population in the United States is also growing. As of the end of 2005, an estimated 7,739 Asians and Pacific Islanders had been given a diagnosis of AIDS. The number of HIV and AIDS cases may be larger than reported because of under-reporting or misclassification of Asians and Pacific Islanders.

Hispanics/Latinos

Although Hispanics/Latinos make up only about 14 percent of the population of the United States and Puerto Rico, they accounted for 18% of new HIV diagnoses in 2004 in the 33 states with long-term confidential name-based HIV reporting. Hispanics accounted for 20 percent of the new AIDS diagnoses in the United States in 2004, and by the end of that year, approximately 93,000 Hispanics/Latinos with AIDS had died.

These disparities in health indicators relating to HIV infection in United States minority communities require multiple and targeted activities that promote and support local HIV prevention efforts. Social marketing of prevention messages is needed to reach targeted communities by involving both national and local population-specific leaders and community institutions. Towards this end, these racial/ethnic minority communities have initiated broad media-based awareness campaigns involving CDC, health departments, direct HIV prevention service providers, local

businesses, and mass media companies. Coordination of these efforts for specific HIV/AIDS Awareness Day Programs is critical to their success. A contractor is needed to communicate and coordinate with the various planning committees that lead these HIV/AIDS Awareness Day Programs and the numerous agencies and organizations who participate.

CDC is responsible for monitoring and evaluating HIV prevention activities conducted under these cooperative agreements (Rugg, Renaud, Gilliam, 1999); therefore, enhancing and assuring quality programming require that CDC have current information regarding the status and quality of capacity-building assistance (CBA) activities and services supported through this contract.

The proposed collection will allow CDC to ensure broad-based communication and supportive cooperation with the various national planning committees of the national HIV awareness campaigns. No data will be collected on individuals. The HIV/AIDS Awareness Day programs were implemented due to the impact that the HIV/AIDS epidemic has had on the African-American, American Indian/Alaska Natives/Native Hawaiians and Asian and Pacific Islander populations.

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The HIV/AIDS Awareness Days: National Black HIV/AIDS Awareness Day (NBHAAD) February 7th, National Native American HIV/AIDS Awareness Day (NNAHAAD) March 20th, National Asian and Pacific Islander HIV/AIDS Awareness Day (NAPIHAAD) May 19th, National Latino AIDS Awareness Day (NLAAD) October 15th.

This project will continue to collect data for the evaluation of the implementation of the HIV/AIDS Awareness Day activities to allow CDC and the national planning committees of the awareness days to receive feedback from community implementers on the production and distribution of materials, promotion, dissemination and print and online media tracking for the

National HIV/AIDS Awareness Day Campaigns. This will also provide CDC with information to better support CBA provider grantees in the field and to better evaluate the impact of their work with client organizations, CBOs and health departments.

Overview of the data collection system

The web-based system will encompass the private requirements of the Federal Government and ease of access (NCS, 2004). The data collection reports will narrate the program successes and barriers, collaborative and cooperative activities with other organizations, and plans for future activities. The information collection is authorized under Section 301(a) of the Public Health Service Act [42 U.S.C. 241(a)] (**Attachment 1**).

Items of Information to be collected

There are several items that will be collected via four different survey tools. (**Attachment 3**: Data Collection Forms. These forms require the identifying information of the organization and the kind of HIV/AIDS activities that they planned. No information is collected on individuals.

2. Purpose of Use of the Information Collection

This information is essential to gain efficiency, improve resource utilization, and facilitate access to information through an electronic medium. This information is streamlined and timely to facilitate quality capacity building activities to enhance HIV prevention programs, and community capacity to increase utilization and access to services and community planning. These activities are in line with the goals of CDC's HIV prevention activities to reduce HIV infection (Healthy People 2010), and to support NCHHSTP programmatic imperatives of program collaboration, service integration, and reduction of health disparities.

The proposed program monitoring and evaluation will benefit CDC by providing data that will allow CDC to address grantees' needs in a timely fashion so that they are able to better manage efficient and effective HIV/AIDS prevention programs in affected communities; and ensure information sharing between the Division of HIV/AIDS Project Officers in the Prevention Program Branch (PPB)and the Program Consultants in the Capacity Building Branch (CBB) who monitor the CBA providers.

The web-based forms have practical utility because it is designed as a user-friendly method to help CDC obtain the most appropriate

information needed for monitoring nationwide HIV/AIDS Awareness activities. This reduces the probability of errors and provides a more uniform method for reporting critical information. These web-based reports address knowledge gaps that can help CDC reporting and information sharing.

This data collection is advantageous to CDC in that it results in timely information that allows CDC to work with community-based organizations to improve their CBA programs. The valid and timely data will help to ensure that CDC have:(1) the ability to provide the appropriate feedback and technical assistance in reference to the HIV/AIDS Awareness Days;(2) monitoring and evaluation data to report on accomplishments in the area of HIV/AIDS awareness and prevention;(3) make informed decisions about program development, program guidance and administration of future HIV/AIDS awareness programs.

The information collection is not research. It is program monitoring designed to increase HIV/AIDS awareness activities. Information is shared with national planning groups, HIV/AIDS CBA providers, and the appropriate CDC Branches who provide HIV/AIDS capacity building guidance. This is done for the purposes of planning and program improvement.

Privacy Impact Assessment Information

No sensitive information will be collected on individuals and no personal contact information, electronic or otherwise will be asked of individuals.

It must be stressed that this information is being collected as part of program monitoring and evaluation.
This reporting information will be used to facilitate technical assistance aimed at improving the increase in the number of HIV/AIDS awareness day activities. No IIF information is being collected. The proposed data collection will have little or no effect on the individual respondent’s privacy.

3. Use of Improved Information Technology and Burden Reduction

The web-based submission is designed for ease of use by community-based organizations. Respondents will access and directly utilize the web-based mechanism to enter, complete and submit forms. Copies of actual data collection instruments are included in **Attachments 3-6**. CBA providers will contact their CDC Project Consultant if they have questions about the forms.

4. Efforts to Identify Duplication and Use of Similar Information

Several consultations were conducted to identify potential areas of duplication and to support the development of the data collection forms. Meetings were conducted with staff and four different national committee planning groups. As part of the planning task for this data collection, CDC has identified and contacted the CDC Project Officers and Technical Monitors to: (1) identify possible similarity and overlap in data collection efforts and (2) learn from the efforts, instruments and results of other projects in order to facilitate this data collection.

It was determined that similar information collections are not being conducted by these CDC Branches and other institutions. The CBB has therefore concluded that there is no duplication of effort. The information to be furnished is unique and specific to the four HIV/AIDS Awareness Days (National Black HIV/AIDS Awareness Day (NBHAAD) February 7th, National Native American HIV/AIDS Awareness Day (NNAHAAD) March 20th, National Asian and Pacific Islander HIV/AIDS Awareness Day (NAPIHAAD) May 19th, National Latino AIDS Awareness Day (NLAAD) October 15th.)

Because these programs encompasses nationwide events across four different race and ethnic groups, it is advantageous to learn how many activities are planned across the country and address their challenges so that lessons learned could be shared. Therefore, approval is requested to obtain this information from community-based organizations and grantees funded by CDC.

The information collection is not a study and although other programs collect HIV/AIDS data there is no known Department or Agency which collects information that can be used to specifically monitor the HIV/AIDS awareness activities of the National Black HIV/AIDS Awareness Day (NBHAAD), National Native American HIV/AIDS Awareness Day (NNAHAAD), National Asian and Pacific Islander HIV/AIDS Awareness Day (NAPIHAAD), and the National Latino AIDS Awareness Day (NLAAD).

5. Impact on Small Business or Other Small Entities

The collection of information does not involve small business or other small entities.

6. Consequences of Collecting the Information Less Frequently

Collecting this information less frequently would hinder the agency's ability to:

- Assess whether or not there has been an increase in nationwide HIV/AIDS awareness activities
- Identify some of the essential factors that lead to failure and or success in the delivery of HIV/AIDS prevention services
- Identify critical needs and areas of improvement

There are no technical or legal obstacles to reduce the burden of data collection.

7. Special Circumstances relating to the Guidelines of 5 CFR 1320.5

This data collection fully complies with OMB regulation 5 CFR 1320.5. Responses will be typed (electronically into the web forms).

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

A 60-day notice to solicit public comments was published in the Federal Register volume 78, number 115, Friday, June 14, 2013, pages 35934-35935.One non-substantive comment was received. (**Attachment 2a**). CDC's standard response was sent.

There were no efforts to consult outside the agency.

9. Explanation of Any Payment or Gift to Respondents

There will be no payments to respondents.

10. Assurance of Confidentiality Provided to Respondents

This application has been reviewed and it has been determined that the Privacy Act does not apply to this project. No personal information will be collected on individuals. Information from the forms furnished to CDC does not contain personal identifiers of individuals providing or receiving services under the cooperative agreements. The required reporting forms emphasize activities related to the provision of capacity building assistance to organizations in compliance with authorizing legislation (Attachment 1). No personal

identifiable information is required. No specific personal or sensitive information on the individuals filling out the forms will be collected. Respondents will be assured that their responses and records will be kept and treated in a private manner, unless otherwise compelled by law.

Since this is not a research project and information and personal identifiers on individuals are not collected, neither is consent solicited, thus the Privacy act does not apply.

11. Justification for Sensitive Questions

While HIV prevention education is a sensitive area, the questions relate to capacity building activities planned and accomplished and are not considered sensitive. All responses will be treated in a private manner.

12. Estimates of Annualized Burden Hours and Costs

It is estimated that each report will require 1 hour of preparation by the respondent for a total of 1 hour once a year.

In aggregate of all four, report preparation requires approximately 375 burden hours for the 375 respondents yearly. Table 12.A below, provides specific information on the number of respondents, the number of responses per respondent, the number of response hours and the response burden for each form and the total response burden. There is no cost to respondents other than their time.

Exhibit A.12.A: Estimated Annualized Burden Hours

Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (In hours)	Total Burden (In hours)
African-American HIV/AIDS awareness day activity planners	NBHAAD Awareness Day Evaluation Report	200	1	1	200

Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (In hours)	Total Burden (In hours)
Asian and Pacific Islander HIV/AIDS awareness day activity planners	NAPIHA Awareness Day Evaluation Report	15	1	1	15
Latino HIV/AIDS awareness day activity planners	NLAAD Awareness Day Evaluation Report	125	1	1	125
Native HIV/AIDS awareness day activity planners	NNHAAD Awareness Day Evaluation Report	35	1	1	35
Total					375

A.12.B. Estimated Annualized Costs

Annualized cost to respondents for the burden hours is estimated to be $9525.00, based on the most recent data from the 2012 Bureau of Labor Statistics: (http://bls.gov/oes/current/oes_nat.htm#21-0000 using the median annual earnings for First-Line Supervisors of Office and Administrative Support workers in the U.S. $ 25.40.

Exhibit A.12.B: Estimated Annualized Burden Costs

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
African-American HIV/AIDS		1	1	200	25.40	5080.00

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
awareness day activity planners	200					
Asian and Pacific Islander HIV/AIDS awareness day activity planners	15	1	1	15	25.40	381.00
Latino HIV/AIDS awareness day activity planners	125	1	1	125	25.40	3175.00
Native HIV/AIDS awareness day activity planners	35	1	1	35	25.40	889.00
Total	375					$9525.00

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

There are no costs to respondents.

14. Annualized Cost to the Federal Government

This project is part of an annual contract. The 2013-2014 contract amount is $164,350.00. This amount is divided among the four HIV/AIDS Awareness Days and the distribution includes salaries of the contractor.

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

Expense Type	Expense Explanation	Annual Costs (dollars)
Form A: CBA Program Plan Technical Review	CDC Project Officer (GS-13, .25 FTE) review, analyze and report	$25,500.00
Form B: Technical Monitor	CDC Technical Monitor (GS-13, .25 FTE) review, analyze and report	$25,500.00
Form C: Lead (NBHAAD)	CDC NBHAAD Lead (GS-13, .25 FTE) review, analyze and report	$41,087.50
Form C: Lead (NAPIHAAD)	CDC NAPIHAAD Lead (GS-13, .25 FTE) review, analyze and report	$41,087.50
Form C: Lead (NLAAD)	CDC NLAAD Lead (GS-13, .25 FTE) review, analyze and report	$41,087.50
Form C: Lead (NNAHAAD)	CDC NNAHAAD Lead (GS-13, .25 FTE) review, analyze and report	$41,087.50
	Subtotal, Direct Costs to the Government	$215,350.00
Contractor and Other Expenses	Maintenance of web-based system operations	$164,350.00
	Subtotal, Contracted Services	$164, 350.00
	ANNUALIZED COST TO THE GOVERNMENT	**$ 379,700.00**

15. Explanation for Program Changes or Adjustments

This extension request is for 3 years. There are no changes to burden or respondents.

16. Plans for Tabulation and Publication and Project Time Schedule

There are no plans to routinely publish data derived from this information collection.

Exhibit A.16: Project Time Schedule

Activity	Time Schedule
Data Collection	Begins immediately at the end of each HIV/AIDS Awareness Day: National Black HIV/AIDS Awareness Day (NBHAAD) February 7th, National Native American HIV/AIDS Awareness Day (NNAHAAD) March 20th, National Asian and Pacific Islander HIV/AIDS Awareness Day (NAPIHAAD) May 19th, National Latino AIDS Awareness Day (NLAAD) October 15th 0 to 12 months after OMB approval is received

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

There is no request to exempt this information collection from the requirement to post an expiration date.

18. Exceptions to Certification for Paperwork Reduction Act

There are no exceptions to this certification.