Capacity Building Assistance Assessment for HIV Prevention

0920-NEW

Section A: Supporting Statement

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Contact Information
Aisha Gilliam
Capacity Building Branch
Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis,
STD, and TB Prevention
Centers for Disease Control and Prevention
Phone: (404) 639-4269
Fax: (404)-639-0944
Email: agg0@cdc.gov

Table of Contents

Justification

1. Circumstances Making the Collection of Information Necessary
2. Purpose and Use of the Information Collection
3. Use of Improved Information Technology and Burden Reduction
4. Efforts to Identify Duplication and Use of Similar Information
5. Impact on Small Businesses or Other Small Entities
6. Consequences of Collecting the Information Less frequently
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency
9. Explanation of Any Payment or Gift to Respondents
10. Protection of the Privacy and Confidentiality of Information by Respondents
11. Institutional Review Board (IRB) and Justification for Sensitive Questions
12. Estimates of Annualized Burden Hours and Costs
13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers
14. Annualized Cost to the Government
15. Explanation for Program Changes or Adjustments
16. Plans for Tabulation and Publication and Project Time Schedule
17. Reason(s) Display of OMB Expiration Date is Inappropriate

Exceptions to Certification for Paperwork Reduction Act Submissions

Exhibits

Exhibit 12.A Estimated Annualized Burden Hours
Exhibit 12.B Estimated Annualized Burden Costs
Exhibit 14.A Estimated Cost to the Government
Exhibit 16.A Project Time Schedule

Attachments

Attachment 1 Authorizing Legislation
- 1a. Section 301 of the Public Health Service Act
- 1b. Section 308(d) of the Public Health Service Act

Attachment 2 60-Day Federal Register Notice

Attachment 3 CBO CBA Assessment Tool

Attachment 4 CBO CBA Assessment Tool Screen Shots

Attachment 5 CBO CBA Assessment Email Reminders

Attachment 6 CBO Guidance

- The goal of this project is to assess the needs of the grantees to implement high impact prevention interventions and services.
- The findings will be used to develop and implement a Capacity Building Strategic Plan to address those needs over the life of the five year cooperative agreement.
- Capacity Building Assistance Providers funded by CDC will conduct face-to-face field visits with the community-based organizations and partnerships utilizing the structured CBO Needs Assessment Tool which offers a mixed-methods data collection approach.
- The tool consists of checklists, close-ended (quantitative) questions, and open-ended (qualitative) questions. One hundred funded community-based organizations and partnerships will be assessed.
- Data will be analyzed using SPSS for quantitative analysis and NVIVO for qualitative data.

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) requests a 1 year approval for a new data collection entitled "Capacity Building Assistance Assessment for HIV Prevention." This information collection is sponsored by CDC as part of the program requirements for grantees. CDC has provided guidance and facilitation in the development of the protocol and tools that the capacity building assistance (CBA) providers will use. This ensures efficiency and effectiveness while reducing the burden of excessive assessments to CBOs and Partnerships. In addition, this collection responds to the statutes authorizing this type of data collection (Section 301 1B of the Public Health Service Act (42 U.S.C. 241) and Section 308(d), Section A (**Attachments 1a & 1b**).

Background

The Centers for Disease Control and Prevention (CDC) estimates that over 1 million people in the United States are living with HIV [1]. According to the CDC, by the end of 2010 an estimated 1,144,500 persons aged 13 years and older were living with HIV infection in the U.S., including 180,900 (15.8%) persons who are unaware of their infection.[2] Over the past 10 years, deaths among persons in the U.S. living with HIV have declined, but the number of people living with HIV has increased, and the number of new HIV infections has remained stable with approximately 50,000 new infections annually.[2]

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).[2] In order to address these health disparities, the CDC is funding over 90 CBOs including a few Partnerships to address the national HIV epidemic by reducing new infections, increasing access to care, and promoting health equity; particularly for people living with and at greatest risk of HIV infection. This includes African Americans/Blacks; Latinos/Hispanics; all races/ethnicities of gay, bisexual, and other MSM, IDUs, and transgender persons.[3]

The overall purpose of this program is to implement comprehensive HIV prevention programs to reduce morbidity, mortality, and related health disparities in accordance with the National HIV/AIDS Strategy (http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf)

and CDC’s Comprehensive High-Impact HIV Prevention (CHIP) approach (http://www.cdc.gov/hiv/strategy/hihp/index.htm.

This information collection request focuses on HIV in the nation by reducing new infections, increasing access to care, and promoting health equity. These goals will be achieved by enhancing community-based organizations’ capacities to increase HIV testing, link HIV-positive persons to HIV medical care, increase referrals to Partner Services (PS), provide prevention and essential support services for HIV-positive persons and high-risk persons with unknown/negative serostatus, and increase program monitoring and accountability.

The 120 organizations that are funded consists of CBOs some who are working in Partnerships to enhance their implementation of the program requirements for Comprehensive HIV Prevention and others working with specific populations of Young Men of Color Who Have Sex with Men (YMSM),and Young Transgendered Persons of Color Persons of color (YTG of Color). CBOs and those working in Partnerships were evaluated in accordance with the *Criteria* section of the FOA. The applications was objectively reviewed and scored by an independent review panel assigned by CDC, known as a Special Emphasis Panel (SEP). A Pre-Decisional site visit was conducted by CDC with appropriate project management and staff, to: (1) facilitate a technical review; (2) further assesses an applicant's capacity to implement the proposed program; and (3) identify their plan to collaborate in a partnership (if they applied for such) and to assess the unique programmatic conditions that may require further training, technical assistance, or other CDC resources. Final funding determinations were based on application scores from the special emphasis panel review, scores from the PDSV, and CDC’s funding preferences.

The Capacity Building Branch within the Division of HIV/AIDS Prevention (DHAP) at CDC provides national leadership and support for CBA to help improve the performance of the HIV prevention workforce. One way that it accomplishes this task is by funding CBA providers 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 needs assessments so that they can tailor their CBA activities to the specific needs of the service providers (CBOs).

Building the capacity of the funded organizations/grantees to conduct CHIP programs and services is a priority to ensure effective and efficient delivery of HIV prevention treatment and care 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 guidance; effective behavioral, biomedical, and structural interventions; and public health strategies.

Applicants selected for funding must work with CDC-funded CBA providers to develop and implement a Capacity Building Assistance Strategic Plan (CBASP). The information collected via this process will therefore be used to construct a CBASP for each organization in collaboration with CDC's Capacity Building Branch (CBB). Per the required grantee activities stated in the CBOs' cooperative agreement, "…applicants selected for funding must work with CDC-funded CBA providers to develop and implement a Strategic Plan for Enhanced CBO Capacity". CBOs will receive the CBO Guidance document (**Attachment 6**) prior to completing the CBO CBA Assessment tool. CBOs and Partnership Leads will be asked to complete and return (submit) the tool prior to the Post Assessment Contact (telephonic interviews). The Post Assessment Contact will be used to discuss, verify, confirm and prioritize CBA needs. Follow-up site visits will be recommended and then prioritized for no more than 20% of the CBOs with the greatest identified needs. CBA providers will then schedule and conduct follow-up (face-to-face) site visits with the selected CBOs to, discuss, and work together to clarify and prioritize needs, and to develop a CBA Strategic Plan (CBASP).

This comprehensive CBO CBA Assessment Tool (**attachment 3: the CBO CBA Assessment Tool and Screen shots for the web-based tool**) will be completed by all organizations. In addition, the **Lead** Partnership Organization will complete Section M for Partnerships only, and CBOs funded specifically for (YMSM) and (YTG of Color) will complete Section N. The tool offers a mixed-methods data collection approach consisting of checklists, close-ended (quantitative) questions, and open-ended (qualitative) questions.

Thus, in response to assessments and consultations conducted, CDC is initiating a plan of action which begins with: (1) assessing the needs of the grantees; (2) developing a CBASP based on the identified needs; and, (3) providing CBA to address those needs over the life of the cooperative agreement. This is critical to enable CBA providers to better respond to the needs of these CDC-

funded grantees to facilitate changes in organizational processes, delivery strategies, program goals and objectives, activities and services, that may, in turn, lead to the improved expansion and delivery of CHIP programs.

Findings from this project will be used by the participating CBOs, Partnerships, the CBA providers, and the Capacity Building Branch. The participating grantees will have tailored CBASPs to help sustain their programs across and beyond the life of their five-year cooperative agreements. Based on these CBASPs, the CBA providers (in collaboration with CDC) will be able to better identify and proactively address those CBA needs. Finally, the Capacity Building Branch will be able to refine its approach to conceptualizing and providing CBA for CHIP programs and services on a national level in the most cost-effective manner possible.

2. Purpose and Use of the Information Collection

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

(1) Assess the CBA needs of 120 CBOs and Partnerships.
(2) Develop a responsive CBASP to address the identified needs over the course of the five year cooperative agreement; and,
(3) Determine the most appropriate ways to deliver effective CBA.

The information will be used to inform the development of individualized CBASP 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 and Partnerships implementing CHIP programs and services, 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 their CBO grantees will be greatly

impaired. As a consequence, CBOs may not receive needed CBA that will help them successfully implement and sustain their CDC-funded CHIP prevention programs and services.

3. Use of Improved Information Technology and Burden Reduction

CBOs will receive a URL via e-mail to access and submit their completed CBO CBA Assessment Tool (**Attachment 3)**. E-mail reminders (**Attachment 5**) will also be sent to the CBOs and CBA Providers with copies to the Project Offices and Program Consultants to ensure timely responses. CBOs selected for follow-up site visits will be notified by CBB with a copy to their Project Officer and the CBA Provider. The proposed agenda for the follow-up site visits will also be sent to CBOs to facilitate planning (e.g., availability of pertinent staff). The data from the CBO CBA Assessment tool will be analyzed to develop tailored CBASPs for each organization. The completed CBO CBA Assessment tool and the CBASPs will be submitted and housed in CRIS, where it will be available to CBA providers assigned to respond to requests. Each organization will receive an e-mail reminder (**Attachment 5**) if the tool is not returned by the deadline with a copy to their project officer.

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 consultants, CBOs, and project officers about the status of activities documented in the CBASPs. 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 CBASP.

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, preliminary research on capacity building activities were conducted 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 behavioral and biomedical 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 CBO CBA Assessment serves multiple purposes: (1) to reduce the burden of several assessments of CBOs and Partnerships being conducted by the 8 Category B 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 CBASPs 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 data collection has some impact on small businesses (CBOs funded by CDC. This impact is minimum as an easily fillable web-based tool is used. It is fillable and summited through a secured link. The questionnaire (CBO CBA Assessment Tool) elicits minimum information specifically related to the required funded activities for High Impact Prevention (HIP). This absolute minimum information is required to determine the specific CBA needed to enhance the capacity of the small entities; so they can be successful in the delivery of HIP programs and services.

6. Consequences of Collecting the Information less Frequently

This comprehensive CBO CBA assessment will be conducted once during the five-year cooperative agreement. On the other hand, the tailored CBASPs 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 Partnerships, the efficient and effective methods and strategies that CBA providers can use to meet those needs; (2) adequately plan to address those needs according to the program requirements; and (3) proactively respond to organizations' needs in a timely fashion so that CDC-funded CBOs can plan, implement, evaluate and sustain their HIP programs and services.

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 on 07/28/2015, Vol. 80, No. 144, Pages 44962-44963. A copy of this publication is attached (**Attachment 2**). CDC did not receive public comments related to this notice.

9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive remuneration for participation in this data collection.

10. Protection of the Privacy and Confidentiality of Information by Respondents

This information collection is not subject to the Privacy Act. The CBO CBA Assessment tool (**Attachment 3**) and associated CBASPs address areas of organizational and program capacity needed to conduct HIP prevention services.

CBA providers and CDC staff will have passcodes and access to the finalized CBO assessments and resultant CBASPs 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 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 CBASPs; specific CBO data will be kept and treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

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

Each organizational CBA assessment will include the name of the CBO funded by the CDC, the agency’s business address, and business contact information for the executive director, lead program contact, and person completing the tool. All CBA Providers have signed compliance documents as part of their cooperative agreement, 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 CBASPs.

Only the CBA providers, CBOs, and key CDC staff (e.g., project officers, program consultants, Team Leaders, and CBO assessment Project Lead) will have access to the data through use of their passcodes.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

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 assistance in reference to their HIP program (see the CBO CBA Assessment Tool for the items related to programs, services and organizational capacity).

12. Estimates of Annualized Burden Hours and Costs

The CBO Assessment Tool (**Attachment 3**) will be used to gather data on the capacity of 120 Organizations. All 120 CBOs will complete the CBO Assessment Tool. CBO response requires approximately 240 burden hours for the 120 respondents.

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)**
Executive Directors	CBO CBA Assessment Tool (att. 3)	120	1	2	240
				Total	**240**

Annualized cost to respondents for the burden hours are provided in Exhibit A.12.B. The estimates of hourly wages were obtained from the Department of Labor 2016. 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 respondents is $10,800

Exhibit 12.B: Estimated Annualized Burden Costs

Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Grantees	240	$45.00	$10,800
			Total = $10,800

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

The annualized cost to the government is $529,316.00. 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 2 CDC Behavioral Scientist who will be responsible for project design, project oversight, analysis and dissemination of key findings. A contractor will assist in the management of the CBO CBA assessment in CRIS. 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	2 CDC Behavioral Scientists (GS-13, .20 FTE) and (GS 14 .60 FTE)	$17,600
	Behavioral Scientist GS 14, .60 FTE)	$79,800
	6 CDC Program Consultants (GS-13,.20 FTE)	$147,600
	14 CDC Project Officers (GS-13,.10 FTE)	$134,316
	Contractual Costs (Maintenance and communication via CRIS re: CBA CBO Assessment Process	$ $150.000
	TOTAL COST TO THE GOVERNMENT	**$529,316.00**

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

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

2. CDC. Estimated HIV incidence in the United States, 2007–2010. HIV Surveillance Supplemental Report 2012; 17 (No. 4). Published December 2012.

3. CDC. HIV Surveillance Report, 2011; vol. 23.
   PS15-1502 website: http://www.cdc.gov/hiv/policies/funding/announcements/ps15-1502/index.html
   National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: http://www.cdc.gov/nchhstp/

4. High-Impact HIV Prevention: CDC’s Approach to Reducing HIV Infections in the United States: http://www.cdc.gov/hiv/pdf/policies_NHPC_Booklet.pdf
HIV/AIDS Care Continuum: http://aids.gov/

5. U S Department of Labor Salaries, 2016. Accessed 7/10/2016: http://www.bls.gov/oes/current/oes_nat.htm#00-0000.