

Supporting Statement A

Ending the HIV Epidemic Initiative- New

OMB Control No. 0906-XXXX

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration (HRSA) is requesting approval from the Office of Management and Budget (OMB) for a new data collection for the Ending the HIV Epidemic (EHE) Initiative Triannual Module¹. As introduced in the 2019 State of the Union address as the new “Ending the HIV Epidemic: A Plan for America, the EHE is a ten-year initiative to achieve the goal of reducing new HIV infections to less than 3,000 per year by 2030. Reducing new infections to this level would essentially mean that HIV transmissions would become rare and meet the definition of ending the epidemic.

The initiative will focus efforts in 48 counties, Washington, DC, San Juan (PR), and an additional seven states with a substantial number of HIV diagnoses in rural areas. The efforts will focus on four key pillars:

1. Diagnose all people living with HIV as early as possible after transmission.
2. Treat HIV rapidly and effectively to achieve sustained viral suppression.
3. Prevent HIV transmission among people at higher risk with Pre-Exposure Prophylaxis (PrEP) and prevention education.
4. Respond rapidly to detect and respond to HIV clusters and prevent new HIV infections.

HRSA HIV/AIDS Bureau’s (HAB’s) efforts will focus on pillars 2 (Treat) and 4 (Respond).

Data submission of EHE Initiative activities, including funding allocations, expenditures, service utilization and clients served is part of the grant award requirements. Some of the data element requirements will be incorporated in existing annual data collections in order to limit recipient burden, and data elements on service provision will be collected in the EHE Triannual Module three times a year.

2. Purpose and Use of Information Collection

The EHE Initiative data collection will assist HRSA HAB in monitoring EHE Initiative activities and assessing progress towards national goals. The information provided will support HRSA HAB in monitoring and understanding the EHE service provision, including funding allocations, expenditures, and clients served. The new data elements will allow

¹ EHE Initiative activities were granted increased Authority under Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.)

HRSA to calculate multiple new data points relevant for monitoring EHE Initiative services including:

- Identifying new clients.
- Identifying new clients that were recently diagnosed with HIV.
- Identifying clients who received some type of service in the previous year.
- Identifying existing clients who did not receive services in the previous year.
- Existing Data Collections

A description of the data collection requirements for recipients of the EHE Initiative are described below.

EHE data elements in existing RWHAP data collections:

- Ryan White Services Report (RSR): Two EHE data elements will be added to the RSR that would allow HAB to identify new clients and clients who did not receive services in the previous calendar year (OMB Control Number: 0906-0039).
- Allocations and Expenditures Reports: Funding allocations for EHE services will be included in the Allocations Report; expenditures data for how EHE funding was used will be included in the Expenditures Report (OMB Control Number: 0915-0318).
- AIDS Education and Training Centers (AETC): The AETC data submission already captures relevant EHE data and will be used in assessing the EHE Initiative. There will be no new EHE data elements (OMB Control Number: 0915-0281)
- AIDS Drug Assistance Report (ADR): One EHE data element will be added to the ADR requesting the total amount of funding contributions AIDS Drug Assistance Programs (ADAPs) received from EHE funded recipients (OMB Control Number: 0915-0345).

New EHE Initiative Triannual Module (EHE Module):

The EHE Module will be accessible via the EHBs (as discussed further in the next section). EHE initiative recipients will report aggregate information on the number of clients receiving specific services and the number of clients who were prescribed antiretroviral medications in the previous 4 months. Service providers would report three times per year on clients who received at least one service during the previous 4-month period.

3. Use of Improved Information Technology and Burden Reduction

The EHE Module will be housed in the Electronic Handbooks (EHBs), an existing website for RWHAP recipients to enter other data required for RWHAP-funded agencies, such as the Grantee Contract Management System (GCMS), RSR, and the Allocations and Expenditures Reports which are easily accessible. The integration of the EHE Module into the existing EHBs streamlines users' access and technology knowledge. The EHBs also allows for some information to pre-populate, particularly organization details, while other data is stored and saved for the next data collection so that users can easily update or change their data.

4. Efforts to Identify Duplication and Use of Similar Information

Data required to evaluate and monitor the EHE Initiative, such as its services, funding allocations, expenditures and clients serviced are not available elsewhere as the program is new.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection. Part A and B recipients are state and local agencies designated to administer the funds. The information being requested or required has been held to the minimum required for the intended use.

6. Consequences of Collecting the Information Less Frequently

EHE data collected in the existing data collections will follow their respective annual submissions. The EHE Module will be collected three times a year, reporting service data in the previous four months.

Without annual reporting on the use of grant funds, expenditures and services, HRSA would not be able to carry out its responsibility to oversee compliance with the intent of congressional appropriations in a timely manner. Reporting three times a year of services provided is necessary to determine whether the administration of funds is responding to the needs of the populations impacted by HIV.

If the information is not collected at all, HRSA will not know, and will not be able to report:

- Whether program funds are being spent for their intended purposes;
- How program funds are being distributed among several discretionary categories by State and local grant recipients;
- How many and what types of individuals are receiving services, and how various services are distributed across various types of individuals; and
- How the distribution of program funds and the distribution of services are changing from one year to the next.
- The impact of the care and treatment on HIV health outcomes of PLWH served by the RWHAP.

7. Special Circumstances Relating to the Guidelines in 5 CFR 1320.5

The data will be collected in a manner fully consistent with the guidelines in 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day Federal Register Notice was published in the *Federal Register* on October 15, 2019 (Vol. 84, No. 199, pp. 55163–55164). See Tab F for a copy of the notice. There was one public comment.

Section 8B:

In July 2019, the EHE data collection was piloted with three Part A and three Part B recipients. Two small Part B recipients expressed concern about the new data collection. One stated that they were already struggling with collecting accurate client data from their subrecipients; while the other did not have adequate staff to perform data collection activities. One recipient also suggested that the EHE Module be an annual data collection to reduce burden and to ensure accurate data as payments or reimbursements may be recorded months after the service was provided. The four other pilot respondents expressed that the EHE data collection and timelines were doable and would not create undue burden as they have structures and technology in place such as CAREWare. One recipient did state they would need resources to incorporate the new data elements into their existing data systems and training for staff. HRSA HAB recognizes that EHE recipients would need additional technical assistance and resources to comply with the EHE data collection requirements.

One potential EHE service provider submitted a public comment that expressed concern about the burden estimates inaccurately capturing true subrecipient reporting burden for the EHE Initiative. The respondent indicated that their estimated burden is 6 hours and not 1 hour. The burden estimates often vary based on respondent data systems, data reporting staff, and for other reasons listed above. The average burden among the six pilot respondents is 1.8 hours (11 hours/6 respondents). HRSA HAB considers these reasons when developing data reporting proposals. The EHE Initiative is a newly created initiative mandated by the White House. HRSA HAB will work to refine its data reporting needs and attempt to reduce recipient/subrecipient burden as the Initiative matures over time.

Below are the 6 RWHAP recipients who responded to the EHE data collection pilot:

Part A Respondents:

Adrienne Rogers

Sacramento County Department of Health Services
916 875 6211
rogersad@saccounty.net

Stephon Effinger

Baltimore City Health Department
410 545 1912
Stephon.effinger@baltimorecity.gov

Maricela McQueen

County of Bexar (Texas)
210 644 1369
Maricela.mcqueen@uhs-sa.com

Part B Respondents:

Gloria Sims

Alabama Department of Public Health
334 206 2094
Gloria.Sims@adph.state.al.us

Chloe Bernard

Mississippi State Department of Health
601 362 4879
Chloe.bernard@msdh.ms.gov

Debbie Purton

Oklahoma Department of Health
405 271 9444
debbiep@health.ok.gov

9. Explanation of any Payment/Gift to Respondents

The proposed collection of information does not involve any remuneration to respondents.

10. Assurance of Confidentiality Provided to Respondents

The EHE data collection does not require any information that could identify individual clients. Aggregate data on the number and type of clients who received services will be collected, but client names or other personally identifiable information will not be collected.

11. Justification for Sensitive Questions

There are no questions of a sensitive nature.

12. Estimates of Annualized Hour and Cost Burden

The estimated average annualized hour burden is 5,087 hours per year. Burden estimates are broken out by recipient respondents as seen in Table 1: Estimated Annualized Burden Hours. Estimates from grant recipients are based on prior experience in collecting, maintaining, and reporting data using the RWHAP data systems.

Respondents:

Respondents for the EHE data collection are EHE Initiative recipients/subrecipients and are already receiving RWHAP Part A or/and B funding and therefore have prior experience collecting and submitting data to HRSA HAB. As this Initiative is new, HRSA HAB does not have sufficient data on the number of potential subrecipients/service providers who will be contracted by funded recipients to do this work. As work on the Initiative matures, more accurate counts of funded subrecipients will be collected and reported. The tables below represent funded recipients at this time. The number of respondents in Table 1 is the number of recipients/subrecipients in EHE jurisdictions (48 counties, 7 states, the District

of Columbia, and San Juan, Puerto Rico), who were also 2018 RWHAP-funded service providers.

12A. Table 1: Estimated Annualized Burden Hours

The estimated annual time and cost burdens to respondents are presented in the tables below:

EHE Data Collection	Number of Respondents	Number of Responses per Respondent	Total Responses	Average burden per response (in hours)	Total Burden Hours
EHE Module	942	3	2,826	1. 8	5,087
Total	942		2,826		5,087

12B. Estimated Annualized Burden Costs

The annualized burden costs for recipients is based on the May 2019 National Occupational Employment and Wage Estimates by the Bureau of Labor, https://www.bls.gov/oes/current/oes_nat.htm. The respondent, a healthcare support worker (occupational code 31-9099), takes 5.4 hours (5,087 hours in total for all respondents) annually to complete the EHE data collection at a labor rate of \$18.80 per hour. The net total hour cost, \$4,771.44, is doubled to account for employer overhead and fringe benefits, yielding a total hour cost of \$9,542.88.

Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondents Costs
EHE Module	5,087	\$18.80	\$95,636.00
Total	5,087		\$95,636.00 x 2 (overhead/fringe) = \$191,272

Planned frequency of information collection:

For existing data collections to which EHE data elements will be added will occur once a year. The EHE Module will be open to recipients and subrecipients three times a year in July, November, and March.

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Grant recipients are responsible for maintaining their own data system and already have access to the EHBs. There are no direct costs to recipients other than their time in participating in the data collection and quality assurance.

14. Annualized Cost to the Federal Government

The contract task that supports the initial system setup and supports system maintenance and data collection efforts each year is \$120,000. In addition, there will be the cost for a GS 13 (Step 3) at 12% (approximately \$12,800) and a GS 14 (Step 5) at 6% (approximately \$8,000) time to monitor the project. The estimated total cost is \$140,800.

15. Explanation for Program Changes or Adjustments

The EHE Initiative Module is a new data collection.

16. Plans for Tabulation, Publication, and Project Time Schedule

Below are the timelines for EHE Initiative Module data collection. The existing data collections to which EHE data elements will be added will follow their customary timelines. See below for these timelines. The EHE Initiative Module will be available to RWHAP recipients and subrecipients to enter annual data three times a year. Below is the schedule specifying the annual period.

Allocations Reports: 90 Days after the budget period begins.

Expenditures Reports: 90 days after the end of the funding year.

RSR: Third Monday in March.

ADR: Third Monday in June.

AETC: August 30th

EHE Initiative Module:

Reporting Period	Data Submission
March 1 st – June 30 th	July 1 st – July 31 st
July 1 st – October 31 st	November 1 st – November 30 th
November 1 st – February 28 th	March 1 st – March 31 st

Data from the EHE Module will be extracted within two weeks of the close of the reporting period to allow for frequent analysis of the reach of the EHE Initiative.

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

The expiration date will be displayed appropriately.

18. Exceptions to Certifications for Paperwork Reduction Act Submissions

This information collection fully complies with the guidelines in 5 CFR 1320.9.