Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0920-1027 Exp. 08/31/2023)

Instruction: This form should be completed by the primary contact person from the Program sponsoring the collection.

DETERMINE IF YOUR COLLECTION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM:

Instruction: Before completing and submitting this form, determine first if the proposed collection is consistent with the scope of the Collection of Routine Customer Feedback generic clearance mechanism. To determine the appropriateness of using the Collection of Routine Customer Feedback generic clearance mechanism, complete the checklist below.

*If you select "yes" to all criteria in Column A, the Collection of Routine Customer Feedback generic clearance mechanism **can** be used. If you select "yes" to any criterion in Column B, the Collection of Routine Customer Feedback generic clearance mechanism **cannot** be used.*

Column A	**Column B**
The information gathered will only be used internally to CDC. [X] Yes [ ] No	Information gathered will be publicly released or published. [ ] Yes [X] No
Data is qualitative in nature and not generalizable to people from whom data was not collected. [X] Yes [ ] No	Employs quantitative study design (e.g. those that rely on probability design or experimental methods) [ ] Yes [X] No
There are no sensitive questions within this collection (e.g. sexual orientation, gender identity). [X] Yes [ ] No	Sensitive questions will be asked (e.g. sexual orientation, gender identity). [ ] Yes [X] No
Collection does not raise issues of concern to any other Federal agencies. [X] Yes [ ] No	Other Federal agencies may have equities or concerns regarding this collection. [ ] Yes [X] No
Data collection is focused on determining ways to improve delivery of services to customers of a current CDC program. [X] Yes [ ] No	Data will be used to inform programmatic or budgetary decisions, for the purpose of program evaluation, for surveillance, for program needs assessment, or for research. [ ] Yes [X] No
The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future. [X] Yes [ ] No	

Did you select "Yes" to all criteria in Column A?

If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism may be appropriate for your investigation. You may proceed with this form.

Did you select "Yes" to any criterion in Column B?

If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism is **NOT** appropriate for your investigation. Stop completing this form now.

Division of HIV/AIDS Prevention/HIV Incidence and Case Surveillance Branch

HIV Surveillance Data System Needs and IT Capability Assessment

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TITLE OF INFORMATION COLLECTION:

PURPOSE:

The Division of HIV/AIDS Prevention (DHAP) is planning for the development of a new data system for HIV surveillance to replace the current Enhanced HIV/AIDS Reporting System (eHARS). The technology used to build eHARS is outdated and creates many challenges for state, territorial, and local health departments (HDs) as well as for DHAP. DHAP's goals for modernizing the HIV surveillance data system are aligned with those of CDC's Public Health Data Modernization Initiative, i.e., to reduce the burden on HDs through effective utilization of modern technologies and dynamic capabilities to simplify, standardize and streamline data collection, data processing, data exchange, and data reporting while protecting data security and confidentiality. Furthermore, the new data system must provide, at all levels, high-quality and timely HIV data for public health decision making and for monitoring and evaluating the key strategies of the Ending the HIV Epidemic Plan (https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview).

The HIV Incidence and Case Surveillance Branch (HICSB) within DHAP is partnering with the MITRE Corporation, which operates Federally Funded Research and Development Centers, to conduct the planning activities. All planning activities must be completed by August 31, 2021.

The first crucial planning activity is to gain insight into the challenges, unmet HIV surveillance data system needs and gaps in services that HDs are experiencing as well as to gain a more comprehensive and in-depth understanding of the availabilities and constraints of HDs' IT capability. HICSB plans to use the attached survey instrument to conduct this assessment at the beginning of 2021. Findings from the assessment will not be made public and will only be used to aid the development and prioritization of data system requirements and the evaluation of commercial or government off-the-shelf (COTS or GOTS) systems; and to inform DHAP's decision on whether to purchase and customize a COTS or GOTS system or build a new system for HIV surveillance.

DESCRIPTION OF RESPONDENTS:

The lead or coordinator of the 59 HIV surveillance programs that receive funds from DHAP's flagship funding program - Notice of Funding Opportunity (NOFO) PS18-1802: Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments.

The 59 HIV surveillance programs are located within the health department of the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Chicago, Houston, Los Angeles County, New York City, Philadelphia, and San Francisco. These programs rely largely on federal funds to support surveillance personnel, equipment, travel and contractual costs, with substantial technical assistance from HICSB.

TYPE OF COLLECTION: (Check one)

Instruction: Please sparingly use the Other category

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software)
[ ] Focus Group
[ ] Customer Satisfaction Survey
[ ] Small Discussion Group
[X] Other: Questionnaire Survey (multiple choice and free-form text responses)

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.

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To assist review, please provide answers to the following question:

PERSONALLY IDENTIFIABLE INFORMATION:

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [X] No

GIFTS OR PAYMENTS:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

If Yes: Please describe the incentive. If amounts are outside of customary incentives, please also provide a justification

BURDEN HOURS:

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden**
HIV Surveillance Coordinator or his/her designee	59	2 hrs*	118 hrs
Totals	**59**		**118 hrs**

*The estimated 2-hours includes consultation with the HD's IT staff and the legal counsel.

FEDERAL COST:

No anticipated cost other that the personnel cost of HICSB staff under normal duties and responsibilities.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

THE SELECTION OF YOUR TARGETED RESPONDENTS

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?

   [X] Yes [ ] No

If Yes: Please provide a description of both below (or attach the sampling plan)
If No: Please provide a description of how you plan to identify your potential group of respondents and how you will select them or ask them to self-select/volunteer

The survey will be administered to all 59 HIV Surveillance Coordinators, as the intent is to understand HDs' HIV surveillance data system needs and its IT infrastructure, solutions and services. Therefore, statistical sampling will not be applied. HICSB maintains an up-to-date contact list of all 59 HIV Surveillance Coordinators.

ADMINISTRATION OF THE INSTRUMENT

1. How will you collect the information? (Check all that apply)
   - [X] Web-based or other forms of Social Media
   - [ ] Telephone
   - [ ] In-person
   - [ ] Mail
   - [ ] Other, Explain:
2. Will interviewers or facilitators be used? [ ] Yes [X] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.