

**Evaluation of Enhancing HIV Prevention Communication and Mobilization Efforts
through Strategic Partnerships
OMB No. 0920-1161**

Supporting Statement A

Reinstatement without Change

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- **Goal of the study:** To assess the extent to which partnership activities meet the overarching goals for dissemination, communication, and implementation of national engagement efforts in support of the U.S. Department of Health and Human Services' *Ending the HIV Epidemic: A Plan for America*, namely examining their potential to:
 - increase HIV awareness among the general public, reduce new HIV infections among disproportionately impacted populations, and improve health outcomes for people with HIV in the United States and its territories;
 - influence attitudes, beliefs, and knowledge about HIV; receptivity to *Let's Stop HIV Together* campaign messages; perceived credibility; perceived risks of HIV and importance of HIV prevention and testing; intentions related to HIV prevention and testing; and HIV testing related behaviors among those who report exposure to the various *Let's Stop HIV Together* messages.
- **Intended use of the resulting data:** The information obtained from the proposed study will be used by federal policy makers to assess the effectiveness of the partnership activities and the appropriateness of continued or expanded funding of partnership projects.
- **Methods to be used to collect data:** Repeated cross-sectional study design for some aspects, longitudinal design for others
- **The subpopulation to be studied:** CDC's HIV prevention, dissemination, and implementation partners, including partners from CDC-funded programs and organizations external to CDC (e.g., state and local health departments, colleges and universities, community health care centers, community-based organizations, AIDS-serving organizations), as well as collaborators who do not receive CDC funding who promote improved HIV and health outcomes for the general public.
- **How data will be analyzed:** Descriptive analyses, Multivariate models

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) requests approval for a three-year Reinstatement without Change of the information collection request (ICR) entitled “Evaluation of Enhancing HIV Prevention Communication and Mobilization Efforts through Strategic Partnerships” (OMB No. 0920-1161, expiration 2/29/2020).

To address the HIV epidemic in the U.S., the Department of Health and Human Services launched *Ending the HIV Epidemic: A Plan for America*, which is a cross-agency initiative aiming to reduce new HIV infections in the U.S. by 90% by 2030 (CDC, 2019a). CDC’s *Let’s Stop HIV Together* campaign (formerly known as *Act Against AIDS*) is part of the national *Ending the HIV Epidemic* initiative and includes resources aimed at reducing HIV stigma and promoting testing, prevention, and treatment across the HIV care continuum (CDC, 2019b).

Within this context, CDC’s Division of HIV/AIDS Prevention (DHAP) has and will continue implementing various partnership activities to increase HIV awareness among the general public, reduce new HIV infections among disproportionately impacted populations, and improve health outcomes for people living with HIV/AIDS in the US and its territories. DHAP is funding the “PS15-1505: Enhancing HIV Prevention Communication and Mobilization Efforts through Strategic Partnerships” program. Partners funded under the partnership program (1) support the dissemination of *Together* campaign materials, messaging, and other CDC resources that support HIV prevention and (2) implement national engagement efforts focusing on HIV prevention and awareness. Partners represent civic/social, media, and LGBT-focused organizations. In addition, DHAP may continue to engage and support the private sector in promoting HIV education, awareness, and policies in the workplace. This may take the form of encouraging businesses to implement HIV policies and education programs in the workplace with the overarching goal of increasing public understanding of, involvement in, and support for HIV prevention.¹

The information collected under this ICR will be used to assess the extent to which partnership activities meet the overarching goals for message dissemination and implementation of national engagement and communication efforts for HIV prevention and awareness. The objective is to collect information from partners on their activities for disseminating HIV messages; barriers and facilitators to implementing these activities; factors that may help contextualize their progress towards meeting the initiative’s goals; and their involvement in promoting HIV education, awareness, and policies in their organization.

A total of 15,249 burden hours were approved for this ICR (OMB No. 0920-1161) in 2017, and since the approval date 2,043 burden hours have been used. The information collected from these information collections was used to assess the extent to which partnership activities aid in message dissemination and implementation of national engagement and communication efforts for HIV prevention and awareness. We are requesting an additional three years to

¹ “Partners” refers collectively to CDC contractors, grantees, and collaborators.

continue information collections with partners and their collaborators in support of the national *Ending the HIV Epidemic* plan. Through this reinstatement, we plan to use the remaining approved 13,206 burden hours.

The data collection is authorized under the Section 301 of the Public Health Service Act (42 U.S.C. 241) (**Attachment 1**).

2. Purpose and Use of the Information Collection

The overall goal of this information collection request is to determine the extent to which the partnership activities meet the initiative's overarching goals for dissemination and communication and implementation of national engagement efforts. To do so, the evaluation will collect data from partners via completion of a metrics database, key informant interviews, interim progress reports, a survey, and an activity form on the following outcomes:

- **Short-term outcomes:** (1) exposure to *Together* campaigns and corresponding HIV-related messaging among target audiences; (2) facilitation of HIV testing among target audiences; and (3) community partnerships promoting HIV prevention strategies.
- **Intermediate outcomes:** (1) HIV-related information-seeking behaviors; (2) awareness and knowledge about HIV; (3) number who receive an HIV test among target audiences; and (4) the extent to which the private sector promotes HIV education, awareness, and policies into their organization.
- **Long-term outcomes:** (1) HIV preventive and testing behaviors among target audiences; (2) undiagnosed HIV infection among target audiences; (3) cross-community support for HIV prevention, testing, and referral strategies; and (4) HIV incidence among target audiences.

Information will be collected from partners and their collaborators (i.e., individuals and entities that work with partners to carry out programmatic activities). Specifically, up to 44 partner organizations may be asked to report on metrics data on a quarterly basis; one representative from 25 partner organizations may be asked to participate in key informant interviews; one representative from 10 partner organizations may be asked to complete interim progress reports; 300 partner organizations and their collaborator organizations may be asked to complete a one-time survey on their organization's involvement in promoting HIV education, awareness, and policies in their organization; and 500 partner organizations and their collaborator organizations may be asked to complete a partnership activities form for each activity that they complete related to this initiative, describing the activity.

The data gathered under this request will be summarized in reports prepared for CDC by its contractor, such as quarterly reports, semiannual reports, annual reports, and final reports. It is possible that data from this project will be published in peer-reviewed manuscripts or presented at conferences; the manuscripts and conference presentations may appear on the Internet. Specific plans for peer-reviewed publications and conference presentations have not yet been developed, but potential publication and presentation topics include the development, implementation or evaluation of partnership efforts. CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention is funding the data collection.

There is one respondent universe for this data collection: Partners and their collaborators (i.e., individuals and entities that work with partners to carry out programmatic activities). Data from five sources will be integrated to enrich and strengthen evaluation findings. The data sources include the following:

- a) **Metrics Database:** Partners will be required to report quarterly data to CDC and CDC's evaluation contractor through a metrics database (see **attachment 3a** for screenshots). The database will gather information on dissemination of HIV messaging and communication, including materials distribution; media and advertising impressions; and message channels. The database will also collect information on implementation of national engagement efforts, including dissemination of materials at national and local events, HIV testing facilitation, and formation and coordination of strategic partnerships (see **attachment 3b** for a uniform description of all metrics and relevant examples). CDC will use the metrics data to measure partners' individual and collective (both overall and by sector/funding category) progress towards program objectives.
- b) **Key informant interviews:** The point of contacts (POCs) from some partner organizations will be interviewed twice yearly. CDC's evaluation contractor will conduct the interviews via telephone to qualitatively assess the degree to which program objectives are being achieved, implementation practices, training and technical assistance (T&TA) needs, barriers and facilitators to implementation, and factors that may help contextualize progress towards meeting objectives (see **attachment 3c** for the interview guide).
- c) **Interim Progress Report:** Partners will complete a standardized progress report on a biannual basis (see **attachment 3d** for the template) via a user-friendly electronic form, eliminating the use of paper entirely. The progress reports will gather information on key successes, facilitators and barriers, and major achievements; organizational and key staff changes; and innovative practices and lessons learned.
- d) **Partner Survey:** Partners will be administered a brief online survey to assess their involvement in promoting HIV education, awareness, and policies in their organization. The survey is organized into five main sections: A) organizational policies addressing health, safety, and disability, including HIV; B) organizational health and safety issues, including exposure to blood and bodily fluids; C) the availability and implementation of health promotion and wellness programs; D) philanthropic and charitable efforts for health-related causes and for HIV; and E) awareness and engagement with CDC's HIV communication initiatives (see **attachment 3e**).
- e) **Partnership Activities Form:** Partners may be asked to complete a brief electronic form to provide information on each partner activity that they complete. The form will collect information on the type of event, the audience, and key highlights; the number of HIV tests administered (if any) and the number of preliminary positives; the number and type of materials distributed (if platforms used (if any) and related metrics; and the number and type of media activities (if any) any); the number of Internet ads placed (if any) and related metrics; the types of social media and related metrics (see **attachment 3f**).

3. Use of Improved Information Technology and Burden Reduction

Collection of information will take place electronically for the metrics database, Interim Progress Report, Partner Survey, and Partnerships Activities Form. These data collection instruments allow for 100% of respondents to submit information through electronic means to increase efficiency and decrease error and cost.

- a. **Metrics Database:** Partners will enter metrics data into a user-friendly online database quarterly (see **attachment 3a** for screenshots and see **attachment 3b** for the metrics being collected). CDC and the evaluation contractor have and will continue to provide T&TA to partners to ensure data completeness and quality (e.g., via scheduled webinars) as well as on an informal, as-needed basis. The database has separate worksheets (tabs) for different types of metrics (e.g., events, social media) and when possible, includes pull-down menus from which partners can easily select data options. This feature has several advantages: (1) reduces reporting burden for the partners, (2) improves accuracy and completeness, and (3) facilitates evaluation analyses. T&TA materials will be shared with partners and updated as needed. CDC and the evaluation contractor will work with partners to facilitate reporting and, thus, reduce the burden of reporting. In addition, analyses used to support program evaluation are automated, reducing the burden on CDC and contractors and ensuring maximum efficiency.
- b. **Interim Progress Report:** The Interim Progress Report asks qualitative and quantitative questions necessitating narrative text and aggregated counts to facilitate process evaluation. The Interim Progress Report is flexible so that partners will only be required to answer questions applicable to their organization and/or partnership activities.
- c. **Partner Survey:** On a rolling basis, as partners onboard, some may be asked to complete the partner survey on a secure website. This will minimize the burden to respondents and facilitate/the efficiency of the contractor's evaluation analyses.
- d. **Partnership Activities Form:** On a rolling basis, as partners hold events, some may be asked to complete the form and send it to CDC. The form is flexible so that partners will only be required to answer questions applicable to their partnership activity.

Our data collection also requires that we employ qualitative research methods for the biannual key informant interviews. The foci of interviews do not lend themselves to electronic reporting; hence, electronic reporting will not be utilized. The qualitative data are crucial as they will provide information not gathered through other means, such as the context of program implementation, including partner's successes and challenges; rich detail on partners' program activities; and often, explanations or other information to interpret results (trends, patterns, etc.) suggested by the quantitative (metrics) data.

4. Efforts to Identify Duplication and Use of Similar Information

Information on the particular experiences and outcomes of the partners involved with these campaigns are not available via any means other than the ones proposed here. Since much of the data collection is conducted electronically, mechanisms have been established to streamline efforts and reduce the likelihood of the submission of duplicate data. Each partner

will have a separate login for the Metrics Database and will only be allowed to participate in data collection once during the collection period (e.g., only one key informant interview per partner). These activities will aid in the assessing the extent to which partnership activities aid in message dissemination and implementation of national engagement and communication efforts for HIV prevention and awareness. Presently, there are no other known evaluation activities to determine the level of engagement and reach of community and/or business partners in CDC’s HIV prevention communication efforts.

5. Impact on Small Businesses or Other Small Entities

This data collection will not involve small businesses.

6. Consequences of Collecting the Information Less Frequently

Table A.6.1 shows the planned data collections, the frequency of each collection, and a justification for the stated frequency. The monitoring and evaluation of partner engagement in CDC’s HIV prevention communication efforts will aid in the assessment of its overarching progress in attaining its goals and objectives. This is instrumental in determining the appropriateness and effectiveness of CDC’s ongoing programs and activities. The frequency of data collection has been based on previous information collection activities that have been considered to be of minimal burden to project partners. Furthermore, electronic systems have been established to streamline data collection, reducing time and effort required to provide information.

Table A.6.1 Frequency of Data Collection and Justification for Frequency by Data Source

Data Sources	Frequency	Justification for Frequency
Metrics Data Reporting	Quarterly	(1) Assess interim and long-term progress toward meeting program objectives. (2) Identify areas for program improvement and best practices to guide delivery of T&TA.
Key Informant Interviews	Biannually (twice a year)	(1) Qualitatively assess and describe implementation practices and activities and follow up on any issues identified through review of metrics data and Interim Progress Reports. (2) Identify areas for program improvement and best practices to guide delivery of T&TA. (3) Provide additional context and detail for interpreting metrics data.

Data Sources	Frequency	Justification for Frequency
Interim Progress Reports	Biannually	(1) Assess interim and long-term progress toward meeting program objectives. (2) Provide data to partners and CDC that can be used to identify areas for program improvement and best practices to guide delivery of T&TA (CDC) or requests for T&TA (partners). (3) Provide additional context and detail for interpreting metrics data.
Partner Survey	Once, on a rolling basis when collaborators on-board	Obtain insight into what partners are doing to promote HIV prevention and awareness and decrease HIV-related stigma and discrimination.
Partnership Activities Form	Once, on a rolling basis when partners complete an event	Assess and describe activities and follow up on any issues identified through review of data.

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

There are no other special circumstances that require the data collection to be conducted in a manner inconsistent with 5 CFR 1320.5 (d)(2). This request fully complies with the regulation 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 was published in the Federal Register on 06/15/2020, Vol. 85, No. 115; Page 36205 (**Attachment 2**). **There were/were no public comments (Attachment 2a)**. No one was consulted outside the agency to obtain their views on the reporting format or the data elements to be reported.

9. Explanation of Any Payment or Gift to Respondents

No incentive or any payment will be offered to respondents for interviews or survey.

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

The CDC NCHHSTP Privacy and Confidentiality Review Officer will assess this package for applicability of 5 U.S.C. § 552a to determine if the Privacy Act applies to the information collection. Data collected are safeguarded as described in the Privacy System of Records Notice (SORN) #0920-0136, Epidemiologic Studies and Surveillance of Disease

Problems. A privacy impact assessment was conducted to ensure the protections of the collected information (**Attachment 5**). The screening instrument and survey ask respondents to provide names and contact information for other individuals who might be able to answer questions about various policies/procedures, activities, and other aspects of the partner organization. This personally identifiable information (PII) will not be entered into a system of records and will be kept separate from participant responses about the organization. The project will collect minimal PII (name, email address and telephone number) to identify additional potential respondents but will not store, use, maintain or transmit personally identifiable information (PII) designed to be retrieved by an individual's name or identifier assigned to that individual.

The organization will be the main unit of analysis, although some personally identifiable information for other potential respondents will also be collected. The metrics reporting data will be identifiable and clearly linked to each partner organization. However, these data are not of a personal nature; they are meant to quantify the amount of activities implemented by each partner and describe the processes utilized for implementation. CDC will create reports specific to each partner organization and work with individual partners on issues raised by their data. For any evaluation reports and presentations that report metrics data collectively in summary form, CDC will de-identify partner data so that no one partner can be identified.

At the beginning of the key informant interview, the contractor who leads the discussion will review the informed consent script (see **Attachment 3c**). The interviewer will inform participants that the interview is voluntary and that they may choose not to answer any question and end participation at any time. The interviewer will also inform participants that the contractor will report findings in summary form so that participants cannot be identified and that their identifiable information will be kept secure and separate from the interview notes and audio recordings. In addition, the interviewer will inform the participant that there is also a note taker on the line. The informed consent script will offer contact information for a member of the CDC's National Partnerships Team (NPT) and for the evaluation contractor, should participants have questions or concerns about the interviews or the project itself.

The interim progress report data will be identifiable and clearly linked to each partner. However, these data are not of a personal nature; they are meant to describe the successes, facilitators and barriers, and major achievements of each partner; organizational and key staff changes; and successes, innovative practices, and lessons learned. CDC will work with individual partners on issues raised by their data. For any evaluation reports and presentations that report metrics data collectively in summary form, CDC will de-identify partner data so that no one partner can be identified.

The partner survey involves individuals representing their organizations and they will be presented with general information about the project, topics to be covered in the survey, and potential risks of participation. They will be advised that their participation is completely voluntary and that consent to participate can be revoked by the participant at any point during the survey. Once participants indicate their consent to participate, they will proceed directly to the online survey. Participants will be given a designated period during which the survey will be available for them to complete, making it feasible for participants to complete the survey at a

place and time of their choosing. The Partner Survey is of a programmatic nature, rather than the individual nature, providing another layer of privacy. Data will be treated in a private matter unless otherwise required by law.

The partnership activities form data will be identifiable and clearly linked to each partner. However, these data are not of a personal nature; they are meant to describe partners' activities. CDC will create reports specific to each partner and work with individual partners on issues raised by their data. For any evaluation reports and presentations that report metrics data collectively in summary form, CDC will de-identify partner data so that no one partner can be identified.

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

IRB Approval

This project seeks approval through a Project Determination from the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, which has deemed this activity as program evaluation and not human subject research. Notice of approval has been forwarded.

For the in-depth interviews, the evaluation contractor will utilize POC's names, phone numbers, and email addresses to send reminder emails and make reminder telephone calls, as well as for conducting the telephone interviews; however, the information will not be recorded elsewhere. All participants will be informed that any information they provide will be completely voluntary and they can end their participation at any time. We will obtain verbal consent for the telephone interviews. Once a potential participant provides verbal consent, we will proceed with the interview.

For the partner survey, CDC and the evaluation contractor will receive data for analysis in aggregate form. The participant ID itself will only be used to track the survey completion pattern (i.e., how many people complete a survey). Information in identifiable form (IIF) is not shared with anyone, including CDC and CDC's contractor. It is stored separately from the survey data file and is not linked in any way to participant responses.

The online survey vendors will maintain a list of participant ID numbers, names, telephone numbers, and email addresses only for the purpose of reminders about the project. CDC and CDC's contractor will only have access to the generic, randomly generated ID numbers for the purpose of tracking survey completion patterns. Although CDC will own the data, neither CDC nor CDC's contractor will have IIF nor see names or contact information for any participant responses.

All respondents will be assured that the information will be used only for the purpose of this research and will be kept secure to the extent allowable by law, as detailed in the sample consent form (see **Attachment 4**). Respondents will be assured that their answers to screener (see **Attachment 3g**) and survey questions will not be shared with anyone outside the research team and that their names will not be reported with responses provided. Respondents will be told that the information obtained from all the surveys will be combined into a summary report so that details of individual questionnaires cannot be linked to a specific participant.

The introduction to the survey, which participants will receive via email or view online, will provide a very brief description of the survey. The introduction will also provide instructions for accessing the screener, which collects information about the organization and its employees. Potential participants will access the screener by clicking on the screener URL that will be imbedded in the survey introduction. At this time, the potential participant will be asked if they are willing to answer a few questions to determine if they are eligible. Each person must check either a box labeled “yes” or “no.” Only respondents who consent will receive a personal password, which they will use to enter the screener.

Participants who are eligible to participate in the survey will be provided with a description of the project and administered informed consent. During this process, potential participants will be informed of the private and voluntary nature of the survey. After reading the informed consent, each participant must check either a box labeled “I have read this consent form and agree to participate in the survey.” or “I have read this consent form and do not want to participate in the survey.” Only respondents who consent will enter the survey.

Individuals who consent to participate in the survey will be able to access the survey by clicking on the link to the survey URL and then entering his/her personal password. A respondent’s personal password will not change. The personal password is required each time to access the survey and will keep the respondents’ spot in the survey so they can pick up where they left off; or, if they have already completed the survey, they will not be able to complete it again.

CDC’s contractor maintains restricted access to all data preparation areas (i.e., receipt and coding). All data files on multi-user systems will be under the control of a database manager, with access limited to project staff on a “need-to-know” basis only. The online vendor panels take the following security measures to ensure separation between respondents’ identity and their survey data. First, the survey instrument has no personally identifying information (PII) on it. No respondent name, email address, telephone number, or any other kind of PII appears on the survey. The only way a survey is identified is with a digital identification number. Second, although the invitation method (i.e., email) will inherently have PII information included, this will not be combined with survey responses so the responses from the survey are not linked to the PII. Third, screener data will be considered part of the survey data. The vendors will provide the results of the screener questions for all panelists, regardless of whether they qualify for the project. However, they will not retain responses to screening questions for those who are deemed ineligible for any other purpose outside the scope of this project. Fourth, the vendors will retain records for the duration of the project. The screening and survey instruments ask respondents to provide names and contact information (PII) for other individuals who might be able to answer questions about various policies/procedures, activities, and other aspects of the partner organization. This PII will not be entered into a system of records and will be kept separate from participant responses about the organization. Respondents will not be asked sensitive questions.

12. Estimates of Annualized Burden Hours and Costs

This section summarizes the total burden hours for this information collection in addition to the cost associated with those hours. Based on previous experiences conducting similar data collections, we estimate the total annualized response burden to be 4,651 hours annually. Table A.12.1 provides details about how this estimate was calculated.

- **Metrics Database (Attachment 3a):** Each partner will report metrics data on a quarterly basis. This activity will entail collecting data from collaborators (e.g., for joint events), synthesizing data from various sources (if applicable), entering the data into a database, and/or responding to questions for clarification or additional data from CDC or the evaluation contractor. It is estimated that these activities will account for 3,160 burden hours annually.
- **Key Informant Interview Guide (Attachment 3c):** Each partner may participate in two key informant interviews per year. Each interview will last 1 hour. It is estimated that participation in key informant interviews will account for 50 burden hours annually.
- **Interim Progress Report (Attachment 3d):** Each partner will prepare a written Interim Progress Report using a standardized reporting template, which will take about 8 hours to complete. It is estimated that completing the Interim Progress Report will account for 160 burden hours annually.
- **Partner Survey and Partner Screener (Attachments 3e and 3g):** The total time estimated to complete the survey is 30 minutes (**Attachment 3e**), while the estimated time for completion of the screener is 10 minutes (**Attachment 3g**). Not all items will be relevant for all organizations and they will only need to complete the survey once. The total number of organizations and respondents is approximately 300. The human resources manager at each organization should be able to complete the survey without having to consult organizational records for the information. If the organization does not have a human resources manager or if the individual is unavailable, we will ask another well-informed senior manager to complete the survey. The annual burden for the survey and screener is 200 hours.
- **Partnership Activities Form (Attachment 3f):** The total time estimated to complete the survey is 25 minutes. Not all items will be relevant for all partners and they will only need to complete the survey once per event/activity. The total number of partners and respondents is approximately 500. It is estimated that completing the form will account for 833 burden hours annually.

Table A.12.1. Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses Per Respondent	Average Burden per Response (in hours)	Total Burden Hours*
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Partner Organization	Metrics Database (Att 3a)	44	4	18	3,168
Partner Organization	Key Informant Interview Guide (Att 3c)	25	2	1	50
Partner Organization	Interim Progress Report (Att 3d)	10	2	8	160
Partner Organization	Partner Survey (Att 3e) & Screener (Att 3g)	300	1	40/60	200
Partner Organization	Partnership Activities Form (Att 3f)	500	4	25/60	833
Total					4,651

**Rounded to the nearest hour.*

In calculating annualized costs to partners, we used \$28.11 per hour as an estimate of the average hourly wage rate. To establish this amount, we used the mean hourly wage for all occupations released from the United States Department of Labor, Bureau of Labor Statistics since the occupational categories of participants are unknown (Bureau of Labor Statistics, 2019),

Table A.12.2 Estimated Annualized Burden Costs

Form Name	No. of Respondents	No. of Responses Per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs*
Metrics Database	44	4	18	3,168	\$28.11	\$89,052
Key Informant Interview Guide	25	2	1	50	\$28.11	\$1,406
Interim Progress Report	10	2	8	160	\$28.11	\$4,498
Partner Survey & Screener	300	1	40/60	200	\$28.11	\$5,622
Partnerships Activities Form	500	4	25/60	833	\$28.11	\$23,416

Total		\$123,994
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*Rounded to the nearest dollar.

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

There are no other costs to respondents or record keepers.

14. Annualized Cost to the Federal Government

The annualized cost to the federal government is \$204,654, which is based on the evaluation contractor’s costs for carrying out the data collection activities, analysis, and reporting and CDC’s oversight of the evaluation contractor and project (*Table A.14.1*). One CDC Contracting Officers’ Representative (COR) will be responsible for obtaining CDC approvals, providing project oversight, and participating in analysis and dissemination of the results. This project will be executed as part of Contract No. HHSD2002013M53964B/Order No. 200-2015-F-88167.

Table A.14.1 Annualized Cost to Government Costs

Expense Type	Expense Explanation	Annual Costs (dollars)
Direct Costs to the Federal Government	CDC, COR (GS-14 0.20 FTE): CDC oversight of contractor and project	\$29,654
	Subtotal, Direct Costs	\$29,654
Cooperative Agreement or Contract Costs	Contract No. HHSD2002013M53964B/Order No. 200-2015-F-88167 (RTI International): Recruitment, data collection, analysis, and reporting	\$175,000
	Subtotal, Cooperative Agreement or Contract Costs	\$175,000
	TOTAL COST TO THE GOVERNMENT	\$204,654

15. Explanation for Program Changes or Adjustments

This is a reinstatement request for ICR 0920-1161. There are no program changes or adjustments. We are requesting additional time to use the remaining approved burden hours.

16. Plans for Tabulation and Publication and Project Time Schedule

Data will be aggregated as part of the evaluation data collected as part of the *Together* initiative. No new datasets will be developed.

Tabulation

Quantitative data. There are four sources of quantitative data: the metrics database, Interim Progress Reports, Partner Surveys, and Partnerships Activities Form. The purposes of

these data collections are described in *Table A.6.1*. On a quarterly and annual basis, the evaluation contractor will analyze metrics data and summarize them in evaluation reports. For the partners' annual evaluation report, the evaluation contractor will aggregate the quarterly metrics data into an annual dataset at the end of each program year. Means will be computed for continuous, normally distributed data (e.g., the mean number of events held quarterly or annually) and frequencies will be computed for categorical data (e.g., the number of partners meeting a particular objective in a given year). Percentages will also be calculated as appropriate (e.g., the percentage of partners meeting a particular objective in a given year). Based on the Partner Survey data and Partnerships Activities Form, we will produce descriptive tabulations presenting the prevalence of organizational HIV policies and programs, and of partnerships activities/events, respectively.

Qualitative data. There are three sources of qualitative data: Key informant interviews, Metrics Database, and Interim Progress Reports. The purposes of these data collections are described in *Table A.6.1*. Data gathered through the key informant interviews will be entered into an analytic matrix by the note taker during the data collection. The contractor will conduct thematic or grounded theory analysis of these data to understand participants' viewpoints and experiences in a rigorous and detailed manner. The evaluation contractor will summarize results from each round of interviews into a report; these data will also be used to supplement the quantitative data presented in the annual evaluation report. The metrics database also requires entry of limited qualitative data to characterize events (e.g., trainings, outreach events, conferences), materials, and media impressions to contextualize findings presented in the annual evaluation report. Information from the Interim Progress Reports will be abstracted as needed and interwoven into evaluation reports to describe activities and explain trends in quarterly and annual metrics data. These and other descriptive data will be interwoven into annual evaluation reports as needed.

Publication Plans

The qualitative and quantitative data gathered for this project will be summarized in reports prepared for CDC by the evaluation contractor, such as quarterly/biannual reports, annual reports, and final reports. It is possible that data from this project will be published in peer-reviewed manuscripts or presented at conferences; the manuscripts and conference presentations may appear on the Internet. Specific plans for peer-reviewed publications and conference presentations have not yet been developed, but potential publication and presentation topics include the development, implementation or evaluation of partnership efforts.

Time Schedule

This reinstatement is requested for a period of 3 years. The project's annual time schedule is shown in *Table A.16.1*.

Table A.16.1 Annual Project Time Schedule

Activity	Timing
<i>Key Informant Interviews</i>	
Contractor conducts first of two rounds of biannual key informant interviews	Biannually approximately 4-5 months after OMB approval
Contractor analyzes and reports on key informant interview data	1 month after first round of interviews are completed
Contractor conducts second of two rounds of biannual key informant interviews	Biannually approximately 5 months after the first round of interviews are completed
Contractor analyzes and reports on key informant interview data	1 month after second round of interviews are completed
<i>Partner Survey</i>	
Partners complete partner survey	On a rolling basis throughout the year
CDC and contractor analyze data from partner survey	Annually approximately 11 months after OMB approval
Contractor submits annual report on partner survey data	Annually approximately 12 months after OMB approval
<i>Metrics Reporting</i>	
Partners submit metrics data	Quarterly
CDC and contractor analyze quarterly data and contractor submits quarterly report	2 months after partners submit quarterly metrics data
<i>Interim Progress Report</i>	
Partners complete interim progress report	Biannually
<i>Partnership Activities Form</i>	
Partners complete partnerships activities form	On a rolling basis throughout the year when partners complete an event
CDC and contractor analyze aggregate annual data (inclusive of metrics reports, Interim Progress Reports and partnership activities forms)	Annually approximately 11 months after OMB approval
Contractor submits annual report for program year	Annually approximately 12 months after OMB approval

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

We do not seek approval to eliminate the expiration date.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification statement.

References

Centers for Disease Control and Prevention (CDC). (2019a). Ending the HIV Epidemic: A Plan for America. Retrieved from: <https://www.cdc.gov/endinghiv/index.html>. Accessed on February 21, 2020.

Centers for Disease Control and Prevention (CDC). (2019b). Let's Stop HIV Together. Retrieved from: <https://www.cdc.gov/stophivtogether/index.html>. Retrieved from: <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-24-1.pdf>. Accessed on February 21, 2020.

Bureau of Labor Statistics (BLS). (2019, August). *Average hourly and weekly earnings of all employees on private nonfarm payrolls by industry sector, seasonally adjusted*. [Data table]. Retrieved from <https://www.bls.gov/news.release/empsit.t19.htm>