

**HIV Prevention Capacity Development Needs Assessments of Federally funded Health
Departments and Community-based Organizations**

**NEW
Information Collection Request
under OMB #0920-XXXX**

Section A: Supporting Statement

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- **Goals of the assessments:** The goal of this data collection is to determine the training and technical assistance (TA) needs of health departments and community-based organizations (directly funded agencies) funded by CDC to conduct HIV prevention and surveillance activities.
- **Intended use:** The intention of the data collection is to provide the training and TA directly funded agencies need in a timely and efficient manner by combining the responses and hosting trainings and TA with multiple agency staff at the same time.
- **Methods to be used to collect data:** Data will be collected through two structured, survey-based assessments, one collecting training and technical assistance needs of health department staff and the other for community-based organization staff. Assessment data will be collected through the CDC's CBA Tracking System (CTS), the online system that directly funded agencies currently request trainings and technical assistance. Representatives from each directly funded agency will be invited to voluntarily submit their agencies training and technical assistance needs based on a comprehensive list of trainings and TA activities the CDC offers to meet funded HIV prevention and surveillance goals.
- **The subpopulation to be studied:** The subpopulation for this information collection request is directly funded agencies. The data to be collected is about the agencies, not the persons completing the needs assessments.
- **How data will be analyzed:** Directly funded agencies training and TA needs data will be aggregated by the CTS system according to the specific content, and whether they need training or TA. This data will be analyzed to meet the requested needs. Outside CTS, CDC staff will analyze the system-generated reports to determine the frequency of request for each training and TA activity. CTS will report out the findings in a commercially available software, e.g., Microsoft Excel. CDC staff will run the reports then group (a.k.a., aggregate) the requested trainings and TA activities by the region of the United States the directly funded agencies provide services. This content and regional-based grouping approach will be implemented given the Capacity Building Assistance (CBA) providers that conduct training and TA activities on behalf of the CDC are funded to provide these services by content and geographical region. This regional-based approach allows the CDC to minimize travel costs and accommodate requests in as few trainings and TA activities as necessary to meet directly funded agency's needs.

Supporting Statement

A. Justification

1. Circumstances Making the Collection of Information Necessary

This is a NEW information collection request (ICR)'. The Centers for Disease Control and Prevention's (CDC) Division of HIV Prevention (DHP) requests OMB approval of a new, three-year ICR to conduct

non-research needs assessments entitled, “HIV Prevention Capacity Development Needs Assessments of Federally funded Health Departments and Community-based Organizations.” CDC staff will conduct this data collection activity as well as analyze the data that results.

This information is collected under the authority of the Public Health Service Act, Section 301, "Research and Investigation," (42 U.S.C. 241); and Sections 304, 306 and 308(d) which discuss authority to maintain data and provide assurances of privacy for health research and related activities (42 U.S.C. 242 b, k, and m(d)). (**Att 1_Authorizing Legislation**). This information is also being collected in conjunction with the provisions of the Government Paperwork Elimination Act and the Paperwork Reduction Act (PRA). This information will be used by CDC staff to determine the training and technical assistance (TA) needs of CDC directly funded agencies that conduct HIV prevention and surveillance activities.

Informing this application, in 2019 the President of the United States announced a federal effort to end the HIV epidemic in the U.S. by 2030.¹ To achieve the Ending the HIV Epidemic in the U.S. (EHE) initiative’s goal, i.e., reducing new HIV infections by 90 percent, the HIV workforce must have the skills and knowledge to implement HIV prevention programs and surveillance activities as quickly and efficiently as possible. As such, the trainings and TA activities that build the skills and knowledge of the HIV workforce will need to take place in a timely and efficient manner. This data collection intends to improve on past performance whereby directly funded agencies needs were addressed agency by agency, which resulted in some agencies needs not being met in a timely nor efficient manner.

Each directly funded agencies needs assessment data will be aggregated to determine the frequency of request for specific trainings and TA activities. In order to meet the reported needs in a timely and efficiency manner, aggregated frequencies will result in an economy of scale approach to meeting these needs. An economy of scale approach will allow the CDC to host a single training or TA activity with multiple agencies given the CDC will know the scope of need by agency and by the geographic region they provide service. In addition, the CDC will be able to prioritize the most requested trainings and TA activities working from most to least requested.

Of note, health departments are currently funded to conduct HIV prevention and surveillance activities under PS18-1802: Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments (PS18-1802). PS18-1802 is a five year cooperative agreement that began on January 1, 2018 and runs through January 1, 2023. Community-based organizations are funded (current and planned) by two, five-year cooperative agreements, PS21-2102: Comprehensive High-Impact HIV Prevention Programs for Community Based Organizations (PS21-2102) and PS22-2203: Comprehensive High-Impact HIV Prevention Programs for Young Men of Color who have sex with Men and Young Transgender Persons of Color. This application seeks to first implement the community-based organization needs assessment (**Att 3a_Community-based Organizations Needs Assessment**) among PS21-2102, then PS22-2203 funded agencies. This application intends to implement the health department needs assessment (**Att 3b_Health Departments Needs Assessment**) once a new funding mechanism is implemented among health departments, scheduled for 2023.

2. Purpose and Use of the Information Collection

The purpose of this data collection is to determine the trainings and TA activities directly funded agencies need in order to build their staffs’ skills and knowledge to achieve their programmatic goals. The respective needs assessment surveys will be implemented once among each of the funding recipients by funding mechanism during the three year ICR. PS 21-2202 funded agencies (community-

based organizations), PS22-2203 funded agencies (community-based organizations), and health departments funded under the NOFO replacing PS18-1802, which is scheduled to take place in 2023, will each be given the opportunity to report their training and TA needs during a specified time period as a function of this NEW ICR. Additionally, this data collection request will allow the CDC to meet directly funded agency needs more efficiently through an economy of scale approach. Being able to aggregate directly funded agency needs by content and by geographic region the agency provides services will allow the CDC to host fewer trainings and TA activities that include more directly funded agency staff.

The data collection findings will be aggregated by CDC staff to determine which trainings and TA activities are being requested, in what frequency each is being requested, and in what region of the country the directly funded agency provides services. Once the frequency of training and TA activity requests are determined and where the requesting agencies provide services, CDC staff will work with the Capacity Building Assistance (CBAs) providers, funded by PS19-1904: Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration, to schedule the trainings and TA activities requested. CBAs are the agencies the CDC funds to conduct training and TA activities in support of directly funded agencies. The CDC’s intention is to collect the directly funded agencies needs within the first year of receipt of funding and begin meeting those needs shortly thereafter; this application seeks to achieve this advancement in efficiency and timeliness.

In short, Att 3a_Community-based Organization Needs Assessment will be implemented once among PS21-2102 and PS22-2203 funded agencies. The responses to each survey administration, by NOFO, will be aggregated by specific training and TA need as well as aggregated by region of the country their services are rendered. These aggregated lists will be provided to the respective capacity building activity providers funded under PS19-1904 to meet the reported needs according to most requested to least requested training and TA need. Att 3b_Health Department Needs Assessment will be implemented once among the agencies funded under the NOFO that replaces PS18-1802, scheduled for 2023. The same analytic process will be engaged for the data collected under this administration as well as the same approach to meeting these needs.

Exhibit 2.1: Overview of Key Variables

Community-based Organization Needs Assessment (Attachment 3a)	Health Department Needs Assessment (Attachment 3b)
<ul style="list-style-type: none"> • Verify the agency the respondent is completing the needs assessment on behalf • Verify the respondent’s role and contact information • Assess training needs • Assess technical assistance needs • Assess interest in participating in a unique series of capacity building sessions designed for community-based organizations’ mid- and senior-level managers 	<ul style="list-style-type: none"> • Verify the agency the respondent is completing the needs assessment on behalf • Verify the respondent’s role and contact information • Assess training needs • Assess technical assistance needs

3. Use of Improved Information Technology and Burden Reduction

Under this ICR, CDC will conduct a 100% electronic data collection via an online, structured needs assessments with system-based reporting (**Att 3c_Screenshots**). The electronic, online, structured needs assessment data collection will occur and be housed in the CTS system, which directly funded agencies currently request trainings and TA activities. As such, directly funded agencies have been offered training, and are familiar with the system in terms of how to access and navigate the system, which should help reduce the burden to inform CDC of their training and TA needs. In addition, the online data collection instruments will eliminate any burden experienced from data collection via a telephone call, e.g., scheduling calls, rescheduling missed calls, as well as the burden of aggregating individual phone call responses across content areas and regions of the country. Electronic data collection also minimizes the burden of written data collection given it forgoes the time and burden of mailing a response and having to wait for the data to be uploaded into an electronic system for analysis. Further, building an automated reporting mechanism into the system the participants are oriented to submit training and TA request needs will allow the CDC to aggregate responses across agencies in a more efficient manner as the system will aggregate responses based on specific training and TA activities and by region. Once the data is collected from the participants who voluntarily agree to participate, CDC staff will distribute the findings to the appropriate CBA provider for scheduling training and TA activities.

4. Efforts to Identify Duplication and Use of Similar Information

CDC is uniquely situated as the federal agency charged with providing HIV prevention and surveillance activities throughout the U.S. In addition, CDC is the only federal agency undertaking the development and implementation of training and TA to assist directly funded agencies to meet their CDC funded goals. As such, the CDC understands that we are the only federal agency in which the data collection proposed would be relevant. In addition, the needs assessments are designed to collect the data necessary to act upon reported needs based on the funding the agencies receive from the CDC, thus the CDC envisions no other effort would collect this information.

5. Impact on Small Businesses or Other Small Entities

This information collection limits the data collected to trainings and TA activities the CDC makes available to the directly funded agencies as well as questions that will allow us to follow up with the appropriate agency staff for scheduling trainings and TA activities. There is one open-ended question regarding training and TA activities the CDC does not currently offer that the agency would benefit. This question seeks to understand what needs the agencies have that the CDC should consider developing. As such, the data collection instruments have been designed to minimize the impact on small businesses and other small entities by not asking unnecessary questions.

6. Consequences of Collecting the Information Less Frequently

This application envisions **three needs assessment data collection activities** during the three year ICR, two among CBOs and another among HDs. Collecting training and TA activity needs once in a three year period may result in some training and technical assistance needs not being met in a timely manner, though directly funded agencies can submit individual agency requests for training and technical assistance beyond the period in which needs assessment data is being collected and addressed. Note: directly funded agencies can request trainings and TA throughout their funding; this process seeks to make the implementation of training and TA more efficient and timelier. This data collection does not alter the directly funded agencies access to trainings and TA.

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

This data collection effort does not involve any special circumstances.

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

A 60-day FRN notice for a NEW ICR was published in the Federal Register on September 7, 2021, vol 86, No 170, pp 50126-28 (**Att 2 – 60 day FRN**). Two non-substantive public comments were received (**Att 2A – Public Comments**). No CDC response was sent because submitters did not provide contact information.

9. Explanation of Any Payment or Gift to Participants

Agency representatives, i.e., participants, will not be provided a payment or gift as part of this ICR.

10. Assurance of Confidentiality Provided to Participants

The CIO's Information Systems Security Officer reviewed this submission and determined that the Privacy Act does apply. This package has been assessed for applicability of 5 U.S.C. § 552a and the Privacy Act has been determined does apply to the overall information collection as personally identifiable information (PII) is being collected (**Att 5_Privacy Impact Assessment**). The PII collected under this ICR will include: name of respondent, agency name respondent works for, and their professional email and telephone contact information. This data currently resides in the CTS system, given the system functions as the means to request training and TA. Collection of PII is covered under OMB #09-20-0161 Records of Health Professionals in Disease Prevention and Control Training Programs (SORN). This protected information is collected and stored by the CTS system in order for the CBA providers to follow up on requested trainings and TA activities (**Att 4_ Security Controls**). Data will be stored and managed based on current CDC/OCISO (Office of the Chief Information Security Officer) requirements and standards, including process for handling security incidents and event monitoring, and incident response. This includes protecting stored data within the CDC Internet Firewall. This data collection application does not propose a paper or hardcopy version of completed needs assessment instruments, and access to data stored electronically is limited to CDC staff and CBA providers with a bona fide need to know to perform their official duties. Data collected on electronic forms are stored on a secured Microsoft SQL Server located behind the firewall. All data reside behind a strict firewall with security protection. Security provisions for data storage also meet all requirements established by CDC's Health Information System and Surveillance Board (HISSB).

11. Justification for Sensitive Questions

This data collection request was determined not to require IRB review (**Att 6_NCHHSTP_Project Determination Needs Assessment**). There are no sensitive questions involved in this data collection.

12. Estimates of Annualized Burden Hours and Costs

12A. Estimated Annualized Burden Hours

This ICR will include up to 200 responses, one per agency (final number dependent on how many community-based organizations and health departments the CDC funds to provide HIV prevention and

surveillance activities during the duration of the ICR). Historically, the CDC has funded approximately 120 community-based organizations and 60 health departments. CDC selected to add 20 responses, 10 per group, in case future funding mechanisms result in additional grantees.

The needs assessment instruments are designed to: 1. Verify the agency the responses are on behalf of, 2. The person completing the response is the appropriate representative of the agency, 3. Verify, or update, the agency representative’s contact information, and 4. Assess the trainings and TA activities the agency needs to meet their funded goals.

Exhibits 12.1 and 12.2 provide details about how the estimates of burden hours and costs were calculated. The estimated total number of burden hours is 51.

Exhibit 12.2: Estimated Annualized Burden Hours

Type of Participant	Form Name	No. of Participants	No. of Responses Per Participant	Average Burden Per Response (in Hours)	Total Burden Hours
Community-based Organization Representatives -Adults	Community-based Organization Needs Assessment (Att. 3a)	130	1	20/60	43
Health Department Representatives -Adults	Health Department Needs Assessment (Att. 3b)	70	1	20/60	23
Total					66

12B. Estimated Annualized Burden Costs

The annualized costs to the participants are described in Exhibit 12.2. The United States Bureau of Labor Statistics’ employment and wages estimates from May 2020 (http://www.bls.gov/oes/current/oes_nat.htm) were used to estimate the mean hourly wage rate for the community-based organization and health department representatives for the purpose of this application. The total estimated cost of the burden to participants is approximately \$1,910.00. This cost represents the total burden hours of general participants multiplied by the average hourly wage rate for the occupation estimated to align with the target subpopulation most closely, noted in parentheses.

Exhibit 12.3: Estimated Annualized Burden Costs

Type of Participant	Form Name	Total Burden Hours	Mean Hourly Wage Rate	Total Participant Costs
Community-based organization representatives (i.e., Community and Social Service Occupations)- Adults	Community-based Organization Needs Assessment (Att 3a)	43	\$25.09	\$1079.00
Health department representatives (i.e., Social and Community Service Managers)-Adults	Health Department Needs Assessment (Att. 3b)	23	\$36.13	\$831.00
Total				\$1,910

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

There are no costs to the participants for participating in this survey.

14. Annualized Cost to the Federal Government

The annualized cost to the government is \$525,813. Direct costs include the salaries of a CDC Senior Health Scientist (\$29,635). The contract cost is \$496,178.

Exhibit 14.4: Annualized Cost to the Government

Expense Type	Expense Explanation	Annual Costs (dollars)
Direct Costs to the Federal Government	CDC, Senior Health Scientist (GS-14 0.25 FTE)	\$ 29,635
Contract Costs	Contract Costs to develop the needs assessment and data reporting in the CTS system (RSS, #200-2013-57341)	\$ 496,178
	TOTAL COST TO THE GOVERNMENT	\$ 525,813

15. Explanation for Program Changes or Adjustments

This is a NEWinformation collection request (ICR).

16. Plans for Tabulation and Publication and Project Time Schedule

Tabulation will include specific trainings and TA requested across directly funded agencies. Data collection will occur within a week of OMB approval of this application, analysis will be conducted the month following the end of data collection, and the final report of aggregated training and TA needs will be submitted within 3 months of data collection. The project timeline is detailed in exhibit 16.1.

Exhibit 16.5: Project Time Schedule

Activity	Time Schedule
Develop data collection needs assessments	September 2020 – August 2021
OMB Submission	February 2022
Data Collection	1 week after OMB Approval (anticipated: June 2022)
Data analysis finalized	2 months after OMB Approval (anticipated: August 2022)
Begin meeting reported training and TA needs	4 months after OMB Approval (anticipated: September 2022)

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

18. The display of the OMB expiration date is not inappropriate. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exemptions to the certification.

References

1. HIV.gov. Ending the HIV Epidemic: A Timeline. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview/ending-epidemic-timeline> Accessed: Friday, May 28, 2021.