

Health Resources and Services Administration
SUPPORTING STATEMENT
Ryan White HIV/AIDS Program (RWHAP) AIDS Education and Training Centers
Evaluation Activities

OMB Control No. 0915-0281

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Ryan White HIV/AIDS Program (RWHAP), authorized under Title XXVI of the Public Health Service Act, is administered by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB). HRSA HAB awards funding to recipients in areas of the greatest need to respond effectively to the changing HIV epidemic, with an emphasis on providing life-saving and life-extending medical care, treatment, and support services for people living with HIV in the United States. See Attachment A for a copy of the 2009 legislation. The RWHAP supports a comprehensive system of direct health care and support services for over half a million people with HIV.¹ The RWHAP makes financial assistance available for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential core medical and support services to people with HIV.

The RWHAP AETC Program, funded under Part F, supports a network of two national centers and eight regional centers that conduct targeted, multi-disciplinary education and training programs for health care providers treating people with HIV. The RWHAP AETC Program's mission is to improve the quality of life of persons with or affected by HIV through the provision of high-quality professional education, training, and capacity building support. The RWHAP AETC Program also supports the goals of the National HIV/AIDS Strategy (NHAS) by increasing the number of healthcare teams educated and motivated to care for people with HIV.

RWHAP AETC Program recipients gather data on the training activities they conduct using two data collection instruments. The Event Record (ER) gathers information about each training activity, including training programs, individual clinical consultations, group clinical consultations, and technical assistance events. Information on the people trained, the length of training, the content and level of the training, and collaborations with other organizations is also collected. The Participant Information Form (PIF) collects information from each of the training participants, including demographics, profession, the types of HIV services they provide, and the characteristics of the patient population they serve. The RWHAP AETC Program recipients report these data to HRSA HAB once a year.

As the current RWHAP AETC data collection forms will expire on June 30, 2022, HRSA is requesting an extension of the current ER and PIF with minor changes. To more accurately capture the length of a training event, RWHAP AETC trainers will be asked to report the event's end date in addition to the start date on the ER. Additionally, if an event was not supported by RWHAP AETC base grant funding, respondents will be able to skip three subsequent questions on the ER that are not applicable. An update was made to the wording of a question on funding sources to improve clarity (i.e., AETC programmatic funding was changed to AETC Base Grant funding). The skip logic in the response options was also revised to reflect this change.

¹ HRSA. Ryan White HIV/AIDS Program Report 2020. <http://hab.hrsa.gov/data/data-reports>. Published December 2021. Accessed March 25, 2022.

Respondents will also have the option to report multiple clinic and health professional program identification (ID) numbers to reflect multiple affiliations. Additional options were added for multiple questions in the ER to allow for more complete responses (e.g. an “other” response option was added to two questions; and response options such as trauma-informed care, gender affirming care, transgender/non-binary/other gender, people experiencing homelessness, and people with justice system involvement were added to capture timely event topics). In addition to changes on the ER, minor revisions were made to the response options for multiple questions on the PIF to improve clarity (e.g., “Substance Abuse” was changed to “Substance Use Disorder”). Additionally, the question and response options on gender were updated. Lastly, options were added to multiple questions to allow for more complete responses. For example, questions on gender, racial and ethnic identity now include “Choose Not to Disclose” as response options.

2. Purpose and Use of Information Collection

The purpose of collecting these data is to allow HRSA and the RWHAP AETC Program to assess the program’s performance and identify areas where gaps in RWHAP-related education and training exist. Additionally, the data enables HRSA to summarize and report to Congress and other stakeholders of the RWHAP AETC Program’s accomplishments such as training topics covered, hours of contact with health care professionals, type of professionals trained, and collaborative efforts with other federally funded entities.

3. Use of Improved Information Technology and Burden Reduction

Data are submitted by the regional RWHAP AETCs to HRSA in electronic format. The RWHAP AETCs have developed a web-based platform for administration of the PIF and ER forms. Each RWHAP AETC then uploads its data files in a CSV format to HRSA’s Electronic Handbooks (EHBs). Paper PIF and ER forms are no longer used, thus reducing burden in completing and submitting the forms and data.

4. Efforts to Identify Duplication and Use of Similar Information

Data that can describe the activities of the RWHAP AETC Program are not available elsewhere. This is the only effort known to characterize the RWHAP AETC training activities, and without these data, HRSA HAB will not be able to monitor RWHAP AETC education and training efforts, make improvements to the program, or meet Congressional reporting requirements.

5. Impact on Small Businesses or Other Small Entities

This information collection includes small entities; however, this activity does not impose a significant impact on such entities.

6. Consequences of Collecting the Information Less Frequently

Without these annual data, HRSA HAB would not be able to carry out its responsibility to monitor compliance with the intent of Congressional appropriations in a timely manner. HRSA HAB also would not be able to track and evaluate RWHAP AETC training activities and improve upon any gaps in providing high-quality professional education, training and capacity building support.

7. Special Circumstances Relating to the Guidelines of 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 February 15, 2022 (Volume 87, No. 31, pages 8593-8594). See TAB D for the published notice. Three RWHAP AETC Programs submitted comments. Of the three comments received, two RWHAP AETC made suggested revisions to the ER and the PIF, while another RWHAP AETC suggested revisions to the ER. Most of the public comments were accepted. Comments were rejected if they were out of scope, did not make sense in the context of the question, or could be addressed by an “other” response option. In addition to the comments, two other RWHAP AETC Programs requested copies of the revised PIF and ER, although no comments were subsequently submitted. All four RWHAP AETC Programs were invited to participate in the pilot described below. Comments were further elaborated in the pilot and adopted in the revisions of the two RWHAP AETC forms.

Section 8B:

A pilot for the completion of the PIF and ER and the submission of a compiled data set into the EHBs was conducted in March 2022. Six of the eight AETCs participated in the pilot. Respondent comments focused on improving the clarity of questions, refining definitions, and updating terminology and response options. The forms were updated to reflect these suggestions. Specifically, one of the funding questions in the ER was clarified to specify that “AETC programmatic funding” refers to “AETC Base Grant funding.” The skip logic in the response options was revised to reflect this change. Additionally, the question and response options on gender were updated for clarity. In the ER, response options such as trauma-informed care, gender affirming care, transgender/non-binary/other gender, people experiencing homelessness, and people with justice system involvement were added. In the PIF, the questions on gender, racial and ethnic identity now include “Choose Not to Disclose” as a response option. The PIF now also includes clarification on instructions to the use of email as a personal identifier. The names, titles, organizations, telephone numbers, and e-mail addresses of those consulted are provided below:

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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

Measures have been incorporated into the RWHAP AETC Program to protect the confidentiality of event participants. Only summary data will be included in any reports developed from the

Collection of this information. The identifiers for individual participants so that they can track repeat attendance and HRSA will use this identifier and not the individual's name. All reports developed from the data submission will use only aggregate data reports.

11. Justification for Sensitive Questions

No questions of a sensitive nature are asked in the forms.

12. Estimates of Annualized Hour and Cost Burden

RWHAP AETC training participants complete the PIF at every training event. Trainers are asked to complete the ER for each training event they conduct. In addition, each regional RWHAP AETC (eight total) compile these data into a data set and submit to HRSA HAB once a year.

12A Estimated Annualized Burden Hours

There are an estimated 164,385 trainees who attend RWHAP AETC training events every year. During the pilot of the PIF, respondents' estimated burden averaged five (10) minutes to complete the form. There are an estimated 12,980 trainers who conduct RWHAP AETC training events every year. During the pilot of the ER, respondents' estimated burden averaged nine (12) minutes to complete the form. Respondents from the regional offices also estimated 32 hours to submit the combined data set in CSV format into the EHBs. The total annual burden for this activity is 30,304 (PIF, ER and combined data set) hours.

12B.

The hourly wage rates were taken from the Bureau of Labor Statistics, [Sector 62 - Health Care and Social Assistance - May 2021](#) ([bls.gov](#)) published in May 2021. Hourly wage rates were used for the occupational titles: healthcare practitioners and technical workers (28.47) and health information technologists and medical registrars (\$27.42). The total respondent cost is \$451,553.37.

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

Other than their time, there is no costs to respondents.

14. Annualized Cost to Federal Government

RWHAP AETCs have developed unique identifiers for individual participants so that they can track repeat attendance and HRSA will use this identifier and not the individual's name. All reports developed from the data submission will use only aggregate data reports.

Cost Burden

RWHAP AETC training participants complete the PIF at every training event. Trainers are asked to complete the ER for each training event they conduct. In addition, each regional RWHAP AETC (eight total) compile these data into a data set and submit to HRSA HAB once a year.

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Burden to Respondents or Recordkeepers/Capital Costs

Other than their time, there is no costs to respondents.

Government

The contract task that supports data collection efforts each year is \$180,000, as well as the cost of a GS 13 at 25% (approximately \$25,000) to monitor the project. The estimated total cost is \$205,000.

15. Explanation for Program Changes or Adjustments

The current inventory is for 4,432 burden hours and this request is for 15,871 hours, an increase of 11,439 hours. This increase is mostly due to the significant increase of estimated trainees attending the training events, from 61,288 to 164,385 participants. There was also an increase in the number of training events, from 10,522 to 12,980 events. The burden estimate for completing the forms averaged about the same; however, the burden estimate in submitting a larger amount of data increased the burden from 4.5 to 35 hours.

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

The RWHAP AETC regional recipients will report data using the grant year July 1 – June 30. The RWHAP AETC system will open on July 12th and be available until August 29th for entering combined data set. HRSA will produce descriptive annual reports—one for use by HRSA and a RWHAP AETC specific report for each of the RWHAP AETC regional recipients.

Data Collection Period: July 1st – June 30th	Deadline
Completion of ER and PIF forms	July 1st – June 30th
RWHAP AETC System Opens	July 12th
RWHAP AETC Report Due	August 29th

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

The expiration date will be displayed appropriately.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

This information collection fully complies with the guidelines in 5 CFR 1320.9. The necessary certifications are included in the package.