

OMB Control Number 0920-1282

Performance Measures Project

Request for GenIC Approval (for data collection in 2023, 2024, 2025)

CIO: NCHHSTP/DSTDP/PDEB

PROJECT TITLE: Enhancing STI and Sexual Health Clinic Infrastructure (ESSHCI)

PURPOSE AND USE OF COLLECTION: Performance measurement and evaluation - The Enhancing STI and Sexual Health Clinical Infrastructure (ESSHCI) serves to strengthen clinic infrastructure and expand access to comprehensive sexual health services in high burden and underserved areas. ESSHCI supports clinics to, 1) foster community engagement and strategic partnerships to support expansion of sexual health services, 2) strengthen clinic infrastructure and provision of sexual health services, and 3) conduct short-term activities to expand access to STI prevention and other sexual health services supporting a syndemic approach.

Project outcomes include increased community involvement in clinic-level planning, increased engagement with public health partners, increased access to & capacity to provide comprehensive sexual health services, improved patient clinic experience, increased identification of new STIs, and increased linkage to prevention and care services for co-occurring conditions.

CDC will use performance measures for PS23-0011 to monitor and evaluate the outcomes of this project. The performance measures associated with this cooperative agreement are intended to be used by CDC and recipients to: Monitor implementation and progress toward achieving intended outcomes, demonstrate accountability to interested parties (e.g., funders, public) by showing how funds are being spent, maximize learning opportunities and technical assistance needs associated with the implementation, and assess the impact of this cooperative agreement to strengthen clinic infrastructure and expand access to comprehensive sexual health services.

NUMBER AND TITLE OF NOFO: CDC-RFA-PS-23-0011 Enhancing STI and Sexual Health Clinic Infrastructure (ESSHCI)

NUMBER OF PARTICIPATING RECIPIENTS: 26 recipients representing state health departments, academic institutions, and non-governmental organizations.

DESCRIPTION OF NOFO (check all that apply):

- Funds all 50 states
- Has budget higher than \$10 million per year
- Has significant stakeholder interest (e.g. partners, Congress)

Please elaborate:

Through RFA PS-23-0011 CDC awarded a total of \$5,000,000 over a 5-year period to 26 recipients (**Attachment 1- List of funded ESSHCI recipients**) to implement strategies to strengthen clinic infrastructure and expand access to comprehensive sexual health services. This cooperative

agreement includes the implementation of two required strategies A & B, and an optional strategy C. Strategy A (required strategy for year 1) will foster community engagement and strategic partnerships to support expansion of sexual health services. The associated activities under this strategy include: engage priority populations disproportionately impacted by STIs, mobilize public health partners, and develop a plan to increase access to quality comprehensive sexual health services. Strategy B (required strategy for years 1 – 5) will strengthen clinic infrastructure and provision of comprehensive sexual health services. Associated activities include: conduct clinic infrastructure assessment, implement a plan to increase access to sexual health services, enhance clinic sexual health services, and assess and improve the patient clinic experience. Strategy C (optional strategy for years 1 – 5) will fund a subset of proposed short-term activities each budget period to expand access to STI prevention and other sexual health services supporting a syndemic approach. The ESSCHI NOFO outcomes include increased community involvement in clinic-level planning, increased engagement with public health partners, increased access to & capacity to provide comprehensive sexual health services, improved patient clinic experience, increased identification of new STIs, and increased linkage to prevention and care services for co-occurring conditions. To address inequities and gaps in sexual health services, this cooperative agreement will prioritize communities with high STI burden and unmet need for STI clinical services.

As this cooperative agreement represents new funding to strengthen sexual health clinic infrastructure, many stakeholders within the recipients' respective communities, CDC, and HHS at large are invested and interested in the program and its outcomes to enhance STI and sexual health clinic infrastructure.

PERFORMANCE METRICS USED & JUSTIFICATIONS:

The performance measures for the ESSCHI NOFO are purposed to demonstrate the achievement of program outcomes, build a stronger evidence base for specific program strategies, clarify the applicability of the evidence base to different populations, settings, and contexts, and drive continuous program improvement. Minimizing the burden of performance measures reporting was an active consideration throughout the process of identifying performance measures for this cooperative agreement. Each measure is drafted to ensure relevance with the program strategies and outcomes (***Attachment 2- Technical Specifications***)

For required strategy A (Foster community engagement and partnerships), a total of 5 performance measures of qualitative and quantitative variables are required to be reported by all recipients to assess community involvement in clinic-level planning for provision of comprehensive sexual health services (outcome 1) and engagement with public health partners addressing the STI epidemic (outcome 2) (***Attachment 3a- Data Reporting Template***). For required strategy B (Strengthen clinic infrastructure and provision of comprehensive sexual health services), a total of 13 performance measures of qualitative and quantitative variables are required to be reported by all recipients to assess: clinics' capacity to provide quality comprehensive sexual health services (outcome 1); patients' clinic experience (outcome 2); identification of new STIs by clinic (outcome 3); and linkage to public health partners for prevention and care services for co-occurring conditions (outcome 4) (***Attachment 3a- Data Reporting Template***). The 13 measures include summary of the standardized Quality STD Clinical Services (QCS) assessment (***Attachment 3b- STD QCS- Assessment-Tool***) which recipients are required to complete as part of their implementation activities and report to assess their clinic capacity to provide quality comprehensive sexual health

services (outcome 1). Where appropriate, for performance measures assessing outcomes 3 and 4, the aggregated data will be reported stratified by the variables age, gender, race and ethnicity, gender of sex partners, population group, and insurance status (**Attachment 3a- Data Reporting Template**). Race and ethnicity are to be collected at the local level in accordance with OMB standards. Hispanic or Latino persons can be of any race. Strategy C is optional and performance measures will be reported only by clinics funded to implement the strategy. For strategy C, 3 performance measures of qualitative variables are required (of select recipients) to assess access to quality, stigma-free STI care and comprehensive sexual health services, especially among priority populations affected by STIs (outcome 1) (**Attachment 3a - Data Reporting Template**).

All measures will be reported in aggregate to CDC by recipients, twice a year using the data reporting templates provided by the CDC evaluation team (**Attachment 3a- Data Reporting Template** and **Attachment 3b- STD QCS-Assessment-Tool**). Biannual data reporting is necessary for CDC to continue to identify program performance issues that might result in costly program inefficiencies and provide timely assistance to recipients.

This Generic IC request matches the intent of this ICR by being directly related to performance measurement for CDC cooperative agreements, to cover twice yearly submission of select, aggregate data points from recipients to CDC for performance measurement purposes (**Attachment 4-Recipient Email**). In this way, the data collection templates are fully in alignment with this Generic IC, in terms of the intent, format, type, and level of data to be collected.

CERTIFICATION:

I certify the following to be true:

1. The collection is non-controversial and does not raise issues of concern to other federal agencies.
2. Information gathered is meant primarily for program improvement and accountability; it is not intended to be used as the principal basis for policy decisions.

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To assist review, please answer the following questions:

ANNUALIZED BURDEN HOURS:

This table calculates the total estimated burden per year for all recipients.

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Annualized Burden Hours
State/Local Government	STD QCS Assessment tool	6	2	6	72

State/Local Government	ESSHCI PMP Reporting template	6	2	40	480
Private Institutions	STD QCS Assessment tool	2	2	6	24
Private Institutions	ESSHCI PMP Reporting template	2	2	40	160
Non-governmental Organizations	STD QCS Assessment tool	18	2	6	216
Non-governmental Organizations	ESSHCI PMP Reporting template	18	2	40	1440
Totals		26		138	2,392

TOTAL BURDEN HOURS FOR THIS GENIC:

This table specifies the calendar years in which information will be collected and calculates the total burden hours requested over the approved timeframe of the generic.

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2024, 2025, 2026	3	2,392	7,176

See examples provided with this template.

FEDERAL COST: The estimated annual cost to the Federal government is \$318,888

The cost is based on providing technical assistance to jurisdictions on the Data Collection Tools and review, analysis, and reporting of the submitted data by three personnel: one GS-12, Step 1 staff at annual salary \$87,466; one GS-12, Step 4 staff at annual salary \$96,213; and one GS-13, Step 10 staff at annual salary \$135,209 SALARY TABLE 2023-ATL (opm.gov). Total: \$87,466 + \$96,213 + \$135,209 = \$318,888

ADMINISTRATION OF THE INSTRUMENT:

1. How will you collect the information? (Check all that apply)

Web-based

Email

Postal Mail

Other, Explain: Other, CDC's Secure Access Management System is used for the submission of data.