From:	Gabrielle D Abousleman
To:	HRSA Paperwork
Subject:	[EXTERNAL] Feedback for HRSA Ryan White HIV/AIDS Program Part F Regional AIDS Education and Training Center Program Activities, OMB No. 0906-xxxx—New.
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Attachments:	image003.png

Hello,

I would like to submit feedback (below) regarding the proposed HRSA Ryan White HIV/AIDS Program Part F Regional AIDS Education and Training Center Program Activities, OMB No. 0906-xxxx—New tools. Please let me know if you have additional questions regarding my feedback.

Thank you,
Gabrielle

Gabrielle Abousleman, MPH, CPH
(she/her/ella)
Data Scientist 1 / Evaluator
Project ECHO®
REDITeam / South Central AIDS Education & Training Center (SCAETC)
gabousleman@salud.unm.edu
The University of New Mexico Health Sciences Center

Overarching issues with all forms

- Don't change names of the forms
- Skip logic is wrong and needs to be addressed
- Don't change the values for the questions that are being carried through from old forms
- Prevention is an afterthought, too much focus on providers treating HIV patients ("care and treatment" language is used a lot)
- No new NEP so we don't have context for using tools together

PIF/IND-PAR

- Form is longer, more of a burden on participants
- Too many quartile ranking questions, more of an organizational level question
  - Participants are going to just guess on the rankings – what is the value of collecting information people don't know the answer to
  - AETC clinical directors who are ID physicians already treating patients with HIV told us that they did not know the answers to these questions and attempting to answer them would lead to poor data
  - Minority serving population is important
  - Which questions are appropriate for all patient population vs HIV patient population?
  - Population questions don't seem to be asked of providers who are doing prevention work
- How often should participants update their information?
- Gender identity question should be updated to current standards

Should include genderqueer
    - Nonbinary, two-spirit is not included.
    - UCSF has standard practices. The UCSF Center of Excellence for Transgender care recommendation https://transcare.ucsf.edu/guidelines/clinic-environment
    - Several folks expressed that we may have to use the standard questions and re-code after.
- Q23-24 select all that apply
    - if they provide ART, then they don't get other questions and they may provide other services. Maybe make select all
- Q20-22 combined to select all that apply and should be before Question 19
    - Skip logic seems wrong since you don't provide prevention counseling to people with HIV.
- Training tracks
        - Define Q25 to align with tracks
        - ECHO program brings providers at different levels together, having tracks doesn't support this model
        - Having participants select tracks has space for error
        - What if participants are in multiple tracks
- No questions about IPE faculty being trained

ER/TAR

- Longitudinal events/series
        - More guidance needed for longitudinal events and management
        - Evaluation needs – burden to ask participants to take an evaluation every time
        - Include series ID field to connect ERs
- Are events tied to tracks?
    - How are tracks identified
    - Who do we establish which participants should be engaged in which track?
    - What establishes when a participant can graduate from one track to the next?
- MAI and trainings for minority providers vs providers who treat minority patients, how do we evaluate if those trainings are reaching those providers
        - Question is framed as a funding stream, did you spend the MAI budget on MAI activities
- Question 28 should be removed, as the number of downloads for a recorded event doesn't matter that much, as we would just submit PIF/PAR data anyway. Also, when that data would be collected isn't defined and would be expected to increase over time (if the number of downloads would even be accessible). We would also have to rely on LPs to grab any such numbers for non-public information, such as downloads, which would place an unnecessary data burden on them."

CORE-IP/PPA

- Shorter is good
- IPE questions might be better on a different form
- Question 5 IPE question should not be a participant question. Should be coded into the survey as display logic
- The questions could use a standardized agree/disagree scale
- Questions proposed for the PPA:
        - "On what other topics would you like to receive training from the AETC?"

- "Please describe why you would or would not recommend this training activity."
- "How will you apply the knowledge and skills obtained during this training activity?"

IPE-SC

- Language needs to be consistent between "site" and "health professional program"
  - Programs under the same university umbrella
  - Field that labeled "institution", "school" and "program" and have form pertain to the "school"
- Need reporting period defined

IPE-LT/1 year post

- One-year follow-up should be removed. Students are hard to follow – either they graduate and lose their email or they are still in school and the survey doesn't apply.
- Define: 12 months after the student finishes the IPE program or 12 months after the student graduates?
  - Sites are having issue following up immediately after
  - If long-term follow-up is a goal, collecting personal email early in IPE
- Does not make sense for Mari and NECA AETC
  - Consider sampling or special outcome evaluation study instead of generic form
  - Would not make sense to follow-up with some participants if they are still in program a year later
- No tools for tracking faculty but they are in the guidance
  - Difficulty collecting faculty survey responses with previous IPE forms

PT-SC

- Overall form needs a lot more definitions
- Questions 1 – Not sure what to capture for Clinic ID and this will be confusing to PT clinic sites – is there something specific here . . . but the NPI number in Question 2 makes better sense as all clinics have and would know what this means.
- Question 6 – Definitions for the different PT project phases (foundation, integration, sustainment, graduated) would be helpful. Without definitions reporting will be inconsistent.
- Question 12 asked every year, not always consistent
- Questions 13-20 need more rules, what if sites had started years before the PT program?
  - How are these dates going to be used?
- Questions 21-28, how are activities defined? What determines if it is "developed" or "implemented"
  - Trying to capture what was done in the year reporting period. Not sure what they are trying to capture or measure
  - Maybe a list of activities would be helpful and improve reporting
  - Separate activities and policies, creating resources is different from establishing policies
  - Examples of activities and policies would be helpful
- For the data elements being collected that follows Question 28, it is not clear what is

meant by the “reporting period” . . . is this a calendar year, a fiscal year, a 12 month period from the start of the PT project or something else?

- Will sites not be in PT program if they no longer meet requirements (Q10-11)
- What is the reporting period? Grant year? Calendar year is easier for clinics because they are collecting UDS and RSR data on the calendar year
- Qualitative questions might be useful to include
    - Potentially pulled from current PT-PSU
    - PT-PSU was straightforward and captured good information