



September 16, 2024

Maria G. Button,
Director, Division of the Executive Secretariat
Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857
Via email to: paperwork@hrsa.gov

**Re: Comments on proposed evaluation tools - HRSA Ryan White HIV/AIDS Program Part F
Regional AIDS Education and Training Center Program Activities, OMB No. 0915-XXX New**

Dear Ms. Button:

We, at the MidAtlantic AIDS Education and Training Center (MAAETC), are writing in response to your request for comments on the proposed data collection projects mentioned above. After a thorough review of the evaluation tools, we would like to provide additional feedback and suggestions. Please find our detailed comments below:

Overall:

- A manual should be provided to guide the form completion process
- There are some issues with the skip patterns on all these forms, e.g. Skip logic is incorrect in some forms
- Consider adding some qualitative questions.

IND-PAR form

- Q7: The term "Training track" is unclear and potentially confusing. Participants may not be aware of the specific training track at this stage.
- Q4: Please add "pharmacist" to reflect that pharmacy is one of the schools for faculty trainees in the IPE program.
- Q18: If the response to Q18 is "no," there should be instructions for the respondent to skip all the following questions since non-clinicians will not be able to answer these questions.

TAR form

- Q4: It should be 'State' instead of 'Start' in this item
- Q12: The skip pattern is incorrect, as question 13 is the next item.

PPA form

- Q2 and Q3 – Please include language related to at-risk populations and prevention. Consider adding an N/A option.
- Q7 – This item is more relevant to the IPE-LT survey, as it addresses pre/post changes in IPE participation rather than current interprofessional team skills.
- Whole Form – Add a space for comments/ open responses
- Q10-Q12: The information for these questions is available in the ER/TAR document. Only Q9 is necessary.

TAR form

- Q7 – Consider moving this question after Q5, with appropriate adjustments to numbering and skip logic.
- Q12 – A question about CEE is missing, and the skip pattern needs to be corrected, as it skips to Q13, which is the next sequential question.
- The question range is incorrect; Q16-20 should be Q15-? instead.
- Q25 – Further elaboration on what a longitudinal event entails is required
- Q26 – Incorrect use of "their"—it should be corrected to “there”
- Q27 – Skip pattern is incorrect

IND-PAR form

- Q7 – “Training track” is not adequately explained.
- Q12 – Add a "choose not to disclose" response option
- Q16 – Include an “I don’t know” response
- Q33 – Current language may be inappropriate , suggest “mental health condition/diagnosis”

PT-SC form

- Q1-12. These questions are part of the current PT-PM Baseline and PT-PM Follow-Up Forms. The current forms include more questions about other STIs (e.g., gonorrhea) and substance use disorders. Clinics will have reports of these elsewhere, so the omission of these questions here is beneficial.
- After Q12, the next statement beginning with "If your clinic implements..." should be assigned a separate number, becoming the new Q13. The subsequent questions (currently Q13-20) should be renumbered sequentially.
- Similarly, the statement after the current Q28, starting with "The following questions are based on..." should be given a new number
- There are no questions regarding technical assistance (TA) and training needs, which are core services that AETC provides to these sites.

We trust these suggestions will enhance the effectiveness of program data collection efforts. Please let us know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Frank", with a long horizontal flourish extending to the right.

Linda Frank, PhD, MSN, ACRN, FAAN
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A handwritten signature in blue ink, appearing to read "Toan", with a horizontal line underneath.

Toan Ha, MD, DrPH
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