

OMB Control Number 0920-1282

Performance Measures Project

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

Date: November 22, 2024

CIO: NCHHSTP/DSTDP/PDEB

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

PURPOSE AND USE OF COLLECTION: Performance measurement- The revised Enhancing STI and Sexual Health Clinical Infrastructure (ESSHCI) Cooperative Agreement (CoAg) aims to strengthen clinic infrastructure and expand access to comprehensive sexual health services in high-burden and underserved areas. ESSHCI supports clinic strategies for:

- A. Fostering community engagement and strategic partnerships to support the expansion of sexual health services.
- B. Strengthening clinic infrastructure and provision of sexual health services.
- C. Conducting short-term activities to expand access to STI prevention and other sexual health services supporting a syndemic approach.

Due to a 60% reduction in funding, of \$5.2 million annually, for years 2 to 5, the program requirements have been scaled back to de-emphasize requirements and support these strategies as allowable activities to be implemented in years 2 – 5. The performance measures are revised to align to the reduction in program capacity and focus. The annualized burden hours for reporting have been reduced from 2,392 to 572 annualized burden hours. Reporting will be reduced from bi-annual to annual reporting. Performance measures for Strategies A and C will no longer be collected under this revision.

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.

The CDC will use performance measures for PS23-0011 to monitor the progress and achievement of outcomes of this project. The performance measures associated with this CoAg are intended to be used by CDC and recipients to track the implementation of the program, assess progress toward achieving intended outcomes, and ensure accountability to interested parties (e.g., funders, public) by demonstrating how funds are being utilized. Additionally, they will provide insights to identify areas for improvement and technical assistance needs, with the ultimate goal of strengthening clinic infrastructure and expanding 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 initially awarded \$50,000,000 for a 5-year period to 26 recipients (**Att 1- List of funded ESSHCI recipients**) to implement strategies to strengthen clinic infrastructure and expand access to comprehensive sexual health services. This cooperative agreement included 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 the expansion of sexual health services. The associated activities under this strategy include engaging priority populations disproportionately impacted by STIs, mobilizing public health partners, and developing a plan to increase access to quality comprehensive sexual health services. Strategy B (strategy for years 2 – 5) will strengthen clinic infrastructure and provision of comprehensive sexual health services. Associated activities include conducting clinic infrastructure assessment, implementing a plan to increase access to sexual health services, enhancing clinic sexual health services, and assessing and improving 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 burdens and unmet needs 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 are invested and interested in the program and its outcomes to enhance STI and sexual health clinic infrastructure.

PERFORMANCE METRICS USED & JUSTIFICATIONS:

The revised performance measures for the ESSCHI NOFO are designed to demonstrate the program outcomes, strengthen the evidence base for specific program strategies, and clarify their effectiveness across different populations, settings, and contexts. These measures are essential for driving continuous program improvement. Due to reduced funding, the performance measures have been streamlined to reduce reporting burden while maintaining their alignment with key program strategies and outcomes and ensuring efficient use of resources and adherence to program requirements. (**Att 2- Technical Specifications-PS23-0011_ Revised for Y2-5v3**)

The performance measures have been revised to focus on Strategy B: Strengthen clinic infrastructure and provision of comprehensive sexual health services. Data collection has been streamlined to six key performance measures (reduced from 13) involving both qualitative and

quantitative variables. These measures are required to be reported by all recipients to assess clinics' capacity to provide quality comprehensive sexual health services (Outcome 1) and the identification of new STIs by clinic (Outcome 3); (**Att3a-ESSHCI Performance Measures Report-Revised for Y2-5.V4**).

The six measures include a summary of the standardized Quality STD Clinical Services (QCS) assessment (**Att3b- ESSHCI_STD QCS Assessment_10.01.24V**), which recipients must complete and report as part of their implementation activities to assess clinic capacity for providing comprehensive sexual health services (Outcome 1). For performance measures related to Outcomes 3, aggregated data will be stratified by age, gender, race and ethnicity, sexual orientation, and insurance status where applicable (**Att3a-ESSHCI Performance Measures Report-Revised for Y2-5.V4**). Race and ethnicity will be collected at the local level according to OMB standards, noting that Hispanic or Latino persons can be of any race.

Performance measures for Strategies A and C will no longer be collected under this revision.

All performance measures will be reported in aggregate by recipients to the CDC. Recipients will submit the reports annually, instead of biannually, using the reporting templates provided by the CDC (**Att3a-ESSHCI Performance Measures Report-Revised for Y2-5.V4, Att3b-ESSHCI_STD QCS Assessment_10.01.24V**). Annual reporting is essential for for the CDC to monitor program performance, quickly identify potential inefficiencies, and provide timely assistance to recipients.

This Generic IC request aligns with the purpose of this ICR, ensuring performance measurement for for CDC cooperative agreements by requiring recipients to submit select, aggregate data points once a year (**Att 4- Recipient email-PS23-0011_Y2-5 Revised**). The data collection templates are fully consistent with the intent, format, type, and level of data outlines in this Generic IC, ensuring accurate and streamlined performance measurement reporting.

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	Avg. Burden Per Response	Total Annualized

			per Respondent		Burden Hours
State/Local Government	STD QCS Assessment tool	6	1	6	36
State/Local Government	ESSHCI PMP Reporting template	6	1	16	96
Private Institutions	STD QCS Assessment tool	2	1	6	12
Private Institutions	ESSHCI PMP Reporting template	2	1	16	32
Non-governmental Organizations	STD QCS Assessment tool	18	1	6	108
Non-governmental Organizations	ESSHCI PMP Reporting template	18	1	16	288
Totals		26		66	572

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
2025, 2026, 2027	3	572	1,716

See examples provided with this template.

FEDERAL COST: The estimated annual cost to the Federal government is **\$87,003.83**

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 37.5% time effort (annual salary: \$91,897); one GS-12, Step 4 staff at 37.5% time effort staff (annual salary: \$101,086); and one GS-14, Step 5 staff at 10% (annual salary: \$146,352) SALARY TABLE 2024-ATL (opm.gov). Total: \$34,461.38 + \$37,907.25 + \$14,635.20 = \$87,003.83

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.