

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0906-0084)

TITLE OF INFORMATION COLLECTION: 2024 National Ryan White Conference on HIV Care & Treatment Evaluation

PURPOSE: The Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB) will obtain feedback from people who attend a hybrid four-day conference, sponsored and funded by HRSA HAB. For more than 30 years, the Ryan White HIV/AIDS Program has played a critical role in the United States’ public health response to HIV. Survey responses to the overall evaluation of the conference will be used to assess the relevance of the conference theme and tailored session tracks for attendees based on the HRSA HAB Ryan White HIV/AIDS Programs Part they represent, their professional roles, and their reasons for attending the conference. Attendee responses will be used to plan future conferences; part-specific technical assistance needs; identify attendees’ level of satisfaction with the educational activities and presentations; to assess the impact the sessions will have on patient care programs when attendees return to their place of work; and to improve future HRSA HAB educational activities.

DESCRIPTION OF RESPONDENTS: Respondents will include approximately 5,000 individuals attending the four-day Hybrid National Ryan White Conference (NRWC) on HIV Care & Treatment, August 20-26, 2024. Attendees will include Ryan White HIV/AIDS Program funded recipients, providers, consumers, and stakeholders.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| ☐ Customer Comment Card/Complaint Form | ☒ Customer Satisfaction Survey |
| ☐ Usability Testing (e.g., Website or Software) | ☐ Small Discussion Group |
| ☐ Focus Group | ☐ Other: |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: LCDR Tanya Grandison

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? ☐ Yes ☒ No
2. If yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? ☐ Yes ☐ No
3. If yes, has an up-to-date System of Records Notice (SORN) been published? ☐ Yes ☐ No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? ☐ Yes ☒ No

BURDEN HOURS

Type of Collection	No. of Respondents (Individuals: General Public)	Responses Per Respondent	Total Responses	Participation Time	Burden Hours Total
Conference (Overall) Evaluation	312	1	312	0.97 hours	302.64
Conference Sessions (Breakout/Plenary) Evaluation	313	1	313	0.02 hours	6.26
CEU Breakout Session Evaluation	312	1	312	0.05 hours	15.6
Totals	937		937		324.5

FEDERAL COST:

The contract task that supports data collection for the conference evaluation survey is approximately 125 labor hours. There will be two contractor staff, Virtual Event and Evaluation Lead and Program Development Manager (250 labor hours at \$87.01) to monitor the project. The estimated total cost to the government is \$21,752.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? ☒ Yes ☐ No

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
☒ Web-based or other forms of Social Media

☐ Telephone

☒ In-person

☐ Mail

☐ Other, Explain

2. Will interviewers or facilitators be used? ☐ Yes ☒ No

Please make sure that all instruments, instructions, and scripts are submitted with the request.