**Change Request Memo**

**OMB Control Number: 0920-1282**, exp. 6/30/2026

**Title:** **HAI/AR Programs**

**Date Submitted:**  **May 20, 2025**

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# SUMMARY. *Briefly summarize any changes.*

# CDC has completed the changes listed below to the HAI/AR Programs performance measures to reduce the frequency of information collections and to align with E.O. 14151. This submission provides documentation of these changes to ensure compliance.

# Reduced reporting frequency. These changes affect 1 data collection instrument.

# NCEZID – Data Reporting [Form 1] [revision 2024-2026] [03-17-2025]

# Revised language to align with E.O. 14151, *Ending Radical and Wasteful Government DEI Programs and Preferencing*. These changes affect 3 data collection instruments:

# NCEZID – Data Reporting [Form 1] [revision 2024-2026] [03-17-2025]

* 1. NCEZID – Data Reporting [Form 2 - 2] [revision 2024-2026] [03-17-2025]
  2. NCEZID – Data Reporting [Form 4] [revision 2024-2026] [03-17-2025]

# BACKGROUND AND JUSTIFICATION. *Brief explanation for the change requested, including the reason (purpose or benefit) for the requested change.*

# CDC decreased the reporting frequency for 1 data collection from twice per year to once annually, to align with the reporting frequency of other performance measures within the cooperative agreement, which are managed outside of this request. This is intended to reduce confusion and reduce burden for respondents. To comply with E.O. 14151, CDC offered some clarifying language and removed relevant response options.

# EFFECT OF PROPOSED CHANGES ON CURRENTLY APPROVED INSTRUMENTS.

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| **Form** | **Current Question/Item** | **Requested Change** |
| NCEZID – Data Reporting [Form 1] [revision 2024-2026] [03-17-2025] | Reporting frequency for HARP 2, HARP 3, and HARP 4 twice per year | Reporting frequency for HARP 2, HARP 3, and HARP 4 decreased to once annually |
| NCEZID – Data Reporting [Form 1] [revision 2024-2026] [03-17-2025] | HARP 4 (previously HARP PM4)  Reason for infection control assessment(s). Check all that apply. | Removed response option  “Health equity goal” |
| NCEZID – Data Reporting [Form 1] [revision 2024-2026] [03-17-2025] | HARP 1 (formerly HARP PM5)  G1 Health Equity (HE) Required Task | Removed all questions (Q4-Q7)) related to status of Health Equity Required Task |
| NCEZID – Data Reporting [Form 2 - 2] [revision 2024-2026] [03-17-2025] | AS 2 (formerly SHARP PM 3.2)  Health equity-related considerations are part of the activity (yes/no)  If yes, please specify: (up to 150 words) | Removed question |
| NCEZID – Data Reporting [Form 4] [revision 2024-2026] [03-17-2025] | PFL 2 (formerly PFL PM2)– Trainings Conducted:  How did you use the data to inform the development or implementation of this training event? (select all that apply) | Removed response option:  To highlight health inequities or disparities (e.g., quantifying the disparity and/or steps taken to reconcile disparities identified) |
| NCEZID – Data Reporting [Form 4] [revision 2024-2026] [03-17-2025] | PFL 2 – Trainings Conducted:  How did you use the data to inform the development or implementation of this asynchronous training event? (select all that apply) | Removed response option:  To highlight health inequities or disparities (e.g., quantifying the disparity and/or steps taken to reconcile disparities identified) |
| NCEZID – Data Reporting [Form 4] [revision 2024-2026] [03-17-2025] | PFL 2 – Trainings Conducted:  Infection control topics covered in the training. (select all that apply) | Removed response option:  Health disparities/inequities (in the context of infection control) |

**EFFECT ON BURDEN ESTIMATE.** *Discuss and include a table comparing the previously approved burden to the requested burden.*

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| **Form** | **Approved Burden** | **Requested Burden** |
| NCEZID \_ GenIC Request [revision 2024-2026] [03-17-2025] \_Updated | Annualized Burden Hours = 1,551  No. Years Requested = 3 | Annualized Burden Hours = 1545  No. Years Requested = 3 |
| Total | 4,654 | 4,635 |

# ATTACHMENTS. *List all attachments with corresponding numbers.*

# NCEZID – Data Reporting [Form 1] [revision 2024-2026] [03-17-2025]

NCEZID – Data Reporting [Form 2 - 2] [revision 2024-2026] [03-17-2025]

NCEZID – Data Reporting [Form 4] [revision 2024-2026] [03-17-2025]

# NCEZID \_ GenIC Request [revision 2024-2026] [03-17-2025]\_Updated