

**Request for GenIC Approval
Performance Measures Project
OMB Control Number 0920-1282
Date: November 21, 2024**

CIO: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

PROJECT TITLE: Centers for Disease Control and Prevention CDC-RFA-PS-24-0003 Support and Scale-Up of HIV Prevention Services in Sexual Health Clinics (or SHIPS) Performance Measures

PURPOSE AND USE OF COLLECTION:

PS24-0003 Support and Scale-Up of HIV Prevention Services in Sexual Health Clinics (or SHIPS) provides funding to 15 recipients located in priority jurisdictions identified in the national Ending the HIV Epidemic (EHE) Initiative.

This NOFO supports the Ending the HIV Epidemic in the U.S. (EHE) initiative by scaling up HIV prevention and care services in sexual health clinics. Recipients funded years 1-5 under this NOFO will execute the following required strategies: A) strengthen clinic infrastructure and improve service delivery to address the syndemic of HIV and other sexually transmitted infections (STIs), and B) foster strategic partnerships in support of EHE. NOFO outcomes include enhanced adoption of optimal sexual health services and clinic models for provision of quality STI-related clinical care, increased understanding of and responsiveness to patients' needs, increased identification of new HIV and STI infections, increased persons eligible for HIV preexposure prophylaxis (PrEP) who are prescribed PrEP, increased collaboration and engagement with local partners and community members to inform sexual health service delivery, increased rapid linkage to HIV medical care for persons newly diagnosed with HIV, increased receipt of recommended, timely STI prevention & treatment, sustained community partnerships to inform strategic EHE planning and implementation, and increased clinic capacity to provide affirming, stigma-and discrimination-free HIV prevention and linkage to care services.

The purpose of this collection is to assess recipients' individual and collective progress towards implementing the strategies and achieving the outcomes outlined in the cooperative agreement (CoAg), direct technical assistance to recipients, and obtain information needed to help assess the cooperative agreement's public health impact. The resulting data will be used to generate reports/dashboards and other products that summarize recipients' progress toward the NOFO's intended outcomes. Findings will be disseminated to all funded recipients and key CDC staff working to support these recipients.

NUMBER AND TITLE OF NOFOs: CDC-RFA-PS24-0003 Support and Scale-Up of HIV Prevention Services in Sexual Health Clinics (or SHIPS)

NUMBER OF PARTICIPATING RECIPIENTS: 15

- 15 recipients will be funded August 1, 2024, for a five-year period of performance.

ESTIMATED ANNUAL FUNDING: The average one-year award will be \$600,000 total for both strategies. The award amount is dependent on the amount of funding available.

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)

PERFORMANCE METRICS USED & JUSTIFICATIONS:

Based on information provided in their applications, lessons learned from PS20:2010, and additional consultation with recipients, CDC developed a set of cross-jurisdiction performance measures to monitor progress in achieving the stated NOFO goals.

All measures will be reported in aggregate to CDC by the recipients using the schedule identified in **Table 1** below. The reporting schedule highlighted below is needed for CDC to identify program performance issues that might result in costly program inefficiencies and provide timely assistance to recipients being funded to end the HIV epidemic. Additionally, because SHIPS is a high-profile NOFO, more frequent reporting is expected to an expanded set of stakeholders within CDC and outside of CDC who are interested in monitoring progress.

Table 1: PS24-0003 (SHIPS) Instrument Reporting Schedule				
Note: If the reporting deadline falls on a weekend, slight adjustments may be made and communicated to recipients as needed.				
Instrument	Frequency of Reporting to the CDC	Platform to be Used to Report to CDC	When Report Due to CDC	Reporting Note
STD-QCS Assessment	Collected annually with the first submission being the most extensive to complete.	REDCap	Due at application submission and 9/1 annually beginning 9/1/25.	Recipients will receive a copy of their previous year’s submission to aid in data entry for the current year.
Annual Performance Measures	Collected annually.	REDCap	Due annually beginning 9/1/25.	Look-back period of one year.
Biannual Performance Measures	Collected biannually.	REDCap	First biannual collection to occur 3/1/25 with subsequent submissions due 9/1 and 3/1 of each year.	9/1 submissions will use a look-back period of January 1 to June 30. 3/1 submissions will use a look-back period of July 1 to December 31 (with the exception of the first submission occurring on 3/1/25).
Annual Partnerships	Collected annually, as needed.	REDCap	9/1 annually if changes are present beginning 9/1/25.	Collection only triggered if recipients indicate a change in partnerships.

PS24-0003 Measures

SHIPS performance measures link directly to select high-priority outcomes (see SHIPS logic model in **Attachment 1**). The SHIPS data collection concept comprises select, aggregate patient-level outcomes reported routinely by collaborating sexual health clinics to the CDC through consensus protocols and standardized reporting mechanisms. No individual, patient-level records will be made available to CDC.

There are a total of 20 performance measures for STD clinics funded by PS24-0003 (**See Attachment 1**). Of the 20 measures, 1 measure is associated with the STD-QCS instrument, 2

with the Partnership instrument(s), 6 with the Annual Performance Measures instrument, and 11 with the Biannual Performance Measure instrument. A high-level justification for each instrument and associated measures is summarized here below.

- [The Recommendations for Providing Quality Sexual health clinical Services](#) (or STD QCS) is the roadmap that bolsters SHIPS. The STD-QCS highlights the services healthcare settings can offer to provide the highest-quality STD care to their patients.
- The measures associated with the Annual Performance Measure instrument are largely qualitative in nature. These performance measures provide both meaningful context and a narrative summary of the impact of strategies and activities pursued by recipients. This information is an extension of the recipients' work plans.
- The measures associated with the Biannual Performance Measure instrument are largely quantitative. These measures monitor the progress made by clinics with their prevention interventions.

See **Attachment 2** for screenshots of each reporting instrument for SHIPS.

Although the respondents are collecting data at a client level for these variables, they will be reporting to CDC in the aggregate to reduce the potential for small cell sizes that could identify an individual client. Race and ethnicity are to be collected at the local level in accordance with OMB standards ([Federal Register :: Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#)).

Minimizing the burden of reporting was an active consideration throughout the process of identifying performance measures for this cooperative agreement. Each measure is drafted to ensure relevance with the program strategies and outcomes. Further, recipients will have the option to identify performance measures that they are unable to collect and/or extract and/or disaggregate. Providing this option to recipients shall provide flexibility to recipients where needed (for example if their electronic medical records have limitations) while also providing greater information to the CDC as we evaluate data for accuracy and completeness.

Performance measure data will be systematically reviewed by CDC to (a) identify challenges encountered by recipients, (b) identify capacity-building assistance needs and actions needed to improve overall project performance, (c) compare methods and outcomes across recipients to identify promising or innovative practices for dissemination during the project period, (d) demonstrate the value of the NOFO (e.g., improved public health outcomes, effectiveness of key prevention strategies and activities), and (f) contribute to the evidence base for NOFO strategies and activities, taking into account which strategies are scalable and effective.

This Generic IC request matches the intent of this ICR by being directly related to performance measurement for CDC cooperative agreements, to cover the submission of select, aggregate data points from recipients to CDC for performance measurement purposes. In this way, the data collection templates are fully in alignment with this Generic IC, in terms of the intent, format, type, and level of data to be collected.

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

Name:



12/04/24

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 Respondents	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
State/Local Government	STD-QCS (Annual)	9	1	60/60	9
State/Local Government	Partnerships (Annual)	9	1	15/60	2
State/Local Government	Annual Performance Measures	9	1	30/60	5
State/Local Government	Biannual Performance Measures	9	2	60/60	18
Subtotal State/Local		9	5	45/60	34
Non-Governmental Organizations	STD-QCS (Annual)	6	1	60/60	6
Non-Governmental Organizations	Partnerships (Annual)	6	1	60/60	2
Non-Governmental Organizations	Annual Performance Measures	6	1	30/60	3
Non-Governmental Organizations	Biannual Performance Measures	6	2	60/60	12
Subtotal Non-Governmental;		6	5	45/60	23
Totals		15	5	45/60	57

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	57	171

FEDERAL COST: The estimated annual cost to the Federal government is **\$88,520**.

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 two (4) GS-13, Step 1 staff at .50 FTE. GS-13, Step 1 annual salary is \$88,520 (<https://www.opm.gov/policy-data-oversight/pay->

leave/salaries-wages/salary-tables/pdf/2024/GS.pdf). $\$88,520 \times 0.50 = \$44,260 \times 2 \text{ persons} = \$88,520$.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

Web-based: REDCap

Email

Postal Mail

Other, Explain

List of PS24-0003 Recipients:

Recipient Name	Recipient Type	Grant Number
Baltimore City Health Department: Baltimore, Maryland	State/Local Government	NH25PS005253
Chicago Department of Public Health: Chicago, Illinois	State/Local Government	NH25PS005247
City of Philadelphia: Philadelphia, Pennsylvania	State/Local Government	NH25PS005246
County of Hamilton: Cincinnati, Ohio	State/Local Government	NH25PS005240
County of Sacramento: Sacramento, California	State/Local Government	NH25PS005249
Maryland Department of Health: Baltimore, Maryland	State/Local Government	NH25PS005252
Matthew 25 AIDS Services: Henderson, Kentucky	Non-Governmental Organization	NH25PS005245
NYC Health and Hospitals Corp: New York, New York	Non-Governmental Organization	NH25PS005248
Positive Impact Health Centers: Atlanta, Georgia	Non-Governmental Organization	NH25PS005244
South Carolina Department of Health: Columbia, South Carolina	State/Local Government	NH25PS005239
Southwest Center for HIV/AIDS Inc: Phoenix, Arizona	Non-Governmental Organization	NH25PS005250
Wright House Wellness (ASHWELL): Austin, Texas	Non-Governmental Organization	NH25PS005251
Health and Hospital Corp of Marion County: Indianapolis, Indiana	Non-Governmental Organization	NH25PS005242
City & County of San Francisco: San Francisco, California	State/Local Government	NH25PS005243
King County: Seattle, Washington	State/Local Government	NH25PS005241