**Non-substantive Change Request**

**OMB Control Number 0920-1431**

**Rape Prevention and Education (RPE) Program**

**Date Submitted: 07/22/2025**

**Summary of request:** CDC/NCIPC is requesting a change request to revise questions to align with EO 14168 *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government* and EO 14151 *Ending Radical and Wasteful government DEI Programs and Preferencing.*

**Description of Changes Requested:** This request updates questions used in OMB 0920-1431 Rape Prevention and Education (RPE) Program to be in accordance with EO 14168 & EO 14151.

The table below crosswalks the changes made to all documents. Changes include both text revision and deletions.

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| **Table A: Description of Changes (optional, helpful if multiple changes to multiple forms):** | **Type of Change** | **Question/Item** | **Requested Change** |
| SSA page 4 | Text Revision | and approaches focused mainly on health equity; | and approaches focused mainly on health for all and especially for those at greatest risk; |
| SSA page 4 | Text Revision | implementation of SV prevention strategies and promote health equity?  | implementation of SV prevention strategies and promote health for all and especially for those at greatest risk?  |
| SSA page 5 | Text Revision | strategies that increase health equity at the community | strategies that increase health for all and especially for those at risk at the community |
| SSA page 6 | Text Revision | promoted health equity in their program strategies | promoted health for all and especially for those at greatest risk in their program strategies |
| SSA page 9 | Text Revision | eliminating health inequities and promoting health equity to prevent sexual violence. | eliminating inequities and promoting health for all and especially for those at greatest risk to prevent sexual violence. |
| SSB page 3 | Text Revision | promoted health equity in their program strategies | promoted health for all and especially for those at greatest risk in their program strategies |
| Att 3, page 1 | Text Revision | February 1, 2024 – August 1, 2024 | August 1, 2024 – July 31, 2025 |
| Att 3, page 1 | Text Revision | Objective 1A. Build internal program capacity to facilitate and monitor the implementation of prevention programs/policies | Objective 1A. Continue to build internal program capacity to facilitate and monitor the implementation of prevention programs/policies by acquiring, training, and retaining staff. |
| Att 3, page 1 | Text Revision | Partner organizations to promote health equity. | Partner organizations to promote optimal level of health for all, and especially for those at greatest risk. |
| Att 3, page 1 | Text Revision | assessment with a focus on health equity. | assessment with a focus on optimal level of health for all, and especially for those at greatest risk. |
| Att 3, page 1 | Text Addition |  | Objective 1D. participate in CDC sponsored programs and activities |
| Att 3, page 1 | Text Addition |  | Objective 2B. Leverage multi-sector partners and resources toward SV prevention. |
| Att 3, page 2 | Text Revision | prevention strategies that increase health equity. | prevention strategies that focus on reducing differences in health outcomes across population groups, with a focus on community and societal level implementations. |
| Att 3, page 3 | Text Revision | Track disparities in targeted SDOH and rates of SV in priority population | Track differences in health outcomes across population groups and conditions that put people at risk, including rates of SV in priority populations, |
| Att 3, page 3 | Text Addition |  | Objective 4B. Utilize state and community-level data to identify and select SV prevention strategies for populations and communities with disproportionately high rates of SV. |
| Att 3, page 3 | Text Deletion | Objective 4B. Develop and implement an equity focused evaluation plan  | Objective 4C. Develop and implement an evaluation plan |
| Att 3, page 4 | Text Revision | February 1, 2025 – Jan 31, 2026 | February 2, 2026 – January 31, 2027 |
| Att 3, page 5 | Text Revision | Health Equity | Assures optimal level of health for all, and especially for those at greatest risk. |
| Att 3, page 11 | Text Revision | educational activities related to health equity and community | educational activities related to promoting optimal level of health for all, and especially for those at greatest risk and community |
| Att 3, page 11 | Text Revision | February 2, 2024 – August 2, 2024 | August 1, 2024 – July 31, 2025 |
| Att 3, page 12 | Text Deletion | Health Equity | Assures optimal level of health for all, and especially for those at greatest risk. |
| Att 3, page 13 | Text Revision | February 1, 2025 – January 31, 2026 | February 1, 2026 – January 31, 2027 |
| Att 3, page 16 | Text Revision | February 1, 2024 – August 31, 2024 | August 1, 2024 – July 31, 2025 |
| Att 3, page 16 | Text Addition |  | Added SEM Levels |
| Att 3, page 22 | Text Revision | To address racial inequity | To address inequities |
| Att 3, page 23 | Text Addition | If your program is focusing on a specific population, please select all that are applicable from below. Only select other if your answer does not fall within the existing options. | If your program is focusing on a specific population, please select all that are applicable from below. Only select populations that your implementation effort is specifically focusing on, not all population groups that are being reached. For example, if you are implementing a program in a school that has people with disabilities, but the program is not specifically focused on reaching that group, you should not select those populations below |
| Att 3, page 23 | Test Revision | Racial/ethnic groups [select all that apply]* Black/African American
* Asian
* Arabic/North African
* Pacific Islander
* American Indian/Alaskan native Peoples
* Hispanic/Latinx
* White
* Mixed race persons
* Other: please specify
 | Racial/ethnic groups [select all that apply]* Black/African American
* Asian
* Middle Eastern/North African
* Native Hawaiian/Pacific Islander
* American Indian/Alaska Native
* Hispanic/Latino
* White
 |
| Att 3, page 23 | Text Deletion | Non-citizen groups: [select all that apply]* Immigrants
* Migrant workers
* Refugees
* Asylum seekers
* Undocumented status
 | Non-citizen groups: [select all that apply]* Immigrants
* Migrant workers
* Refugees
* Asylum seekers
 |
| Att 3, page 25 | Text Deletion | Gender groups: [Select all that apply]* Men
* Women
* Non-binary
* Transgender

Other: Please Specify | Delete Question |
| Att 3, page 28 | Text Revision | February 1, 2024 – August 1, 2024 | August 1, 2024 – July 31, 2025 |
| Att 3, page 29 | Text Revision | and promote health equity? | and promote optimal health for all, and especially for those at greatest risk? |
| Att 3, page 29 | Text Revision | that increase health equity at the community | that increase optimal health for all, and especially for those at greatest risk at the community |
| Att 3, page 29 | Text Revision | February 1, 2025 – January 31, 2026 | February 2, 2026 – January 31, 2027 |
| Att 4, Section 2 Q6 | Text Revision | Which partners have you identified as missing from your work to advance health equity? | Which partners have you identified as missing from your work to advance health for all and especially for those at greatest risk? |
| Att 4, Section 3 Q11 | Text Revision | In what ways has your organization been able to assess your capacity to enhance and expand primary prevention and health equity? | In what ways has your organization been able to assess your capacity to enhance and expand primary prevention and health for all and especially for those at greatest risk? |
| Att 4, Section 3 Q12 | Text Revision | prevention strategies and promote health equity increased since the start of the NOFO? | prevention strategies and promote health for all and especially for those at greatest risk increased since the start of the NOFO? |
| Att 4, Section 3 Q14 | Text Revision | prevention strategies and promote health equity? | prevention strategies and promote health for all and especially for those at greatest risk? |
| Att 4, Section 3 Q15 | Text Revision | prevention strategies and promote health equity? | prevention strategies and promote health for all and especially for those at greatest risk? |
| Att 4, Section 3 Q16 | Text Revision | prevention and promoting health equity? | prevention and promoting health for all and especially for those at greatest risk? |
| Att 4, Section 3 Q17 | Text Revision | prevention and promoting health equity? | prevention and promoting health for all and especially for those at greatest risk? |
| Att 4, Section 4 Q21 | Text Deletion | available to participants regardless of age, race/ethnicity, sexual orientation, gender identity, sex, ability, or socioeconomic status? | available to participants regardless of age, race/ethnicity, sexual orientation, sex, ability, or socioeconomic status? |
| Att 4, Section 4 Q24 | Text Revision | prevention and health equity promotion? | prevention and health for all and especially for those at greatest risk promotion? |
| Att 4, Section 4 Q25 | Text Revision | prevention and health equity? | prevention and health for all and especially for those at greatest risk? |
| Att 4, Section 5 Q26 | Text Revision | prevention and health equity promotion. | prevention and health for all and especially for those at greatest risk promotion. |
| Att 4, Section 8 | Text Revision | HEALTH EQUITY | HEALTH FOR ALL |
| . Att 4, Section 8 Q32 | Text Revision | prevention strategies to increase health equity? | prevention strategies to increase health for all and especially for those at greatest risk? |
| Att 4, Section 8 Q33 | Text Revision | incorporating health equity into SV prevention efforts? | incorporating health for all and especially for those at greatest risk into SV prevention efforts? |
| Att 4, Section 8 Q36 | Text Revision | to better align with health equity goals? | to better align with health for all and especially for those at greatest risk goals? |
| Att 4, Section 8 Q37 | Text deletion | What lessons learned about addressing health inequities would you share with other programs? | What lessons learned about addressing inequities would you share with other programs? |
| Att 5, page 1 | Text Revision | Conduct or leverage a primary prevention capacity assessment with a health equity focus. | Conduct or leverage a primary prevention capacity assessment with a focus on health for all and especially for those at greatest risk. |
| Att 5, page 2 | Text Revision | Develop and implement an equity focused evaluation plan | Develop and implement an evaluation plan focused on the health for all and especially for those at greatest risk. |
| Att 5, page 2 | Text Revision | Increased capacity to promote and incorporate health equity program activities relevant to SV prevention among partnerorganizations | Increased capacity to promote and incorporate health for all and especially for those at greatest risk program activities relevant to SV prevention among partnerorganizations |
| Att 5, page 4 | Text Revision | Increase in number of community- and societal- level strategies that promote health equity and reduce inequities in SV by addressing social and structuraldeterminants of health | Increase in number of community- and societal- level strategies that promote health for all and especially for those at greatest risk and reduce inequities in SV by addressing social and structuraldeterminants of health |
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There is no change in Burden Hours associated with the modifications made to comply with EO 14168 & EO 14151.

**Attached are two copies of each document, one with tracked changes and one clean copy.**