Request for genIC Approval
Performance Measures Project

OMB Control Number 0920-1282

CIO: NCHHSTP/Division of STD Prevention

PROJECT TITLE: Performance Measurement for STD Prevention (continuation for 2023-2025)

PURPOSE AND USE OF COLLECTION: The goal of this project is to guide performance measurement efforts among the 59 health departments that receive funding from CDC to conduct STD surveillance, prevention and control through cooperative agreement PS19-1901. The purpose is to assess recipients' individual and collective progress towards the larger aims of the cooperative agreement, 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 rapidly generate reports that compare and contrast recipients' progress. Findings will be disseminated to all STD PCHD recipients and key CDC staff working to support these recipients, in order to stimulate discussion of areas for program improvement and technical assistance.

NUMBER AND TITLE OF NOFO: PS19-1901 Sexually Transmitted Diseases Prevention and Control for Health Departments (STD PCHD)

NUMBER OF PARTICIPATING RECIPIENTS: 50 state, 7 local, and 2 territorial health departments

DESCRIPTION OF NOFO (check all that apply):

_X_ Funds all 50 states

_X_ Has budget higher than $10 million per year

_X_ Has significant stakeholder interest (e.g. partners, Congress)

Please elaborate:

Through PS19-1901 STD PCHD, the Division of STD Prevention awards nearly $100,000,000 annually for comprehensive STD surveillance, prevention, and control to 59 state, local, and territorial entities. As DSTDP's flagship cooperative agreement, many stakeholders inside and outside of DSTDP are invested and interested in the program and its outcomes.

PERFORMANCE METRICS USED & JUSTIFICATIONS:

Health departments play a critical role in addressing STD prevention and control and are well-positioned to monitor local trends in STDs through case-based surveillance and to respond to emerging threats and outbreaks. Health department STD programs also have the authority and skills

to conduct disease investigation activities including partner services, an effective intervention to prevent STD transmission in some populations. Given that most STDs are diagnosed outside of public STD clinics, health departments must also work with primary care and other health care providers and organizations to promote the delivery of recommended, evidence-based STD screening, timely treatment, and other prevention services.

Federal support for state, local, and territorial health departments to carry out these functions has been in place for decades and remains a critical source of funding to monitor and fight STDs across the US. The STD PCHD cooperative agreement is the latest iteration of this support, covering the 5-year period 2019-2024. In 2019, approximately $92.5 million dollars were awarded by CDC to 59 state, local, and territorial health departments to carry out a focused scope of work that reflects the core public health functions of assessment, assurance, and policy and aligns with STD epidemiology and best practices. CDC supports these health department recipients to:

- Conduct STD surveillance
- Respond to STD-related outbreak
- Identify persons with STDs and link them and their partners to care and to treatment through targeted disease investigation and intervention
- Promote CDC-recommended screening, diagnosis, and treatment practices among relevant providers
- Disseminate local data and information to the health care community and public; monitor and develop STD-related policy
- Develop and strengthen multi-sector partnerships to support STD prevention and control
- Support HIV prevention goals and collaborate with health department HIV programs; and
- Analyze and use data for increased program insights and program improvement.

STD PCHD explicitly emphasizes three Strategy Areas: Surveillance (Strategy Area I), Disease investigation and intervention (Strategy Area II), and the Promotion of CDC-Recommended Screening, Diagnosis, and Treatment (Strategy Area III). Under Strategy Area III, recipients also can allocate up to 10 percent of their funding to support safety net STD clinical preventive services. This safety net support can include STD screening, testing, and treatment for under/uninsured populations. Recipients historically have used this funding to support laboratory services, to purchase STD test kits or medications, or to support community partners to test and treat patients in-need. It follows that those three Strategy Areas, including the safety net assistance, were prioritized in the process of identifying proposed performance measures for STD PCHD.

CDC requests OMB approval to collect aggregate data from the recipients of cooperative agreement PS19-1901 STD PCHD. Recipients will report progress on a select set of performance measures on an annual basis. Information will be transmitted electronically to a designated contact person at CDC and through the federal system (GrantSolutions) that houses official communication between CDC and cooperative agreement recipients.

It is important to collect performance measures now because recipients currently are implementing strategies under the cooperative agreement. The information can only be used to direct program improvement if it is collected concurrently with implementation.

CDC developed a Microsoft Excel-based Data Collection Tool (attached) to document progress toward the intended outcomes of the STD PCHD cooperative agreement in line with the strategies, activities, and outputs encompassed under STD PCHD. CDC's performance measurements include both process and outcome measures and are consistent with the logic model and approach specified in the STD PCHD cooperative agreement.

Each worksheet supplies performance measure data related to STD PCHD's overarching goals for improved 1) surveillance, 2) disease intervention and investigation, and 3) uptake of CDC-recommendations for screening, diagnosis, and treatment for STD prevention. Relevant expected outcomes include improved completion and timeliness of public health surveillance data on reportable STDs, increased treatment of reported syphilis cases and their partners, increased identification of persons living with HIV, increased screening and diagnosis of STDs, and increased use of recommended, timely treatment for syphilis and for gonorrhea.

Specifically, the Data Collection Tool is comprised of a cover page and 10 data entry worksheets:

- Enhanced Gonorrhea (GC) Surveillance and Pregnancy Ascertainment. Items in this worksheet are used to formally assess the status of implementation of enhanced GC surveillance, which is a new, priority surveillance activity for STD PCHD recipients, and to obtain information on the timeliness of pregnancy ascertainment for female syphilis cases, which is essential to timely public health follow-up to prevent congenital syphilis.
- Congenital Syphilis. Items in this worksheet are used to estimate the number of potential cases averted through interventions in mother-to-child transmission. Congenital syphilis has been increasing markedly, and this information provides additional context on prevention efforts not obtained through congenital syphilis surveillance.
- Outbreak Response. Items in this worksheet record activations of the STD outbreak response plan and estimate the personnel contributions that STD programs make towards STD and other (non-STD) outbreaks that these health departments respond to. Outbreak response is a high priority for all health departments, and STD program staff often are asked to assist with non-STD outbreaks. These measures help capture this work and service.
- Early Syphilis Cases: Disease Investigation and Intervention. Items in this worksheet record standard disease investigation and intervention metrics for four key subpopulations: pregnant women, other women of reproductive age, men who have sex with women, and men who have sex with men (or men and women). Disease investigation and intervention is a core prevention and control strategy for syphilis, and significant resources are devoted to it in most health departments. These measures capture key outcomes associated with that work.
- STD-related HIV prevention in Disease Investigation. Items in this worksheet record select, high priority HIV-related outcomes that are routinely addressed in the course of syphilis disease investigation: new HIV diagnoses, linkage to care for people with HIV, and referral to PrEP (pre-exposure prophylaxis for HIV), for the four subpopulations outlined under "D." These items are intended to assess key aspects of STD programs' contributions to HIV prevention, a national priority.

- Treatment. Items in this worksheet record the extent of timely, recommended treatment of reported cases for syphilis and gonorrhea. Assurance of appropriate treatment is a core function of health departments.
- Safety net assistance (SNA). Items in this worksheet record information on how each health department uses its safety net assistance funding allocation. This worksheet essentially asks each recipient to describe their safety net assistance program, such as what types of providers receive assistance, criteria for receiving the assistance, populations served, and what clinical preventive services are supported.
- Safety net assistance (SNA) test/TX data (3 copies). Items in this worksheet record information on STD testing conducted, positive lab tests obtained, and treatment supported through the safety net assistance. This worksheet complements "G" by providing some outcomes associated with the safety net assistance program described in "G." Three copies of this worksheet are included in the workbook, in case recipients need to report outcomes for three separate components of their safety net assistance program. Most recipients should only need to complete one, however.

CDC minimized the scope of this data collection by identifying other ways to obtain desired data. For example, the current information collection includes relatively few measures related to surveillance, because CDC will use the STD surveillance data already submitted by recipients to assess surveillance data quality and completeness (see OMB No. 0920-0728 National Notifiable Disease Surveillance System). CDC also reviewed other information collections that affect many STD PCHD recipients to determine the need for new data collection (see OMB No. 0920-1072 Enhanced STD Surveillance Network; OMB No. 0920-0573 National HIV Surveillance System; OMB No. 0920-0696 National HIV Prevention Program Monitoring and Evaluation).

A number of measures were considered and then rejected from this data collection when alternative, existing sources of that information were identified, or when they did not meet the high standard of information need applied by CDC. Moreover, when strong measures could not be identified for a particular strategy in the STD PCHD cooperative agreement, CDC opted not to collect measures around a strategy. As a result, many strategies in the cooperative agreement do not have corresponding performance measures; these will be monitored in other ways, such as through CDC's routine work plan and project implementation monitoring with each recipient. In sum, minimizing the burden of this data request was an active consideration throughout the process of identifying performance measures for this cooperative agreement.

Finally, this PPEO Generic IC matches the intent of this ICR by being directly related to performance measurement for a CDC cooperative agreement, to cover regular (in this case, annual) submission of select, aggregate data points from recipients to CDC for performance measurement purposes. The data collection template for this STD submission – while different in some ways from the template provided in the PPEO Generic IC – is also fully in alignment with this Generic IC, in terms of the format, type, and level of data to be collected. The STD program and PPEO had prior discussions about the potential fit of the STD program's proposed performance measurement template and the ICR in general and concluded that it seemed appropriate for this mechanism.

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: _____Marion W. Carter _____(2/11/2020)_____

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 Hours**
State health departments	STD PCHD Performance Measures Data Collection Tool	50	1	30	1500
Local health departments	STD PCHD Performance Measures Data Collection Tool	7	1	30	210
Territorial health departments	STD PCHD Performance Measures Data Collection Tool	2	1	30	60
Total		Total Annualized Responses	59		1,770

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
2023, 2024, 2025	3	1,770	5,310

See examples provided with this template.

The STD Program Manager at each site will complete the Data Collection Tool. The average hourly wage for an STD Program Manager is based on the US Bureau of Labor Statistics job category for Epidemiologist (code 19-1041), with a mean hourly wage of $36.39 as of May 2018 (website last checked on 7/10/2019). The total estimated annualized burden cost is $64,410.

FEDERAL COST: The estimated annual cost to the Federal government is ___$71,644 __

Administration of the Instrument

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

    [ ] Web-based

    [X] Email

    [ ] Postal Mail

    [ ] Other, Explain

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

Attached are:

1) Data Collection Tool (Excel-based)
2) Draft email notification for requesting the data from recipients
3) STD PCHD Overview and Logic Model

Instructions for completing genIC Request for Approval for Performance Measurements Project*

Project Title: Provide the name of the collection that is requested.

PURPOSE AND USE OF COLLECTION: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

NUMBER AND TITLE OF NOFO: Provide federal grant or other identifying number and title

NUMBER OF PARTICIPATING RECIPIENTS: Enter number of recipient organizations

DESCRIPTION OF NOFO: Briefly describe the key programmatic activities and the targeted group/groups for this collection.

PERFORMANCE METRICS USED & JUSTIFICATIONS: Describe the changes to the sample forms and justifications for metrics selected

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

COMPLETING THE TABLE: ANNUALIZED RESPONSES AND BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; (4) Federal Government or Non-Governmental Organizations. Only one type of respondent can be selected.

Form Name: Provide the title of the information collection form.

No. of Respondents: Provide an estimate of the Number of respondents i.e., the number of recipients that will complete the form.

Burden per Response: Provide an estimate of the amount of time required for a respondent to complete the form one time. If burden can be expressed in whole hours, enter an integer value. If burden can not be expressed in whole hours, express as minutes using the following notation: "[xx] / 60".

Example: Enter "10" to signify "10 hours".

Enter "320/60" to signify "320 minutes" which is equivalent to "5 hours and 20 minutes."

Number of Responses per Respondent: The number of times a respondent will complete the form in one year (1= annual; 2=semi-annual; 4=quarterly; 12-monthly).

Total (Annualized) Burden Hours: Multiply straight across the row and round to the nearest integer.

COMPLETING THE TABLE: TOTAL BURDEN FOR THIS GENIC

Data Collection Timeframe: List (specify) the years in which data will be collected.

Number of Years: Enter the number of years (1, 2, or 3).

Annualized Burden Hours: Enter the Total Annualized Burden Hours from the preceding table.

Total Burden Hours for this GENIC: Multiply the Number of Years times the Annualized Burden Hours.

FEDERAL COST: Estimate the annual cost to the Federal government for this collection.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked.

*Note to applicants- please delete the instructions page upon completion of this template

EXAMPLE 1

ANNUALIZED BURDEN HOURS

Type of Respondent	**Form Name**	**No. of Respondents**	**No. of Responses per Respondent**	**Avg. Burden Per Response**	**Total Burden (in Hours)**
States	Standard Annual Reporting Form for CAT A and CAT B	50	1	30	1,500
States	Supplemental Form for CAT B Recipients	10	1	2	20
Totals					**1,520**

TOTAL BURDEN HOURS FOR THIS GENIC

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2023, 2024, 2025	3	1,520	4,560

EXAMPLE 2

ANNUALIZED BURDEN HOURS

Type of Respondent	**Form Name**	**No. of Respondents**	**No. of Responses per Respondent**	**Avg. Burden Per Response**	**Total Burden (in Hours)**
States	Standard Annual Reporting Form	50	1	25	1,250
States	Quarterly Report	50	4	1	200
Totals					**1,450**

TOTAL BURDEN HOURS FOR THIS GENIC

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2024, 2025	2	1,450	2,900

EXAMPLE 3

ANNUALIZED BURDEN HOURS

Type of Respondent	**Form Name**	**No. of Respondents**	**No. of Responses per Respondent**	**Avg. Burden Per Response**	**Total Burden (in Hours)**
States	Performance Monitoring Report	30	1	615/60	308
Totals					**308**

TOTAL BURDEN HOURS FOR THIS GENIC

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2025	1	308	308