MINHC Feedback on NHC-IP Data Collection Tools

This document contains MINHC's feedback on the NHC-IP data collection tools for the HRSA Ryan White HIV/AIDS Program Part F National AIDS Education and Training Center Program Activities, OMB No. 0906-xxxx—New. MINHC is an NHC-IP project at the Midwest AIDS Training and Education Center (MATEC) at the University of Illinois Chicago.

Overall Feedback

The timing of the implementation of these draft forms is not desirable based on the following:

1. We have not received a NOA for FY26, meaning that we cannot commit resources at this time to updating our systems in time for rolling out these forms on September 1, 2025.. Even if we receive our NOA tomorrow, there is not enough time left between now and September 1 to update our systems and test functionality.
2. These forms are drafts and will be changed based on the feedback during the 60-FRN and 30-day FRN. This means that we are using one set of forms for FY 26 and a different set of forms for FY27, when the final forms should be released.
3. The forms are not OMB approved yet.
4. There are many changes happening at HRSA, with restructuring through the creation of the new AHA department in which HAB will be housed.
5. We expect major push back against using student email addresses. Requesting students to fill out their email addresses on the IND-PAR and NHC-IP-SF-PPA is considered a violation of FERPA in the eyes of many of our participating health profession programs.

We suggest allowing us to use the existing forms for FY26 and delaying the implementation of the new data collection tools until September 1, 2026, so that the tools can be properly implemented after both open comment review periods have passed and enough time has been available to upgrade our systems. We will be able to crosswalk most of the data from the existing student survey to the NHC-IP-SF-PPA. The NHC currently collects our participant data through their participant form. We collect most of the NHC-IP-HC information on the current two data collection tools administered to the HPPs and faculty and crosswalk that information to the NHC-IP-HC

Feedback on IND-PAR

MINHC does not have direct contact with the students, so we cannot collect this form from all students. MINHC has always relied on the NHC to collect this information via their Participant Form, which students complete when creating an account on the NHC website.

The reporting period for the NHC-IPs is September 1 – August 31. Please correct that in the last sentence of the instructions at the top of the first page.

As mentioned in our overall feedback, collecting personally identifiable information from students is a FERPA violation. We will receive a lot of pushback from our participating health profession programs on collecting this information.

Questions 2, 3, and 5 will not mean anything to the students. It will confuse them and increase the risk that they abandon the survey.

Question 8 is not relevant to students.

Question 11 – remove "don't know" and replace with "choose not to disclose"

Question 29 – The names 'MINHC' and 'Take on HIV' do not mean anything to students. They are taking a course from their program and learning about HIV as part of that course' curriculum. They have no idea that they are part of MINHC so this question will be very confusing for them. If it does need to be asked, I prefer that we populate the question as it will be MINHC for all of our students.

Question 30 – See above. The students don't know they are part of an NHC-IP. Best for us to populate this question after students complete the survey.

Feedback on NHC-IP-HC

Questions 7, 8, and 9 refer to courses. We have 9 residency programs participating in MINHC and they don't have courses. Residents participate in sections, blocks, tracks, and rotations. Is it possible to say 'courses or residency sections?'

Questions 7 and 8 - duplicative because each HPP in MINHC represents one specific discipline only, e.g., nursing, pharmacy, or medicine. The answer to both questions will be the same number.

Questions 9 and 10 - duplicative because each HPP in MINHC represents one specific discipline only, e.g., nursing, pharmacy, or medicine. The answer to both questions will be the same number.

Questions 11 and 12 - duplicative because each HPP in MINHC represents one specific discipline only, e.g., nursing, pharmacy, or medicine. The answer to both questions will be the same number.

NHC-IP-SF-PPA

As mentioned in our overall feedback, collecting personally identifiable information from students is a FERPA violation. We will receive a lot of pushback from our participating health profession programs on collecting this information.

Question 3 – students would not understand the reference to 'NHC-IP'. We would need to replace it with something that does not confuse them. Confusion increases survey abandonments.

Questions 5 and 6 – These questions make no sense to ask students. My fear is that they will abandon the survey and then we don't get the answers to the questions that really matter (15-28). If these 2 questions do need to be asked, ask them at the end. Also write out AETC the first time it is used in this sentence.

Question 7 - students would not understand the reference to 'NHC-IP'. We would need to replace it with something that does not confuse them. Confusion increases survey abandonments. Also include residents by using 'students/residents'

Question 8 – we would replace 'NHC-IP' with 'MINHC' as that is how faculty knows the project.

Question 9 - Not all students obtain a certificate of completion. There should be an option for students who create an account on their own and complete the lessons assigned for the course.

Question 13 - This is very subjective. One faculty might consider integrating 10 lessons from the NHC 'quite a bit', whereas another faculty might consider that 'a little'.

Questions 14 – replace 'implement' with 'integrate'