

January 9, 2023

SUBMITTED ELECTRONICALLY

Maria G. Button
Director, Executive Secretariat
Health Resources and Services Administration
Department of Health and Human Services
5600 Fishers Lane
Rockville, Maryland 20857

Re: (Docket No. 2022-26779), Comments on Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Ending the HIV Epidemic Initiative Triannual Report, OMB No. 0915-0051-Extension

Dear Maria G. Button,

Whitman-Walker Health and Whitman-Walker Institute (Whitman-Walker or WW) are pleased to submit these comments in response to the Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS) proposed data collection to evaluate the implementation of the Ending the HIV Epidemic (EHE) initiative. Whitman-Walker supports the proposed information collection activities. The proposed data collection methods are well calibrated to inform the efficient administration of HHS' EHE initiative funds to achieve their goal of reducing the transmission of HIV.

Interest and Expertise of Whitman-Walker:

Whitman-Walker Health is a Federally Qualified Health Center serving greater Washington, DC's diverse urban community, including individuals who face barriers to accessing care. Whitman-Walker has a special expertise in HIV care and serving lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ) populations. WW participates in Ryan White HIV/AIDS Program Part A and Part B as a subrecipient.

Whitman-Walker has been a nationally recognized leader in HIV treatment and prevention for almost four decades. In calendar year 2022, we provided health care to 3,147 people living with HIV. We serve about 25% of the District of Columbia's reported HIV-positive population, many of whom are low-income or members of otherwise underserved communities. In 2022, eighty-three (83) percent of our patients living with HIV are virally suppressed – a success rate much higher than the national and DC averages for people living with HIV, and comparable to the success rate for Ryan White-funded programs.

Whitman-Walker's medical teams are recognized at the highest level of this recognition at all our care center sites. Whitman-Walker Health received the National Committee for Quality Assurance's (NQCA) Patient-Centered Medical Home (PCMH) Recognition. This recognition shows Whitman-Walker uses evidence-based and patient-centered processes to serve our patients. These practices focus on highly coordinated care and long-term relationships.

Whitman-Walker Institute conducts research, advocates for just and inclusive policies, and engages in clinical and community education to advance the health and wellness of communities of LGBTQ people and people living with HIV. Institute researchers, educators and policy advocates work closely with the over 200 Whitman-Walker Health providers to enhance the impact of their healthcare delivery and to ensure that direct health care, research, education, and public policy mutually reinforce each other. The Institute's large and growing Research Department currently has more than 2,500 participants in 40+ active studies. Our recent research projects include collaborations with several other large LGBTQ-focused health centers to identify and address the health needs of marginalized communities.

Comments on the Proposed Data Collection

Whitman-Walker supports HRSA's proposed data collection. The proposed data collection is well constructed to achieve its goals of tracking the utilization of the Ending the HIV Epidemic initiative funds.

The estimated burden in hours comports with our experience. Whitman-Walker Health's dual status as a RWHAP participant and FQHC requires the routine utilization of the contract tracking and reporting systems proposed in the Triannual Report Instruction Manual 2021. We are sufficiently staffed to keep good records on an ongoing basis of the utilization of HIV services and other supportive services funded by the EHE initiative. Because we invest in the work to analyze our service delivery in a routine way, we are able to complete the data collection in the estimated time.

The estimated number of respondents may be in error. The ICR estimates that 47 agencies will need to respond to the EHE triannual module. (Fed. Reg. Vol. 87. Friday Dec. 9, 2022 pg. 75638) However, this number appears to only account for the recipients of Part A and Part B RWHAP funding. In contrast, the ICR notes that likely respondents include "RWHAP part A and part B recipients and subrecipients funded by the EHE initiative." (*Id.* Emphasis added.) If the reporting burden is also likely to fall on subrecipients of funds, then the reporting requirements will be spread across many more organizations and the estimated burden should correspondingly be increased to reflect the scope of the proposed ICR.

We support eliminating subrecipients from this ICR. The ICR could be modified to clarify that subrecipients are not required to complete the proposed data collection. Our existing reports send sufficiently granular utilization data to the state and territorial directors for the proposed analysis. This approach relieves subrecipients of the potential administrative burden of managing an additional data collection, furthering the efficient use of RWHAP's resources by minimizing the information collection burden.

CONCLUSION

Whitman-Walker appreciates this opportunity to provide comment on the evaluation plan. Please feel free to contact us if we can be of assistance in any other way.

Respectfully submitted,



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