The project “Promoting Adolescent Health through School-Based HIV Prevention” should continue using a web-based system to collect the data and ensure the goals of the program are being met and I support the efforts to do so. Electronic data collection (when used properly through secure avenues) can simply the incoming data so that it can be evaluated quickly, and the appropriate “next steps” can be organized. By age 11 more than half of the children in the United States have a personal smartphone (Kamenetz, 2019). The smartphones accompany the children to school where they spend at least 6 hours of their day for 12 or more years. Smartphones have become a required tool in our society for daily functions. When not on their personal devices many students will have access to electronic devices while in school or at home and these devices can be utilized for health outreach and data reporting. The dependence on devices almost guarantees that the necessary electronic data collection can occur. Data collection has shown to have undeniable benefits and is used globally to address “large, complex research questions, while maximizing the gain on scientific investment” (Chandler et el., 2015). The investment could lead to continuously decreasing HIV infection rates as sex education and health education becomes more accessible. The data collected will help determine the best ways to continue health education outreach. Ultimately, the “burden” hours will be less in comparison to the hours spent by health care providers caring for and treating those who may become infected without the investment into this program.