

AIDS EDUCATION AND TRAINING CENTERS
SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT
SUBMISSION

A. Justification

1. Circumstances of Information Collection

This is a request by the Health Resources and Services Administration (HRSA) for extension of OMB approval to continue to collect information to monitor the activities of the AIDS Education and Training Centers (AETCs) Program. To ensure appropriate care in a rapidly changing field and to expand capacity of individual health care providers, the AETCs were developed to provide targeted, multidisciplinary training to the health care professionals who provide clinical and support services under Ryan White CARE Act Titles I-IV. The OMB number for this activity is 0915-0281 and the current expiration date is February 28, 2007.

The AETCs are authorized by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, as amended by the Ryan White CARE Act Amendments of 1996 and 2000, and modified most recently as the Ryan White HIV/AIDS Treatment Modernization Act of 2006. Signed into law in December, the 2006 amendments re-authorize the Ryan White CARE Act through 2009. The Ryan White HIV/AIDS Treatment Modernization Act of 2006 provides emergency assistance to localities that are disproportionately affected by the human immunodeficiency virus (HIV) epidemic and makes financial assistance available for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential services to persons with HIV disease.

The HIV/AIDS Bureau (HAB) within HRSA administers funds for the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and the AETCs. At present, there are 11 regional centers and 4 cross-cutting national centers: the National Minority AETC, the National Resource Center, the National AETC Evaluation Center and the National Clinical Consultation Center. The Minority and regional centers sponsor workshops, trainings, conferences, and other educational

activities. In addition, the National Resource Center provides education, curricula, and materials to the AETCs to provide consistency and a higher quality of services across the country. First funded in 1999, the National AETC Evaluation Center serves as a coordinating center for assessing AETC activities and their effectiveness. The National Clinical Consultation Center operates two telephone inquiry lines that are staffed by clinicians: the Warm Line for clinical questions regarding HIV/AIDS treatment and the Pep Line to provide timely guidance on prevention for clinicians exposed to the HIV/AIDS virus. The National Minority AETC serves to enhance capacity of services by providing training and education through a network of medical schools and universities.

These program data collection activities will gather data on the training activities conducted by the AETCs and the people who attend these events. The revised Event Record collects information about all activities conducted including training programs, individual clinical consultations, group clinical consultations, and technical assistance events. In the past, a different form was used for each type of activity but in an effort to reduce burden, the 4 forms have been condensed into 1 form. Another revised form, the Participant Information Form, collects information from each of the participants attending each one of these activities.

Individual centers also collect additional information independently that is not required by HRSA. For example, AETCs can develop their own evaluation forms for individual sessions that provide information on the usefulness of the information conveyed and the appropriateness of the presenters. These forms are not standardized across session because format, content, and attendance vary widely. In addition, many training sessions are approved to award continuing professional education units by different accredited bodies (e.g., the American Council on Continuing Medical Education) and the evaluation requirements by these committees also vary.

These program data collection activities are necessary to allow the AETCs and HRSA to report on efforts to keep health care professionals who provide services under the CARE act informed of advances in the field. HRSA utilizes AETC program data to assess the program's performance under the Government Performance and Results Act (GPRA). Given the increasing proportion of AIDS cases among racial and ethnic minorities, improving the clinical education and training for minority providers is critical in managing the increasing number of

cases in communities of color. One performance goal for the AETC program is specific to increasing the proportion of racial and ethnic minority providers participating in AETC training intervention programs. An increase in the proportion of racial/ethnic minority health care providers participating in AETC training intervention programs was selected as one method to examine the extent of providing the education and training to minority providers in HIV care who are serving medically underserved populations. This clearance request will continue to provide data that will be used to examine program performance.

In sum, the information collected in this request will be used to summarize the topics of training sessions, the hours of contact with health care professionals, the type of professionals trained, and the characteristics of the patient population seen by these professionals.

2. Purpose and Use of Information

The overall purpose of this data collection is to monitor the activities of each AETC and identify collaborations among AETCs. In addition, this information will provide descriptive information on efforts to train health care providers who offer services through Ryan White CARE Act grantees.

Two forms have been developed to characterize AETC activities. Attendees of AETC activities will complete one form, while the trainer will complete the other form.

- (1) **The Participant Information Form** will capture information from the individuals who attend training events including their profession, the types of HIV/AIDS services they provide, characteristics of the patient population they serve, and attendance at other AETC training programs. This type of information is routinely collected at many other continuing education programs for health professionals. This is the only method for understanding which audiences are directly served by AETC activities.
- (2) **The Event Record** will gather information about each training activity including training programs, individual clinical consultations, group clinical consultations, and technical assistance events. Information on the number of people trained, the length of training, the content and level of the training, and collaborations with other

organizations will be collected. AETC staff and trainers will complete this form after each event.

Each regional AETC and the National Minority AETC will complete this information for *every* training activity conducted during the year. The collected data will be compiled into a data set according to set specifications and submitted once a year.

3. Use of Improved Information Technology

Data will be submitted by the AETCs to HRSA in electronic format. A Data Workgroup was formed last spring with representatives from each of the AETCs. This group worked in collaboration with HRSA to re-design the data collection forms and protocols based on program needs. To enable the system to work across centers, but with flexibility to accommodate different information systems, centers may choose among available scanning programs (e.g., Teleforms) for data entry prior to electronic submission to HRSA.

4. Efforts to Identify Duplication

Data that can describe the activities of the AETCs are not available elsewhere. This is the only effort known to characterize the AETC training activities, and without these data, HRSA will not be able to monitor AETC education and training efforts.

5. Involvement of Small Entities

This data collection activity does not significantly impact small entities.

6. Consequences If Information Collected Less Frequently

Without these data HRSA will be unable to report on education and training activities related to the Ryan White CARE Act legislation. These data are needed to provide the program with information on the AETC training activities and participants receiving the trainings.

7. Consistency With the Guidelines in 5 CFR 1320.5(d) (2)

The data will be collected in a manner consistent with the guidelines in 5 CFR 1320.6.

8. Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on October 3, 2006, (Volume 71, Number 191, pages 58416-58417). No comments were received. A Data Workgroup was formed last spring with representatives from each of the AETCs. This workgroup met throughout the spring and summer to re-design the forms. In addition, at the Grantees' Meeting in August, all AETC directors were given the opportunity to provide input on each of the re-designed forms. After the Grantees' Meeting, changes were made to the forms, taking into account the comments received by the AETC directors. The forms were then reviewed one last time by the Data Workgroup. After that, the forms were revised one last time, taking into account the additional comments that were received from the Data Workgroup. It is possible that receiving no comments on this notice is a direct result of all the collaboration we had with the AETC grantees. The following list includes the members of the Data Workgroup.

Name	AETC Site	Email	Phone Number
Barry Sandberg	New England AETC	bsandberg@neaetc.org	617-262-5657
Martha Friedrich	Florida/Caribbean AETC	mfriedrich@fmhi.usf.edu	813-974-9004
Debbie Isenberg	Southeast AETC	disenbe@emory.edu	*no longer at SEATEC
Richard Vezina	National Evaluation Center	richard.vezina@ucsf.edu	*no longer @ NEC
Jerry Gates	Pacific AETC	jdgates@usc.edu	626-457-4227
Paul Cook	Mt. Plains AETC	paul.cook@uchsc.edu	303-315-0578
Lucy Bradley-Springer	Mt. Plains AETC	Lucy.Bradley-Springer@UCHSC.edu	303-315-2515
Linda Frank	Pennsylvania/Mid-Atlantic AETC	frankie@pitt.edu	412-624-9118
Mari Millery	New York/New Jersey AETC	mm994@columbia.edu	212-305-8291
Sheila Mckenny	National Minority AETC	mckinney_nmaetc@yahoo.com	202-8658394
April Fehler	Texas/Oklahoma AETC	afehle@parknet.pmh.org	214-590-5633
Sarah Rybicki	Midwest AETC	rybicki@ahc.umn.edu	(612) 626-3609
Marcia Edison	Midwest AETC	marciae@uic.edu	312-996-8073
Elizabeth Gleckler	Delta AETC	egleck@lsusc.edu	phone lines not installed (result of Hurricane Katrina)
Rebecca Culyba	Southeast AETC	rculyba@emory.edu	404-727-2929

9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

Only summary data will be included in any reports developed from the collection of this information. No individual level data will be seen by any outside party.

The AETCs will develop unique identifiers for individual participants so that they can track repeat attendance and patterns of use. All data sets submitted to HRSA will use this identifier and not the individual’s name. In addition, participants may choose to omit this information. All reports developed from the data submission will use only aggregate data reports.

11. Questions of a Sensitive Nature

No questions of a sensitive nature are asked in the forms.

12. Estimates of Annualized Hour Burden

The annual burden displayed below is based on consultation with AETC representatives, and the estimates for each form are provided in the tables below. Trainees will be asked to complete the Participant Information Form for each activity they complete. The estimated annual response burden to attendees of training programs is as follows:

Form	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours	Wage Rate	Total Cost
Completion of Participant Information Form	94,641	1	94,641	0.2	18,928.2	\$15	\$283,923*

*Completion of the Participant Information Form is voluntary. Respondents are not reimbursed for their time, but they do have the option of not completing a form. The cost above is a reflection of lost time that could have been spent doing something else, not actual cost to the AETC program.

The estimated annual burden to AETCs is as follows:

	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours	Wage Rate	Total Cost
Completion of Event Record	16,417	1	16,417	0.2	3,283	\$15	\$49,251
Production of Aggregate Data Set	12	2	24	32	768	\$21	\$16,128

The total annual burden for this activity is 22,979.2 hours.

All estimates provided above are based on the new revised forms, which we are seeking approval for use beginning on July 1, 2007. In addition to seeking clearance on the new forms, we are also requesting an extension to use the old forms through June 30, 2007. We have always used the grant year cycle (July 1st - June 30th) as the AETC reporting year and would like to continue to use this time period. Using the old forms through June 30th, 2007 will give us one more complete year of data with the old forms and allow us to begin the new grant year with the new data forms. The estimated burden for using the old forms for half the year is 16,251 hours. Half the annual burden for completion of the new forms is estimated to be 11,489.6 hours. Adding these two numbers together means that the annual burden in calendar year 2007 is estimated to be 27,740.6 hours. In all subsequent years, the burden is expected to be 22,979.2 hours.

13. Estimates of Annualized Cost Burden to Respondents

There are no capital or start-up costs for this project.

14. Estimates of Annualized Cost to the Government

The contract task that supports data collection efforts each year is \$200,000 as well as the cost for a GS-14 at 4% time to monitor the project (approximately \$4,000).

15. Changes in Burden

The number of forms has been reduced from 5 to 2. This consolidation and simplification of the forms has resulted in an estimated annual reduction in burden of 9,523 hours, an almost 33% reduction in the total burden. In addition, the data collection period has been changed from 6 months to a year.

16. Time Schedule, Publication and Analysis Plan

The AETCs will report data using the fiscal year July 1 – June 30. SAIC, HRSA’s contractor, will aggregate the data. HRSA will produce descriptive annual reports—one for use by HRSA as well as an AETC specific report for each of the AETCs.

The timeline to continue collection of data using the old forms is as follows:

Date	Activity
Through June 30, 2007	AETCs collect data using old forms
July 31, 2007	Full year of data using the old forms is due to contractor
August 31, 2007	Contractor submits aggregate data set to HRSA

The annual timeline to begin collection of data using the new forms is as follows:

Date	Activity
On receipt of OMB clearance	Send new forms and data codebook to the AETCs
July 1, 2007	Data collection begins using the new forms
June 30, 2008	Reporting year ends
July 31, 2008	Full year data submission due to contractor
August 31, 2008	Aggregate data set to HRSA

17. Exemption for Display of Expiration Date

The expiration date will be displayed.

18. Exceptions to Certification for PRA Submissions

This information collection fully complies with the guidelines in 5 CFR 1320.9. The necessary certifications are included in the package.

List of Attachments

Instructions and Evaluation Cover Page

Participant Information Form

Event Record

AETC Codebook