

REQUEST FOR OMB EXTENSION OF THE INFORMATION COLLECTION OF THE RESOURCES AND SERVICES DATABASE OF THE NATIONAL PREVENTION INFORMATION NETWORK (OMB Control No. 0920-0255)

A. JUSTIFICATION

This is a request for extension, with modifications, for OMB Control No. 0920-0255, Resources and Services Database of the Centers for Disease Control and Prevention (CDC) National Prevention Information Network (formerly known as the National AIDS Clearinghouse). The expiration date for this information collection is February 28, 2007. This request is for a 3-year approval of the data collection.

1. CIRCUMSTANCES MAKING THE COLLECTION OF INFORMATION NECESSARY

The background of and need for this data collection are presented in Section 1.A. The legislative authorization for this data collection is cited in Section 1.B.

1.A Background and Need

The CDC National Center for HIV, STD, and TB Prevention (NCHSTP) has the primary responsibility within the CDC and the U.S. Public Health Service for the prevention and control of human immunodeficiency virus (HIV) infection, sexually transmitted diseases (STDs), tuberculosis (TB) and related conditions. Other NCHSTP responsibilities include community-based HIV prevention activities, syphilis, and TB elimination programs. To support NCHSTP's mission and to link Americans to prevention, education, testing, and healthcare services, the CDC National Prevention Information Network (NPIN) serves as the U.S. reference, referral, and distribution service for information on HIV/AIDS, STDs, TB, and related infections, as well as supporting initiatives to reduce the incidence of HIV/AIDS in other countries with particularly high rates of this disease. NPIN is a key member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by HIV/AIDS, STDs, TB, and related infections, and provides services for persons who are living with, or at risk for, these conditions.

HIV/AIDS, STDs, TB, and related infections continue to present major public health challenges to the United States. CDC HIV/AIDS surveillance data for 2004 indicate that in the United States, AIDS has been diagnosed among almost 945,000 individuals and claimed the lives of nearly 530,000 people since the start of the epidemic 25 years ago.¹

¹ CDC. HIV/AIDS Surveillance Report, Cases of HIV Infection and AIDS in the United States, December 2004, Vol. 16.

Moreover, an estimated 1,039,000 to 1,185,000 Americans are infected with HIV, and almost a fourth of them (24%-27%) are unaware of it.^{2,3}

With the emergence of HIV/AIDS, there has been a resurgence of TB. Although declining overall since 1993, TB case rates vary substantially by race/ethnicity and country of origin.⁴ In 1993, the TB case rate was 7.4 cases per 100,000 for U.S.-born persons and 34.0 cases per 100,000 foreign-born persons. In comparison, in 2004, the case rate declined to 2.6 cases per 100,000 U.S.-born persons and 22.8 cases per 100,000 foreign-born persons.

Cases of STDs such as chlamydia, gonorrhea, and syphilis, often go undiagnosed and unreported thus posing a major public health threat to the United States. CDC surveillance data from 2004 indicates that an estimated 19 million new cases of STDs occur each year.⁵ Moreover, nearly half of new cases occur among young people ages 15 to 24. CDC surveillance data indicates that:

- Chlamydia is the most commonly reported STD in the United States. In 2004, nearly 930,000 persons were diagnosed with chlamydia; however, underreporting of cases is an issue. Estimates indicate that as many as 2.8 million new cases of chlamydia occur each year.
- The rate of gonorrhea in the United States has fallen 76% in the past 30 years. In 2004, although there were approximately 330,000 cases of gonorrhea reported in the United States, it is estimated that twice as many occur but are not reported.
- The rates of syphilis cases have been increasing over the past four years following a decrease throughout the 1990s. In 2004, the syphilis case rate was 2.7 cases per 100,000 population.

The enormous public health challenge to prevent the further spread of these diseases lies in the effective use of education and information. Effective prevention requires the concerted effort and collaboration of Federal, State, and local governments, professional and service organizations, and the private sector to inform and educate the American public about HIV/AIDS, STDs, TB, and related conditions. CDC is in the forefront of these issues and has strengthened relationships with established public health partners and engaged other national and international public health organizations. CDC recognizes the need for broader prevention efforts and the importance of responding to populations at risk for contracting HIV/AIDS, STDs, TB, and related conditions. To that end, CDC has updated its action plans to eradicate these diseases to ensure that an optimal level of support, coordination, and capacity is available to those affected. Key

² CDC. Glance at the HIV/AIDS Epidemic, CDC NCHSTP, Division of HIV/AIDS Prevention, Fact Sheet (year end 2003 data www.cdc.gov/hiv/PUBS/Facts/At-A-Glance.htm.)

³ CDC. HIV/AIDS Prevention Statistics and Surveillance website, Basic Statistics. <http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivest>. Accessed February 14, 2006.

⁴ CDC. Reported Tuberculosis in the United States, 2004. Atlanta, GA: U. S. Department of Health and Human Services, CDC, September 2005.

⁵ CDC. Sexually Transmitted Disease Surveillance 2004 Supplement, Syphilis Surveillance Report. Atlanta, GA: U.S. Department of Health and Human Services, CDC, December 2005.

strategies that are identified in the action plans include an expansion of surveillance, response activities, and treatment services, and the strengthening of public health partnerships.

Established in 1988, NPIN is an outgrowth of CDC health communications and information dissemination programs and the CDC National AIDS Clearinghouse (NAC). The NPIN Resources and Services Database (hereafter referred to as “the Database”) is the only one of its kind in the United States. The database contains entries on 15,050 organizations and is the most comprehensive listing of national, state and local organizations that provide HIV/AIDS, STD, TB, and related infection prevention, education, and treatment services available throughout the country.

The Database remains the main source of information and referrals for the CDC-INFO toll-free line (formerly the CDC National AIDS and STD hotline), which refers up to 500,000 callers each year to appropriate organizations for information, services, and treatment. NPIN reference specialists search the Database to refer callers to appropriate organizations for assistance. NPIN’s primary target audiences are community-based organizations, State and local health departments, federal entities, health professionals working in the field of HIV/AIDS, STDs, TB, and related infections, and the general public, including special populations such as Spanish-speaking persons and those who are hearing-impaired. The Database is also used by the reference specialists to support the Business Responds to AIDS/Labor Responds to AIDS (BRTA/LRTA) Program. The reference specialists are available Monday through Friday between 9am and 8pm EST.

In addition, the Database is available through the NPIN website (www.cdcnpin.org), the National HIV Testing Resources website (www.hivtest.org), and the BRTA/LRTA website (www.hivatwork.org). The Database is available 24 hours a day, 7 days a week and Website visitors can download searches of the Database at their convenience. More than 24 million hits and over 2 million visits by the public to the CDC NPIN website are recorded annually.

This extension for approval is to continue data collection for the NPIN Resources and Services Database. Since the first OMB approval on March 29, 1990, the NPIN Resource Organization Questionnaire (hereafter referred to as the “Questionnaire”) has been administered to newly identified organizations, which have been asked to provide specific information—such as available services and materials, audiences and geographic area served, hours of operation, and special services or conditions. Collecting such data directly from the sources has greatly increased the accuracy and timeliness of the information. In addition, NPIN has continued its efforts to maintain an up-to-date database and has implemented a verification process with organizations that already exist in the database. As a result, NPIN has enhanced its responsiveness to its target audiences, as well as to those of the CDC-INFO toll-free line.

The protocol and instruments for this data collection effort have been modified since the previous OMB approval. As later described, several questions included in the NPIN

Questionnaire have been revised, added, or removed. Based on feedback from the field and analysis of the use of NPIN resources, the Questionnaire will no longer be mailed to new organizations. The Questionnaire will be administered over the phone and available online. Sending the Questionnaire to organizations by mail results in low response from potential respondents. A more efficient method of data collection that yields a higher response is to administer the Questionnaire by phone and to offer it online. A phone script of the Questionnaire has been developed and pilot tested with several organizations and has received positive feedback. The modified Questionnaire will also be made available for online completion and submission. The annual update and verification questions asked of organizations by phone or email have been revised with few modifications. In its continuing efforts to maintain an up-to-date, comprehensive database, NPIN plans to add 600 new resource organization listings over the next 3 years and update information on organizations that are already in the database.

All modifications made to the instruments reflect the mission of NCHSTP and are in line with the previous data collection approval. The few questions added to the instruments are related to the data collection's subject matter and are consistent with NCHSTP's mission. Authorization for use of the revised Questionnaire, telephone script of the Questionnaire, and requests for annual telephone update or email update is requested for a three-year period.

1.B Authorization

The CDC, under Section 301 of the Public Health Service Act (42 United States Code 241), is authorized to collect and make available through publications and other appropriate means, information regarding research "relating to causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man." Additionally, Section 2521 of the Health Omnibus Programs Extension Act of 1988 (PL 100-607) authorized the Director of the Centers for Disease Control (and Prevention) to "establish a clearinghouse to make information concerning acquired immune deficiency syndrome available to Federal agencies, States, public and private entities, and the general public." The pertinent sections of both laws may be found in Appendix A.

2. PURPOSE AND USE OF INFORMATION COLLECTION

The information collection process described in this request for extension provides a means of gathering data regarding organizations that offer services related to HIV/AIDS, STDs, TB, and related conditions. The resultant information collected is used to support a resource for referrals, to facilitate coordination among programs dealing with HIV/AIDS, STDs, TB, and related conditions, and to satisfy the legislative mandate that information and education on HIV/AIDS be made available expeditiously and accurately to the professional community and to the general public.

Collecting the information described in this package allows NPIN to:

- Acquire accurate, up-to-date information directly from the original source by phone and/or email in a timely manner.
- Collect data using a consistent format.
- Work toward attaining CDC's goals of more specific information collection to help meet the evolving specialized needs of organizations as the epidemic changes.
- Provide service organizations with only one form to complete that is clearly organized.

If NPIN does not continue this information collection and update project, the potential number of resource listings will be significantly reduced, and the accuracy and currency of the existing records will be greatly diminished. Failure to proceed with this project would compromise efforts to meet the legislative requirement of being as responsive as possible to the general public and professional communities who need access to the HIV/AIDS-related programs/services network. Failure to provide this information would impair CDC's ability to maintain a successful national HIV/AIDS, STD, TB, and related infections information education program through the CDC National Prevention Information Network and the CDC-INFO toll-free line, and would hamper the efforts of the BRTA/LRTA Program. Further, it would reduce the credibility of a Federal information and education program that is perceived by the general public and the professional community as having comprehensive and reputable information resources on HIV/AIDS, STDs, TB, and related infections.

In addition, failure to continue this project would:

- Interfere with CDC's ability to assess what services are being offered and available at the local level.
- Reduce CDC's ability to communicate effectively and network with local programs.
- Reduce the Federal government's ability to foster networking among State and local programs.
- Create a situation that is counterproductive to the Federal government's efforts to enhance the reach of its HIV/AIDS information and education programs.

2.A Data Collection Methods

NPIN staff learns about new organizations through a variety of sources, including exhibiting at health and professional meetings, searching the Internet, and perusing newsletter announcements and press releases. Once a new organization is identified as providing services related to HIV/AIDS, STD, TB, and/or related infections, NPIN staff will start collecting information on it. For organizations that have their own websites, staff will reduce the burden on organizations by gathering as much information as possible from this source before contacting them. NPIN staff will contact each newly identified organization (i.e., those with and those without websites) and administer the revised Questionnaire over the telephone (see Appendix D). The purpose of the Questionnaire is to gather information about services available for HIV/AIDS, STD, TB, and/or related infections from the organization, the geographic area the organization serves, and the target audiences for these services.

As the Resources and Services Database has matured, the importance of the task of verifying information on organizations already in the database has increased accordingly. For the annual verification of the Resources and Services Database, the majority of organizations will receive a telephone call to review their database listing. The interviewer will review the Questionnaire and database listing with the appropriate organizational representative. A sample telephone update request is included in Appendix E. The remaining organizations will receive a copy of their current database entry by electronic mail, including an email update request message (see Appendix F) and a list of instructions (see Appendix G). The instructions ask each organization to verify or update their listing and add or delete any services and target audiences as appropriate. A sample Resources and Services Database record is provided in Appendix H.

3. USE OF IMPROVED INFORMATION TECHNOLOGY AND BURDEN REDUCTION

This fifth revision of the Questionnaire (see Appendix C) remains essentially the same as the previous Questionnaire, which will expire on February 28, 2007, with slight modifications. It is designed to elicit as much information as possible about the services of organizations that are not yet listed on the database (i.e., “new” organizations), while reducing the burden to respondents. The Questionnaire is divided into six sections. Respondents are asked to complete sections I, II, V, and VI. These represent the minimum amount of data necessary to maintain a complete and accurate record of each organization and the services it provides. This basic information is essential to the task of referral—linking callers with organizations that provide appropriate services. The remainder of the Questionnaire, Sections III and IV are designed with skip patterns to allow respondents to omit sections not applicable to them.

The following revisions were made to the scripts and instruments to improve the

efficiency, accuracy, and completeness of information obtained from each participating organization and deemed most relevant to CDC and the public. All scripts and instruments were revised to include viral hepatitis and viral hepatitis-related services and resources as appropriate. Each modification is highlighted within the document.

The following modifications were to the Questionnaire in Appendix C.

- Added instructions for online completion and submission
- Revised Section I, Question 3 to include the organization's corporate address and mailing address
- Removed question from Section I: "Is the organization a member of any consortia, task forces or coalitions?"
- Removed question from Section I: "If your organization is a government agency, check the appropriate government level below." Response categories: Federal, State, County, City, or Other
- Revised question sequence in Section III.
- Added question to Section III: "Does your organization provide services in languages other than English?" Response categories: Yes, No
- Expanded list of types of counseling in Section III, Question 6 to include mental health counseling and substance abuse counseling.
- Revised wording to Section IV, Question 2c.
- Added response category to Section IV, Question 7: Health care planning (Check terms that best describe your services). Response categories: HIV/AIDS program administration, State/regional planning or coordination, Policy analysis or recommendation, and HIV/AIDS activism

For convenience to the respondent, the Questionnaire will be made available online for electronic submission. This may result in reduced burden, however, a basis of time estimate is not available at this time.

The following revision was made to the Questionnaire (Telephone Script) (Appendix D).

- Expanded list of types of counseling in Section III, Question 6 to include mental health counseling and substance abuse counseling.

The following revisions were made to the Annual Update Request (Telephone). Each modification is highlighted in Appendix E.

- Revised the question sequence for questions 8 – 11.

Modifications were not made to the Annual Update Request (Email) message or instructions (Appendices F and G) other than an update to the number of organizations included in the Resource and Services Database and inclusion of viral hepatitis as appropriate.

More and more organizations now have the capability to find information electronically using the Internet. With this in mind, NPIN will offer an electronic version of this Questionnaire in an HTML and PDF file format on the NPIN website (<http://www.cdcpin.org>). The Questionnaire can be completed and submitted online or downloaded from the NPIN website and then e-mailed back to NPIN. Additionally, the Questionnaire can be sent to respondents by e-mail or by NPIN FAX, a toll-free, 24-hour fax-back service. The annual update and verification of information contained in the Resources and Services Database will be made available by telephone and email. Most organizations will review their database information by telephone with an interviewer. Additionally, some organizations will be sent a copy of their current database listing, along with instructions, via electronic mail for their review and update. These avenues of electronic data collection may contribute to a reduction in the amount of staff time required to update and verify information contained in the Resources and Services Database.

4. EFFORTS TO IDENTIFY DUPLICATION AND USE OF SIMILAR INFORMATION

Since the last OMB approval, the size of the Resources and Services Database has stabilized to include 15,050 records. Use of the Database continues to increase. In addition, the Database remains the only *national* computerized database to supply information about public and private organizations whose services or activities are designed specifically to educate the public about HIV/AIDS, STDs, TB, and related conditions. NPIN has continued its collaboration with many organizations to share information. Moreover, community-based organizations and professionals increasingly rely on NPIN's Resources and Services Database for accurate and timely referral information.

NPIN has actively sought to avoid duplication of effort. Through extensive literature search, database searches, consultation with other PHS agencies, and information obtained at national meetings and conferences, NPIN has determined that it provides a unique service.

Definition of Scope: NPIN's focus is on organizations and the services they provide. Some other information services focus primarily on the clinical and research aspects of the disease, but not on organizations providing services.

Identification of Other AIDS Data Collections: NPIN's focus is national and therefore exceeds the scope of many organizations collecting data for their own purposes. No other organization covers all service areas or geographic levels (e.g., national, state, local, grassroots). NPIN is relied on to provide information outside the scope of the data collections of other sources. NPIN is aware of the following organizations known to be involved in AIDS data collection in a more limited way:

- The California AIDS Clearinghouse collects information about organizations providing AIDS-related services, but its primary focus is on California, not national

organizations.

- The United States Conference of Mayors and the Foundation Center collect information about private funding for AIDS research and educational programs. However, neither collects information about public sources of such funding.
- The Florida AIDS Hotline collects information and maintains a database of AIDS resources and services available to Florida residents.

Identification of Other STD, TB, and/or Related Infections Data Collections: NPIN is not aware of any other data collection efforts in existence to date.

Cooperation with Other Organizations: NPIN has developed cooperative arrangements with organizations whose data collection efforts fall within the scope of the Resources and Services Database. Some organizations have agreed to share their data collections in accordance with the Database's specifications. Organizations with which NPIN has cooperative arrangements include:

- National Library of Medicine (NLM): NPIN provides new and updated national AIDS-related health organization entries from the Resources and Services Database for loading onto NLM's DIRLINE, an international database of health organizations that is part of the NLM MEDLARS family of databases. This quarterly transfer assures national and international availability of the data. In an effort to avoid duplication, NLM does not collect information about national AIDS-related health organizations, but relies on NPIN for this information.

5. IMPACT ON SMALL BUSINESSES OR OTHER SMALL ENTITIES

Some AIDS resource facilities are small operations. This fifth revision of the Questionnaire has been designed for ease of use by many different types of organizations. Smaller organizations with only a few AIDS-related services will spend less time completing the Questionnaire than will larger organizations that have many departments and services. The skip patterns introduced in the second revision of the Questionnaire to reduce the burden to the respondent from smaller organizations remain. Two closed-end questions at the beginning of Sections III and IV prompt the respondent to go to another section if they are answered with a "no". Additional skip patterns appear within sections of the Questionnaire. This allows respondents to bypass the sections and questions that are not applicable to them.

Each newly identified organization with Internet access will be offered the option of completing and submitting their responses online on the NPIN website. Also, organizations with Internet access will be offered the additional option of downloading the Questionnaire from the NPIN website. All organizations, including those that have e-mail/Internet access will be offered the option of completing the Questionnaire over the telephone. If there is no response from the organizations that have been contacted, a follow-up telephone call will be made to them inviting them to please complete and submit a Questionnaire. At the same time, organizations with Internet access will be

reminded that the Questionnaires can be completed and submitted online or downloaded from the CDC NPIN website (www.cdcpin.org) and returned to NPIN via e-mail or fax.

Due to the critical need for the accuracy and timeliness of the information in the Resources and Services Database, the majority of annual verifications now take place via telephone. Most organizations receive a telephone call to the appropriate staff to review a copy of their entry in the Resources and Services Database (see Appendix E for telephone update request). Annual verification may also be conducted via email (see Appendices F, G, and H) if preferred by the organization.

6. CONSEQUENCES OF COLLECTING THE INFORMATION LESS FREQUENTLY

Due to the dynamic nature of the Resources and Services Database and the requirement to provide accurate and appropriate referrals, timely changes in address, phone number, and services provided must be reflected. While the use of the revised Questionnaire to collect information on HIV/AIDS-related organizations will be ongoing, each respondent will complete the revised Questionnaire one time only. All of the listings in the Resources and Services Database will be verified annually. Therefore, it is anticipated that respondents will complete the verification instrument via telephone or e-mail once per year. Authorization for use of the revised Questionnaire, telephone script of the Questionnaire, telephone verification script, and email verification instructions is requested for a three-year period. There are no legal obstacles to reduce the burden.

7. SPECIAL CIRCUMSTANCES RELATING TO THE GUIDELINES OF 5 CFR 1320.5

This request fully complies with regulation 5 CFR 1320.5. Respondents to the Questionnaire are asked to report information only on an annual basis. There is no requirement to prepare a written response in fewer than 30 days after receipt of the Questionnaire, nor are respondents asked to submit any copies of the Questionnaire other than the original. Respondents are not required to retain any records regarding this information collection. This is not a statistical survey designed to produce valid and reliable statistical results and does not employ any statistical data classification. There is no pledge of confidentiality nor is there any requirement of respondents to submit proprietary trade secrets or other confidential information.

8. COMMENTS IN RESPONSE TO THE FEDERAL REGISTER NOTICE AND EFFORTS TO CONSULT OUTSIDE THE AGENCY

8.A. A 60-day Federal Register Notice was published in the *Federal Register* on June 22, 2006, Vol.71, No. 120, p. 35908 (see Appendix B). There were no public comments received regarding this data collection.

8.B. On an ongoing basis, the NPIN team maintains regular communication with expert resources to share information and discuss strategies to ensure that the Resources and Services Database is accurate and complete. Collaboration for this data collection occurs across the four main divisions of NCHSTP—Division of HIV/AIDS Prevention, Division of Tuberculosis Elimination, Division of STD Prevention, and the Global AIDS Program (GAP). These ongoing consultations help to assure the comprehensive scope of the Resources and Services Database and that mutual and related data needs are being met.

Moreover, feedback was obtained from no more than 9 respondents regarding the clarity of the information, burden estimates, and ways to reduce the burden for the revised instruments. The results of the pre-test were positive with respondents finding the instruments easy to complete, unambiguous and overall not burdensome.

9. EXPLANATION OF ANY PAYMENT OR GIFT TO RESPONDENTS

Not applicable.

10. Assurance of Confidentiality PROVIDED TO RESPONDENTS

The CDC Privacy Officer has reviewed this submission and determined that the Privacy Act does not apply.

While full names of those completing the Questionnaire will be collected, respondents will be speaking from their roles as staff of community-based organizations, State and local health departments, and as health professionals working in the field of HIV/AIDS, STDs, TB, and related infections. They will provide no personal information about themselves. Instead, they will address available services and materials, audiences and geographic area served, hours of operations, and special services or conditions of their respective organizations or programs.

The intended use of the information requested is expressly stated in the Questionnaire’s introductory section: “The information you provide about your organization or program will be added to the NPIN database and will be made available to health professionals and other users.” The disclosure of this information is voluntary. Because of the nature and purpose of this data collection, no assurance of confidentiality is extended.

The contractor that will be collecting the data protects virtual data using both electronic and physical means. The contractor employs a stateful-inspection packet filtering firewall to protect their network perimeter and data contained within it from sources outside of the network. Internal security is controlled using Windows NT share and file level security, and Novell NetWare NDS security. All data are password protected and secured on file servers within a locked server room. Servers are protected from unauthorized physical access by separate key lock to the network room. The contractor backs up virtual data to DLT tape on a nightly basis, Monday-Friday. Daily tapes are stored on-site in our locked

network room, and weekly and monthly tapes are stored off-site in a locked vault at a tape storage facility.

11. JUSTIFICATION FOR SENSITIVE QUESTIONS

One question asks for religious affiliation of the organization. No information about individual beliefs is requested. CDC NCHSTP has developed partnerships with faith-based organizations that provide HIV/AIDS services. Gathering this information supports that effort. No questions deal with behaviors of individuals such as sexual behavior, alcohol or drug use, or other behaviors that are commonly considered private. The Questionnaire does not ask for social security numbers or any personal identifiable information.

12. ESTIMATES OF ANNUALIZED BURDEN HOURS AND COSTS

The revised Questionnaire and update requests were pre-tested with no more than 9 organizations to determine ease of use and to obtain user feedback. The results of the pre-test were positive with respondents finding the instruments easy to complete, the questions unambiguous and overall not burdensome. The respondent completes the Questionnaire and update request only one time per year. For convenience to the respondent, an online version of the Questionnaire will be made available. A basis of estimate for the reduction in burden, however, is not available at this time.

To obtain accurate and comprehensive information about an organization, input from more than one person from the organization may be required. Based on past experience, the survey of a Registered Nurse and another professional at the organization such as a Social and Community Service Manager, Health Educator, or Social and Human Service Assistant has been necessary to complete the Questionnaire and annual update requests. The data collection will involve organizations from the private sector, State and local governments, and the Federal government. However, we do not expect to conduct the Questionnaire with any new Federal entities within the next three years.

NPIN plans to contact approximately 200 new organizations each year to complete the Questionnaire by phone. Approximately 10,500 telephone update requests will be conducted each year and an additional 4,500 organizations will be contacted for an email update of their organization's information. In sum, a total of about 15,000 organizations will be contacted for information collection and update.

The burden estimate for data collection using the Questionnaire and annual update requests is based on the pre-test results. The annual burden to respondents was calculated using a weighted average time burden and is presented in Table A.12-A.

Table A.12-A. Estimated Annualized Burden Hours

Type of Respondent*	Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response** (in hours)	Total Burden (in hours)
Private Sector Organizations	Questionnaire (Telephone Script)	125	1	125	17/60	35
	Annual Update Request (Telephone)	7,000	1	7,000	10/60	1,167
	Annual Update Request (Email)	3,000	1	3,000	16/60	800
State and Local Government Organizations	Questionnaire (Telephone Script)	75	1	75	17/60	21
	Annual Update Request (Telephone)	3,220	1	3,220	10/60	537
	Annual Update Request (Email)	1,380	1	1,380	16/60	368
Federal Government Organizations	Annual Update Request (Telephone)	280	1	280	10/60	47
	Annual Update Request (Email)	120	1	120	16/60	32
TOTAL				15,200		3,007

*Respondents are private sector organizations, state and local government organizations, and federal government entities that provide services related to HIV/AIDS, STDs, TB, or Related Infections.

**A weighted average was used to calculate the burden per response among likely data collection participants (e.g., Registered Nurses, Social and Community Service Managers, Health Educators, and Social and Human Service Assistants).

A.12-B. Estimated Annualized Burden Costs

Type of Respondent*	Form Name	Total Annual Burden (in hours)	Average Hourly Wage Rate**	Respondent Cost
Private Sector Organizations	Questionnaire (Telephone Script)	35	\$18.18	\$636
	Annual Update Request (Telephone)	1,167	\$17.77	\$20,738
	Annual Update Request (Email)	800	\$17.34	\$13,872
State and Local Government Organizations	Questionnaire (Telephone Script)	21	\$18.18	\$381.78
	Annual Update Request (Telephone)	537	\$17.77	\$9,543
	Annual Update Request (Email)	368	\$17.34	\$6,381
Federal Government Organizations	Annual Update Request (Telephone)	47	\$17.77	\$835
	Annual Update Request (Email)	32	\$17.34	\$555
TOTAL				\$52,948

*Respondents are private sector organizations, state and local government organizations, and federal government entities that provide services related to HIV/AIDS, STDs, TB, or Related Infections.

**A weighted average was used to calculate the hourly wage rate among likely data collection participants, (e.g., Registered Nurses, Social and Community Service Managers, Health Educators, and Social and Human Service Assistants).

Source: The latest government statistics from U.S. Department of Labor, Bureau of Labor Statistics, *2002 National Occupational Employment and Wage Estimates*.

http://www.bls.gov/oes/2002/oes_nat.htm

13. ESTIMATES OF OTHER TOTAL ANNUAL COST BURDEN TO RESPONDENTS OR RECORD KEEPERS

Not applicable.

14. ANNUALIZED COST TO THE GOVERNMENT

The costs of this survey to the Government are absorbed within the larger CDC National Prevention Information Network service contract. The services provided under this contract include survey development, data collection, data cleaning, and maintenance and update of the database. The following chart summarizes the components of the costs of the survey under the service contract and costs related to federal government oversight:

Component	Cost*
Labor Supervisor & Verifiers	\$350,503
Federal Personnel Costs	\$818
Other Costs (telephone, postage, supplies, computer/network support)	\$12,000
Total estimated annual costs	\$363,321
<i>*Includes overhead and all contract fees</i>	

15. EXPLANATION FOR PROGRAM CHANGES OR ADJUSTMENTS

This is a request for extension, with modifications, of OMB Control No. 0920-0255. The current inventory is 3,858 burden hours and approval will expire on February 28, 2007. The new requested burden is 3,007 hours, a reduction in burden of 851 hours, even with the additional effort of contacting 100 more new organizations than indicated in the previous OMB-approved protocol. The difference in burden from the previous OMB-approved protocol is also due to the elimination of the mail questionnaire mode of data collection. Analysis of the use of NPIN data collection resources and overall response from the field indicates that the survey of organizations via telephone or email results in a better use of resources and less public burden when compared to a mixed-mode method that includes mail questionnaires.

16. PLANS FOR TABULATION AND PUBLICATION AND PROJECT TIME SCHEDULE

The information collected from this Questionnaire is not intended to provide statistical data for publication.

Once OMB clearance is received, the revised fifth version of the Questionnaire will be administered to new respondents. This activity is essential to maintaining the comprehensive scope and accuracy of the NPIN Resources and Services Database.

17. REASON(S) DISPLAY OF OMB EXPIRATION DATE IS INAPPROPRIATE

Not applicable.

18. EXCEPTIONS TO CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

Not applicable.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

This data collection will be ongoing for three years and uses no inferential statistical methods. The data collected is in textual or anecdotal format and will be used for information purposes, not for inferential statistical analysis. The data collection procedures are as follows:

NPIN staff learns about new organizations through a variety of sources, including exhibiting at health and professional meetings, searching the Internet, and perusing newsletter announcements and press releases. Once a new organization is identified as providing services related to HIV/AIDS, STD, TB, or related infections, NPIN staff will administer the revised Questionnaire by telephone (see Appendix D). The purpose of the Questionnaire is to gather information about the HIV/AIDS-, STD- or TB-related and other related infections services available from the organization, what geographic area the organization serves, and the target audiences for these services. Organizations with access to the Internet will be given the option to complete and submit an electronic version of the Questionnaire online through the CDC NPIN website or downloading the Questionnaire from the website and submitting it to NPIN via e-mail or fax. The electronic version of the Questionnaire, which is the same as the printed version, and the ability to complete the Questionnaire by phone are efforts to further reduce the burden to the respondent.

As the Resources and Services Database has matured, the importance of the task of database verification has increased accordingly. For the annual verification of the Resources and Services Database, the majority of organizations will receive a telephone call to review their database listing. The interviewer will review the Questionnaire with the appropriate organizational representative. A sample telephone update request is included in Appendix E. The remaining organizations will receive a copy of their current database entry by electronic mail, including an email update request message (see Appendix F) and a list of instructions (see Appendix G). The instructions ask each organization to verify or update their listing and add or delete any services and target audiences as appropriate. A sample Resources and Services Database record is provided in Appendix H.

List of Appendices

Appendix A.....	19
Public Health Service Act (42 USC 241) Section 301	
Public Law 100-607 Section 2521	
Appendix B.....	24
60-Day Federal Register Announcement	
Appendix C.....	25
Revised Resource Organization Questionnaire (Fifth Version) (OMB	
Control No. 0920-0255)	
Appendix D.....	38
Questionnaire (Telephone Script)	
Appendix E.....	50
Annual Update Request (Telephone)	
Appendix F.....	54
Annual Update Request Message (Email)	
Appendix G.....	56
Annual Update Request Instructions (Email)	
Appendix H.....	58
Sample NPIN Resources and Service Database Record	

APPENDIX A

Public Health Service Act (42 USC 241) Section 301

Public Law 100-607 Section 2521

S.2889

Title: A bill to amend the Public Health Service Act to establish certain health programs, to revise and extend certain health programs, and for other purposes.

Sponsor: **Senator Kennedy, Edward M.** [MA] (introduced 10/13/1988)
Cosponsors (1)

Latest Major Action: 11/4/1988 Became Public Law No: 100-607.

SUMMARY AS OF:

10/13/1988--Introduced.

Health Omnibus Programs Extension of 1988 - **Title II: Programs with Respect to Acquired Immune Deficiency Syndrome** - AIDS Amendments of 1988 - **Subtitle B: Health Services** - Amends the Public Health Service Act to create a new title on health services with respect to acquired immune deficiency syndrome (AIDS).

Directs the Secretary of Health and Human Services, for each of the FY 1989 and 1990, to make an allotment for each State. Defines "eligible individual" as an individual infected with the etiologic agent for AIDS who either is medically dependent or chronically dependent.

Requires that a State agree that, in using payments under the allotment, it will: (1) provide for home and community-based health services for eligible individuals under written plans; (2) provide for outreach to eligible individuals; (3) provide for coordinating similar services by public and private entities; and (4) give priority to outreach and services to eligible individuals with low incomes.

Authorizes a State to provide such services through grants to public and nonprofit private entities and through contracts with public and private entities, giving priority to public and nonprofit private entities with experience delivering such services to individuals with the etiologic agent.

Requires that States submit a description of the intended uses of a grant. Sets forth restrictions on the use of a grant, including limiting payments for a fiscal year to a State to not more than 65 percent of the national average payment for extended care services under part A (Hospital Insurance) of title XVIII (Medicare) of the Social Security Act. Sets forth reporting requirements. Requires States to provide for a financial and compliance audit. Requires that the reports and audits be available for public inspection. Directs the U.S. Comptroller General, from time to time, to evaluate the expenditures by the States.

Requires that a State agree that: (1) its legislature will conduct public hearings on the proposed use and distribution of the payments; (2) if charges are imposed for the home and community-based services, the charges will be set forth in a public schedule, they will not be imposed on individuals with

incomes below the official poverty line, and the charges will be adjusted to reflect to income of individuals with incomes above the poverty line; (3) the State will provide for periodic independent peer review of the services provided; (4) the State will cooperate with Federal investigations under provisions of this Act; (5) the State will expend for such services for persons infected with the etiologic agent not less than the average level of such expenditures for the previous two years; and (6) the State will not make payments from allotments for any item or service covered by another source.

Sets forth a formula for determination of the amount of allotments. Provides for repayment or withholding of payments for failure to comply with agreements. Directs the Secretary to conduct investigations of compliance. Provides for criminal penalties for certain false statements. Authorizes the Secretary to provide to a State: (1) technical assistance without charge; and (2) supplies and services in lieu of grant funds. Sets forth reporting requirements.

Authorizes appropriations for FY 1989 and 1990.

Repeals provisions of this Act relating to grants from allotments to States for home and community-based health services, effective with respect to appropriations made for any period after fiscal year 1990.

Defines "patients infected with the human immunodeficiency virus" as persons who have or are recovering from a disease attributable to infection with the human immunodeficiency virus (HIV), resulting in a need for subacute-care services.

Directs the Secretary to conduct three demonstration projects to determine the effectiveness and cost of providing subacute-care services to patients infected with HIV, and the impact of the services on the health status of the patients. Requires subacute-care services to be designed to meet the specific needs of the patients, including: (1) care and treatment by providing subacute care, emergency medical care and specialized diagnostic and therapeutic services, and case management services; and (2) technical assistance directed towards education and training of physicians, nurses, and other health care professionals.

Requires the demonstration projects to be conducted during a four-year period beginning not later than nine months after enactment of this provision at geographically diverse sites that have the highest incidence of AIDS and the greatest need for subacute-care services.

Sets forth reporting requirements.

Requires each demonstration project to provide for other research to be carried out at the site of the project, including clinical research on AIDS,

concentrating on the neurological manifestations resulting from HIV infection, and the study of the psychological and mental health issues related to AIDS.

Authorizes appropriations for FY 1988 through 1991.

Directs the Secretary to enter into an agreement with the Administrator of Veterans Affairs to ensure the furnishing, through demonstration projects, of services to eligible veterans under specified provisions.

Authorizes the Secretary to make grants to States to provide opportunities for individuals to undergo counseling and testing with regard to the etiologic agent: (1) without being required to provide identification; and (2) through the use of a pseudonym.

Requires grantees to provide counseling which includes coverage of specified points before testing, after a negative test result, and after a positive test result. Requires grantees, where appropriate, to provide opportunities for women, children, hemophiliacs, and emergency response employees to undergo counseling under conditions appropriate to their needs. Allows grantees to use the grant to provide counseling without testing.

Requires all individuals receiving counseling under these provisions to be counseled about the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities. Prohibits funds from being used to provide counseling that is designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous drug abuse, but declares that this may not be construed to prohibit a counselor from providing accurate information about means to reduce an individual's risk of exposure to, or the transmission of, the etiologic agent, provided any informational materials used are not obscene.

Authorizes appropriations for such counseling and testing grants to States for FY 1989 and 1990.

Authorizes the Secretary to make grants for demonstration projects for the development, establishment, or expansion of programs to provide counseling and mental health treatment for individuals with a positive test result, and for their families and others, who experience serious psychological reactions. Mandates that the counseling include counseling relating to prevention of exposure to, and the transmission of, the etiologic agent. Allows the grants to be used to train individuals to provide the counseling and mental health treatment. Directs the Secretary, subject to appropriations, to make a minimum of six grants for FY 1989. Authorizes the Secretary, acting through the Director of the National Institute of Mental Health, to provide technical assistance and administrative support to grantees. Authorizes appropriations for FY 1989 through 1991.

APPENDIX B

60-Day Federal Register Announcement

Please see the attached PDF

APPENDIX G

Annual Update Request Instructions (Email)

****Note: All proposed changes in the attached are highlighted in gray.**

CDC National Prevention Information Network
Annual Update Request Instructions (Email)

The CDC National Prevention Information Network (NPIN) is a service provided by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention (CDC). A primary goal is to serve as a comprehensive source for information about organizations in the United States that provide services or resources related to HIV/AIDS, Viral Hepatitis, STD, and TB. NPIN is authorized to collect this information by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information is organized and maintained by the NPIN online database. The mission of NPIN is to serve the information needs of State and local HIV/AIDS/Viral Hepatitis/STD/TB program personnel and other professionals. The general public also has access to this information from the NPIN website or by calling CDC-INFO (formerly the CDC National AIDS and STD Hotline), which provides referrals from the NPIN database to local service organizations.

INSTRUCTIONS

We are eager to learn as much as we can about the services of your organization. Attached is a copy of your organization's record as it currently appears in the NPIN Resources and Services Database. *Please review the record for accuracy and omissions and make any necessary corrections or additions. Please underline all revisions.* Your participation is voluntary.

The first portion of the printout lists basic information about your organization such as name, address, phone number, and Website. The second portion of the printout describes your organization and lists the services provided by your organization along with target audiences. Services and audiences are listed using a series of alphanumeric and numeric codes that help NPIN staff process verification responses.

If your organization does not provide a service listed on the printout, delete it. If the audiences listed are not appropriate, type in the correct audiences. Verify that the phone number listed for each service is correct. If your organization provides more services than those listed, please type the service(s) and the target audiences. We urge you attach any information about your organization, particularly if additional space is needed to fully describe your services.

Please email the revised record to DatabaseUpdate@cdcnpin.org. Even if there are no changes, please send an email message to DatabaseUpdate@cdcnpin.org indicating that the record for your organization is correct and current. For additional information please call (800) 458-5231. Sample publications or printed materials may also be mailed to:

CDC National Prevention Information Network
Information Sciences Department
PO Box 6003
Rockville, MD 20849-6003

Public reporting burden of this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, or respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0255).

APPENDIX H

Sample NPIN Resources and Service Database Record

****Note: All proposed changes in the attached are highlighted in gray.**

Sample Resources and Services Database Record

Primary Name:

CDC National Prevention Information Network

Complete Name:

CDC National Prevention Information Network

Abbreviated Name:

CDC National Prev Info Network

Acronym:

CDC NPIN

Previous Names:

National AIDS Clearinghouse (NAC)

CDC National AIDS Information Clearinghouse (NAIC)

Sponsoring Agency:

US Department of Health and Human Services (DHHS)/Public Health Service (PHS)/Centers for Disease Control and Prevention (CDC) (Federal)

Street Address:

9 Corporate Blvd Ste 100
Atlanta, Georgia 30329-1908

Mailing Address:

PO Box 6003
Rockville, Maryland 20849-6003

County:

DeKalb

Email Address:

info@cdcnpin.org

Website:

www.cdcnpin.org

Phone, Main: (800) 458-5231

(919) 361-4892 - International.

Phone, Fax: (888) 282-7681

Phone, TTY/TTD: (800) 243-7012

(919) 361-4884 - International.

Phone, TollFree: (800) 458-5231

Phone, Spanish: (800) 458-5231

Phone, Publication Ordering: (800) 458-5231

Staff Information:

Melissa Beaupierre

Project Director

Phone Number: (404) 679-7908

Email Address: mbeaupierre@danya.com

Primary Organization Type: Public Health, Social Services Department

Legal Status: Governmental

Hours of Service: Mon.-Fri., 9am-6pm.

Appointment Required: No

Eligibility Requirements: Requests may be made by telephone, letter, or e-mail. Services are available to the public.

Handicapped Accessible: Yes

Fee: No Fee

Description: The CDC National Prevention Information Network (CDC NPIN) is a national reference, referral, and publications distribution service for HIV/AIDS, Viral Hepatitis, STD, and TB information. CDC NPIN shares information and materials among professionals, including public health professionals, educators, social service workers, attorneys, employers, and human resource managers. CDC NPIN maintains computerized information databases that are searched by health information specialists to refer requesters to appropriate organizations and help them locate needed materials, services, and funding information. The Network also distributes a variety of government-approved HIV/AIDS-, Viral Hepatitis-, STD-, and TB-related publications. A resource center in Atlanta, GA is available to visitors to search the NPIN databases, review HIV/AIDS, Viral Hepatitis, STD, and TB-related educational materials, and access CDC NPIN's many other services.

Service Level: National

Service Region: National. International.

Services Provided: 17 - Audiovisual Materials Dissemination, 18 - Audiovisual Materials Production, 45 - Counseling Referrals, 56 - Electronic Information Resources, 72 - Financial Assistance Referrals for Individuals, 91 - HIV Antibody Testing Referrals, 107 - Hotlines and Information Lines, 110 - Housing Referrals/Shelter Referrals, 122 - Legal Referrals, 123 - Library Services/Resource Centers, 130 - Medical Referrals, 173 - Print Materials Dissemination, 174 - Print Materials Production, 181 - Referrals, 240 - Technical Assistance

Audiences: 23 - Businesses/Corporations, 35 - Community Service Professionals, 40 - Deaf Persons, 41 - Deaf Persons with HIV/AIDS, 46 - Educators, 52 - Employers, 58 - Federal Government Agencies, 67 - General Public, 68 - Government Agencies, 76 - Health Professionals, 77 - Health Service Organizations, 82 - Hispanics/Latinos, 110 - Local Government Agencies, 157 - Persons with HIV/AIDS, 161 - Persons with Physical Disabilities, 172 - Professional Organizations, 180 - Schools, 188 - Social Service Providers, 189 - Social Workers, 190 - State Government Agencies

Language: Spanish

Information Resources: Brochures. Directories. Posters. Resource guides. Irregular. Distributed Electronically: No