

**REQUEST FOR INFORMATION COLLECTION FOR THE OUTCOMES DATA
COLLECTION OF THE NATIONAL PREVENTION INFORMATION
NETWORK**

A. JUSTIFICATION

**1. CIRCUMSTANCES MAKING THE COLLECTION OF INFORMATION
NECESSARY**

This is a request for clearance of a new survey data collection to assess the website, products and services provided by the Centers for Disease Control and Prevention (CDC) National Prevention Information Network (NPIN). This request is for a 3-year approval of the data collection.

The CDC NPIN serves as the U.S. reference, referral, and distribution service for information on the human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), tuberculosis (TB), and viral hepatitis. Established in 1988, NPIN is an outgrowth of CDC health communications and information dissemination programs and the CDC National AIDS Clearinghouse (NAC). 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 viral hepatitis, and provides services for persons who are living with, or at risk for, these conditions. NPIN plays a key role in supporting the mission of the CDC National Center for HIV, Viral Hepatitis, STD, and TB prevention (NCHHSTP) in the prevention and control of HIV/AIDS, STDs, TB, and viral hepatitis by linking Americans to prevention, education, testing, and healthcare services. Its main function is to facilitate communication among stakeholders by researching, collecting, organizing, and disseminating the latest information and materials produced by CDC.

The NPIN website, products and services are the primary channels used by the CDC to provide information concerning prevention, treatment, and care of HIV, STD, TB, and viral hepatitis to its prevention partners, stakeholders, and other constituents. The NPIN website includes several searchable databases that can be used to locate information about testing centers, funding opportunities, upcoming conferences, educational materials, and news (OMB Number: 0920-0255, expiration date: 5/31/2010). The website is a widely used service by the public, with more than 54 million hits and 3 million visits recorded since August 2004. Following enhancements to the website completed in February 2006, 22,886,855 hits and 1,349,318 visits have already been recorded from February to November 2006. In addition to the website, consumers can access information and order materials and resources by phone using the NPIN toll-free reference and referral line or electronic mail system. As of January 25, 2007, over 370,000 unique requests for materials have been logged and 4,561,186 materials have been ordered by the public.

HIV/AIDS, STDs, TB, and viral hepatitis 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 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 availability of effective vaccines to prevent hepatitis A virus (HAV) infection since 1995 has provided the opportunity to reduce incidence of the disease and potentially eliminate its transmission. With an average of 28,000 cases per year during 1987-1997, the rates of hepatitis A have declined each year as recommendations for routine vaccinations have been put forth for certain populations such as international travelers, men who have sex with men, and injecting and non-injecting drug users.⁶ Similarly, the

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

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.

⁶ CDC. Hepatitis Surveillance Report No. 61. Atlanta, GA: U.S. Department of Health and Human Services, CDC, 2006. www.cdc.gov/hepatitis. Accessed on January 10, 2007.

incidence of hepatitis B has shown dramatic declines in younger age groups due to routine childhood immunization recommendations, however, high incidence rates continue among the adult population particularly men 25-39 years of age and risk groups (i.e., men who have sex with men, persons with multiple sex partners, and injection drug users). Recent CDC estimates show that there were 6,212 acute, symptomatic cases reported across the United States in 2004 and an overall incidence rate of 2.1/100,000.⁷ Accounting for asymptomatic infection and underreporting, it is estimated that 60,000 new infections occurred in 2004. Unlike hepatitis A and hepatitis B, there is no effective vaccine against the hepatitis C virus available. With an estimated 3.2 million Americans chronically infected with the virus in the United States, risk reduction is mainly implemented at the primary prevention level and includes screening and testing of blood donors, risk reduction counseling and services, and infection control practices.⁸

Effective prevention of these diseases 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 viral hepatitis. 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 viral hepatitis. 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 strategies that are identified in the action plans include an expansion of surveillance, response activities, treatment services, and the strengthening of public health partnerships. CDC also recognizes the importance of obtaining feedback from the populations it serves to better understand their needs, expectations, satisfaction, and use of CDC products and services.

The CDC requests clearance of this new data collection so that we may better achieve the missions of the agency, division, and programs as well as to fulfill our government responsibility in meeting the needs of the public by proactively obtaining feedback and communication from those we serve about how to improve upon the services and products that we provide. The CDC is authorized to collect this data under the following legislation:

- Public Health Service Act (42 United States code 241)
- Executive Order 12862
- Government Performance and Results Act of 1993 (GPRA) (Pub.L. No. 103-62)

The pertinent sections of these laws and Executive Order can be found in Appendix A.

The proposed data collection will be used to ascertain customer satisfaction with NPIN in terms of services and products, and will meet the requirements under Section 301 of the Public Health Service Act (42 United States code 241), Executive Order 12862, and GPRA. This data collection falls within the larger CDC NPIN service contract.

⁷ Ibid.

⁸ Ibid.

GPRA intends to “improve Federal program effectiveness and public accountability by promoting a new focus on results, service quality, and customer satisfaction” (Section 2.b.3). In order to fulfill this responsibility, NPIN must collect data from its user groups to better understand their needs and desires and in turn, respond accordingly.

2. PURPOSE AND USE OF INFORMATION COLLECTION

The primary purposes of the proposed data collection are to assess NPIN users’ satisfaction and perceived quality with the website, products, and services; determine the extent to which the users’ needs are being met; and identify how the website, products, and services can be enhanced to meet the needs of the user. Specifically, the evaluation will examine (1) perceived quality, (2) user expectations, satisfaction, and trust, (3) frequency of use, and (4) other sources of information used related to the treatment and prevention of HIV/AIDS, STDs, TB, and viral hepatitis.

The evaluation will be accomplished by survey data collection from two groups—users of the NPIN website and users of NPIN products and services (see Appendices D and E). Respondents for each survey will include representatives from government agencies, community-based organizations, advocacy organizations, various other organizations involved in the prevention and/or treatment of HIV/AIDS, STDs, TB, and/or viral hepatitis, and the general public. NPIN website users will be surveyed on an annual basis and NPIN products and services users will be surveyed on a bi-annual basis.

The information collected from the surveys is not intended to provide statistical data for publication. The purpose of this activity is solely to obtain statistical data that will help identify opportunities to improve the services and products provided to the public by NPIN and to ultimately allow NPIN to fulfill its mission.

Collecting the information described in this package allows NPIN to:

- Acquire accurate, up-to-date information from users of the NPIN website, products and services on a regular basis and in a timely manner
- Identify the service needs of NPIN users
- Identify the strengths and weaknesses of the NPIN website, products and services
- Collect data using a consistent format
- Comply with requirements under the Public Health Service Act, Executive Order 12862, and GPRA
- Provide the highest quality products and services to NPIN users

3. USE OF IMPROVED INFORMATION TECHNOLOGY AND BURDEN REDUCTION

Improved information technology will be used to reduce the burden on the public and to comply with requirements of the Government Paperwork Elimination Act (GPEA). The proposed surveys will be conducted using the Internet since the vast majority of NPIN

users have web access. This survey approach will reduce survey administration costs, automate data collection procedures, and facilitate data analysis.

The NPIN Website User Survey will be a web-based survey, (see Appendices C and D). We estimate that 75% of all NPIN Website visitors will complete the online survey.

Emails will be used to introduce and distribute a link to the NPIN Products and Services User Survey instrument for a sample of NPIN users (see Appendix F). We estimate that 70% of our responses to the NPIN Products and Services User Survey will be collected electronically (see Appendix E). For those who do not have web access or choose to complete the survey by phone, a telephone version of the survey is available to be administered by NPIN staff over the phone (see Appendix H). It is estimated that 10% of respondents will complete the NPIN Products and Services Survey by telephone. Telephone respondents will not be sent a copy of the survey in advance.

4. EFFORTS TO IDENTIFY DUPLICATION AND USE OF SIMILAR INFORMATION

Through extensive literature search, database searches, and consultation with other Public Health Service agencies, NPIN has determined that it provides unique products and services. The proposed data collection effort does not duplicate any other survey conducted by CDC or other Federal agencies.

5. IMPACT ON SMALL BUSINESSES OR OTHER SMALL ENTITIES

Some of the organizations that use the NPIN website, products and services are small entities. The number of questions on the surveys is kept to a minimum and the use of electronic means will also reduce the burden of the data collection. Further, the surveys have been designed using mostly closed-ended questions that are grouped into categories for ease of response and have been pre-tested to ensure minimal burden. Respondents to the NPIN Products and Services User Survey will also be offered the option of completing the survey over the telephone. If there is no response from the organizations that have been contacted, a follow-up email will be sent to invite them to please complete and submit their survey either online or by phone (see Appendix G). Respondents to the NPIN Website survey will complete and submit the survey online.

6. CONSEQUENCES OF COLLECTING THE INFORMATION LESS FREQUENTLY

The project proposes data collection on a bi-annual basis for the NPIN Products and Services User Survey and on an annual basis for the NPIN Website User survey. As NPIN develops new products and services, and makes enhancements to the website on a rolling basis, it is critical to obtain feedback from the user every 6 to 12 months in order to respond effectively to negative reactions or perceptions in a timely manner. Without this information collection, CDC will be hampered in successfully carrying out its mission of providing quality products and services to populations served. Failure to

proceed with this project would compromise efforts to meet the legislative requirement of being as responsive as possible to the public seeking information about the prevention and treatment of HIV/AIDS, STDS, TB, and viral hepatitis. Moreover, it would diminish NPIN's value to the public in terms of usability and credibility as a comprehensive Federal information and education resource.

In addition, the failure to initiate this project would:

- Inhibit CDC's ability to identify opportunities to improve upon the products and services provided to the NPIN user community
- Reduce CDC's ability to plan for future products, services, and support systems to better serve the NPIN user community

The proposed information collection will enable NPIN to collect customer satisfaction data in an efficient manner and assess unmet needs, track user satisfaction and changes in what website features, products, and services are used most and least frequently. There are no legal obstacles to reduce the burden.

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

The proposed data collection fully complies with 5 CFR 1320.5 guidelines and does not contain any special circumstances.

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 on October 27, 2006, Vol.71, No. 208, p. 63015 (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 NPIN resources are maximized and implemented effectively. Collaboration for this data collection occurs across the five main divisions of NCHHSTP—Division of HIV/AIDS Prevention (DHAP), Division of Tuberculosis Elimination, Division of STD Prevention, Division of Viral Hepatitis, and the Global AIDS Program (GAP)—and the Technical Information and Communication Branch (TICB). These ongoing consultations help to assure that mutual and related data needs are being met and that data collections are not duplicated.

Contact information of consultations:

DHAP

Chris Cagle
Associate Director for Policy and Planning
CDC/CCID/NCHHSTP/DHPSE/OD
8 Corporate Boulevard
Atlanta, GA 30329
Ph: 404-639-8156
Email: MCagle@cdc.gov

Division of Tuberculosis Elimination

Amera Khan
Health Education Specialist
CDC/CCID/NCHHSTP/DTE/CEBSB
8 Corporate Boulevard
Atlanta, GA 30329
Ph: 404-639-6428
Email: ARKhan@cdc.gov

Division of STD Prevention

Chandra Smith-Collier
Health Communications Specialist
CDC/CCID/NCHHSTP/DSTDP/OD
8 Corporate Boulevard
Atlanta, GA 30329
Ph: 404-639-8037
Email: CSmithCollier@cdc.gov

Division of Viral Hepatitis

Cynthia Jorgensen
Health Scientist (Team Leader)
CDC/CCID/NCHHSTP/DVH/PB
8 Corporate Boulevard
Atlanta, GA 30329
Ph: 404-718-8534
Email: CJorgensen@cdc.gov

GAP

Jenny Parker
Acting Branch Chief
CDC/CCID/NCHHSTP/DGA/OD
8 Corporate Boulevard
Atlanta, GA 30329
Ph: 404-639-8031
Email: JParker4@cdc.gov

TICB

Bob Kohmescher

Acting Branch Chief, Technical Information and Communication Branch

CDC/CCID/NCHHSTP/DHAP/TICB

8 Corporate Boulevard

Atlanta, GA 30329

Ph: 404-639-1914

Email: RKohmescher@cdc.gov

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 each instrument. The results of the pre-test were positive with respondents finding the instruments easy to complete, reasonable, unambiguous and overall not burdensome.

9. EXPLANATION OF ANY PAYMENT OR GIFT TO RESPONDENTS

No incentive, remuneration, or gifts will be provided to participants of this data collection.

10. ASSURANCE OF CONFIDENTIALITY PROVIDED TO RESPONDENTS

Full names and contact information for the NPIN Products and Services User Survey will be obtained from the NPIN clearinghouse database which provides a comprehensive listing of national, state, and local organizations that provide HIV/AIDS, STD, TB, and viral Hepatitis prevention, education, and treatment services throughout the country. While this contact information will be used to invite participation for the NPIN Products and Services User Survey either by email or phone, no respondent identifying information will be on the survey form. A unique participant identifier will be assigned to each completed survey and each survey will be entered directly into a secure database. Individual identifying information will not be stored in the data record. All identifying information will be stored separately from survey responses by the NPIN project staff. No personal information other than that which is currently stored in the NPIN clearinghouse database will be collected or obtained about survey participants. The survey data collection is limited to satisfaction with NPIN products and services, perceived quality of the products and services, and unmet needs related to their work and interest in HIV/AIDS, STDs, TB, and viral hepatitis.

Similarly, the NPIN Website User Survey will not collect or obtain any personal information from the survey participant. Each survey will contain a computer-generated unique participant identifier that will not be linked to any individual identifying information.

The intended use of the survey responses is expressly stated in each survey's introductory phone script/screen/email. The disclosure of any and all information is voluntary and all survey responses will be reported in aggregate.

Danya International, Inc., the contractor that will be collecting the data, 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. All responses from surveys completed by telephone will be directly entered into a secured, password protected database. All data will be accessible only to staff directly involved in the project. 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 the locked network room, and weekly and monthly tapes are stored off-site in a locked vault at a tape storage facility. All data will be stored for a period of three years and then destroyed.

11. JUSTIFICATION FOR SENSITIVE QUESTIONS

The questions used on these surveys will not be of a sensitive nature. Information about individual beliefs is not requested. None of the questions deal with behaviors of individuals such as sexual behavior, alcohol or drug use, or other behaviors that are commonly considered private. Neither survey asks for social security numbers or any personal identifiable information other than that stored in the NPIN clearinghouse database.

12. ESTIMATES OF ANNUALIZED BURDEN HOURS AND COSTS

A pre-test was conducted with no more than 9 participants for each survey to assess the average burden per response for the data collection, determine the ease of use, and obtain user feedback. The average time burden per response for the NPIN Website User Survey is 13 minutes and for the NPIN Products and Services User Survey, 15 minutes. This differential in time burden is primarily due to the difference in survey lengths. The NPIN Website User Survey is comprised of 25 questions whereas the Products and Services User Survey is comprised of 28 questions. The results of the pre-test were positive with respondents finding the surveys easy to complete, unambiguous, and free of undue burden.

12.A. Estimated Annualized Burden Hours

The Website User Survey will be offered to all users of the NPIN website, however, a 75% rate of return is estimated as reflected in the table below.

To ensure that a representative sample of products and services users is obtained to complete the Products and Services User Survey, a stratified sampling methodology will be applied in which a random sample of users within each organization type will be selected to participate in the survey. The table below reflects burden estimates assuming an 80% response rate per type of respondent, of which 10% are estimated to complete the Products and Services User Survey by phone. There is no screening process for the

survey and no additional burden will be incurred for telephone response. Contact information for potential respondents will be obtained from the NPIN Resources and Services Database (OMB Number: 0920-0255, expiration date: 5/31/2010). Respondents include all types of NPIN Users including social service organizations, health services organizations, community-based organizations, associations, foundations, faith-based organizations, libraries, news/media organizations, businesses, general public, international agencies, correctional facilities, and educational institutions.

The burden estimate for the data collection of each survey is based on pre-test results. The estimated annual burden to respondents is shown in Table A.12-A.

Table A.12-A. Estimated Annualized Burden Hours

Form Name	Type of Respondent*	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
NPIN Website User Survey	All NPIN Users (Individuals)	1,078	1	13/60	234
NPIN Products and Services User Survey	Private Sector Organizations	2,155	2	15/60	1,078
	State and local government organization	222	2	15/60	111
	Federal government organization	94	2	15/60	47
	Individual/Households	1,648	2	15/60	824
NPIN Products and Services User Survey (Telephone)	Private Sector Organizations	239	2	15/60	120
	State and local government organization	25	2	15/60	13
	Federal government organization	11	2	15/60	6
	Individual/Households	183	2	15/60	92
TOTAL					2,525

12.B. Estimated annualized burden costs

Various types of organizations and staff types use the NPIN website, products and services. To assess the annualized costs to the respondent of this data collection, an average hourly wage rate was calculated for each type of organization that is likely to have used NPIN products and services using the latest government statistics from U.S. Department of Labor⁹ (Table A.12-B).

⁹ U.S. Department of Labor, Bureau of Labor Statistics, National Compensation Survey. <http://data.bls.gov/PDO/outside.jsp?survey=nc>. Accessed on January 10, 2007.

Table A.12-B. Estimated Annualized Burden Costs

Form Name	Type of Respondent	Total Annual Burden (in hours)	Average Hourly Wage Rate*	Respondent Cost
NPIN Website User Survey	All NPIN Users (Individuals)	234	\$18.62	\$4,357.08
NPIN Products and Services User Survey	Private Sector Organizations	1,078	\$20.77	\$22,390.06
	State and local government organization	111	\$20.24	\$2,246.64
	Federal government organization	47	\$20.24	\$951.28
	Individual/Households	824	\$18.62	\$15,342.88
NPIN Products and Services User Survey (Telephone)	Private Sector Organizations	120	\$20.77	\$2,492.40
	State and local government organization	13	\$20.24	\$263.12
	Federal government organization	6	\$20.24	\$121.44
	Individual/Households	92	\$18.62	\$1,713.04
TOTAL				\$49,877.17

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

There are no reporting or recordkeeping “non-hour cost” burdens associated with this proposed information collection.

14. ANNUALIZED COST TO THE GOVERNMENT

The costs of these surveys 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 analysis. The following chart summarizes the components of the annualized costs of the survey under the service contract:

Component	Cost
Labor – Research Support	\$103,305
G & A	\$22,365
Overhead	\$72,420
Other Costs (telephone, postage, supplies, computer/network support)	\$12,000
Federal Personnel Costs (GS-13 level)	\$818
Total estimated annual costs	\$210,908

15. EXPLANATION FOR PROGRAM CHANGES OR ADJUSTMENTS

This is a new data collection.

16. PLANS FOR TABULATION AND PUBLICATION AND PROJECT TIME SCHEDULE

This activity is essential to identify opportunities to improve the services and products provided to the public by NPIN and to ultimately allow NPIN to fulfill its mission. Once OMB clearance is received, the first of each survey will be administered to NPIN users. The project schedule is as follows:

Table A.16-A. Project Time Schedule

Activity	Time Schedule
Complete programming of web-based surveys	30 days after OMB approval
Launch web-based surveys	30–90 days after OMB approval
Complete data collection	90–120 days after OMB approval
Analysis of survey findings	120–180 days after OMB approval

The analysis of survey responses from both surveys will consist primarily of descriptive statistics (i.e., frequency and percentage distributions, graphics, and cross tabulations) that describe the level of participants’ satisfaction with the quality of the NPIN website, and products and services. Cross tabulations will be conducted to determine whether there are differences in the level of participant satisfaction based on background information (e.g., organization affiliation and target population served).

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

Expiration dates for OMB approval will be printed on all data collection instruments.

18. EXCEPTIONS TO CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

The collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.