

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 HIV/AIDS Program Parts A-D. The OMB number for this activity is 0915-0281 and the current expiration date is May 31, 2010.

The AETCs are authorized by Title XXVI of the Public Health Service Act, as amended, Ryan White HIV/AIDS Program legislation. Signed into law in October, the 2009 amendments reauthorize the Ryan White HIV/AIDS Treatment Extension Act of 2009 through 2013. The Ryan White HIV/AIDS Program 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 Extension Act of 2009 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. Beginning July 1, 2010, there will be five cross-cutting national centers. Grants for two new national centers, the AETC National Multicultural Center and AETC National Center for Expansion of HIV CARE in Minority Communities: Building Capacity in Community Health Centers will be awarded. The National Minority AETC grant will not be renewed. The AETC National Center for Expansion of HIV CARE in Minority Communities: Building Capacity in Community Health Centers will work to improve, develop and enhance the organizational capacity of non-Ryan White funded community health centers to provide primary medical care and treatment to racial/ethnic minorities living with or affected by HIV/AIDS. National Multicultural Center will work to increase capacity on multicultural competency for HIV care and training. The center will serve as a resource center for the AETC network and others in the areas of cultural competency training for HIV providers.

These program data collection activities will gather data on the training activities conducted by the AETCs and the people who attend these events. The Event Record collects information about all activities conducted including training programs, individual clinical consultations, group clinical consultations, and technical assistance events. 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 Ryan White HIV/AIDS Program 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 HIV/AIDS Program grantees.

Two forms have been used 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. The AETC Data Workgroup includes representatives from each of the AETCs and works 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. In addition, the National AETC Evaluation Center and several regional AETCs have developed a web-based Patient Information Forms.

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 February 25, 2010, (Volume 75, Number 37, pages 8721-8722). No comments were received. A Data Workgroup with representatives from each of the AETCs continues to work with HRSA to assure that the information collected is useful to both HRSA and the AETCs. This workgroup met throughout the winter and spring to review the forms and have made minor changes to the forms. The changes represent clarifications, additional responses to questions and two additional questions included at the request of the Data Workgroup. The additional questions are related to Ryan White HIV/AIDS Program priorities including treating HIV-infected persons co-infected with Hepatitis C and increasing training among providers serving minority communities. (The changes to the Participant Information Form and the Event Record are detailed in the Attachments) All changes were reviewed one last time by 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
Pryatam Piya	New England AETC	ppiya@neaetc.org
Felicia Guest	Southeast AETC	fquest@emory.edu
Srdevi Wilmore	Southeast AETC	swilmor@emory.edu
Kevin Khamarko	National AETC Evaluation Center	kevin.khamarko@ucsf.edu
Starley Shade	National AETC Evaluation Center	Starley.shade@ucsf.edu
Nancy Warren	Pacific AETC	nancy.warren@ucsf.edu
Paul Cook	Mt. Plains AETC	paul.cook@uchsc.edu
Lucy Bradley-Springer	Mt. Plains AETC	Lucy.Bradley-Springer@UCHSC.edu
David Korman	Pennsylvania/Mid-Atlantic AETC	roman2@pitt.edu
Max Kellogg	Pennsylvania/Mid-Atlantic AETC	mdk2@pitt.edu
Mari Millery	New York/New Jersey AETC	mm994@columbia.edu

Name	AETC Site	Email
Nadine Nader	New York/New Jersey AETC	nn69@columbia.edu
Keisha Watson	National Minority AETC	klwatson@howard.edu
Sarah Neff	AETC National Clinicians' Consultation Center	neffs@nccc.ucsf.edu
Beth-Anne Jacob	Midwest AETC	bethanne@uic.edu
Malinda Boehler	Midwest AETC	mboehler@uic.edu
Elizabeth Gleckler	Delta AETC	egleck@lsusc.edu
Mary Annese	Northwest AETC	mfa4@u.washington.edu
Eric Riles	Northwest AETC	eriles@u.washington.edu

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	116,624	1	116,624	0.167	19,476.2	\$20	\$389,524*

*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 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	18,070	1	18,070	0.2	3,614	\$20	\$72,280
Production of Aggregate Data Set	12	2	24	32	768	\$25	\$19,200

The total annual burden for this activity is 23,858.2 hours.

All estimates provided above are based on the revised forms, which we are seeking approval to use beginning July 1, 2010. In addition to seeking clearance on the revised forms, we are also requesting an extension to use the old forms through June 30, 2010. 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, 2010 will give us complete year of data and allow us to begin the new grant year with the revised data forms. Use of two forms will not increase the total annual burden of 23,858.2 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 \$185,000, as well as the cost for a GS 13 at 5% (approximately \$5000) time to monitor the project.

15. Changes in Burden

The actual time required to complete the Participant Information Form and the Event Record has not increased. The increase in burden hours (+4%) is a result of an increase in both the number of training events offered by the AETCs and the number of respondents attending these trainings.

16. Time Schedule, Publication and Analysis Plan

The AETCs will report data using the grant 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, 2010	AETCs collect data using current PIF and ER forms
August 15, 2010	Full year of data using the current forms is due to contractor
September 10, 2010	Contractor submits aggregate data set to HRSA

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

Date	Activity
On receipt of OMB clearance	Send new forms and data codebook to the AETCs
July 1, 2010	Data collection begins using the new forms
June 30, 2011	Reporting year ends
August 15, 2011	Full year data submission due to contractor
September 15, 2011	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

AETC Data Collection Forms Revisions Rational (ICR Attachment in Files)

AETC Data Collection Manual and Codebook- revised 2010 (ICR Part 2)

Cover Page (ICR Attachment in Files)

Participant Information Form (ICR Part 2)

Event Record (ICR Part 2)

30-day Federal Register Notice (ICR Attachment in Files)