Internet Partner Service Activities of State and Local STD Programs

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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Program Official/Project Officer:
Frank Strona, MPH, PhDc
Public Health Analyst
Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of STD Prevention
1360 Mission Street, Suite 401, San Francisco, CA 94103
Phone: 415-355-2016
Email: frank.strona@sfdph.org

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. The respondent universe for this two stage data collection aligns with the OSC. The respondent universe includes Sexually Transmitted Disease (STD) Program Managers in state and local STD programs within all 50 states as well as 15 special programs made up of cities, districts, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands resulting in 65 STD Program Managers. The respondent universe also includes Disease Intervention Specialists (DIS) in the 65 STD Program areas. There are 809 DIS in the US and these public health outreach workers are responsible for finding and counseling people with sexually transmitted diseases and their contacts.

According to the CDC, "Partner services (PS) are a broad array of services that should be offered to persons with HIV infection, syphilis, gonorrhea, or chlamydial infection and their partners. A critical function of partner services is partner notification, a process through which infected persons are interviewed to elicit information about their partners, who can then be confidentially notified of their possible exposure or potential risk. Other functions of partner services include prevention counseling, testing for HIV and other types of STDs (not necessarily limited to syphilis, gonorrhea, and chlamydial infection), hepatitis screening and vaccination, treatment or linkage to medical care, linkage or referral to other prevention services, and linkage or referral to other services (e.g., reproductive health services, prenatal care, substance abuse treatment, social support, housing assistance, legal services, and mental health services). The rationale for use of partner services is that appropriate use of public health resources to identify infected persons, notify their partners of their possible exposure, and provide infected persons and their partners a range of medical, prevention, and psychosocial services can have positive results including 1) positive behavior changes and reduced infectiousness; 2) decreased STD/HIV transmission; and 3) reduced STD/HIV incidence and improved public health. The value of partner notification in the control of syphilis and gonorrhea is widely accepted.

Partner Services is an effective intervention and partner services in particular have been used by STD programs since the 1930s to control the spread of disease and to prevent dangerous sequelae from developing. It is one of the primary intervention "tools" STD programs have at their disposal. CDC awards cooperative agreements to STLT health departments to develop capacity at the state and local levels to perform Partner Services.

The Internet is a powerful medium for communication and, as such, is a valuable tool for STD partner services. Research has shown the Internet to be a venue for STD transmission as well as for disease control and health promotion. Access to the Internet has become nearly universal for most Americans, and program areas and health departments have been encouraged to incorporate the Internet into their prevention efforts. With the rise of Internet-based social networking, dating, and sex sites, increasing numbers of men who have sex with men (MSM) as well as other high-risk populations are meeting online to arrange anonymous sexual encounters. As a result, individuals who are newly diagnosed with STDs/HIV may know only the screen names and/or e-mail addresses of their sex partners.

The Internet represents a relatively new medium for conducting PS. Internet partner services or IPS is the process of using the Internet or other digital technology (e.g. mobile phones) to conduct or enhance the process of notifying a person of their potential exposure to an infectious disease. Partner-locating information is sometimes limited to an e-mail address or screen name/profile on an Internet site, making the use of the Internet the only viable option for providing appropriate STD/HIV partner services in these cases. For more information on or examples of IPS, go to the National Coalition of STD Director's National Guidelines for Internet-based STD and HIV Prevention.

A continuing challenge is the absence of standardized data collection for and evaluation of IPS, creating a knowledge gap to determine how well IPS is being implemented and used throughout the state and local health departments. Although some programs are already using IPS, the data are neither complete and/or routinely available to create a national picture. To date, there has not been a comprehensive assessment regarding the use of IPS among state and local DIS. Narrow assessments have been conducted in the past but have not been extensive enough to give an in-depth view of IPS or, given that technology and the internet are ever changing, the assessments are considered outdated.

CDC plays a key role in supporting Partner Services in state and local Health Departments and has a vested interest in ensuring that state and local grantees have the capacity and resources to conduct PS in order to link people to needed health services. This work is critically important to prevent and control diseases across the country.

CDC Division of STD Prevention leadership determined that an assessment of the current use of IPS is a critical first step. DSTDP will conduct a two stage assessment of health department grantees who conduct Partner Services. The first stage will be to contact STD program managers to obtain emails for DIS who conduct PS within their programs. The second stage will be to send the assessment instrument to all identified DIS to gather information about the current use of IPS. The assessment findings will be used to develop a

comprehensive strategy to support and facilitate IPS in state and local, health departments and to create a national technical assistance network.

The need for this assessment is to build a more complete picture of program experiences, including barriers and facilitators, of implementing and conducting IPS. Assessing the current use of IPS will be used to inform the development of a technical assistance network and decisions regarding CDC support for more efficient and effective use of IPS. The objectives are to: determine the current use of IPS activities nationwide, identify barriers and facilitators, and determine technical assistance needs. The information collected will be used to develop necessary resources, highlight best practices, and create and implement a framework that facilitates peer to peer technical assistance to improve IPS processes and outcomes.

Privacy Impact Assessment

Overview of the Data Collection System

The respondent universe for this two stage data collection aligns with the OSC. In the first stage, Sexually Transmitted Disease (STD) Program Managers who oversee STD programs within their state and local health departments will be asked to provide the names and email addresses of DIS conducting partner services (PS) within their programs. Currently the Division of STD Prevention at the Centers for Disease Control and Prevention (CDC) provides STD funds to all 50 states as well as 15 special programs made up of cities, districts, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands resulting in 65 STD Program Managers. State and local Disease Intervention Specialists (DIS), whom conduct STD partner services (PS) as part of their official capacities, will be contacted and asked to respond to an assessment via Survey Monkey. There are 809 DIS in the U.S.

The data collection system consists of two stages. In stage one an email will be sent to the Program Managers asking for the names and email addresses of DIS conducting PS within their programs (**see Attachment A- Program Manager Data Collection Instrument.).** An email will be used (versus an online data collection instrument) to reduce the number of steps taken by the STD program managers. The primary purpose of the first stage is to obtain email addresses for the DIS who conduct Partner Services. The email list will be used to target DIS for stage two of the assessment.

Stage two consists of an online questionnaire designed to elicit information from DIS regarding current IPS practices and technical assistance needs (**see Attachment B- DIS IPS Assessment: Word version and Attachment C: DIS IPS Assessment: Web version)**. The web-based instrument will be distributed using Survey Monkey software by emailing respondents a link to the instrument.

During the development of the assessment instrument, all stages of this assessment were piloted. The pilot done for stage one of this data collection was done with three PMs. Based on this pilot, the average time taken to compile DIS names ranged from 1-15 minutes, with an average of 8 minutes. The pilot for stage two was done with two senior DIS to assess the data collection instrument's time to completion. The revised online assessment was then pilot tested by sending the link to four DIS picked as a result of the discussions with the Program Managers who offered DIS participation. Feedback from this second group was used to explore understanding of terms and language, refine questions as needed, ensure accurate programming and skip patterns and establish the estimated time required to complete the assessment. The estimated time range to complete the instrument is 15-25 minutes for DIS working in programs where IPS is conducted.

No sensitive information is being collected by the instrument. The proposed data collection will have little or no effect on respondent privacy. Respondents are participating in their official capacity as health officials in state and local departments of health. All results will be presented in the aggregate.

Items of Information to be Collected

Information for this assessment will be collected in two stages. In stage one information will be collected through an email to Program Managers. In stage two information will be collected through an online data collection instrument for DIS.

The Program Manager Email consists of 4 questions. These questions will gather basic contact information for the DIS including names, phone numbers, email addresses and name of health department for which they work.

The DIS Assessment of Internet Partner Services Instrument

The instrument consists of 37 questions of various types including multiple parts, dichotomous (yes/no), categorical (multiple choice), and open ended questions. There are eleven sections: participant information, program IPS services, protocols and guidelines, IPS usage, IPS venues, texting for IPS, IPS access, IPS training, IPS data collection, IPS quality, and final comments.

Skip patterns are in place to minimize respondent burden and only require participants to read and answer questions applicable to them. In several places within the assessment, respondents are queried with questions that the response would alter the following series of questions. Skip patterns were used to continue to question on the rationale beyond negative responses to determine the contest of the "no" response. The result may also navigate the respondent to end the assessment. Because of these skip patterns the exact

number of questions can differ between participants. An effort was made to limit questions requiring narrative responses from respondents.

Participant Information

- One question with multiple parts covers the location of the organization and the respondent's role.

Program IPS Services

- Five questions cover what division of the health department IPS operates, whether the program conducts IPS, if not whether it had ever conducted IPS, if discontinued- why, and if never conducted IPS- why not.

Protocols and Guidelines

- Four questions cover whether the program has a written IPS protocol, if the protocol was in response to CDC requirements, whether the protocol is being followed, and what guidelines the protocol was based on.

Site Usage of IPS

- Five questions cover the type of infection IPS is offered for, which staff conducts IPS, whether respondent conducts IPS, specific IPS activities, and the activities related to IPS that are allowed.

IPS Related Venues

- Five questions cover the online venues the program uses, whether any sites are prohibited, which sites are prohibited, whether the respondent's IPS profile has been disabled or banned from an online venue, which venue has the IPS profile been disabled or banned from, and why the IPS profile has been disabled or banned from an online venue.

Texting for IPS

- One question covers the text/SMS methods used for IPS.

IPS Access

- One question covers barriers encountered related to conducting IPS.

IPS Training

- Four questions cover whether respondent participate in IPS related training, what IPS trainings the respondent participated in, interest in future IPS trainings, and preferred training methods.

IPS Data Collection

- Six questions cover whether the program conducts an assessment of community acceptability of IPS, which data management system does the program use for case management, whether there are IPS specific data fields in the respondent's

data management system, whether IPS data is analyzed, whether IPS data is used to inform program changes, and which IPS-related data variables are collected by the program.

IPS Quality

- One question covers the quality of the respondent's IPS program over the past 12 months.

Final Comments

- Three questions cover suggestions for further improvement of the quality and impact of the respondent's IPS program, additional information related to IPS that the respondent would like to share, and the optional provision of the respondent's contact information.

The source of information will be respondent's use and knowledge of IPS and perception of need for technical assistance resources. Respondents will not be provided with unique links to track their individual responses; therefore respondents will need to complete the online instrument in one session. Respondents will be sent a link to access the web-based instrument, along with instructions for completion and an estimated amount of time for completion.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

The data collection system involves using a web-based instrument. Respondents will be sent a link directing them to the online instrument only (i.e., not a website). No website content will be directed at children.

2. Purpose and Use of the Information Collection

The purpose for this assessment is to build a more complete picture of program experiences, including barriers and facilitators, of implementing and conducting IPS. Assessing the current use of IPS will be used to inform the development of a technical assistance network and decisions regarding CDC support for more efficient and effective use of IPS. The objectives are to: determine the current use of IPS activities, identify barriers and facilitators, and determine technical assistance needs.

The findings from the assessment will be used to:

1. Understand the current level and depth of IPS activities that occur
2. Assess the need for a technical assistance network to improve the IPS processes and outcomes.
3. Address current IPS training needs

4. Highlight best practices
5. Develop a strategy for improving IPS capacity in STLT health departments
6. Determine means of data analytic capacity building in STLT health departments
7. Determine the amount and type of IPS being conducted at STLT health departments
8. Inform decision-making by CDC to assist STLT in overcoming barriers to IPS

Privacy Impact Assessment

No sensitive information is being collected by the instrument. The proposed data collection will have little or no effect on respondent privacy. Respondents are participating in their official capacity as health officials in state, District, or local departments of health. Personal identifying information will remain confidential. All results will be presented in the aggregate.

3. Use of Improved Information Technology and Burden Reduction

The data collection system consists of two stages. In stage one an email will be sent to the Program Managers asking for the names and email addresses of DIS conducting PS within their programs**.** An email will be used (versus an online data collection instrument) to reduce the number of steps taken by the STD program managers. The primary purpose of the first stage is to obtain email addresses for the DIS who conduct Partner Services. The email list will be used to target DIS for stage two of the assessment.

In stage two data will be collected via a web-based questionnaire allowing respondents to complete and submit their responses electronically. The instrument will be administered using the Survey Monkey™ software, a platform for the creation of online questionnaires that allows for complex branching and skip logic. Respondents will be asked to complete the instrument via a web-based link for stage two data collection; all responses will be stored in a secure database accessible only by CDC project team members. Careful consideration was given to questionnaire design, length, and layout to minimize respondent burden. Skip logic was used to determine when respondents were no longer able to provide useful data and allow them to end the data collection as well as assess for contextual rationales for some "no" responses.

Survey Monkey data center servers are kept in a locked cage, with digital surveillance equipment monitoring at the data center. Secure Sockets Layer (SSL) technology protects user information using both server authentication and data encryption, ensuring that data is safe, secure and available only to authorized persons in a password protected system. The data collected by Survey Monkey® will be exported to a SAS® dataset. The analytic SAS® database will reside at CDC in an isolated area of its network that is set up to store moderately sensitive data.

4. **Efforts to Identify Duplication and Use of Similar Information**
   The information being collected is specific to IPS and collection of this information directly from all DIS has never been attempted before. There is currently no information available via web or existing literature that can substitute for the desired responses.

5. **Impact on Small Businesses or Other Small Entities**
   No small businesses will be involved in this data collection.

6. **Consequences of Collecting the Information Less Frequently**
   If data are not collected:
   - There will be no systematically obtained information to support judgments about the extent to which state, county and local health departments are conducting IPS and the level of need for a technical assistance network to improve the IPS processes and outcomes
   - CDC will not be able to assess:
     - the utility, effectiveness and necessary changes for future investments
     - the effective implementation and use of IPS activities nationwide
     - the need for technical assistance
     - the acceptance of a peer-to-peer TA network
     - the quality partner services

Understanding these components will allow CDC to identify future actions to improve awareness, adoption and implementation of IPS and the availability of TA resources. This request is for a one time data collection. There are no legal obstacles to reduce the burden.

7. **Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**
   There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. **Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**
   This data collection is proposed under the Generic Information Collection mechanism of the OSTLTS Assessment Center (OSC) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on October 22, 2010, Vol. 75, No. 204; pp. 65353-54. Two comments were received from the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO).

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

10. Assurance of Confidentiality Provided to Respondents

The Privacy Act does not apply to this data collection. Employees of state, tribal, district, and local public health agencies will be speaking from their official roles. All data will be stored in a secure database. Data will not be individually identifiable and will be analyzed and reported in aggregate only.

11. Justification for Sensitive Questions

No information will be collected as a requirement that are of personal or sensitive nature.

12. Estimates of Annualized Burden of Hours and Costs

The burden hours for STD Program Managers is based on the estimated time it will take for a Program Manager to compile names and email addresses of DIS conducting IPS. The number of DIS in a given program area ranges from 1 – 100+ so the estimated time is anticipated to vary between 1 minute to 15 minutes. The mean of 1 and 15 minutes (8) was used to estimate the burden costs.

The estimate for burden hours for DIS is based on a pilot test of the instrument by five DIS. In the pilot test, the average time to complete the instrument including time for reviewing instructions and completing the instrument was approximately 23 minutes. Depending on the responses selected, some questions may be skipped or follow-up questions may be asked of participants. Therefore, it may take slightly more or less time to complete the instrument. The estimated time range to complete the instrument is 15-25 minutes for DIS working in programs where IPS is conducted. For the purposes of estimating burden hours for DIS, the upper limit of this range (i.e., 25 minutes) is used. Since there will only be one wave of data collection, only one block of 25 minutes or less is needed from each participant.

Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Assessment. Estimates for STD Program Managers were derived using average hourly wage for management occupations – medical and health services managers in state government (http://www.bls.gov/ncs/ocs/sp/nctb1480.pdf), or $57.46. Estimates for DIS were derived using the average hourly wage for Medical and public health social workers or $18.64. Table A-1 shows estimated burden and cost information.

These respondents include a diverse sampling of programs with varied experience conducting IPS from novice to expert and current IPS efforts (no activities to sophisticated programs). Disease Intervention Specialists will be given the online assessment.

Table A-1: Estimated Annualized Burden Hours and Costs to Respondents–IPS Program Area Needs Assessment

Data Collection Instrument: Form Name	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
DIS IPS Assessment	DIS	809	1	25/60	337	$18.64	$6281.68
Program Manager Data Collection Instrument	STD Program Managers	65	1	8/60	9	$57.46	$517.14
	Total	874	1		346		$6798.82

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no direct costs to the respondents other than their time to participate in the assessment.

14. Annualized Cost to Federal Government

There are no equipment or overhead costs. CDC staff are being used to support development of instrument, data collection, analysis for this assessment and associated tasks; therefore, the only cost to the federal government would be the salary of CDC staff.

The CDC staff for this project includes a lead Public Health Advisor, a Health Communications Specialist, a Program Consultant and a Public Health Advisor. The work on this project will be carried out by CDC staff members, including primary development of assessment instruments, instrument administration, data review and analysis, and reporting of findings.

Hourly rates of $49.44 for GS-12 (step 9), $50.03 for GS 14 (step 2), $59.71 for GS14 (step 8), $26.13 for GS 9 (step 4) were used to estimate staff costs. The estimated cost to the federal government is $7412.40. There is no fee for using Survey Monkey or data analysis software. Table A-2 describes how this cost estimate was calculated.

Table A-2: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Lead Public Health Analyst (GS 12, Step 9) OMB package preparation, instrument development, data collection, data analysis, quality control and report preparation.	40 hours	$49.44	$1,977.60
Health Communications Specialist (GS 14, step 2) OMB package preparation, instrument development, data collection, data analysis, quality control and report preparation.	40 hours	$50.03	$2001.20
Public Health Analyst (GS 14, step 8) OMB package preparation, instrument development, data collection, data analysis, quality control and report preparation.	40 hours	$59.71	$2388.40
Public Health Analyst (GS 9, Step 4) OMB package preparation, instrument development, data collection, data analysis, quality control and report preparation.	40 hours	$26.13	$1045.20

Estimated Total Cost of Information Collection			**$7412.40**

15. Explanation for Program Changes or Adjustments Changes

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Data analyses will focus on the primary questions to be addressed: current use of IPS activities nationwide and the need for a technical assistance network to improve the IPS processes and outcomes. Data will be analyzed to determine who is using IPS, how IPS is being used, existing barriers, opportunities for training, the use of community needs assessments, if and how IPS data are being managed and evaluated and additional feedback from the field. Response rates for individual questions will be calculated. Data analyses will consist of descriptive statistical techniques including response frequencies, measures of central tendency, measures of distribution, cross-tabulations, and themed analysis of open ended items. The sample size is not expected to be large enough to conduct statistical group comparisons or predictive analyses.

A final report will provide background, results, and recommendations on the findings. This report will include an introductory overview of IPS, the objectives of the project, findings from the assessment and recommendations for both future actions and for the development of a national, peer-to-peer TA system. Findings will also be presented at a national conference.

Project Time Schedule

Design assessment instrument……	(COMPLETE)
Develop assessment protocol, instructions, and analysis plans……..	(COMPLETE)
Pilot test assessment instrument……..	(COMPLETE)
Prepare OMB package……..	(COMPLETE)
Submit OMB package……	(COMPLETE)
OMB approval……	(TBD)
Conduct Program Manager assessment……..	(2 weeks)
Collect and organize data……..	(2 weeks)
Conduct DIS IPS assessment……..	(Open 2 weeks)
Collect, code, enter, quality control, and analyze data……..	(4 weeks)
Prepare report……..	(4 weeks)
Disseminate results/reports……..	(May 2014)

17. Reason(s) Display of OMB Expiration Date is Inappropriate

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

Attachment A: Program Manager Data Collection Instrument
Attachment B: DIS IPS Assessment: Word Version
Attachment C: Screen Shots of DIS IPS Assessment: Web Version

References

1. Centers for Disease Control and Prevention (CDC), (2008, October 30) Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection. *MMWR. Morbidity and Mortality Weekly Reports. 57: 1-63.* http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e1030a1.htm

2. Moody, V. (2012) A DESCRIPTIVE STUDY OF INTERNET-BASED PARTNER SERVICES PROGRAMS FOR CONTROL AND PREVENTION OF SEXUALLY TRANSMITTED DISEASES AND THE HUMAN IMMUNODEFICIENY VIRUS. Unpublished doctoral dissertation, Central Michigan University.

3. National Coalition of STD Directors. (2008, March). National Guidelines for Internet based STD and HIV Prevention: Accessing the Power of the Internet for Public Health.
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