

Supporting Statement

HRSA AIDS Education and Training Centers Evaluation activities

OMB Control No. 0915-0281

Terms of Clearance: "None".

A. Justification

1. Circumstances Making the Collection of Information Necessary

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 July 31, 2013.

The AETCs are authorized by Title XXVI of the Public Health Service (PHS) Act, as amended, Ryan White HIV/AIDS Program legislation. Signed into law in October, the 2009 amendments re-authorize 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 5 cross-cutting national centers: the AETC National Resource Center; the AETC National Evaluation Center; the National HIV/AIDS Clinicians' Consultation Center; the AETC National Center for Expansion of HIV CARE in Minority Communities; and the AETC National Multicultural Center.

The regional centers sponsor workshops, trainings, conferences, and other educational activities. The National Resource Center provides education, curricula, and materials to the AETCs to provide consistency and a higher quality of services across the country. The National AETC Evaluation Center serves as a coordinating center for assessing AETC activities and their effectiveness. The National HIV/AIDS Clinicians' Consultation Center operates two telephone inquiry lines that are staffed by clinicians: the Warm Line for clinical questions regarding HIV/AIDS treatment and the Pep Line to provide timely guidance on prevention for clinicians

exposed to the HIV/AIDS virus. The AETC National Center for Expansion of HIV CARE in Minority Communities: Building Capacity in Community Health Centers works 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. The National Multicultural Center works to increase capacity on multicultural competency for HIV care and training. The center serves as a resource center for the AETC network and others in the areas of cultural competency training for HIV providers.

These programs gather data on the training activities conducted by the AETCs and the people who attend these events. The Event Record (ER) collects information about all activities conducted including training programs, individual clinical consultations, group clinical consultations, and technical assistance events. The Participant Information Form (PIF) collects information from each of the participants attending each one of these activities. The AETCs collect information on AETC training events, and are required to report aggregated data on their activities to HAB once a year.

HAB made one modification to the reporting requirement. The change is on question 3 of the ER. Currently, grantees collect the training event zip code, but they are not required to report it to HAB. Effective with the new form, HAB is requesting that grantees report the event zip code. HAB is also proposing two cosmetic modifications to items 5 and 10 on the ER, which entail numbering the response options. There are no changes in the reporting requirements related to these modifications.

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. Seventy-two percent of all clients served by the Ryan White HIV/AIDS Program are racial/ethnic minorities. To better serve these clients, Section 2692 (a) (2) of the Ryan White Treatment Extension Act of 2009 calls for *preferences in making grants to qualified projects which will: 1) train, or result in the training of health professionals who will provide treatment for minority individuals and Native Americans with HIV/AIDS and other individuals who are at high risk of contracting HIV; 2) train, or result in the training of, minority health professionals and minority allied health professionals to*

provide treatment for individuals with such disease; and 3) train, or result in the training of health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected individuals. Data on the race and ethnicity of AETC training participants are used to report the following program outcomes/outputs measures to HHS and OMB: *Proportion of AETC training intervention participants that a racial/ethnic minorities.* 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 continue to 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 Collection

The overall purpose of this data collection is to monitor the activities of each AETC and identify collaborations among AETCs. In addition, this information provides descriptive information on efforts to train health care providers who offer services through Ryan White HIV/AIDS Program grantees. Collection of this information allows HRSA's HAB to provide information on training activities and types of education and training provided to Ryan White HIV/AIDS Program Grantees, resource allocation, and capacity expansion.

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

- (1) **The Participant Information Form (PIF)** captures 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 (ER)** gathers 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 is also collected. AETC staff and trainers complete this form after each event.

Each regional AETC, the AETC National Center for Expansion of HIV CARE in Minority Communities and the AETC National Multicultural Center complete this information for every training activity conducted during the year. The collected data are compiled into a data set according to set specifications and submitted once a year to HAB.

3. Use of Improved Information Technology and Burden Reduction

Data are 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 have the option of choosing 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 platform for administration of the Patient Information Form.

4. Efforts to Identify Duplication and Use of Similar Information

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. Impact on Small Businesses or Other Small Entities

This data collection activity does not significantly impact small entities.

6. Consequences of Collecting the Information 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. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The data will be collected in a manner consistent with the guidelines in 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice/Outside Consultation

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on March 20, 2013, (Volume 78, Number 54, pages 17217-17218). No comments were received. HAB staff reviewed the ER form, and is only requesting one minor change and two cosmetic changes. A Data Workgroup with representatives from each of the AETCs continues to work with, and was consulted by HRSA on the reporting requirement and cosmetic changes to the ER. The changes represent improvements to the forms and reporting needs. There are no changes to the PIF. It is likely that no comments received on this notice are a direct result of the collaboration HAB had with the AETC Data Workgroup that represents all of the AETC grantees.

The following list includes the members of the Data Workgroup.

Members of the Data Workgroup

Name	AETC Site	Email
Pryatam Piya	New England AETC	ppiya@neaetc.org
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9. Explanation of any Payment/Gift to Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality Provided to Respondents

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. Justification for Sensitive Questions

Data on services provided and training received by faith-based organizations was often requested during a previous administration. The data element has been retained because of the growing involvement of faith communities in serving people living with HIV.

12. Estimates of Annualized Hour and Cost Burden

The annual burden estimates displayed below are based on consultations with representatives from 8 of the 16 AETCs about time to complete each of the three data collection forms or activity (PIF, ER, and Production of the Aggregated Data Set). The hours per response estimates are based on the average time per response indicated by the 8 respondents for each form. Numbers of respondents are based on 2011-2012 data. The estimated annual time and cost burdens to attendees and AETCs are presented in the tables below:

12A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours
Health Care Professional	PIF	114,423	1	114,423	0.07	8,009.61
AETC Staff	ER	14,445	1	14,445	0.07	1,011.15

AETC Staff	Production of Aggregated Data Set	16	2	32	29	928.0
Total						9,948.76

Estimated Annualized Burden Costs:

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Health Care Professional	8,009.61	\$20	\$163,274*
AETC Staff	1,011.15	\$20	\$25,298
AETC Staff	928.0	\$25	\$17,400
Total			\$205,972

*Completion of the Participant Information Form is voluntary. Respondents are not reimbursed for their time, but they do have the option of not completing the form.

The total annual burden for this activity is 9,948.76 hours.

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

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

14. Annualized Cost to Federal Government

The contract task that supports data collection efforts each year is \$180,000, as well as the cost for a GS 11 at 25% (approximately \$16,000) and a GS 14 at 10% (approximately \$11,500) time to monitor the project. The total annualized cost to the Federal Government is \$207,500.00.

15. Explanation for Program Changes or Adjustments

The actual time required to complete the Participant Information Form and the Event Record has decreased. The decrease in burden hours (58%) is a result of the ongoing implementation of electronic data entry processes and experience with the forms.

16. Plans for Tabulation, Publication, and Project Time Schedule

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

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, 2013	Data collection begins using the new forms
June 30, 2014	Reporting year ends
August 15, 2014	Full year data submission due to contractor
September 15, 2014	Aggregated data set to HRSA

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

The expiration date will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act 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

Participant Information Form (ICR Part 2)

Event Record (ICR Part 2)

Guide to Data Validations

60-day Federal Register Notice