Health Professional Application for Training (HPAT)

OMB No. 0920-NEW

SUPPORTING STATEMENT A

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LIST OF ATTACHMENTS

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention (DHAP) and Division of STD Prevention (DSTDP) requests approval for 3 years of this information collection request (ICR) entitled, “Health Professional Application for Training (HPAT)”.

Background

The Prevention Training Center (PTC) program is an inter-divisional program funded by DHAP and DSTDP dedicated to improving and enhancing the STD/HIV care and prevention knowledge and skills of health professionals and prevention specialists. The PTC program is comprised of regional training centers, each created as a partnership between academic institution and a state or local public health department.

The PTC grantees provide training, curriculum development, and training assistance for the clinical management and prevention of sexually transmitted diseases (STDs) and the prevention of human immunodeficiency virus (HIV) for health care professionals, prevention specialists, and program directors and managers in the United States. The PTC grantees train a range of health professionals including clinicians in the public and private sector who diagnose, treat, and manage patients with STDs and HIV; prevention providers in public, private, and community sectors who are responsible for the implementation or supervision of STD/HIV prevention programs in community, health care, or criminal justice settings; and federal, state, and local public health professionals, especially those working in STD/HIV prevention programs.

The Health Professional Application for Training (HPAT)is completed by health professionals, including employees of hospitals, universities, medical centers, state and federal agencies, and state and local health departments who apply for training to learn current STD/HIV prevention practices through two CDC-funded programs, the STD/HIV Prevention Training Centers (PTCs) grantees and the HIV Capacity Building Assistance (CBAs) provider grantees. The grantees offer classroom and experiential training, web-based training, clinical consultation, and capacity building assistance to maintain and enhance the capacity of health care providers to control and prevent STDs and HIV.

The HIV Capacity Building Assistance (CBA) provider program (PS09-906) is funded by Division of HIV/AIDS Prevention (DHAP). CBA

providers are charged with delivering training and technical assistance improve and sustainability of HIV prevention services. These services are provided to health departments, communities and community-based organizations to strengthen organizational infrastructure, interventions, and strategies; to strengthen community access to and utilization of HIV prevention services including monitoring and evaluation for successful HIV prevention. Two contractors funded by CDC will also be involved in this project. Danya International coordinates logistics for registration and collection of the HPAT. SciMetrika provides quality control; they receive the HPAT, analyze the information and send a report to CDC using aggregate data.

This data collection is necessary to assess and evaluate the performance of the grantees in delivering training to health care professionals, including employees of hospitals, universities, medical centers, state and federal agencies, and state and local health departments who apply for training to learn current STD/HIV prevention practices through two CDC-funded programs, the STD/HIV Prevention Training Center (PTC) grantees and the HIV Capacity Building Assistance (CBA) provider grantees. The grantees offer classroom and experiential training, web-based training, clinical consultation, and capacity building assistance to maintain and enhance the capacity of health professionals to control and prevent STDs and HIV. This data collection also serves to standardize training registration processes across the two training programs (e.g., the PTC program and the CBA provider program) and multiple grantees funded by each program. The data collection instrument (the HPAT) allows CDC grantees to use a single instrument when partnering with other HHS funded training programs.

The Health Professional Application for Training (HPAT)(**attachment 3** and **attachment 4**)are used to monitor and evaluate performance of grantees funded by CDC/Division of STD Prevention (DSTDP) and Division of HIV/AIDS Prevention (DHAP) that offer STD and HIV prevention training, training assistance, and capacity building assistance to health professionals (physicians, nurses, disease intervention specialists, health educators, etc.).

The HPAT also serves as the single registration form used when PTC grantees collaborate on training activities with training program grantees funded by other HHS agencies (e.g. HRSA, OPA, and SAHMSA) so that participants do not need to complete multiple agency-specific registration forms for each agency participating in a given training activity.

The HPAT collects information from training participants on their 1)

occupations, professions, and functional roles; 2) principal employment settings; 3) location of their work settings; and 4) programmatic and population foci of their work. This data collection provides CDC with information to determine whether the training grantees are reaching their target audiences in terms of provider type, the types of organizations in which participants work, the focus of their work and the population groups and geographic areas served; the data collection is also used to triage and assign CBA provider requests.

The collection of the health professions data is authorized by the Public Health Service Act (42 USC Sec. 792 [295k] (a) (**Attachment 1**).

Privacy Impact Assessment

This data collection has been previously assessed under the CBA program in accordance with Title II of the E-Government Act of 2002 that requires federal agencies to conduct PIAs before developing IT systems that collect, maintain, or disseminate IIF. Title II of the E-Government Act of 2002 requires federal agencies to conduct PIAs, thus, a PIA was previously conducted under OMB No. 0920-0017, exp. 3/31/2013.

Overview of the Data Collection System

HPAT respondents complete the form once per new registration. Approximately 70% of the data are collected by the grantees using an electronic registration or learning management system (LMS)(**Attachment 4**); approximately 30% of the data are collected using paper forms for grantees that have not established electronic registration or LMS (**Attachment 3**); and will therefore complete on-site registration.

Prevention Training Center (PTC) and Capacity Building Assistance (CBA) grantees enter HPAT data into participant tracking databases to generate certificates of attendance or continuing education credits; to allow participants to register for additional courses without re-entering their information; and to transmit data to CDC for aggregation and analysis CDC maintains data collected for the PTC program for approximately ten years and for the CBA program for approximately five years. CDC funds this data collection by PTC and CBA grantees. CDC staff aggregate, assess, analyze, and summarize HPAT data transmitted by PTC grantees. CDC contracts with Danya International, Inc. to coordinate logistics of the CBA trainings including participant registration using the HPAT and aggregation of HPAT data transmitted to CDC. CDC contracts with SciMetrika, to provide data entry, analysis, and evaluation of CBA HPAT data.

The electronic data collection system including that used by the contractor Danya encompasses the privacy requirements to the extent allowable by law of the Federal Government and ease of access based on recommendations by Federal Information Systems and Organizations; Information Security, Computer Security Division (2009)(see **Attachment 5**).

Items of Information to be Collected

The categories of information collected in identifiable form for the HPAT is minimal and includes respondent's name, mailing address, phone number, e-mail address, and information related to work organization, title/position and educational degree.

The PTC grantees store this information for the participants trained by their program. Most PTC grantees store the information electronically in files protected by the institution's firewall and are password-protected and accessible only by designated staff. Grantees using paper-based storage keep the information in locked file cabinets accessible only by designated staff.

CBA grantees store this information for participants trained by their program. All CBA grantees use paper-based HPATs and store the information in locked file cabinets accessible only by designated staff. CDC contracts with Danya to manage training logistics for the Effective Behavioral Interventions (EBI) courses conducted by PTC and CBA grantees. Danya stores this information electronically in files protected by the institution's firewall. The files are password-protected and accessible only by designated staff.

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

There are no websites or website content directed at children less than 13 years of age.

2. Purpose and Use of Information Collection

The HPATs are used to register health professionals for training courses delivered by the PTC and CBA program grantees.
The purpose of the HPAT is to standardize and streamline training registration processes and data collection across the two training programs (e.g., the PTC program and the CBA provider program) and across multiple grantees funded by each program. The data collection instrument (**Attachment 3**) also allows CDC grantees to use a single instrument when partnering with other HHS funded training programs.

Data from the HPAT are used for the purposes of internal CDC planning

and management of the PTC and CBA programs. The HPAT data are used to monitor, assess, and evaluate the PTC and CBA grantees' performance and capacity to provide training and technical assistance to the intended health professionals. The data assist CDC in managing these STD/HIV prevention trainings and provide information for technical assistance, and improvement of the training and capacity-building assistance programs.

The data collected on **Attachments 3 and 4** are also used to generate annual reports that contain aggregated data (no single organization or individual persons will be identified).

Privacy Impact Assessment Information

All PTC grantees submit de-identified HPAT spreadsheets quarterly to CDC. The data are entered into a single database for aggregation, cleaning and analysis. There is little to no effect on participants' privacy because the individual data are de-identified before submission to CDC and because no sensitive information is being collected.

For CBA grantee trainings, training coordination is handled by a contractor, Danya International, Inc. The categories of information collected in identifiable form is minimal and includes respondent's name, mailing address, phone number, e-mail address, and other such as work organization, title/position and educational degree. The contractor uses this information to register course participants, send course information, materials, and customer satisfaction surveys, and issue certificates of attendance and continuing education credits when applicable.

The HPAT **(Attachment 3)** is used by CBA provider grantees for technical assistance requests. The grantees send the HPATs to CDC via trackable mail service (e.g., FedEx, UPS). The paper HPATs (**attachment 3**) are sent by secure mail service to the contractor, SciMetrika, for data entry and analysis. These HPATs are shredded after the data are extracted.

For CBA grantees and for PTC grantees funded by DHAP to train evidence-based interventions (EBIs), the names and contact information are extracted from the HPAT data and entered into DHAPs CBA Request Information System (CRIS), which is accessible via a log-in ID and password and resides behind a firewall. The HPAT is securely transmitted via CRIS from CDC to SciMetrika for data analysis and evaluation.

3. Use of Improved Information Technology and Burden Reduction

The electronic submission (**Attachment 4**) is designed for ease of use by PTCs and CBAs to gather this minimum information. The electronic HPAT is designed to reduce and minimize the burden of both writing and reading. Respondents will access and directly utilize the electronic HPAT to enter, complete and submit their information.

Respondents to the HPAT complete the form once per new registration. Approximately 70% of the data are collected by the grantees using an electronic registration or learning management system (LMS) (**attachment 4**); approximately 30% of the data is collected using paper forms (**attachment 3**) for grantees that have not established electronic registration or LMS and in cases of on-site registration. PTC grantees enter HPAT data into participant tracking databases to generate certificates of attendance or continuing education credits, to allow participants to register for additional courses without re-entering their information, and to aggregate data which are transmitted to CDC. CDC maintains aggregated data collected for the PTC program for approximately ten years.

4. **Efforts to Identify Duplication and Use of Similar Information**

Several consultations were conducted to identify potential areas of duplication and to support the development of the data collection forms. Meetings were conducted with staff from several DHAP Branches, the DSTDP, the Division of TB Elimination (DTBE), and the Division of Viral Hepatitis (DVH) within CDC/NCHHSTP; and HRSA, OPA, and SAMHSA managers; to assess the degree of overlap among projects and areas for possible collaboration. As part of the planning task for this data collection, CDC has identified and contacted the CDC Project Officers and Technical Monitors of the numerous CDC Branches and projects to: (1) identify possible similarity and overlap in data collection efforts; (2) learn from the efforts, instruments and results of other projects in order to facilitate this data collection; and (3) to triangulate with what others have done, and to keep the Program Evaluation Branch informed of CBB’s work via joint weekly meetings, think-tank meetings with the Prevention Program Branch; and, the CORE effective interventions work-groups with the Prevention Research Branch.

For the HPAT (**attachments 3 and 4**), the required demographic and practice characteristic information is not readily available from any other source. The HPAT is used for uniformity and standardization that are required for monitoring performance for two sets of training and capacity-building grantees funded by two divisions. The standardized data that are required for the classroom and experiential training, web-based training, clinical consultation, and organizational training

and capacity building assistance are only requested via these forms. No other CDC component requests this information for these training activities.

5. Impact on Small Businesses or Other Small Entities

No small businesses have been, are, or will be involved in the data collection. Data are collected from health professionals such as physicians, nurses, and allied health professionals seeking to register for training activities provided by CBA and PTC grantees.

6. Consequences of Collecting the Information Less Frequently

HPAT data are collected for health professionals attending trainings or technical assistance events provided by PTC or CBA grantees. If the information were collected less frequently, CDC would not have independent, comprehensive or representative information about the characteristics of the health professionals served by the PTC and CBA programs. In the absence of the HPAT, CDC's ability to monitor and evaluate the capacity of the grantees to provide training to health professionals serving populations at risk for and affected by STDs and HIV would be severely compromised. This would impair CDC’s ability to provide guidance to improve and increase reach with high-impact prevention activities. Obtaining the information by other means would be costly and an inefficient use of travel budgets and personnel resources.

Collecting this information less frequently would hinder CDC’s ability to:

- Monitor and evaluate PTC and CBA grantee performance
- Respond promptly to emerging problems with direct telephone or site visit consultation and planning
- Provide timely, current, and accurate information in response to requests from Executive Branch officials, the Congress, constituents, or other Federal, state, and local agencies.

There are no technical or legal obstacles to reduce the burden of data collection. Data are collected only once per course per applicant, or once per new registration.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

The 60-day notice to solicit public comments was published in the *Federal Register on Thursday, March 21, 2013, pages 17408-17409, Vol. 78, No. 55* (**Attachment2**). No public comments were received.

Formal consultations with grantees and partners outside the agency, as well as participants' comments in the evaluation segment of each training activity provide relevant information for the CDC. There have been no problems identified concerning the completion of training applications.

9. Explanation of Any Payment or Gift to Respondents

There are no payments or gifts provided to respondents.

10. Assurance of Confidentiality Provided to Respondents

The categories of information in identifiable format collected from individual respondents include: Name, Mailing Address, Phone Numbers, Email Address, and Organization. The demographic data are needed to complete registration and conduct training assistance. No identifiable HPAT data are transmitted to CDC for the PTC related data.

There are several safeguards in place to handle CBA related data. Data will be stored and managed based on current CDC/OCISO (Office of the Chief Information Security Officer) requirements and standards. This includes protecting stored data within the CDC Internet Firewall. CBA related data are stored and managed based on current CDC/OCISO requirements and standards which also includes the process for handling security incidents and the event monitoring and incident response. All administrative controls required by OCISO are validated through a "Certification and Authorization" (C&A) process as conducted by OCISO prior to moving any software application into "Production" on the CDC network.

The system security plan is included in the OCISO C&A process and the contingency (or backup) plan for this information collection, (as mandated by OCISO), is to manage this information from a pre-determined OCISO approved off-site location.

http://www.cdc.gov/about/leadership/leaders/seligman.htm.

Files are backed up daily and stored both onsite and offsite in accordance with CDC standards and OCISO guidelines. Orientation Guides and training are provided to all users who must go through formal classroom or on-line video training before gaining access to the system or information. Contractors who operate and use the system are managed via the "CDC Information Technology Services" (CITS) contract which requires signed confidentiality agreements. All users' access is "role based" and reflects a "need to know" policy established by

CDC. Accountability is maintained with a user access log file which tracks users' access to the system. Records will be retained and destroyed in accordance with the applicable CDC Records Control Schedule as mandated by OCISO.

(http://www.cdc.gov/about/leadership/leaders/seligman.htm"
(http://aops-mas-iis.od.cdc.gov/Policy/Doc/policy449.htm)

No electronic media will be used and no IIF data are collected. A non-research determination was made and therefore, IRB review is not needed (**Attachment 6**). This data collection is not considered research based on the description and justification and based on the definition of research as defined by the federal policy for the protection of human subjects (45 CFR 46)(**Attachments 6A & B)**.

Privacy Impact Assessment Information

This submission has been reviewed and determined that the Privacy Act does apply. The applicable System of Records Notice is 09-20-0161, "Records of Health Professionals in Disease Prevention and Control Training Programs," last published in entirety in the Federal Register, Vol. 51, No. 226, November 24, 1986, pp. 42485-87 and last updated in 1994.

Data on paper forms are kept in locked files in locked rooms, with access limited to staff with a bona fide need to know to perform their official duties. Hard copy forms are shredded after information has been computerized. Data collected on electronic forms are stored on a secured Microsoft SQL Server located behind the firewall.

All data reside behind a strict firewall with security protection. Security provisions for data storage also meet all requirements established by CDC's Health Information System and Surveillance Board (HISSB).

The following statement is displayed on each of the information collection instruments, "The requested information is used only to process your training registration and will be disclosed only upon your written request".

The following statement is displayed on each of the information collection instruments, "Continuing education credit can only be provided when all requested information is submitted." Therefore, to obtain continuing education credit, the respondent is required to provide the demographic data. The demographic data are needed to create a transcript or summary of training completed at the participant's request. The data are also needed to generate management reports; to maintain training and accreditation statistics; and to

improve CDC training processes and reach. These reports have assisted and will continue to assist CDC with managing its training programs. Personally identifiable information will be filed and retrieved by the name of the individual, and/or the organization. Aggregate data are used for all reports and publications.

11. Justification for Sensitive Questions

These forms contain no sensitive questions.

12. Estimate of Annualized Burden Hours and Costs

The number of respondents is calculated based on an average of the number of health professionals, including doctors, nurses, health educators and disease intervention specialists, trained by the CBA and PTC grantees during the years 2010 and 2011. We estimate 7400 health professionals will provide one response each, taking about 5 minutes; The total annualized burden hours is 617. The following table presents the total burden hours CDC is requesting for this clearance:

Estimates of Annualized Burden

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Healthcare Professionals	Health Professional Application for Training (HPAT)HPAT	7,400	1	5/60	617
Total		7,400		5/60	617

B. Estimates of Annualized Cost to Respondents

For the HPAT, health professional hourly wages are estimated using the Department of Labor Bureau of Labor Statistics (http://www.bls.gov/oes/current/oes_nat.htm#29-0000), 2011 wage table information.

The following table presents the estimated annualized cost to respondents based on mean hourly wage rate for healthcare practitioners and technical occupations.

Estimates of Annualized Cost to Respondent

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Healthcare professionals	HPAT	617	$34.97	$21,576
Total		617	$34.97	$21,576

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

There are no other costs to respondents associated with this proposed collection of information.

14. Annualized Cost to the Government

The estimated annual cost to the government is $310,100. This includes the costs to the PTC grantees for collecting and submitting the quarterly HPAT data reports to CDC ($81,600); the costs to the CBA grantees for collecting and submitting HPAT data to CDC ($81,600; the costs of the CBA data tracking and management contractors ($101,900), and the personnel costs associated with CDC oversight for tracking and analyzing the HPAT data for the PTC program and the CBA program ($85,500).

Annually the estimated costs for each PTC grantee are data manager, 5% of time to prepare reports ($33,600 estimated total); and program manager/coordinator (or designated staff) 3% of time to review, provide quality assurance and submit reports ($81,600 estimated total). Annually the estimated costs for each CBA grantee are data manager, 5% of time to prepare reports ($33,600 estimated total); and program manager/coordinator (or designated staff) 3% of time to review, provide quality assurance and submit reports ($81,600 estimated total).

Annually, the estimated costs of the CBA HPAT Logistics: Registration and tracking include: program assistant,50% time($35,000); assistant project director,10% time ($15,500;and project manager,2% time($3,700)(Total $54,200).Annually, the estimated costs of the CBA HPAT quality control, data analysis and reports contractor include junior statistician, 5% time to HPAT management($8,000); senior statistician < 1% time to HPAT management ($1,000);project manager, 2% time to HPAT management ($3,700); and project assistant 50% time (35,000)(Total $47,700). For both contractors this amount Totals $101,900).

The personnel costs associated with CDC oversight of the tracking and analyzing the data are: health education specialist, 20% of

time for oversight of PTC HPAT data reporting and monitoring ($18,000; data manager/statistician, 5% of time to clean and conduct PTC HPAT data analysis ($4,500); masters-level fellow 25% of time to CBA data management and analysis ($12,400) and senior behavioral scientist 10% of time to oversight and coordination of CBA data contractors ($10,100)for an estimated total of ($45,000).

Estimates of Annualized Cost to the Government

Type of Staff	**Total Annual Burden in Hours**	**Average Hourly Wage Rate**	**Total Annual Staff Cost**
PTC grantee tracking and reporting costs:			
PTC grantee data managers	1600	$21	$33,600
PTC grantee program managers	960	$50	$48,000
CBA grantee tracking and reporting costs:			
CBA grantee data managers	1600	$21	$33,600
CBA grantee program managers	960	$50	48,000
Logistics: Registration and tracking (Danya contract):			
Project manager	40	$92.5	$3,700
Assistant project director	200	$77.5	$15,500
Program assistant	1000	$35	$35,000
HPAT data management and reporting costs (SciMetrika contract):			
Junior statistician	100	$80	$8,000
Senior statistician	<20	$100	$1,000
Project manager	40	$92.5	$3,700
Program assistant	1000	$35	$35,000
CDC oversight, quality control and analysis costs:			
Health education specialist	400	$45	$18,000
Statistician	100	$45	$4,500
Masters level fellow	500	$24.8	$12,400
Senior behavioral scientist	200	$50.5	$10,100
Total			$310,100

15. Explanation for Program Changes or Adjustments

This is a new information collection request.

16. Plans for Tabulation and Publication and Project Time Schedule

Internal reports are prepared annually to provide management statistics. Only summary data are included in these reports.

Exhibit A.16: Project Time Schedule

Activity	Time Schedule
CBA HPAT PTC HPAT	After OMB approval the HPAT will be collected.
CBA HPAT PTC HPAT	3 months after OMB approval, the Trimester Aggregate Data Reports will be submitted by the contractors (Danya and SciMetrika).
Annual Reports	12 months after OMB approval, final Aggregate Reports will be submitted no later than 60 days after final reporting period. The final report will contain the sum total for the year.

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

CDC is not requesting an exemption from displaying the expiration date.

18. Exceptions to Certification for Paperwork Reduction ActSubmissions

There are no exceptions to the certification.