

SUPPORTING STATEMENT B

Health Professional Application for Training (HPAT)

OMB No. 0920-NEW

Contact

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B. Collections of Information Employing Statistical Methods. The collection of information does not employ statistical methods. The information collected is used for program management.

1. Respondent Universe and Sampling Methods

The respondent universe consists of 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 care providers to control and prevent STDs and HIV. The data collection is necessary to assess and evaluate the performance of the grantees in delivering training to health care providers. 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 allows CDC grantees to use a single instrument when partnering with other HHS funded training programs.

2. Procedures for the Collection of Information.

Respondents complete the Health Professional Application for Training (HPAT) (**Attachments 3 and 4**) once per new registration. HPAT data are entered 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, to respond to training assistance requests and to aggregate data which are transmitted to CDC.

3. Methods to Maximize Response Rates and Deal with Nonresponse

This data collection process aims to standardize the type of data the PTCs and CBA provider grantees will submit to the CDC. Use of the HPAT reduces the burden of reporting through several data collection forms to CDC. The HPAT contributes to ease of reporting and reduced burden, thereby, maximizing response rates. The HPAT is a prerequisite for obtaining training and continuing

education credit. Therefore, responses from all registrants are ensured.

4. Tests of Procedures or Methods to be Undertaken

No part of this project entails an experimental design; rather, the design is descriptive in nature.

The forms contain structured, closed-ended questions with little burden. The forms were designed by CDC in collaboration with grantees, and have been in use in a similar format for approximately 10 years. CDC has successfully tracked and reported on the data they collect during that time period. The improvements were the result of information gathered from the assessments and consultations with epidemiologists, health departments' staff, CBA provider grantee staff, PTCs and CDC grantees. Aggregate data will be used by the CDC administrators for decision-making and program improvement. It also allows for the submission of aggregate data to CDC offices and Congress thereby reducing duplicative efforts.

A variety of analyses are planned. Quantitative data will be analyzed by means of Statistical Packages for the Social Sciences (SPSS) software program. After data collection is complete, cross-tabulations of aggregate data (e.g., Category and sub-category by type of agency or client service) will be performed. This information will be made available both to the programmatic management staff in DHAP/DSTDP for program planning, monitoring, and improvement purposes.

Quantitative data from the HPAT will be tabulated and a descriptive summary of aggregate findings will be developed as well as summaries by provider type, organization type, categories of services, geography, programmatic focus, clients and components. There will also be comparisons made across these selected areas. Results will be presented in graphic, written and verbal forms. Relevant findings will be reported in the aggregate. Reports will include challenges and recommendations.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Individuals who will be consulted and/or will collect and/or

analyze data include:

For PTC Data

Jim Braxton, 404.639.1837, JBraxton@cdc.gov

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For CBA Data

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