

**Resources and Services Database of the CDC National Prevention
Information Network**

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Supporting Statement A

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**Resources and Services Database of the National Prevention
Information Network (NPIN, OMB Control No. 0920-0255)**

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) requests a 3-year approval for revisions to the previously approved information collection entitled, "Resources and Services Database of the National Prevention Information Network", (formerly known as the National AIDS Clearinghouse) of the Centers for Disease Control and Prevention (CDC) (OMB Control No. 0920-0255). This information collection expires on January 31, 2014.

Background

The National Prevention Information Network (NPIN) is a service of the CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). NPIN is a program of NCHHSTP that supports NCHHSTP's efforts to prevent and control human immunodeficiency virus (HIV) infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB), which continue to present major public health challenges to the United States.

NPIN is an outgrowth of CDC health communications and information dissemination programs and the CDC National AIDS Clearinghouse (NAC), which was first established in 1988 and was subsequently expanded to include STD, TB, and most recently, viral hepatitis prevention. The NPIN Resources and Services Database is the only one of its kind in the United States. The database contains entries on 9,000 organizations and is the most comprehensive listing of national, state, and local organizations that provide HIV/AIDS, viral hepatitis, STD, and TB prevention, education, and treatment services available throughout the country. The database information serves as the source of information for several referral providers, including CDC-INFO and the HIVtest.org website, and is made available to the public through the NPIN website.

NPIN plays a significant role in supporting NCHHSTP's efforts to prevent these diseases. Its primary target audiences are community-based organizations, State and local health departments, health professionals working in the field of HIV/AIDS, viral hepatitis, STDs, and TB, and the general public, including special populations such as Spanish-speaking persons and those who are hearing-impaired. It serves as the U.S. reference, referral, and dissemination service for information on HIV/AIDS, viral hepatitis, STDs, and TB and links Americans to HIV/AIDS, viral hepatitis, STD,

and TB prevention, education, testing, and healthcare services. NPIN is a key member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by these diseases and provides services for persons who are living with, or at risk for, these conditions.

This request is authorized under Section 301 of the Public Health Service Act (42 United States Code 241), which allows CDC to collect and make available through publications and other appropriate means, information regarding research "relating to causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man."

Additionally, Section 2521 of the Health Omnibus Programs Extension Act of 1988 (PL 100-607) authorized the Director of the Centers for Disease Control (and Prevention) to "establish a clearinghouse to make information concerning acquired immune deficiency syndrome available to Federal agencies, States, public and private entities, and the general public." The pertinent sections of both laws may be found in **Attachment 1**.

A.1 Privacy Impact Assessment

NPIN collects information from and about organizations that provide services related to HIV/AIDS, viral hepatitis, STDs, and TB. This information is collected by contacting appropriate representatives of the organizations (federal, state, and local government agencies, community based organizations, social service organizations, etc.) by telephone or email to ascertain information about the organization. The data management procedures have not changed since previous approval.

NPIN does not collect information about individuals, and the NPIN databases do not include any personal identifiable information.

Overview of the Data Collection System

Data for NPIN is the information from member organizations who share their communication resources for HIV prevention programs.

Organizations are contacted by telephone or email or have access to the NPIN Resource Organization Questionnaire, an online form available on the NPIN website and the National HIV and STD Testing website. Since the first OMB approval on March 29, 1990, the NPIN Resource Organization Questionnaire (hereafter referred to as the "Questionnaire") has been administered to newly identified

organizations, which have been asked to provide specific information, such as available services and materials, audiences and geographic area served, hours of operation, and special services or conditions. Collecting such data directly from the sources has greatly increased the accuracy and timeliness of the information. In addition, NPIN has continued its efforts to maintain an up-to-date database and has implemented a verification process with organizations that already exist in the database. These organizations are contacted annually to verify their information. As a result, NPIN has enhanced its responsiveness to its target audiences, as well as to those of the CDC-INFO toll-free line.

The protocol for the data collection has not changed since approval of the prior information collection request. The Questionnaire will continue to be administered over the phone and by email and available online. This has been shown to be an efficient method of data collection that yields a satisfactory response rate. In its continuing efforts to maintain an up-to-date, comprehensive database, NPIN plans to add up to 500 new resource organization listings each year over the next 3 years and update information on organizations that are already in the database annually.¹ All of the listings in the Database will continue to be verified annually. Respondents will be asked to complete the verification instrument via telephone, online, or e-mail once per year.

NPIN employs the following survey instruments and instructions:

- Initial Questionnaire (**Attachment 3A**)
- Telephone Script of the Questionnaire (**Attachment 3B**)
- Telephone Verification Script (**Attachment 3C**)
- Email Verification Message (**Attachments 4**)
- Email Verification Instructions (**Attachments 5**)
- Online Version of the Initial Questionnaire (**Attachment 6A**)
- Online Version of the Verification Questionnaire (**Attachment 6B**)

The revision to the current collection is requested to reflect changes to the number of organizations contacted and the reduced need to survey registered nurses. The size of the database has decreased from 10,000 organizations to 9,000 organizations, and CDC has requested that 500 new organizations be added to the database each year to keep it up to date. Further, the number of registered nurses that must be surveyed has decreased from 60% to 20%. The net effect of these changes is a reduction in burden hours from 2,600 to 1,882. There are no other changes to the survey.

¹ The number of new organizations to be added is higher than in the previous submission, which reflects an increase in the deliverable in the NPIN Statement of Work regarding the addition of new records from 200 to 400.

A.1.4 Items of Information to be Collected

Information is collected on the organizations' demographics (name, location, contact information, type of organization), its hours of operation and eligibility requirements, the geographic area served, the services provided, the audiences served, and the languages spoken. Organization representatives are contacted directly via telephone or email to obtain the information. Collecting such data directly from the sources greatly increases the accuracy and timeliness of the information. In addition, organizations have access to an online form for the submission of information. The specific information captured in the data collection are detailed in Section A.15.

No individually identifiable information is being collected.

A.2. Purpose and Use of the Information Collection

The information collection process described in this request provides a means of gathering data regarding organizations that offer services related to HIV/AIDS, viral hepatitis, STDs, and TB. The resultant information collected is used to support a resource for referrals, to facilitate coordination among programs dealing with HIV/AIDS, viral hepatitis, STDs, and TB, and to satisfy the legislative mandate that information and education on HIV/AIDS be made available expeditiously and accurately to the professional community and to the general public. Up to 500 new organizations are identified and included in the Database each year, and the approximately 9,000 organizations included in the database are each contacted once a year to provide updated information.

Collecting the information described in this package allows NPIN to:

- Acquire accurate, up-to-date information directly from the original source by phone and/or email in a timely manner.
- Collect data using a consistent format.
- Work toward attaining CDC's goals of more specific information collection to help meet the evolving specialized needs of organizations as the epidemic changes.
- Provide service organizations with only one form to complete that is clearly organized.

If NPIN does not continue this information collection and verification project, the potential number of resource listings will be significantly reduced, and the accuracy and currency of the existing records will be greatly diminished. Failure to proceed

with this project would compromise efforts to meet the legislative requirement of being as responsive as possible to the general public and professional communities who need access to the HIV/AIDS-related programs/services network. Failure to provide this information would impair CDC's ability to maintain a successful national HIV/AIDS, viral hepatitis, STD, and TB information education program through the CDC National Prevention Information Network and the CDC-INFO toll-free line. Further, it would reduce the credibility of a Federal information and education program that is perceived by the general public and the professional community as having comprehensive and reputable information resources on HIV/AIDS, Viral Hepatitis, STDs, and TB.

Failure to continue this project would:

- Interfere with CDC's ability to assess what services are being offered and available at the local level.
- Reduce CDC's ability to communicate effectively and network with local programs.
- Reduce the Federal government's ability to foster networking among State and local programs.
- Create a situation that is counterproductive to the Federal government's efforts to enhance the reach of its HIV/AIDS information and education programs.

The procedures provided in this clearance have been used successfully for the past three years to gather the information for the database. These procedures have been shown to be both efficient and effective in gathering the requested information. The survey instruments are easy for respondents to understand and complete.

Identification of Websites(s) and Website Content

Directed at Children Under 13 Years of Age

NPIN provides an online form for the submission of information by organizations. This form is available on both the NPIN public website (www.cdcpin.org) and the National HIV and STD Testing public website (<http://hivtest.cdc.gov>). Neither of these websites are directed at children under 13 years of age.

A.2.1 Privacy Impact Assessment Information

NPIN is a clearing house for HIV prevention organizations and does not include information on individuals; therefore there is no privacy impact to individual.

A.3. Use of Improved Information Technology and Burden Reduction

NPIN is an online and computer supported database and communication system. The Initial Questionnaire (see **Attachment 3-A**) is designed to elicit as much information as possible about the services of organizations that are not yet listed in the database (i.e., "new" organizations). The Questionnaire is divided into six sections. Respondents are asked to complete sections I, II, V, and VI. These represent the minimum amount of data necessary to maintain a complete and accurate record of each organization and the services it provides. This basic information is essential to the task of referral-linking callers with organizations that provide appropriate services. The remainder of the Questionnaire, Sections III and IV are designed with skip patterns to allow respondents to omit sections not applicable to them.

More and more organizations now have the capability to find information electronically using the Internet. In view of this, NPIN offers an online version of this Questionnaire on the NPIN website (<http://www.cdcpin.org>) and the National HIV and STD Testing Resources website (<http://hivtest.cdc.gov>) that can be completed and submitted directly to the NPIN database. Additionally, the Questionnaire may be sent to respondents by e-mail. These avenues of electronic data collection contribute to a reduction in the amount of staff time required to verify information over the telephone.

NPIN staff learns about new organizations through a variety of sources, including exhibiting at health and professional meetings, searching the Internet, and perusing newsletter announcements and press releases. Once a new organization is identified as providing services related to HIV/AIDS, viral hepatitis, STDs, or TB, NPIN staff will start collecting information on it. For organizations that have their own websites, staff will reduce the burden on organizations by gathering as much information as possible from this source before contacting them. NPIN staff will contact each newly identified organization (i.e., those with and those without websites) and administer the Questionnaire over the telephone (see **Attachment 3B**). The purpose of the Questionnaire is to gather information about services available for HIV/AIDS, viral hepatitis, STDs, and/or TB from the organization, the geographic area the organization serves, and the target audiences for these services.

As the Resources and Services Database has matured, the importance of the task of verifying information on organizations already in the database has increased accordingly. For the annual verification of the Database, the majority of organizations will receive a telephone call to review their database listing. The interviewer will review the Questionnaire with the appropriate organizational representative. A sample telephone verification script is included in **Attachment 3C**. The remaining organizations will receive a link

to the information currently in the database entry for their organization by electronic mail, including an email message (see **Attachment 4**) and a list of instructions (see **Attachment 5**). The instructions ask each organization to verify or update their listing and add or delete any services and target audiences as appropriate. A sample Resources and Services Database record is provided in **Attachment 7**.

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

Since the last OMB approval, the size of the Resources and Services Database has stabilized to include approximately 9,000 records. Use of the Database continues to increase. In addition, the Database remains the only *national* computerized database to supply information about public and private organizations whose services or activities are designed specifically to educate the public about HIV/AIDS, viral hepatitis, STDs, and TB. NPIN has continued its collaboration with many organizations to share information. Community-based organizations and professionals increasingly rely on NPIN's Resources and Services Database for accurate and timely referral information.

NPIN has actively sought to avoid duplication of effort. Through extensive literature search, database searches, consultation with other PHS agencies, and information obtained at national meetings and conferences, NPIN has determined that it provides a unique service.

Definition of Scope: NPIN's focus is on organizations and the services they provide. Some other information services focus primarily on the clinical and research aspects of the disease, but not on organizations providing services.

Identification of Other AIDS Data Collections: NPIN's focus is national and therefore exceeds the scope of many organizations collecting data for their own purposes. No other organization covers all service areas or geographic levels (e.g., national, state, local, grassroots). NPIN is relied on to provide information outside the scope of the data collections of other sources. NPIN is aware of the following organizations known to be involved in AIDS data collection in a more limited way:

- The United States Conference of Mayors and the Foundation Center collect information about private funding for AIDS research and educational programs. However, neither collects information about public sources of such funding.
- The Florida AIDS Hotline collects information and maintains a database of AIDS resources and services available to Florida residents.

NPIN is not aware of any other **STD, TB, and/or Related Infections** data collection efforts in existence to date.

A.5. Impact on Small Businesses or Other Small Entities

Some AIDS resource facilities are small operations. The Questionnaire has been designed for ease of use by many different types of organizations. Smaller organizations with only a few AIDS-related services will spend less time completing the Questionnaire than will larger organizations that have many departments and services. The skip patterns in the Questionnaire reduce the burden to the respondent from smaller organizations. Two closed-end questions at the beginning of Sections III and IV prompt the respondent to go to another section if they are answered with a "no." Additional skip patterns appear within sections of the Questionnaire. This allows respondents to bypass the sections and questions that are not applicable to them.

A.6 Consequences Of Collecting the Information Less Frequently

Due to the dynamic nature of the Resources and Services Database and the requirement to provide accurate and appropriate referrals, timely changes in address, phone number, and services provided must be reflected. Although the use of the Questionnaire to collect information on HIV/AIDS-related organizations will be ongoing, each respondent will complete the Questionnaire one time only. All of the listings in the Resources and Services Database will be verified annually. Therefore, it is anticipated that respondents will complete the verification instrument via telephone or e-mail once per year. Authorization for use of the Questionnaire, telephone script of the Questionnaire, telephone verification script, email verification message, email verification instructions, and the online Questionnaire and Verification is requested for a three-year period. There are no legal obstacles to reduce the burden.

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

This request fully complies with regulation 5 CFR 1320.5. Respondents to the Questionnaire are asked to report information only on an annual basis. There is neither a requirement to prepare a written response in fewer than 30 days after receipt of the Questionnaire, nor are respondents asked to submit any copies of the Questionnaire other than the original. Respondents are not required to retain any records regarding this information collection. This is not a statistical survey designed to produce valid and reliable statistical results and does not employ any

statistical data classification. There is no pledge of confidentiality and no requirement of respondents to submit proprietary trade secrets or other confidential information.

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

A.8.1. A 60-day Federal Register Notice was published in the *Federal Register* on July 5, 2013, Vol.78, No. 129, p. 40481 (see **Attachment 2**). There were no public comments received regarding this data collection.

A.8.2. On an ongoing basis, the NPIN team maintains regular communication with expert resources to share information and discuss strategies to ensure that the Resources and Services Database is accurate and complete. Collaboration for this data collection occurs across the main divisions of NCHHSTP—Division of HIV/AIDS Prevention, Division of Viral Hepatitis, Division of STD Prevention, and the Division of Tuberculosis Elimination. These ongoing consultations help to assure the comprehensive scope of the Resources and Services Database and that mutual and related data needs are being met.

Since approval of the prior OMB clearance, there have been no changes to the database or the information maintained in it.

A.9. Explanation of Any Payment or Gift to Respondents

Not applicable.

A.10. Assurance of Confidentiality Provided to Respondents

Although full names of those completing the Questionnaire will be collected, respondents will be speaking from their roles as staff of community-based organizations, State and local health departments, and as health professionals working in the field of HIV/AIDS, viral hepatitis, STDs, and TB. They will provide no personal information about themselves. Instead, they will address available services and materials, audiences and geographic area served, hours of operations, and special services or conditions of their respective organizations or programs.

The intended use of the information requested is expressly stated in the Questionnaire's introductory section: *"The information you provide about your organization or program will be added to the NPIN database and will be made available to health professionals and other users."* The disclosure of this information is voluntary.

Because of the nature and purpose of this data collection, no assurance of confidentiality is extended.

The contractor that will be collecting the data protects virtual data using both electronic and physical means. The contractor employs a stateful-inspection packet filtering firewall to protect their network perimeter and data contained within it from sources outside of the network. Internal security is controlled using Windows NT share and file level security, and Novell NetWare NDS security. All data are password protected and secured on file servers within a locked server room. Servers are protected from unauthorized physical access by separate key lock to the network room. The contractor backs up virtual data to DLT tape on a nightly basis, Monday-Friday. Daily tapes are stored on-site in our locked network room, and weekly and monthly tapes are stored off-site in a locked vault at a tape storage facility.

A.10.1 Privacy Impact Assessment Information

No IIF is being collected. NPIN serves private and public organizations and not individuals.

A.11. Justification for Sensitive Questions

CDC NCHHSTP has developed partnerships with faith-based organizations that provide HIV/AIDS services. Gathering this information supports that effort. No questions deal with behaviors of individuals such as sexual behavior, alcohol or drug use, or other behaviors that are commonly considered private. The Questionnaire does not ask for social security numbers or any personal identifiable information.

A.12. Estimates of Annualized Burden Hours and Costs

The survey protocol has not changed since the previous submission when the telephone survey was approved. At that time, the Questionnaire was pre-tested with 9 organizations to determine ease of use and to obtain user feedback. The time required to complete the Questionnaire ranged from 13 to 20 minutes, depending on the size of the organization and its services. The results of the pre-test were positive with respondents finding the Questionnaire easy to complete, the questions unambiguous and overall not burdensome. The time required for respondents to complete the online version of the questionnaire is comparable to the telephone survey, and respondents find it easy to use as well. The respondent completes

the Questionnaire and verification only one time per year. Use of the telephone survey over the past three years has shown the time to complete the Questionnaire and its ease of use to be consistent with the original pilot study, and there have been no revisions made to the survey instruments. Since the previous collection was approved, the number of organizations listed in the database has decreased from approximately 10,000 to 9,000. This reduction in the size of the database is reflected in the burden calculation. Additionally, the burden calculation reflects the increase in the number of new organizations added each year and the fact that the need to survey registered nurses has decreased, as more organization staff members are able to answer questions that previously only nurses could answer.

Based on past experience, the survey of a Registered Nurse and another professional at the organization such as a Social and Community Service Manager, Health Educator, or Social and Human Service Assistant has been necessary to complete the Questionnaire for approximately 20 percent of the organizations contacted. NPIN plans to contact approximately 500 new organizations each year to complete the Questionnaire by phone. Approximately 6,000 telephone verifications will be conducted each year, with 1,200 of these organizations requiring the survey of a Registered Nurse and another professional from the organization. An additional 3,000 organizations will be contacted by email for verification of their organization's information, with 600 of these organizations requiring the survey of a Registered Nurse and another professional from the organization. In sum, a total of about 9,000 organizations will be contacted for information verification.

The burden estimate for data collection using the current protocol and Questionnaire is based on NPIN's experience with the current surveys and protocol. The breakdown of the total annualized burden hours by survey instrument is as follows:

Initial Questionnaire Telephone Script - 600 respondents with one response each (100 Registered Nurses - 20 minutes - 33 burden hours; 50 Social and Community Service Managers - 10 minutes - 8 burden hours; 50 Health Educators - 13 minutes - 11 burden hours; and 400 Social and Human Service Assistants - 15 minutes - 100 burden hours), for a total of 152 burden hours

Telephone Verification - 7,200 respondents with one response each (2,400 Registered Nurses, Social and Community Service Managers, and Health Educators - 10 minutes - 400 burden hours; and 4,800 Social and Human Services Assistants - 9 minutes - 720 burden hours) for a total of 1,120 burden hours

Email Verification - 3,600 respondents with one response each (3,300 Registered Nurses, Health Educators, and Social and Human Services Assistants - 10 minutes - 550 burden hours; and 300 Social and Community Service Managers - 12 minutes - 60 burden hours) for

a total of 610 burden hours

Exhibit A.12.A. Estimated Annualized Burden Hours

Form	Respondents	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Initial Questionnaire Telephone Script	Registered nurses	100	1	20/60	33
	Social and community service managers	50	1	10/60	8
	Health educators	50	1	13/60	11
	Social and human service assistants	400	1	15/60	100
Telephone Verification	Registered nurses, Social and community service managers, and Health educators	2,400	1	10/60	400
	Social and human service assistants	4,800	1	9/60	720
Email Verification	Registered nurses, Health educators, and Social and human service assistants	3,300	1	10/60	550
	Social and community service managers	300	1	12/60	60

Exhibit A.12.B. Estimated Annualized Burden Costs

Form	Type of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Respondent Costs
Initial Questionnaire Telephone Script (500 new organizations)	Registered nurses	33	\$ 32.66	\$ 1,078
	Social and community service managers	8	\$ 30.99	\$ 248
	Health educators	11	\$ 25.53	\$ 281
	Social and human service assistants	100	\$ 14.85	\$ 1,484
Telephone Verification (6,000 organizations)	Registered nurses, Social and community service managers, and Health educators	400	\$ 31.78**	\$ 12,720
	Social and human service assistants	720	\$ 14.85	\$ 10,704
Email Verification (3,000 organizations)	Registered nurses, Health educators, and Social and human service assistants	550	\$ 19.02***	\$ 10,461
	Social and community service managers	60	\$ 30.99	\$ 1,860
TOTAL		1,882		\$ 38,828

* Source: The latest government statistics from U.S. Department of Labor, Bureau of Labor Statistics, *May 2012 National Occupational Employment and Wage Estimates*.

http://www.bls.gov/oes/current/oes_nat.htm

**The hourly rate for this category is a weighted average of the three rates included in it (Registered Nurses - \$32.66, Social and Community Service Managers -- \$30.99, and Health Educators -- \$25.53) based on the number of burden hours for each rate (200

hours, 100 hours, and 100 hours, respectively).

*** The hourly rate for this category is a weighted average of the three rates included in it (Registered Nurses - \$32.66, Health Educators - \$25.53, and Social and Human Service Assistants - \$14.85) based on the number of burden hours for each rate (100 hours, 50 hours, and 400 hours, respectively).

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

There are no other costs to the Respondents.

A.14. Annualized Cost to the Federal Government

The costs of this survey to the Government are indirect but tangible. Costs are absorbed within the larger CDC National Prevention Information Network service contract to Danya International, Inc.

Federal personnel costs are not required. The following chart summarizes the components of the costs of the survey under the service contract:

Exhibit A.14.A. Annualized Cost to the Federal Government

Component	Cost*
Contract costs to Danya International, Inc.	\$764,100
Total estimated annual costs	\$764,100
<i>*Includes overhead and all contract fees</i>	

The total cost for the project is \$2,292,300.

A.15. Explanation of Program Changes or Adjustments

This is a request for a revision and 3 year extension of OMB Control No. 0920-0255. The only changes to the survey involve the

number of organizations surveyed and a reduction in the number of registered nurses that must be surveyed. Previously, 200 new organizations to be added were surveyed, 10,000 organizations were surveyed for updated information, and 60% of organizations required input from a registered nurse and another health professional. Under this request, the number of new organizations has increased to 500 (CDC programmatic change); while the number of updated organizations has dropped to 9,000 (elimination of organizations that no longer offer services), and only 20% of organizations require survey of registered nurses and another health professional (non-nursing staff have greater knowledge of organization services). The net effect of these changes is a reduction in burden hours. The inventory for the approval which expires on January 31, 2014 was 2,600 burden hours. The new requested burden is 1,882 hours, a substantial reduction in burden of 712 hours (27%). The following are the reasons for the difference in burden from the previous OMB-approved protocol:

Reduction in the Number of Organizations Completing the Telephone Verification - The number of organizations listed in the database has been reduced from 10,000 to 9,000. This reduction is due to the fact that a substantial number of organizations listed in the database have been inactivated. These organizations were removed because they either stopped offering related services or ceased operating. This reflects, in part, the reductions in funding available to organizations over the past three years.

Increase in the Number of Organizations Completing the Initial Questionnaire - To comply with the deliverable in the NPIN Project Statement of Work, it is anticipated that approximately 500 organizations will complete the Initial Questionnaire and be added to the database. This is an increase from the 200 previously approved.

Reduction in the Number of Surveys of Registered Nurses - The number of instances when the survey of a Registered Nurse and another professional at the organization is needed has been substantially reduced - from approximately 60 percent to 20 percent; thus, significantly lowering the number of Registered Nurse respondents.

No changes were made to the survey instruments. However, an online version of the initial questionnaire and the verification questionnaire were created to provide respondents with the option of completing them online.

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

The maintenance of the Resources and Services Database is ongoing. Each of the organizations listed in the database are contacted once

each year, and new organizations are added as they are identified. To accomplish this maintenance, the following tasks are performed on a monthly basis:

- One-twelfth of the organizations listed in the database are identified for updating
- Organizations to be updated that month are assigned to staff for updating
- These organizations are contacted either by telephone or email
- Changes are made to the database based on the data gathered from the organizations
- Newly-identified organizations are contacted to collect required information
- Information on newly identified organizations is added to the database

This activity is essential to maintaining the comprehensive scope and accuracy of the NPIN Resources and Services Database.

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

Not applicable.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.