

# **SUPPORTING STATEMENT**

## **Part A**

Evaluation of the Educating the Educator (EtE) Workshop

*February 14, 2014*

Agency for Healthcare Research and Quality (AHRQ)

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## **A. Justification**

### **1. Circumstances Making the Collection of Information Necessary**

The mission of the Agency for Healthcare Research and Quality (AHRQ), set out in its authorizing legislation the Healthcare Research and Quality Act of 1999 (see <http://www.ahrq.gov/hrqa99.pdf>), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions.

According to its authorizing legislation, AHRQ shall promote health care quality improvement by conducting and supporting the following:

1. Research that develops and presents scientific evidence regarding all aspects of health care
2. The synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policymakers, and educators
3. Initiatives to advance private and public efforts to improve health care quality

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

AHRQ's Effective Health Care (EHC) Program, which was authorized by Section 1013 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003, 42 U.S.C. 299b-7, is the Federal Government's first program to conduct comparative effectiveness research (CER) also referred to as patient-centered outcomes research (PCOR), and share the findings with the public. CER/PCOR is research that assesses the benefits and harms of preventive, diagnostic, therapeutic, palliative, or health delivery system interventions. This research helps clinicians, patients, and caregivers make decisions about health care choices by highlighting comparisons and outcomes that matter to people, such as survival, function, symptoms, and health related quality of life. The EHC Program funds individual researchers, research centers, and academic organizations to work together with the Agency to produce effectiveness and comparative effectiveness research.

The EHC Program also translates CER/PCOR research findings into a variety of products for diverse stakeholders to support knowledge translation. These products include plain-language summaries for clinicians, patients/consumers, and policymakers; continuing education (CE) modules and faculty slide sets for clinicians; interactive patient decision aids; and audio and video podcasts. Most of the PCOR materials and translation products that are currently available

are designed to help practicing clinicians, consumers/patients, and policymakers in making important decisions about health care.

On March 23, 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law by President Barack Obama. Section 937 of the Public Health Service Act authorizes AHRQ to broadly disseminate PCOR research findings and to create informational tools that organize and disseminate those research findings for physicians, health care providers, patients, payers, and policymakers. With funding provided by the PCOR Trust Fund which was authorized by Congress as part of the ACA, AHRQ has an extensive effort now underway to promote awareness and foster the use of CER/PCOR findings and products from the EHC Program. Each project is intended to work in tandem with ongoing and new projects, reinforce messages to key target audiences, and take full advantage of all of the resources available for dissemination and implementation activities.

AHRQ's Educating the Educator (EtE) workshop training project is an Agency knowledge translation and dissemination project that aims to increase knowledge about and use of AHRQ's EHC Program products among health care professionals. For the EtE project, AHRQ is sponsoring the development of an accredited, in-person, train-the-trainer workshop program for health care professionals to educate them on how to use AHRQ's EHC Program materials and resources in shared decision making (SDM) with patients/caregivers. As a train-the-trainer program, the workshop also provides education on effectively training other health care professionals to facilitate the dissemination of the key competencies taught by the program. Additionally, as part of the EtE project, a collection of new, stand-alone tools are being developed to facilitate the implementation and use of AHRQ EHC Program materials. The new tools will be integrated into the EtE workshop training program and made available to workshop participants. These new tools also will be publicly-accessible through the AHRQ Web site for easy referral, access, and use by both workshop participants and other health care professionals. AHRQ recognizes the importance of ensuring that its dissemination activities are useful, well implemented, and effective in achieving their intended goals. Therefore, an evaluation is associated with the EtE project. The EtE evaluation is comprised of two key components. One component has been designed to support both a process-oriented formative evaluation and a summative (impact) evaluation of the EtE train-the-trainer workshop program. The other component is designed to assess the impact of new tools developed through this project in supporting the implementation of AHRQ EHC Program materials.

The specific goals of the EtE train-the-trainer workshop evaluation (component 1) are to examine the following:

- Who is participating in both the primary train-the-trainer sessions, and in subsequent, secondary trainings offered by primary trainees
- The uptake of and confidence among primary trainees in training others on the key competencies of the curriculum
- How the workshop implementation or course content should be modified to improve the quality of the training (e.g., instructor, materials, modules, etc.)

- The extent to which workshop participants have been able to conduct additional trainings, start new PCOR education programs based on the workshop curriculum, or integrate the workshop curriculum into existing training programs in their local settings
- What the results of subsequent trainings by workshop participants were among secondary participants (i.e., individuals who received training from a workshop participant) in terms of their use of PCOR information and the practice of SDM with patients
- Whether workshop participants have participated in other project activities, such as ongoing webinars or the learning network that are planned as part of the EtE project
- How workshop participants are using what they have learned from the training program in their own practice

The specific goals of the EtE new tools evaluation (component 2) are to examine the following:

- If and how workshop trainees and other health care professionals are using the new tools developed during this project to support their implementation of AHRQ EHC Program resources
- How useful clinicians find AHRQ EHC Program resources to be in their practice
- How frequently new tools are being accessed and used by workshop trainees and other health care professionals
- Suggestions for improving tools to meet health care professionals' needs when serving their patients

To achieve the goals of this project the following data collections will be implemented:

- 1) **Pre-Training Survey of Primary Participants (Attachment A)**. This pen and paper survey will be administered to train-the-trainer workshop participants (also referred to as Primary<sup>1</sup> Workshop Participants) immediately prior to the start of the in-person train-the-trainer workshop sessions. Information collected includes (1) non-identifying demographic information about respondents (e.g., type of clinician; practice setting); (2) participants knowledge of core concepts and objectives of the workshop; and (3) their confidence in training others. This instrument will also collect information about participants' use of and exposure to AHRQ EHC Program products for comparison at later time points.
- 2) **Post-Training Survey of Primary Participants (Attachment B)**. This pen and paper survey will be administered to train-the-trainer workshop participants immediately following the conclusion of the in-person train-the-trainer workshop sessions. Information collected includes (1) post-training knowledge of core concepts presented in workshop; and (2) post-training confidence in training others. The post-training instrument will also collect information about participants' reaction to the training (e.g., instructor, the content, the presentation style, the schedule, etc.), a requirement for accreditation purposes.

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<sup>1</sup> There are two categories of individuals who will participate in the AHRQ EtE workshop training:

- Primary trainees—Individuals who participate in the AHRQ-sponsored, in-person, train-the-trainer workshop
- Secondary trainees—Individuals who receive training secondarily from primary trainees

- 3) **Six-Month Post-Training Survey of Primary Participants (Attachment C)** – This survey will be administered to primary workshop participant six months following their participation in the train-the-trainer workshop. The survey will be Web-enabled, and a link to the survey will be emailed to participants. Information to be collected includes (1) behaviors and experiences of primary workshop participants in training others (i.e., secondary participants); (2) the numbers of individuals they have trained; and (3) barriers they have encountered in training others. This instrument will also collect (4) data on primary participants’ early experiences in applying what they learned in the workshop training in their own clinical practice with patients; and (5) their use of AHRQ EHC resources and tools which will be compared to baseline measures.
- 4) **One-Year Post-Training Survey of Primary Participants (Attachment D)** – This survey will be administered to primary workshop participants one year following their participation in the train-the-trainer workshop. The survey will be Web-enabled, and a link to the survey will be emailed to participants. This survey will collect the same information as collected in the 6-month survey. This instrument will also collect new information from participants about their use/participation in continued training that will be offered (e.g., participating in training and technical assistance webinars and the learning network that will be created).
- 5) **One-Year Post Survey of Secondary Workshop Participants (Attachment E)** – This survey will be administered to secondary workshop participants one year following their receipt of continuing education (CE) credits for participating in locally-delivered workshops by primary workshop participants. The questions of interest include (1) non-identifying demographic information about respondents (e.g., type of clinician; practice setting); (2) their use of AHRQ EHC program products; (3) how useful they thought the training they received was in developing their patient engagement and SDM skills; (4) barriers they have encountered when implementing what they learned in practice; (5) the types of changes they or their organization have made related to involving patients in health care decision making and their use of decision support tools, since participating in the workshop; and (6) any changes that they have observed in their patients since they participated in the training.
- 6) **New Tool Users (Attachment F)** – This survey will be deployed on the AHRQ Web site on a quarterly basis. More specifically, it will be made available on the new tools Web landing page on the AHRQ Web site so that it targets users of the new tools from this project. Information to be collected includes (1) non-identifying demographic information about respondents (e.g., type of clinician; practice setting); (2) whether or not they have participated in the workshop training associated with this project; (3) how often respondents use tools on the AHRQ tools landing page; and (4) how useful respondents find the tools to be and new tools that they would like to see added.

The evaluation of the EtE program is being conducted by AHRQ through its contractor, AFYA, Inc., and The Lewin Group (AFYA/Lewin), pursuant to (1) 42 U.S.C. 299b-7; (2) AHRQ’s authority to conduct and support research on health care and on systems for the delivery of such

care, including activities with respect to the quality, effectiveness, efficiency, appropriateness, and value of health care services, 42 U.S.C. 299a(a)(1); and (3) AHRQ's authority to support the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policymakers, and educators, 42 U.S.C. 299(b)(2).

## **2. Purpose and Use of Information Collection**

AHRQ and the EHC Program staff will use the information collected through this Information Collection Request to assess the short- and long-term progress in achieving the dissemination and implementation aims of the EtE project. The information collected will facilitate real-time adjustments in the strategies and tactics that are used to promote and deliver the new tools and workshop training. The summative evaluation will assess the impact of this EtE workshop training program and new tools on increased awareness, understanding, and use of AHRQ's EHC Program products in clinical practice with patients.

The specific purpose of each of the data collection instruments is described below.

- 1) Pre- and Post-Training Surveys of Primary Workshop Participants (Attachments A and B) – These data collections will be used to assess the effectiveness of the training in transferring course concepts to train-the-trainer participants. They will be used to measure what participants learned during the training relative to their knowledge of core concepts and objectives of the workshop, and their confidence in training others as assessed prior to the training (pre-training survey). The pre-training survey also will establish a baseline level regarding workshop participants' use and exposure to AHRQ EHC Program products for comparison at later time points. The post-training assessment also will be used to assess workshop participants' reaction to the training. This is important for the process evaluation component of this project as it will provide information on participants' reactions to specific components of the program (e.g., instructor, the content, the presentation style, the schedule, etc.), a requirement for accreditation purposes, and help to identify where minor tweaking of the program may be needed to better meet participants' needs.
- 2) Six-Month Post-Training Survey of Primary Participants (Attachment C) – This data collection will be used to assess the behaviors and experiences of workshop participants in training others (i.e., secondary participants), and whether the training has promoted changes to participants use of PCOR resources in SDM with their patients. This survey will also be used to assess whether the use of AHRQ EHC Program products has increased since participating in the survey.
- 3) One-Year Post-Training Survey of Primary Participants (Attachment D)– This data collection will be used to assess the long-term impact of the train-the-trainer workshop on participants' use of PCOR resources in SDM with patients in clinical practice. The assessment will determine if the training results in or contributes to changes in participants' continued use of key training concepts relative to baseline and 6-month assessments. This assessment also will provide information on the numbers of other individuals (i.e., secondary participants) who have received training at subsequent time points by the train-the-trainer workshop participants and the impact of training those

secondary participants on their organizational practices regarding using AHRQ EHC Program products in SDM with their patients.

- 4) One-Year Post Training Survey of Secondary Workshop Participants (Attachment E) – This data collection will be used to assess the effectiveness of the train-the-trainer format on disseminating knowledge among the health care community. The questions of interest include the following:
  - Are participants from the train-the-trainer workshop able to effectively transfer or share key competencies from their training to other locally-based health care professionals (i.e., secondary participants)?
  - Do secondary participants taught by AHRQ-sponsored train-the-train workshop participants increase their use of AHRQ EHC Program products in SDM with their patients?
  
- 5) New Tool Survey (Attachment F) – This data collection will be used to gather information on AHRQ Web site users experiences with the available new tools including who uses these tools and if they are useful.

These evaluation instruments (refer to Attachments A-F) are designed to capture primarily quantitative data with some qualitative data.

No claim is made that the results from this study will be generalizable in the statistical sense. Rather, this evaluation is aimed at determining the effectiveness of this particular program.

### **3. Use of Improved Information Technology**

This evaluation study will rely on both paper-based and Web-based survey instruments that are self-administered. The pen-paper based surveys will be administered to EtE train-the-trainer workshop participants immediately prior to and following their completion of the in-person training program (Attachments A and B).

All of the other survey instruments (Attachments C-F) will be Web-based, and also will be self-administered at home or at work on personal computers. These will be deployed using low-burden, and respondent-friendly survey administration processes and instruments. Moreover, use of the Web-based surveys at follow-up points has the advantage of conveniently exposing participants to graphics and images of AHRQ's EHC Program resources which is a goal of the EtE workshop program.

Additionally, the technology to be employed can be configured to allow participants to complete as much of the questionnaire as desired in one sitting or to continue the questionnaire at another time. The technology also minimizes the possibility of participant error by electronically skipping questions that are not applicable to a particular participant, thus minimizing participant burden.



#### **4. Efforts to Identify Duplication**

The current request is intended to support a brand new training program for the Agency and, therefore, the instruments are specific and unique to this project. Additionally, a literature review conducted in the early stages of this project found that no other comparable Federal or other training program like the one associated with this effort exists, so we are assured that the evaluation of this project is not a duplicative effort.

#### **5. Involvement of Small Businesses or other Small Entities**

This collection request does not involve burden to small businesses or other small entities.

#### **6. Consequences if Information Collected Less Frequently**

##### *6.a. Evaluation of Primary Workshop Participants*

Data will be obtained from EtE train-the-trainer workshop participants (i.e., primary participants) at four time points as described below:

- (1) Pre-training survey (immediately prior to the workshop session)
- (2) Post-training survey (immediately following the workshop session)
- (3) 6-month post-training survey
- (4) 1-year post training survey

Data collection at each of the above time points is critical to the evaluation design and for showing changes over time following participation in the train-the-trainer workshop program. Data collected during the pre-training questionnaire will be essential for establishing a baseline measure and for assessing new knowledge gained and how attitudes are impacted by the train-the-trainer program.

The post-training questionnaire will measure the reaction of participants to the training and learning accomplished by the training program. This level is important for the process evaluation component of this project as it will provide information on participants' reactions to specific components of the program, and help identify where minor tweaking of the program may be needed to better meet participants' needs. Evaluation at this level also will assess the effectiveness of the training in transferring course concepts to the train-the-trainer workshop participants and in creating confidence in workshop participants for training others on the key competencies of the program content.

The 6-month survey will assess the impact of the training program on behavior. Evaluation at this time point is essential for understanding the experiences that trained participants have with the ongoing training of others and will provide an assessment of how the training impacted their own clinical practice relative to their baseline.

Finally, the 1-year post-training survey will be fielded to all participants of the Workshop Training to assess the impact of the training on training participant's clinical practice.

### *6.b. Evaluation of Secondary Workshop Participants*

The annual survey of secondary participants (Attachment E) will take place once a year for 3 years and will target individuals who received training from train-the-trainer workshop participants in their local settings in the previous year. Because trainings will be ongoing for 3 years, it is necessary to field this survey three times to target individuals who received the training in the previous year. While this survey will be fielded three times, it will only reach secondary participants at one time point. This survey will be important for assessing how effective primary trainees of the train-the-trainer workshop program are in disseminating information and knowledge about AHRQ EHC Program products to secondary participants, and how effective this delivery model is in disseminating information to the broader health care professional community.

### *6.c. New Tools Survey*

The ‘new tools’ survey will be fielded on a quarterly basis, for 3 years. The survey only will be accessible by selecting a link on the ‘new tools’ landing page on the AHRQ Web site. While this survey will be fielded multiple times during the 3-year period, it will be fielded to a convenience sample with respondents self-selecting to respond. We anticipate that individuals will only choose to respond when they have feedback that they would like to share about an experience with a new tool.

## **7. Special Circumstances**

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d) (2). No special circumstances apply.

## **8. Federal Register Notice and Outside Consultations**

### ***8.a. Federal Register Notice***

As required by 5 CFR 1320.8(d), a notice was published in the Federal Register on (*June 17, 2014 Page 34532*) for 60 days, and again on (*June 17, 2014 Page 34532*) for 30 days (see **Attachment G**). No substantive comments were received.

### ***8.b. Outside Consultations***

A comprehensive formative research effort was conducted by AFYA Inc., to inform the design of the workshop curriculum, the development of new tools, and the evaluation strategy proposed. The formative research associated with this project included a comprehensive literature review and a health care professional needs assessment. The literature review summarized information on effective approaches for communicating health care information (e.g., treatment or intervention options, risks, and benefits) to patients, engaging patients to understand their preferences, and strategies for educating health care professionals. The needs assessment<sup>2</sup> engaged health care professionals using a Web-based survey and seven focus groups with health care professionals from a variety of disciplines. This effort served to identify health care

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<sup>2</sup> Information collected for the health educator needs assessment was approved by OMB and used AHRQ’s generic OMB clearance (OMB No. 0935-0179; Exp. Date 7/31/2014).

professionals' awareness of AHRQ's EHC Program and their satisfaction with its current CER/PCOR products. It also served to identify the needs of health care providers and educators for CER/PCOR information and how they use it to engage and educate patients and caregivers, including their preferences for new tools, and the types of training that they need/desire to enhance their abilities to interact with patients.

An additional targeted literature search and assessment was conducted to outline the evaluation strategy for the AHRQ EtE training program. A number of train-the-trainer studies<sup>3</sup> using a pre- and post-test, longitudinal study design employed for this evaluation have successfully evaluated comparable train-the-trainer programs.

Additionally, a number of expert consultants have been engaged for input on the EtE workshop curriculum design, new tools, and evaluation strategy. They also will be consulted for review and comment on the draft surveys (see Attachment H for a list of those consulted both within and outside the Agency thus far). Most of these individuals comprise a formal Technical Expert Panel (TEP) that support the EtE project and will continue to provide quarterly input throughout the duration of the EtE training project.

## **9. Payments/Gifts to Respondents**

Participants of the free, EtE train-the-trainer program will be provided with Continuing Education (CE) credits for their completion of the workshop training. Similarly, participants who receive training in local settings from primary workshop participants also will be able to receive CE credits after completing an online training module. All workshop participants (both primary and secondary) also will be given an ordering code that allows them to order bulk copies of AHRQ's EHC Program products to use with patients in their clinical practice. While these products are already freely available, the code will allow participants the ability to order copies of desired CER/PCOR materials in bulk for no additional fee.

No honoraria or other gifts will be provided to workshop participants in exchange for their participation in the evaluation activities.

Respondents of the quarterly Web-based new tool survey will receive an ordering code that allows them to order bulk copies of AHRQ's EHC Program products. While these products are already freely available, the code will allow participants the ability to order copies of desired materials in bulk for no additional fee.

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<sup>3</sup> Kalisch BJ, Xie B, Ronis DL. Train-the-Trainer Intervention to Increase Nursing Teamwork and Decrease Missed Nursing Care in Acute Care Patient Units. *Nurs Res.* 2013 Nov-Dec;62(6):405-13.

Martino S, Ball SA, Nich C, Canning-Ball M, Rounsaville BJ, Carroll KM. Teaching community program clinicians motivational interviewing using expert and train-the-trainer strategies. *Addiction.* 2011 Feb;106(2):428-41.

Mazotti L, Moylan A, Murphy E, Harper GM, Johnston CB, Hauer KE. Advancing geriatrics education: an efficient faculty development program for academic hospitalists increases geriatric teaching. *J Hosp Med.* 2010 Nov-Dec;5(9):541-6. doi: 10.1002/jhm.791. Epub 2010 Aug 17.

Stebbins MR, Cutler TW, Corelli RL, Smith AR, Lipton HL. Medicare part D community outreach train-the-trainer program for pharmacy faculty. *Am J Pharm Educ.* 2009 May 27;73(3):53.

Rogers B, McCurdy LE, Slavin K, Grubb K, Roberts JR. Children's Environmental Health Faculty Champions Initiative: a successful model for integrating environmental health into pediatric health care. *Environ Health Perspect.* 2009 May;117(5):850-5.

No honoraria or other gifts will be provided in exchange for their participation in the survey.

## **10. Assurance of Confidentiality**

Individuals and organizations will be assured of the confidentiality of their replies under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). They will be told the purposes for which the information is collected and that, in accordance with this statute, any identifiable information about them will not be used or disclosed for any other purpose.

No confidential or protected health information will be collected for this project.

## **11. Questions of a Sensitive Nature**

This project includes no questions of a sensitive nature. The evaluation instruments do not contain any questions concerning sexual behavior and attitudes, religious beliefs, income, or proprietary business information.

## **12. Estimates of Annualized Burden Hours and Costs**

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this evaluation. For the longitudinal evaluation, four questionnaires will be completed by approximately 1,500 primary trainees who participate in the AHRQ-sponsored EtE train-the-trainer workshop, at the specified intervals, and each will require 10 or 15 minutes to complete. The annual survey of secondary participants will be completed by 3,000 secondary trainees (individuals who receive training from primary trainees) over the 3 years. Based on previous experience with convenience-based Web-based surveys, we estimate that the quarterly Web-based survey of new tool users will be completed by approximately 1,200 respondents over the 3-year period.

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to participate in this project. The total cost burden is estimated to be \$91,668.

### **Exhibit 1: Estimated annualized burden hours**

<b>Form Name</b>	<b>Number of Respondents</b>	<b>Number of responses per respondent</b>	<b>Hours per response</b>	<b>Total Burden hours</b>
<b>Pre-training survey</b> (primary trainees) (time point #1)	1500*	1	15/60	375
<b>Post-training survey</b> (time point #2)	1500*	1	15/60	375
<b>6-month post training survey</b> (time point #3)	1500*	1	10/60	250
<b>12-month post training survey</b> (time point #4)	1500*	1	10/60	250
<b>Annual survey</b> (one-time survey of secondary trainees)	3000	1	10/60	500
<b>Quarterly survey of new tool users</b>	1200	1	5/60	100
<b>Total</b>	5,700**	NA	NA	1850

\*These individuals are the same 1500 individuals (primary trainees) and will be assessed at four different time points

\*\*Estimated total number of unique respondents.

**Exhibit 2: Estimated annualized cost burden**

Form Name	Number of Respondents	Total Burden hours	Average Hourly Wage Rate*	Total Cost Burden
<b>Pre-training survey</b> (primary trainees) (time point #1)	1500	375	\$49.55*	\$18,581
<b>Post-training survey</b> (time point #2)	1500	375	\$49.55*	\$18,581
<b>6-month post training survey</b> (time point #3)	1500	250	\$49.55*	\$12,388
<b>12-month post training survey</b> (time point #4)	1500	250	\$49.55*	\$12,388
<b>Annual survey</b> (one-time survey of secondary trainees)	3000	500	\$49.55*	\$24,775
<b>Quarterly survey of new tool users</b>	<b>1200</b>	<b>100</b>	<b>\$49.55*</b>	<b>\$4,955</b>
<b>Total</b>	10,200/ (5,700)**	1,850	NA	\$91,668

\* Average hourly wage based on the weighted average of wages for 1 Family and General Practitioner (29-1062, \$81.78), 1 Internist (29-1063, \$86.20), 1 Physician Assistant (29-1071, \$44.96), 1 Psychiatrist (29-1066, \$95.33), 1 Nurse Practitioner (29-1171, \$44.48), 3 Registered Nurses (29-1141, \$34.23), 1 Pharmacist (29-1051, \$59.87), 1 Licensed Practical or Licensed Vocational Nurse (29-2061, \$21.17), 1 Health Educator (21-1091, \$20.52), and 1 Administrative Services Manager (11-3011, \$37.61). **Data Source:** National Occupational Employment and Wage Estimates in the United States, May 2012, “U.S. Department of Labor, Bureau of Labor Statistics” (available at [http://www.bls.gov/oes/current/naics4\\_621400.htm](http://www.bls.gov/oes/current/naics4_621400.htm))

\*\*Estimated total number of unique respondents.

**13. Estimates of Annualized Respondent Capital and Maintenance Costs**

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. The only cost to the respondent will be that associated with their time to respond to the information collection, as shown in Exhibit 2.

**14. Estimates of Annualized Cost to the Government**

The total cost to the Government for this evaluation activity is estimated to be \$592,429 to conduct the evaluation. This amount includes costs for both Federal employee labor (\$7,320) and contractor costs (\$595,109) over the five-year contract period. Federal employee labor includes reviewing data collection instruments for clearance package development and data collection reports. The total contract value for the evaluation component of AFYA’s contract with AHRQ to develop, implement, and evaluate the EtE workshop training and new tools program. This amount includes costs for project development and management associated with the evaluation (15% of the contract amount for evaluation); data collection activities (21% of the contract amount for evaluation); data processing and analysis (43% of the contract amount for evaluation); and administrative support activities and reporting (21% of the contract amount for evaluation).

**Exhibit 3: Estimated Annualized and Total Federal Employee Cost**

Federal Personnel	Salary	% Time	Annualized Cost	Total Cost
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Health Communications Specialist (GS 13-5)	\$101,914	0.5%	\$509.57	\$2,547.85
Health Communications Specialist (GS 13-2)	\$92,922	0.3%	\$278.77	\$1,393.83
Health Communications Specialist (GS 13-10)	\$110,906	0.3%	\$332.72	\$1663.59
Health Research Analyst (GS 14-3)	\$114,346	0.3%	\$343.04	\$1715.19
<b>Total</b>			<b>\$1464.10</b>	<b>\$7,320.46</b>

Source: OPM SALARY TABLE 2014-DCB (<http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/14Tables/html/DCB.aspx>)

#### **Exhibit 4: Estimated Total and Annualized Contract Cost**

<b>Contract Cost Component</b>	<b>Total Cost</b>	<b>Annualized Cost</b>
Project Development and Management	\$85,781	\$28,594
Data Collection Activities	\$124,832	\$41,611
Data Processing and Analysis	\$249,664	\$83,221
Administrative Support and Reporting	\$124,832	\$41,611
<b>Total</b>	<b>\$585,109</b>	<b>\$195,036</b>

### **15. Changes in Hour Burden**

This is a new collection of information.

### **16. Time Schedule, Publication, and Analysis Plans**

The project timeline is shown in Exhibit 4 below.

#### **Exhibit 5: Project Timeline**

<b>Data Collection and Analysis</b>	<b>Timeframes</b>
<b><i>Administer pre-training questionnaire prior to workshop</i></b>	
10 workshops in year 1 of training	Between August 2014 – July 2015
10 workshops in year 2 of training	Between August 2015 – July 2016
10 workshops in year 3 of training	Between August 2016 – July 2017
<b><i>Post-training questionnaire completed immediately following workshop</i></b>	
10 workshops in year 1 of training	Between August 2014 – July 2015
10 workshops in year 2 of training	Between August 2015 – July 2016
10 workshops in year 3 of training	Between August 2016 – July 2017
<b><i>6-month post-training questionnaire completed at 6-months post workshop participation</i></b>	
6 month anniversary of training from year 1	Between February 2015 – January 2016
6 month anniversary of training from year 2	Between February 2016 – January 2017
6 month anniversary of training from year 3*	Between February 2017– January 2018
<b><i>12-month post-training questionnaire completed at 12-months post workshop participation</i></b>	
12 month anniversary of training from year 1	Between August 2015 – July 2016
12 month anniversary of training from year 2	Between August 2016 – July 2017
12 month anniversary of training from year 3*	Between August 2017 – July 2018

<b>Annual Survey of Secondary Participants</b>	
Administer first annual survey	August 2015
Administer second annual survey	August 2016
Administer third annual survey	August 2017

\*AHRQ will reapply to extend data collection for a subsequent 3 years.

### **Publication Plan**

Study results will be disseminated through peer-reviewed publications; presentations at professional conferences, including AHRQ’s Annual Conference; and AHRQ’s Web site. Manuscripts and presentations will clearly state the limitations of the study findings including the lack of generalizability of the specific results associated with the research methods.

### **Analysis Plan**

Descriptive statistics will be calculated for all survey items. Survey responses will be aggregated and frequency distributions will be compiled. Pre- and post-test data and longer-term post-training data will be evaluated using analysis of variance (ANOVA). Bonferroni correction will be calculated for multiple comparisons. Chi-square or Fisher’s exact tests will be performed to compare differences for categorical data. Responses to open-ended questions will be coded using content analytic techniques.

### **17. Exemption for Display of Expiration Date**

AHRQ does not seek this exemption.

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## **List of Attachments**

- Attachment A: Workshop Pre-Training Survey
- Attachment B: Workshop Post-Training Survey
- Attachment C: Workshop 6-month Post-Training Survey
- Attachment D: Workshop 12-month Post-Training Survey
- Attachment E: Secondary Trainee One-time 12-month Survey
- Attachment F: Quarterly New Tool Usage Survey
- Attachment G: Federal Register Notice
- Attachment H: EtE Technical Expert Panel and other Expert Consultants