

Supporting Statement

HRSA AIDS Education and Training Centers Evaluation activities

OMB Control No. 0915-0281- Revision

Terms of Clearance: "None".

A. Justification

1. Circumstances Making the Collection of Information Necessary

This is a request by the Health Resources and Services Administration (HRSA) for continued OMB approval to collect information to monitor the activities of the AIDS Education and Training Centers (AETCs) Program. To ensure appropriate care in a rapidly changing field and to expand capacity of individual health care providers, the AETCs were developed to provide targeted, multidisciplinary training to the health care professionals who provide clinical and support services under Ryan White HIV/AIDS Program Parts A-D. The OMB number for this activity is 0915-0281 and the current expiration date is September 30, 2016.

The AETCs are authorized by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program; see Tab A for a copy of the 2009 legislation), as codified under title XXVI of the Public Health Service Act. Signed into law in October 2009 (Public Law 111-87), the Ryan White HIV/AIDS Program reauthorizes the Ryan White Comprehensive AIDS Resources Emergency Act (CARE Act) through 2013. The CARE Act was enacted in 1990 and, in addition to 2009, was reauthorized in 1996, 2000, and 2006. The Ryan White HIV/AIDS Program provides emergency assistance to localities that are disproportionately affected by the human immunodeficiency virus (HIV) epidemic and makes financial assistance available for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential services to persons with HIV disease. The HIV/AIDS Bureau (HAB) within HRSA administers funds for the Ryan White HIV/AIDS Treatment Extension Act of 2009 and the AETCs are funded under Part F. The AETC is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate state-of-the-science comprehensive care for those living with or affected by HIV. It supports the goals of the National HIV/AIDS Strategy (NHAS) by increasing the number of healthcare teams educated and motivated to care for individuals with HIV, and increasing access to care, thereby reducing HIV-related health disparities. At present, there are 8 regional centers, 5 Nurse Practitioners and Physician Assistants programs and 3 national centers. Regional centers and local sites work directly within the community through targeted training and by linking providers with local experts. Nurse Practitioners and Physician Assistants programs support developmental work to expand existing accredited primary care graduate nursing, and physician

assistant programs to prepare the next generation of HIV care health professionals. The national centers provide resources, assistance and training to support healthcare professionals and faculty in the AETC network and beyond. They are:

- The AETC National Clinician Consultation Center (NCCC) operates a warm line for individual clinician case consultations, a PEPLine for consultations on post-exposure prophylaxis, a PreEPLine for consultations on pre-exposure prophylaxis, a substance use disorder warm line, and a Perinatal Hotline for questions about the care of HIV-infected pregnant women as well as indications and interpretations of HIV tests.
- The AETC National Coordinating Resource Center (NCRC) offers a virtual library of online training resources for adaptation by HIV care providers and other healthcare professionals to meet local training needs. They coordinate the development and dissemination of national HIV curricula for health care professionals. They provide technical assistance to HAB and all AETC Program grantees, while serving as the central repository for AETC developed training and capacity development materials. They also disseminate technical assistance trainings and capacity development products to health care professionals nationwide using virtual and in-person meetings and conferences.
- The AETC National Evaluation Center (NEC) provides leadership in the development, design, testing, and dissemination of effective evaluation models for the AETCs. In particular, the NEC works with individual AETCs to evaluate the effects their education and training programs have on participant behavior and clinical practice with respect to changes in knowledge and skills, clinical practice behavior, and improved patient outcomes.

The AETCs gather data on the training activities they conduct using two data collection instruments. The Event Record (ER) gathers information about each training activity including training programs, individual clinical consultations, group clinical consultations, and technical assistance events. Information on the people trained, the length of training, the content and level of the training, and collaborations with other organizations is also collected. AETC staff and trainers complete this form after each event. The Participant Information Form (PIF) collects information from each of the training participants, including demographics, profession, the types of HIV/AIDS services they provide, and the characteristics of the patient population they serve. In order to measure and report progress to key stakeholders, AETCs are then required to report aggregated data on their training activities and trainees to HAB once a year.

HAB made several modifications to the ER and the PIF. The ER has 6 new data elements that reflect changes in the National AETC program guidance and 4 deleted data elements that were mainly incorporated into the new data elements. There are also several modifications to response options in order to reflect program and field changes and include trainer feedback. There were also minor formatting changes. A major change in the PIF instrument is that trainees will now complete the form once a year (rather than per event) since data collected will likely not change much within the course of a year. There are 4 new data elements to the PIF to better capture the reach of the AETC trainings and the background of the providers. Two data elements were deleted that were no longer utilized by HAB. There are also several modifications to expand response options (i.e. race and gender) as well as changes to include trainee feedback. See attachment A.

2. Purpose and Use of Information Collection

The overall purpose of this data collection is to enable HAB to summarize and report to Congress and other stakeholders AETCs' accomplishments such as training topics covered, hours of contact with health care professionals, type of professionals trained, and collaborative efforts with other federally funded entities. These program data collection activities are also necessary to allow the AETCs and HAB to assess the program's performance and improve areas where gaps exist in training HIV professionals as well as to measure whether they are meeting the goals of NHAS.

3. Use of Improved Information Technology and Burden Reduction

Data are submitted by the AETCs to HAB in electronic format. The AETCs also work in collaboration with HAB to re-design the data collection forms and protocols based on program needs. To enable the system to work across centers, but with flexibility to accommodate different information systems, centers have the option of choosing among available scanning programs (e.g., Teleforms) for data entry prior to electronic submission to HRSA. In addition, several regional AETCs have developed a web-based platform for administration of the PIF and ER forms.

4. Efforts to Identify Duplication and Use of Similar Information

Data that can describe the activities of the AETCs are not available elsewhere. This is the only effort known to characterize the AETC training activities, and without these data, HAB will not be able to monitor AETC education and training efforts.

5. Impact on Small Businesses or Other Small Entities

This data collection activity does not significantly impact small entities.

6. Consequences of Collecting the Information Less Frequently

Without these annual data HAB will be unable to report on education and training activities related to the Ryan White CARE Act legislation and would not have the evidence to make program adjustments in response to innovations in the care and treatment of people living with HIV/AIDS and to the changing epidemiology of the disease. These data are needed to provide information on the AETC training activities and participants receiving the trainings.

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

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

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

8A. The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on October 2, 2015, (Volume 80, Number 191, pages 59788-59789. See attachment B. Eighteen public comments were received for the ER form and 21 comments were received for the PIF forms. See attachments C and D.

Comments for the ER included concern over the burden that will be required to generate the list of participants using unique identifiers. However, this information can be generated from an AETC's registration system or the PIF form and then downloaded to the ER form -- a procedure that AETCs should be able to do. Another concern over burden was the additional time it will take to respond to a series of several questions which required respondents to answer "yes" or "no" for every question. HAB accepted the request to remove the "no" response and only require respondents to choose "yes" when applicable. Other comments were concerns over making the data collected more relevant or useful. Changes were made to the ER form to address these concerns, such as changing the geographic indicator item from 'state' to 'zip code' and by adding 'name of event' and 'funding type' to the form.

Comments on the PIF included concerns that the revised form is longer (two pages rather than one). However, HAB sees this as necessary to collect high-quality data. Changes were also made to make the data collected more relevant or useful by changing the schema for the unique identifier for more client anonymity and less chance for client duplication and by adding an "unknown" response option to some questions. One data element that duplicated another element was deleted. Other formatting changes were made such as alphabetizing responses and by relocating demographic data items from the beginning to the middle of the form. Some of the changes made to the ER, as noted above, were also changed in the PIF, such as simplifying 'yes/no' questions and replacing 'state' with 'zip code' as a geographic identifier.

8B. The ER and PIF forms were piloted in October 2015 among AETC trainers and trainees, and representative of AETC regions. See below for the list of pilot participants. Due to some new data elements, respondents were unclear on whether and how their electronic systems would be able to pre-populate certain fields so that respondent burden would be reduced. The AETCs would need to re-develop their existing systems to accommodate these new data element requirements.

8B. List of Pilot Respondents:

AETC Region	Respondent	Contact Information
Midwest	Michelle Agnoli, RN, BSN, ACRN	magnoli@uic.edu (312) 996-0224

AETC Region	Respondent	Contact Information
	Pamposh Kaul, MD	pamposh.kaul@uc.edu (513) 584-7535
MidAtlantic	Susan Winters	sew45@pitt.edu 412-624-1895
	Matt Garofalo	msg37@pitt.edu 412-624-1895
	David Korman	msg37@pitt.edu 412-624-1895
South Central	Wendy Newport, MBA, MPH	wendy-newport@ouhsc.edu (405) 271-8001 x54384
	Tracy Jungwirth, MA	tjungwirth@salud.unm.edu (505) 272-8443
Pacific	Jennifer Bennet	jbennett@medicine.nevada.edu (775) 784-3538
	Lori Osorio	Lori@chpscc.org (408) 579-6016

9. Explanation of any Payment/Gift to Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality Provided to Respondents

Only summary data will be included in any reports developed from the collection of this information. No individual level data will be seen by any outside party.

The AETCs will develop unique identifiers for individual participants so that they can track repeat attendance and patterns of use. All data sets submitted to HAB will use this identifier and not the individual's name. All reports developed from the data submission will use only aggregate data reports.

11. Justification for Sensitive Questions

No questions of a sensitive nature are asked in the forms.

12. Estimates of Annualized Hour and Cost Burden

The annual burden estimates displayed below are based on consultations with representatives from 4 of 8 AETC regions. The estimated annual time and cost burdens to respondents are presented in the tables below.

12A. Estimated Annualized Burden Hours:

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Participant Information Form (PIF)	114,423	1	114,423	0.07	8,009.61
Event Record (ER)	14,445	1	14,445	0.14	2022.30
Total					10,031.91

The estimated annual burden to AETCs is as follows:

	Number of Respondents	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours
Aggregate Data Set	8	1	8	29	232

Total Burden Hours: 10,263.91

12B. Estimated Annualized Burden Costs:

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Health Care Professional	8,009.61	\$30.67	\$245,654.74
AETC Staff	2022.30	\$28.93	\$58,505.14
AETC Staff	232	\$28.93	\$6,711.76
Total			\$310,871.64

The hourly wage rates were taken the Bureau of Labor Statistics, May 2015 National Industry-Specific Occupational Employment and Wage Estimates, Sector 62 – Health Care and Social

Assistance (Healthcare Practitioners and Technical Occupations), http://www.bls.gov/oes/current/naics3_621000.htm#29-0000. The hourly wage rate used for Healthcare Professional falls under the Registered Nurse title and the AETC Staff falls under the Training and Development Specialists.

The total annual burden for this activity is 10,263.91 hours.

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

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

14. Annualized Cost to Federal Government

The contract task that supports data collection efforts each year is \$180,000, as well as the cost for a GS 11 at 25% time (approximately \$16,000) to clean raw data files, create analyses files, and analyze/summarize the data for internal reports and reports for each recipient. In addition, guidance and monitoring are provided to a contractor who provides TA to recipients.

Additional costs involve a GS 14 at 10% (approximately \$11,500) time to supervise all tasks performed by the GS 11 as well as participate in planning meetings with the HAB HIV Education Branch staff (who administer the AETC grant program), and to assist in preparing reports and reporting results to HAB senior staff.

The estimated total cost is \$207,500.

15. Explanation for Program Changes or Adjustments

The current inventory is for 9,949 burden hours and this request is for 10,263.91 hours, an increase of approximately 315 hours. The actual time required to complete the Participant Information Form remains the same while the Event Record has increased slightly due to new questions that require more response time. HAB made several modifications to the ER and the PIF. The ER has 6 new data elements that reflect changes in the National AETC program guidance and 4 deleted data elements that were mainly incorporated into the new data elements. The PIF instrument will now be completed once a year (rather than per event) since data collected will likely not change much within the course of a year. There are 4 new data elements to the PIF to better capture the reach of the AETC trainings and the background of the providers.

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

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

The annual timeline to begin collection of data using the revised forms is as follows:

Date	Activity
On receipt of OMB clearance	Send new forms and data codebook to the AETCs
September 1, 2016	Data collection begins using the new forms
June 30, 2017	Reporting year ends
August 15, 2017	Full year data submission due to contractor
September 15, 2017	Aggregated data set to HRSA

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

The expiration date will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

This information collection fully complies with the guidelines in 5 CFR 1320.9. The necessary certifications are included in the package