

**National Network of Sexually Transmitted Disease Clinical Prevention Training Centers (NNPTC):  
Evaluation**

OMB No. 0920-0995  
Expiration Date: 10/31/2016

**SUPPORTING STATEMENT – Section A**

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67.

- **Goal of the information collection:** The purpose of this information collection is to evaluate how well the NNPTC’s training and technical assistance reaches the DSTDP’s target audiences and impacts knowledge, skills, and practice patterns of providers of STD screening, diagnosis, treatment over time. The evaluation will measure trainee satisfaction with NNPTC services and changes in capacity, knowledge, skills, practice patterns and self-efficacy as a result of NNPTC training and technical assistance. This is a revision request that consists of shortening the Att3 HPAT, adding 14 evaluation instrument options and two evaluation email notifications. This request reduces the total burden for respondents from 617 hours to 502 hours and increases the usefulness of the information collected. In addition, the number of respondents is reduced from 7,400 to 4,500 due to fewer training centers.
- **Intended use of the resulting data:** The resulting data will be used to monitor and improve the NNPTC’s program delivery, processes and operations through assessment of trainee satisfaction and short-term and long-term outcomes of the DSTDP’s program.
- **Methods of information collection:** The evaluation relies on quantitative and qualitative information collection. Data will be collected primarily online using surveys with closed- and open-ended questions or in-person as necessary at training and technical assistance events.
- **The subpopulation to be evaluated:** The information will be collected from healthcare professionals who attend training or technical assistance events delivered by the NNPTC.
- **How data will be analyzed:** The following analytic tests will be applied to the quantitative data: frequencies and cross-tabulations, ANOVA, correlations, means, medians, non-response adjustment, non-parametric analyses, and logistic regression to explore relationships within the data. Analyses of the qualitative data will be informed by grounded theory and principles of content analysis, including constant comparative method. Qualitative data will be coded and grouped by thematic categories.

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## 70. Section A. JUSTIFICATION

71.

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

73.

74. The Centers for Disease Control and Prevention (CDC), Division of STD Prevention (DSTDP) requests a 3-year approval for this reinstatement with change to the previously OMB approved information collection request (ICR) entitled, “*Health Professional Application for Training (HPAT) OMB #0920-0995 exp. 10/31/2016*”. The revision request consists of changing the title to “*National Network of Sexually Transmitted Disease Clinical Prevention Training Centers (NNPTC): Evaluation*”, abbreviating the Health Professional Application for Training HPAT form; now called the “NNPTC HPAT”. This request contains the following changes: elimination of 18 questions from the HPAT, addition of 5 questions to the HPAT, and addition of 98 evaluation questions to be used in 14 new post-course and 90-day follow-up evaluation instruments for the purpose of monitoring the program activity.

75.

76. Data will be collected from a total of 4,500 health professionals annually who provide STD screening, diagnosis, and treatment or provide services to populations at risk of STD and receive training or technical assistance delivered by the NNPTC. This number is down from the previously approved 7,400 because we have fewer Prevention Training Centers providing training. In addition to completing the NNPTC HPAT, these 4,500 healthcare professionals will receive an email (**Att. 33 & 34**) inviting them to complete an evaluation within days after training, may voluntarily complete that evaluation, will receive an email inviting them to

complete a follow-up evaluation 3 months after training, and may voluntarily complete that long-term evaluation. As a result, we anticipate 11,769 total respondent instances.

77.

78. This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S. Code, Sec. 792[295k] (a)) (**Att 1**). This information collection falls under the essential public health service of 1) informing, educating, and empowering people about health issues; 2) mobilizing community partnerships to identify and solve health problems; 3) linking people to needed personal health services and assure the provision of health care when otherwise unavailable; 4) assuring a competent public health and personal health care workforce.

79.

80. Despite widely available diagnostic tests and simple treatment for chlamydia, gonorrhea and syphilis, many at-risk individuals in the U.S. receive sub-optimal clinical care for these STDs. For example, even though evidenced-based guidelines have promoted annual chlamydia screening for women <25 years since 1993, in 2010 less than half of commercially insured women aged 21-24 years were screened for chlamydia. Congenital syphilis cases can occur when prenatal care providers fail to screen pregnant women for syphilis as recommended. Many HIV-infected MSM who access clinical care do not receive recommended rectal and pharyngeal STD screening. Some STD-infected patients do not receive the recommended therapy in a timely fashion or are lost to follow up, and for some, partner notification and treatment are lacking. These examples highlight the need for STD clinical training to improve the care that infected and at-risk individuals need.

81.

82. Expanded health insurance coverage and increased numbers of community health centers (CHCs) are predicted to significantly increase the proportion of insured individuals and to shift some vulnerable and at risk populations (traditionally part of STD safety net services) to an expanded network of primary care providers and CHCs. Even for the previously insured, health insurance coverage will now extend to STD clinical preventive services. Since 2011, health plans are required to provide coverage without cost-sharing for recommended preventive services. These services include chlamydia screening for sexually active females aged 16-24; prenatal screening for syphilis, gonorrhea, chlamydia, and hepatitis B; behavioral counseling and syphilis, gonorrhea, chlamydia, and HIV screening for high risk individuals; and HPV and hepatitis B vaccines. Consequently, there will be a large pool of clinicians who need to provide STD clinical preventive services and who need additional training and resources to increase their knowledge, skill, and capacity to screen, diagnose, treat and counsel those with STDs.

83. Guidelines and training are necessary but insufficient to change an individual provider's clinical practice. In 2001, the IOM committee on the Quality of Health Care in America released a report entitled "Crossing the Quality Chasm: A New Health System for the 21st Century." The report documents the causes of the quality gap, identifies current practices that impede quality care, and explores how systems approaches can be used to implement change, for example by promoting evidence-based practice and strengthening clinical information systems.

84.

85. Even though the NNPTC has been funded for over 30 years, there has not been a systematic assessment of its services provided to health departments, healthcare organizations, and individual providers to support their STD prevention and treatment services. This evaluation will provide the NNPTC with necessary information to improve program processes and operations in order to improve the quality of STD prevention and treatment, a key public health and evaluation activity, promoted by the CDC and DSTDP.

86.

87.

**88. 2. Purpose and Use of the Information Collection**

89. The purpose of this information collection is to monitor and evaluate the performance of the NNPTC grantees and the NNPTC program. The information will be collected from health professionals that can include physicians, nurses, nurse practitioners etc. that provide STD screening and treatment who register to attend NNPTC training and/or technical assistance sessions. Specifically this information will be used to:

- Determine whether NNPTC grantees are reaching their target audiences
- 90. • Measure trainee satisfaction with NNPTC services
- 91. • Measure the impact of training on health professionals' implementation of recommended STD screening, diagnosis, and treatment practices in the short and long term
- 92. • Identify factors that correlate with practice changes
- 93. • Identify and address programmatic areas needing improvement
- 94. • Provide timely, current, and accurate information in response to requests from Executive Branch officials, the Congress, constituents, or other federal, state, and local agencies concerning the needs of grantees and the types and quality of NNPTC services delivered.

95. DSTDP will disseminate the summarized information through reports to DSTDP and the NNPTC, and possibly publications or presentations. All data will be published in the aggregate. No individual health professional will be identified in publications.

96.

97. The information collection system consists of fifteen instruments administered to the recipients of NNPTC training and technical assistance services. Health professionals wanting to attend NNPTC training will complete the NNPTC Abbreviated Health Professional Application for Training (NNPTC HPAT) (**Att 3 & 4**) as part of registration for training and technical assistance services. This registration form is a revision of the formerly approved "Health Professional Application for Training (HPAT) - OMB No. 0920-0995, Expiration: 10/31/2016" (**Att3A&3B**), which has been modified to remove 15 questions that are no longer essential and to add 4 questions to enable the DSTDP to determine whether the NNPTC is reaching its specific target audiences: experienced STD providers and primary care providers who serve populations at high risk for STDs. The NNPTC HPAT is administered online through an NNPTC Learning Management System 95% of the time (or by paper 5% of the time if the registration process needs to be administered at the training site).

98.

99. A new component to the previously approved ICR, is that after NNPTC training or technical assistance has been delivered, the Learning Management System automatically sends each registrant an email invitation to complete an on-line Post-Course Evaluation Instrument corresponding to the type of training attended or type of technical assistance received. The invitation contains a link to the appropriate online Post-Course Evaluation Instrument. Email invitations (**Att 33 & 34**) are sent after the end of the training session and again approximately 3 and 7 days after the first email to those who have not responded. Approximately 90 days after the training or technical assistance the NNPTC's Learning Management System sends an email invitation with a link to an online Long Term Evaluation Instrument corresponding to the training or technical assistance attended (**Att 35 & 36**). This invitation is sent again approximately 3 and 7 days after the first invitation to those who have not completed the Long Term Evaluation Instrument.

100.

101. In the development phase, draft All data collection tools have been informally reviewed by 108 NNPTC healthcare professional trainees and 22 NNPTC staff. . NO data were collected, only comments. Feedback from reviewers was used to refine questions as needed, ensure accurate

programming and skip patterns and establish the estimated time required to complete the information collection instruments.

102.

103. The information collection system consists of fifteen instruments administered to the recipients of NNPTC training and TA: 1) NNPTC HPAT (**Att 3 & 4**) and 2) 14 Post-Course and Long term Evaluation Instruments (**Att 5-32**). Only one set of post-course and long-term evaluation instruments is administered per training or TA event. The type of information collected with each instrument is described below.

104.

105. The NNPTC HPAT (**Att 3 & 4**) is a condensed version of the previously approved OMB Control No. 0920-0995 HPAT. This data collection standardizes the training registration process across the NNPTC. The NNPTC HPAT instrument collects information from trainees on their professions, functional roles, principal employment settings, location of their work settings, programmatic and population foci of their work, and characteristics of patients/clients served. The NNPTC HPAT also collects the trainee's workplace contact information, race, ethnicity, and gender. This data collection provides CDC with information to determine whether the NNPTC is reaching its target audiences in terms of provider type, the types of organizations in which participants work, the focus of their work and the population groups and geographic areas served. The NNPTC HPAT is also used to monitor and evaluate performance of Prevention Training Center grantees funded by CDC/Division of STD Prevention (DSTDP) that offer STD prevention training and TA to health professionals. The NNPTC HPAT (**Att3**) reduces the burden for collection of registration information from 5 minutes to 3 minutes as a result of the removal of the previously approved 15 questions. In addition, the number of respondents has been reduced from 7,400 to 4,500.

106.

107. The Evaluation Instruments (**Att 5-32**) consist of 22 closed-ended questions, 36 paired retrospective before-after practice pattern questions and 3 open-ended questions designed to elicit information from NNPTC clients about their satisfaction with training and trainers, changes in knowledge, skills, self-efficacy as a result of training, intention to implement at least one change in practice based on the training or TA, and barriers to change. Questions are of various types including multiple response, Likert scale, retrospective assessments of confidence to demonstrate knowledge and skills, and open ended. Effort was made to limit questions requiring narrative responses and include optional narrative questions for respondents to elaborate on their feedback if they choose to do so. There are 7 Post-Course Evaluation Instruments that correspond to the content and length of training session and 7 corresponding Long-Term Evaluation Instruments. Collection of data using the NNPTC HPAT and the Evaluation Instruments decreases the burden to a total of 502 hours from the originally approved 617 hours (see Table 12A for the estimate of burden associated with each instrument).

108.

109. Attachments 5 & 7: Intensive Complete Post-Course and Long-Term Evaluations

110. Attachments 9 & 11: Intensive Didactic Post Course and Long-Term Evaluations

111. Attachments 13 & 15: Practicum Post-Course and Long-Term Evaluations

112. Attachments 17 & 19: Wet Mount Post-Course and Long-Term Evaluations

113. Attachments 21 & 23: STD Treatment Guidelines Complete Post-Course and Long-Term Evaluations

114. Attachments 25 & 27: STD Treatment Guidelines Short Post-Course and Long-Term Evaluations

115. Attachments 29 & 31: Basic Post-Course and Long-Term Evaluations

116.

117. **3. Use of Improved Information Technology and Burden Reduction**

118. Online versions of the survey collection tools will be used as much as possible to reduce the overall burden on respondents. All instruments may be completed comfortably by computer, tablet, or smartphone. Paper instruments may be used when access to the Internet is not available or advance registration is not possible. These information collection instruments were designed to collect the minimum information necessary for the purposes of this project and to collect data using the same questions for multiple types of courses so that data may be aggregated during analysis when appropriate.

119.

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

121. The information being collected is specific to DSTDP's NNPTC program. This information collection represents the DSTDP's attempt to monitor and evaluate the NNPTC services and program. There is currently no information available that can substitute for the responses to the data collection instruments and provide essential program improvement information.

122.

**123. 5. Impact on Small Businesses or Other Small Entities**

124. This data collection will not involve small businesses or other small entities.

125.

**126. 6. Consequences of Collecting the Information Less Frequently**

127. The Attachment 3 will be completed one time by individuals at the time of registration for any given course. The post-course and long-term evaluations will collect information from each recipient of training or technical assistance from the NNPTC. It is necessary to collect registration information from all trainees in order to plan for class size and provide continuing education credit when applicable. Since completing the evaluation is voluntary, we estimate a 60% rate of completion for evaluation information. Consequently, less frequent collection of registration information would impede preparation for training activities and hinder monitoring and evaluation of the program.

128. If information is not collected, there will be no systematically obtained information for the NNPTC to make timely and essential corrections, if needed, to better meet the needs of its trainees and achieve the objectives of the program. Specifically, not collecting this information would hinder DSTDP's ability to:

- 129. • Monitor and evaluate the NNPTC grantee performance;
- 130. • Assess trainee satisfaction with services delivered by CDC-funded NNPTC;
- 131. • Identify and address programmatic areas needing improvement;
- 132. • Provide timely, current, and accurate information in response to requests from Executive Branch officials, the Congress, constituents, or other federal, state, and local agencies on the needs of grantees and the types and quality of NNPTC services delivered.

133.

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

135. This request fully complies with the regulation 5 CFR 1320.5.

136.

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

138. The 60-day federal register notice to solicit public comments was published in the Federal Register Vol. 81, No. 143, pg. 48805 / Tuesday July 26, 2016 (**Att 2: 60-Day FRN**). No public comments were received. No consultations outside CDC occurred.

139.

**140. 9. Explanation of Any Payment or Gift to Respondents**

141. CDC will not provide payments or gifts to respondents.

142.



**143. 10. Protection of the Privacy and Confidentiality of Information Provided by Respondents**

144. The CDC NCHHSTP Associate Director of Science Office reviewed this submission and determined that the Privacy Act does not apply to this ICR because they respondents are providing business contact information and not personally identifiable information. CDC does have an applicable System of Records Notice is 09-20-0161, "Records of Health Professionals in Disease Prevention and Control Training Programs," last published in entirety in the Federal Register, Vol. 51, No. 226, November 24, 1986, pp. 42485-87 and last updated in 1994 that covers the collection of information requested for this collection. The NNPTC HPAT (**Att 3**) is the only instrument that collects categories of information in identifiable format from individual respondents such as: name, work mailing address, work phone numbers, work email address, work organization, race and ethnicity. These identifiable NNPTC HPAT data elements are needed to send information about the training or technical assistance for which they have registered, send electronic invitations to complete evaluation instruments, and identify county of workplace and type of employment setting to analyze reach.

145. Data on race and ethnicity are collected on the NNPTC HPAT (**Att 3**) because STDs disproportionately impact African Americans and Latino/as. As such it is important to make sure the NNPTC is training African American and Latino/a healthcare providers who work with these diverse racial and ethnic populations.

146. Analysis of reach and evaluation measures is done by the NNPTC's National Evaluation Center. The NNPTC HPAT data transmitted to CDC will include no identifying information. A unique identifier will be generated for all data collection instruments to enable linking data from multiple data collection tools.

147. The identifiable information collected by the National Evaluation Center is stored behind firewalls at the NEC in password protected files and are available only to authorized users of the NEC. As noted above, no IIF is provided to the DSTDP.

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

149. Files are backed up daily and stored both onsite and offsite in accordance with CDC standards and OCISO guidelines. Contractors who operate and use the system are managed via the "CDC Information Management Services" (CIMS) contract which requires signed confidentiality agreements. All users' access is "role based" and reflects a "need to know" policy established by CDC. Accountability is maintained with a user access log file which tracks users' access to the system. Records will be retained and destroyed in accordance with the applicable CDC Records Control Schedule as mandated by OCISO.

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

**151.**

**152. 11. Institutional Review Board (IRB) and Justification for Sensitive Questions**

153. This project is an evaluation activity for the purpose of monitoring program activity and it does not involve human subjects research. The Funding Announcement PS14-1407 included a non-research determination, therefore, IRB review is not required (**Att 37**). The demographic data are needed to complete registration and conduct training assistance. None of the identifiable HPAT data are transmitted to CDC.

154. No sensitive information is being collected.

155.

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

157. The estimate for burden hours is based on informal review of the information collection instruments by multiple and various types of health professionals (e.g. nurses, physicians, and nurse practitioner, etc. See Att. 3 box 1). Table 12A summarizes the average time to complete the instruments, including time for reviewing instructions, gathering needed information and completing the instrument. (see **Att. 38**) for a description of the instruments.

158. The burden hours in this request are reduced from the previous OMB approval. The initial number of respondents has been reduced from 7,400 to 4,500 health professionals. The estimated number of respondents is based on the annual average number of health professionals, trained by the NNPTC during the two years April 1, 2014 – March 31, 2016. We estimate 4,500 health professionals will provide one response each per NNPTC HPAT (Att3) per year at an estimated 3 minutes per response for a total of 225 burden hours. Out of the 4,500 respondents, approximately 60% will complete the appropriated Post-Course Evaluation based upon the course they complete and approximately 30% of Post-Course respondents will complete the appropriate Long-Term Evaluation instrument for each episode of training or technical assistance in which they participate. The additional collection instruments total 191 burden hours. Respondents will also receive email notifications with link. Immediate Post-Course email invitation, Att 33 & 34 will be sent to the 4,500 course participants. Reading of the email is estimated at 1 minute per response for a total burden of 75 hours and the 3 Month Long-Term email invitation Att 35 & 36, will be sent to 660 respondents, with 1 minute response time; equaling 11 total burden hours. The total burden hours for the email are 86 burden hours. The emails are also an addition since the previous OMB approval.

159. The total annualized burden hours for the annual information collection is 502, which is a reduction of 115 hours from the previously approved 617 hours. Table 12A shows estimated time burden.

**160.**

**161. Table 12A: Estimated Annual Burden Hours**

<b>162. Type of Respondent</b>	<b>163. Form Name</b>	<b>164. No. of Respondents</b>	<b>165. No. Responses per Respondent</b>	<b>166. Average Burden per Response (in hours)</b>	<b>167. Total Burden Hours</b>
<b>168.</b> Health care Professionals	169.NNPTC Abbreviated Health Professional Application for Training (NNPTC HPAT) <b>170.</b> Att 3 & 4	<b>171.</b> 4,500	<b>172.</b> 1	<b>173.</b> 3/60	<b>174.</b> 225 hours
175. Health care Professionals	176.Intensive Complete 177.Post-Course Evaluation <b>178.</b> Att 5 & 6	<b>179.</b> 116	<b>180.</b> 1	<b>181.</b> 16/60	<b>182.</b> 31 hours
	184.Intensive Complete 185.Long-Term Evaluation <b>186.</b> Att 7 & 8	<b>187.</b> 36	<b>188.</b> 1	<b>189.</b> 10/60	<b>190.</b> 6 hours
191. Health care Professionals	192.Intensive-Didactic 193.Post-Course Evaluation <b>194.</b> Att 9 & 10	<b>195.</b> 166	<b>196.</b> 1	<b>197.</b> 10/60	<b>198.</b> 28 hours
	200.Intensive-Didactic 201.Long-Term Evaluation <b>202.</b> Att 11 & 12	<b>203.</b> 58	<b>204.</b> 1	<b>205.</b> 7/60	<b>206.</b> 7 hours

207. 208. 209. Health care Professionals <b>210.</b>	211. Practicum Post-Course Evaluation <b>212.</b> Att 13 & 14	<b>213.70</b>	<b>214.1</b>	<b>215.4/60</b>	<b>216.5</b> hours
	218. Practicum Long-Term Evaluation <b>219.</b> Att 15 & 16	<b>220.20</b>	<b>221.1</b>	<b>222.3/60</b>	<b>223.1</b> hour
224. Health care Professionals <b>225.</b>	226. Wet Mount Post-Course Evaluation <b>227.</b> Att 17 & 18	<b>228.40</b>	<b>229.1</b>	<b>230.3/60</b>	<b>231.2</b> hours
	233. Wet Mount Long-Term Evaluation <b>234.</b> Att 19 & 20	<b>235.15</b>	<b>236.1</b>	<b>237.2/60</b>	<b>238.1</b> hour
<b>239.</b> Health care Professionals	240. STD Tx Guidelines Complete Post-Course Evaluation <b>241.</b> Att 21 & 22	<b>242.548</b>	<b>243.1</b>	<b>244.6/60</b>	<b>245.55</b> hours
	247. STD Tx Guidelines Complete Long-Term Evaluation <b>248.</b> Att 23 & 24	<b>249.180</b>	<b>250.1</b>	<b>251.5/60</b>	<b>252.15</b> hours
<b>253.</b> Health care Professionals	254. STD Tx Guidelines Short 255. Post-Course Evaluation 256. Att 25 & 26	257.500	258.1	259.3/60	260.25 hours
	262. STD Tx Guidelines Short 263. Long-Term Evaluation 264. Att 27 & 28	265.160	266.1	267.3/60	268.8 hours
<b>269.</b> Health care Professionals	270. Basic Post-Course Evaluation 271. Att 29 & 30	272.150	273.1	274.2/60	275.5 hours
	277. Basic Long-Term Evaluation 278. Att 31 & 32	279.50	280.1	281.2/60	282.2 hours
<b>283.</b> Health care Professionals	284. Immediate Post-Course email invitation 285. Att 33 & 34	286.4,500	287.1	288.1/60	289.75 hours
<b>290.</b> Health care Professionals	291. 3 Month Long-Term email invitation 292. Att 35 & 36	293.660	294.1	295.1/60	296.11 hours
<b>297. Total</b>	298.	<b>299.11,769</b>	300.	301.	<b>302.502</b> <b>Hours</b>

303. Estimates for the average hourly wage for respondents are based on the Bureau of Labor Statistics May 2015 mean estimate for healthcare practitioners and technical occupations of \$46.65 (<http://www.bls.gov/oes/current/oes290000.htm>). The following table shows estimated time burden and cost information.

**304. Table 12B: Estimated Annual Cost Burden to Respondents**

<b>305. Type of Respondent</b>	<b>306. Form Name</b>	<b>307. Total Burden Hours</b>	<b>308. Hourly Wage Rate</b>	<b>309. Total Respondent Costs</b>
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310.	Healthcare professionals	311. NNPTC HPAT	312. 225 hours	313. \$46.65	314. \$1 0,496
315.	Healthcare professionals	316. Evaluation Instru ments	317. 191 hours	318. \$46.65	319. \$8 ,910
320.	Healthcare professionals	321. Email invitati ons	322. 86 hours	323. \$46.65	324. \$4 ,012
325.	<b>Total</b>	326.	<b>327. 502 hours</b>	328.	<b>329. \$2 3,418</b>

**330.**

**331. 13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers**

332. There will be no direct costs to the respondents other than their time to participate in each information collection.

333.

**334. 14. Annualized Cost to the Federal Government**

335. There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff and contractors supporting the data collection activities and associated tasks.

336. Annually the estimated cost of the assessment is \$ 102,700. The personnel cost of the CDC oversight of the project and contractors will be \$2,700 for the Lead Behavioral Scientist. The cost of the NEC contractor (Denver Health & Hospital Authority) to provide assistance in the preparation of the OMB package, assessment design, instrument development, data collection, quality control, data analysis, and report preparation will be \$100,000.

**337. Table 14: Estimated Annualized Cost to the Federal Government**

338. Staff (FTE)	339. Average Hours per Collection	340. Average Hourly Rate	341. Average Cost
342. Health Scientist (GS-14): OMB package preparation; review and oversight of assessment design, instrument development, pilot testing, data collection, quality control, data analysis and report preparation	343. 50	344. 54.00	345. \$2,700
346. Evaluation contractor: Web-based information collection instrument programming, data collection, OMB package preparation, assessment design, instrument development, pilot testing, data collection, quality control, data analysis, and report preparation 347. (NEC staff; Denver Health & Hospital Authority)	348. Annual contract	350. Annual contract (aggregate)	352. \$100,000
<b>355. Estimated Total Cost of Information</b>	<b>356.</b>	<b>357.</b>	<b>358.</b>

<b>Collection</b>	<b>\$102,700</b>
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359.

**360. 15. Explanation for Program Changes or Adjustments**

361. The abbreviation of the previously approved HPAT and addition of 14 evaluation instrument options and two evaluation email notifications will decrease the total time burden for respondents from 617 hours to 502 hours and increase the usefulness of the information collected. The addition of the 14 evaluation instruments is necessary to monitor and evaluation the NNPTC program on a systematic national basis.

362.

363. The 2014 FOA funded the first national evaluation of the NNPTC training program requiring the development of new evaluation tools. This evaluation will provide the NNPTC with necessary information to improve program processes and operations in order to improve the quality of STD prevention and treatment, a key public health and evaluation activity, promoted by the CDC and DSTDP. The revisions included in this request consists of the elimination of 18 questions from the HPAT, the addition of 5 questions to the HPAT, and the addition of 98 evaluation questions to be used in 14 new post-course and 90-day follow-up evaluation instruments. The eliminated 18 questions were remnants from previous funding cycles and included many questions about HIV care which is no longer a focus of the NNPTC. The addition of the new instruments are intended to reduce the time it takes

364. Trainings provided by NNTPC differ in scope and context. The 14 evaluation instruments reflect the differences in the training and are designed to reduce the burden on respondents by focusing only on the content of each specific type of training.

**365.**

**366. 16. Plans for Tabulation and Publication and Project Time Schedule**

367. Both quantitative and qualitative analyses will be performed. Prior to conducting any formal analyses on quantitative data, exploratory univariate and bivariate tests will be performed first to determine trends and patterns in the data. This will be accomplished using frequencies and cross-tabulations, and by examining univariate distributions and correlations. The frequency analysis will give various chi-squared tests for association for categorical ordinal or nominal data, while the ANOVA will provide F-tests for continuous data. We also expect to use various non-parametric tests on the Likert scale interval data.

368. Qualitative data include open-ended responses within the web-based information collection tools,. Open-ended responses in otherwise categorical questions within the information collection instruments (e.g., "Other, please specify") will be abstracted and grouped by thematic categories, and analyses will be used to determine the frequency of categories. Other qualitative responses (e.g., how can this training be improved) will undergo content analysis.

369.

**370. Table 16: Project Time Schedule**

371. Collect, enter, code, quality control, and analyze data	372. Upon OMB approval to 36 months
373. Prepare report	374. 12 months after OMB approval to 36 months
375. Disseminate results/reports	376. 12 months after OMB approval to 36 months

377.

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

379. The display of the OMB expiration date is not inappropriate

380.

**381. 18. Exceptions to Certification for Paperwork Reduction Act Submissions**

382. There are no exceptions to the certification.

383.

**384.**