

February 22, 2022

Non-material/non-substantive change request

**National Network of Sexually Transmitted Disease Clinical Prevention Training Centers (NNPTC): Evaluation
Approved OMB No. 0920-0995; Exp. Date 06/30/2023**

NARRATIVE Overview of Changes:

Changes requested to the *National Network of Sexually Transmitted Disease Clinical Prevention Training Centers (NNPTC): Evaluation* Information Collection Request package (OMB No. 0920-0995) are intended to improve relevance and efficiency in data collection. None of the changes requested will increase reporting burden, instead there will be a reduction in reporting burden, as outlined in the burden table. For example, 14 forms will be consolidated into four for simplicity and increased precision in data collection (i.e., the information on previous Att 5 - 8, 29 - 32 will be addressed with similar content on Att 10 - 16, and previous Att 9 - 28 will be eliminated). In addition, several questions on one data collection form (Att 4) have been reworded for clarity, but the requested information has not changed. Likewise, three questions, to assess elements of health equity, have been added to the form (Att 4) but these additions will not increase the overall burden of completion. The annual burden of completion from the requested changed is 453 hours, a 49-hour reduction from the currently approved instruments.

Overview of Changes and Revised Burden Estimates

Type of Change	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Form Content; no changes to burden estimates	NNPTC Abbreviated Health Professional Application for Training (NNPTC HPAT); Att 4	4,500	1	3/60	225
None	Immediate Post-Course email invitation; Att 6	4,500	1	1/60	75
None	3 Month Long-Term email invitation; Att 8	660	1	1/60	11
Multiple Forms Consolidated into 4 Revised Forms; updates to burden estimates	Standard Post-Course Evaluation; Att 10	1200	1	3/60	60
	Standard Long-Term Evaluation; Att 12	400	1	3/60	20
	Intensive Post-Course Evaluation; Att 14	300	1	10/60	50
	Intensive Long-Term Evaluation; Att 16	120	1	6/60	12
		11,680			453

Please see the following pages for detailed discussion of each modified row of the burden table.

NNPTC Abbreviated Health Professional Application for Training (NNPTC HPAT)

The following changes are proposed to improve the clarity and utility of the form. There are no changes to the estimated burden per response or total burden hours.

Current Question/Item	Requested Change	Rationale
Item 1. Your primary profession/discipline	Change Att number from 3b to 4 Alphabetize responses Add response options: "Academic faculty," "Laboratory specialist," "Researcher" Remove response options: "Clergy/Faith-based professional," "Dietitian/Nutritionist," "Substance-abuse professional"	Increase precision and efficiency in response.
Item 2. Your primary functional role	Alphabetize responses Change response options: "Case manager" to "Case manager/Care coordinator," "Clinical/medical assistant" to "Clinical assistant" Add response options: "Dentist," "Faculty," "Laboratory specialist", "Pharmacist", "Public health specialist", "Program manager", "Social worker" Remove response options: "Agency board member"	Increase precision and efficiency in response.
Item 3. Primary programmatic focus of your work	Alphabetize responses Change response options: "Public health" to "Public health program" Add response options: "STI", "Maternal health", "Disease surveillance" Remove response options: "TB", "Hepatitis", "Addiction medicine", "Cardiology/Cardiac care", "Critical care," "Medical/Surgical nursing", "Surgery"	Increase precision and efficiency in response.
Item 4. Your principal employment setting	Alphabetize responses Change response options: "Health department (state/local)" to "State/local health department", "Community/retail pharmacy" to "Pharmacy" Add response options: "Academic institution", "Family planning clinic, "STD clinic"	Increase precision and efficiency in response.
Item 5. "What race or races do you consider yourself to be"	Change item number from Q5 to Q8 Question changed to: "How do you describe your race?"	Reworded for consistency with OMB procedure
Item 6. "Please indicate your ethnic background"	Change item number from Q6 to Q7 Question changed to: "How do you describe your ethnicity?"	Reworded for consistency with OMB procedure
Item 7. "What is your gender?"	Change item number from Q7 to Q9 Question changed to: "Please select the gender that best describes your identity?"	Reworded for consistency with OMB procedure
Item 9. Please estimate the NUMBER of clients/patients to whom you provide STI screening, diagnosis, or treatment in an average MONTH.	Change response option: "None" to "0 Patients/Month"	Reworded for clarity

New item	<p>Add new Q5: "If applicable, please select up to TWO minoritized racial and ethnic populations predominantly served by your program"</p> <p>Add response options: "Not applicable", "American Indian or Alaska native persons", "Asian persons", "Black persons or African Americans", "Native Hawaiian or Pacific Islander persons", "Hispanic or Latino persons", "Don't know"</p>	Added new question to assess elements of health equity
New item	<p>Add new Q6: "If applicable, please select up to THREE of the following special population predominantly served by your program"</p> <p>Add response options: "Not applicable", "Ages 15 to 19", "Ages 20 to 24", "Homeless individuals", "Incarcerated individuals/parolees", "Men who have sex with men", "Men who have sex with men and women", "Older adults", "People with disability", "Pregnant people", "Sex workers", "Substance users", "Transgender and gender diverse persons", "Don't know"</p>	Added new question to assess elements of health equity
New item	<p>Add new Q10: "Please select the sexual orientation that best describes your identity"</p> <p>Add response options: "Lesbian," "Gay", "Bisexual", "Transgender", "Queer", "Intersex", "Asexual", "Heterosexual", "Prefer not to answer"</p>	Added new question to assess elements of health equity
New item	<p>Add new Q11: "Do you provide services directly to clients or patients?"</p> <p>Add response options: "Yes", "No"</p>	Add skip logic question to increase flow, clarity, and efficiency in response.

Standard Post-Course Evaluation

Three activities will use the Standard Post-Course Evaluation Form (Attachment 10), which is a modified version of the previously approved Basic Post-Course Evaluation Form. These changes support a unified evaluation plan for post-course evaluations.

	Form Name	No. Respondents	No. Responses	Avg. Burden per Response	Total Burden Hours
NEW (MODIFIED) IC	Standard Post-Course Evaluation; Att 10	1200	1	3/60	60
REPLACES THESE FORMS AND ICS IN THE PREVIOUS APPROVAL	Basic Post-Course Evaluation Att 29 & 30	150	1	2/60	5
	STD Tx Guidelines Complete Post-Course Evaluation Att 21 & 22	548	1	6/60	55
	STD Tx Guidelines Short Post-Course Evaluation Att 25 & 26	500	1	3/60	25
TOTAL, PREVIOUSLY APPROVED		1,198			85
NET CHANGE			-2		-25

Summary of Changes Incorporated into the Standard Post-Course Evaluation Form

Revised Items	Rationale
Change Att number from 29 to 10 Change title to “Standard post-course evaluation” Move items from Att 25/26: SGCH1 “Use the CDC STD Treatment Guidelines in your practice?” SGCH2 “Download the CDC STD Treatment Guidelines app?” SGCH3 “Use the STD Treatment Guidelines wall chart or pocket guide?” SGCH4 “Send a consult to the STD Clinical Consultation Network? www.stdccn.org ” SGCH5 “Increase the proportion of your sexually active asymptomatic female patients under age 25 screened annually for urogenital chlamydia and gonorrhea?” SGCH6 “Increase the proportion of your male patients who have sex with men screened for syphilis, gonorrhea, and chlamydia at least annually?” SGCH7 “Use CDC-recommended antibiotic therapy to treat uncomplicated gonorrhea?” SGCH8 “Recommend rescreening in 3 months following a gonorrhea, chlamydia, or trichomonas diagnosis?” S6 “What would make the training more useful for your practice or job?” Add new question: S7 “What additional topic(s) would you like to be covered in future trainings?”	Consolidates three forms into one for simplicity, clarity, and increased efficiency. Add new question to identify training needs.

Standard Long-Term Evaluation

Three activities will use the Standard Long-Term Evaluation Form (Attachment 12), which is a modified version of the previously approved Basic Long-Term Evaluation Form. These changes support a unified evaluation plan for long-term evaluations.

	Form Name	No. Respondents	No. Responses	Avg. Burden per Response	Total Burden Hours
NEW (MODIFIED) IC	Standard Long-Term Evaluation; Att 12	400	1	3/60	20
REPLACES THESE FORMS AND ICS IN THE PREVIOUS APPROVAL	Basic Long-Term Evaluation Att 31 & 32	50	1	2/60	2
	STD Tx Guidelines Complete Long-Term Evaluation Att 23 & 24	180	1	5/60	15
	STD Tx Guidelines Short Long-Term Evaluation Att 27 & 28	160	1	3/60	8
TOTAL, PREVIOUSLY APPROVED		390			25
NET CHANGE			+10		-5

Summary of Changes Incorporated into the Standard Long-Term Evaluation Form

Revised Items	Rationale
<p>Change Att number from 31 to 12</p> <p>Change title to “Standard Long-term evaluation”</p> <p>Move items from Att 25/26:</p> <p>SGCH1 “Use the CDC STD Treatment Guidelines in your practice?”</p> <p>SGCH2 “Download the CDC STD Treatment Guidelines app?”</p> <p>SGCH3 “Use the STD Treatment Guidelines wall chart or pocket guide?”</p> <p>SGCH4 “Send a consult to the STD Clinical Consultation Network? www.stdccn.org”</p> <p>SGCH5 “Increase the proportion of your sexually active asymptomatic female patients under age 25 screened annually for urogenital chlamydia and gonorrhea?”</p> <p>SGCH6 “Increase the proportion of your male patients who have sex with men screened for syphilis, gonorrhea, and chlamydia at least annually?”</p> <p>SGCH7 “Use CDC-recommended antibiotic therapy to treat uncomplicated gonorrhea?”</p> <p>SGCH8 “Recommend rescreening in 3 months following a gonorrhea, chlamydia, or trichomonas diagnosis?”</p> <p>Add new question and response option:</p> <p>A4f [In the prior evaluation, your response to the following question, “do you intend to make changes in your practice or at your worksite setting”, was [insert response], Were you able to make this change?] “yes”, “no”</p> <p>A4fa “A4fa. If No, please explain?”</p>	<p>Consolidates three forms into one for simplicity, clarity, and increased efficiency.</p> <p>Add new question to increase flow and simplicity and to assess practice change.</p>

Intensive Post-Course Evaluation

Four activities will use the Intensive Post-Course Evaluation Form (Attachment 14), which is a modified version of the previously approved Intensive Complete Long-Term Evaluation Form. These changes support a unified evaluation plan for intensive long-term evaluations.

	Form Name	No. Respondents	No. Responses	Avg. Burden per Response	Total Burden Hours
NEW (MODIFIED) IC	Intensive Post-Course Evaluation; Att 14	300	1	10/60	50
REPLACES THESE FORMS AND ICS IN THE PREVIOUS APPROVAL	Intensive Complete Post-Course Evaluation Att 5 & 6	116	1	16/60	31
	Intensive-Didactic Post-Course Evaluation Att 9 & 10	166	1	10/60	28
	Practicum Post-Course Evaluation Att 13 & 14	70	1	4/60	5
	Wet Mount Post-Course Evaluation Att 17 & 18	40	1	3/60	2
TOTAL, PREVIOUSLY APPROVED		392			66
NET CHANGE			-92		-16

Summary of Changes Incorporated into the Intensive Post-Course Evaluation Form

Revised Items	Rationale
<p>Change Att number from 5 to 14</p> <p>Move items from Att 25/26:</p> <p>SGCH1 "Use the CDC STD Treatment Guidelines in your practice?"</p> <p>SGCH2 "Download the CDC STD Treatment Guidelines app?"</p> <p>SGCH3 "Use the STD Treatment Guidelines wall chart or pocket guide?"</p> <p>SGCH4 "Send a consult to the STD Clinical Consultation Network? www.stdccn.org"</p> <p>SGCH5 "Increase the proportion of your sexually active asymptomatic female patients under age 25 screened annually for urogenital chlamydia and gonorrhea?"</p> <p>SGCH6 "Increase the proportion of your male patients who have sex with men screened for syphilis, gonorrhea, and chlamydia at least annually?"</p> <p>SGCH7 "Use CDC-recommended antibiotic therapy to treat uncomplicated gonorrhea?"</p> <p>SGCH8 "Recommend rescreening in 3 months following a gonorrhea, chlamydia, or trichomonas diagnosis?"</p> <p>S6 "What would make the training more useful for your practice or job?"</p> <p>Add new question:</p> <p>S7 "What additional topic(s) would you like to be covered in future trainings?"</p> <p>Remove items:</p> <p>KS1 "What is the CDC recommended regimen for treating primary and secondary syphilis in adults who are not HIV+ or pregnant?"</p> <p>KC1 "What is the CDC recommended regimen for treating asymptomatic uncomplicated chlamydia infection of the cervix, urethra, or rectum?"</p> <p>KC2 "What is the recommended follow-up for a non-pregnant patient after diagnosis and treatment of chlamydia?"</p> <p>KG1 "What is the CDC recommended treatment for a patient diagnosed with uncomplicated urethral, cervical, or rectal gonorrhea?"</p> <p>KG2 "What is the recommended follow-up for a non-pregnant patient after diagnosis and treatment of gonorrhea?"</p>	<p>Consolidates four forms into one for simplicity, clarity, and increased efficiency.</p> <p>Add new question to identify training needs.</p>

Intensive Long-Term Evaluation

Four activities will use the Intensive Long-Term Evaluation Form (Attachment 16), which is a modified version of the previously approved Intensive Complete Long-Term Evaluation Form. These changes support a unified evaluation framework for intensive long-term evaluations.

	Form Name	No. Respondents	No. Responses	Avg. Burden per Response	Total Burden Hours
NEW (MODIFIED) IC	Intensive Long-Term Evaluation; Att 16	120	1	6/60	12
REPLACES THESE FORMS AND ICS IN THE PREVIOUS APPROVAL	Intensive Complete Long-Term Evaluation Att 7 & 8	36	1	10/60	6
	Intensive-Didactic Long-Term Evaluation Att 11 & 12	58	1	7/60	7
	Practicum Long-Term Evaluation Att 15 & 16	20	1	3/60	1
	Wet Mount Long-Term Evaluation Att 19 & 20	15	1	2/60	1
TOTAL, PREVIOUSLY APPROVED		129			16
NET CHANGE		-9			-4

Summary of Changes Incorporated into the Intensive Long-Term Evaluation Form

Revised Items	Rationale
<p>Change Att number from 7 to 16</p> <p>Move items from Att 25/26:</p> <p>SGCH1 "Use the CDC STD Treatment Guidelines in your practice?"</p> <p>SGCH2 "Download the CDC STD Treatment Guidelines app?"</p> <p>SGCH3 "Use the STD Treatment Guidelines wall chart or pocket guide?"</p> <p>SGCH4 "Send a consult to the STD Clinical Consultation Network? www.stdccn.org"</p> <p>SGCH5 "Increase the proportion of your sexually active asymptomatic female patients under age 25 screened annually for urogenital chlamydia and gonorrhea?"</p> <p>SGCH6 "Increase the proportion of your male patients who have sex with men screened for syphilis, gonorrhea, and chlamydia at least annually?"</p> <p>SGCH7 "Use CDC-recommended antibiotic therapy to treat uncomplicated gonorrhea?"</p> <p>SGCH8 "Recommend rescreening in 3 months following a gonorrhea, chlamydia, or trichomonas diagnosis?"</p> <p>Add new question and response option:</p> <p>A4f [In the prior evaluation, your response to the following question, "do you intend to make changes in your practice or at your worksite setting", was [insert response], Were you able to make this change?] "yes", "no"</p> <p>A4fa "A4fa. If No, please explain?"</p>	<p>Consolidates four forms into one for simplicity, clarity, and increased efficiency.</p> <p>Add new question to increase flow and simplicity and to assess practice change.</p>