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

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Supporting Statement A

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TABLE OF CONTENTS

ATTACHMENTS

1. Authorizing Legislation- Public Health Service Act [42 U.S.C. 241]
2a. 60-Day Federal Register Notice
   2b. Non-substantive comment #1 to published 60-day FRN
   2c. Non-substantive comment #2 to published 60-day FRN
3. Approved NNPTC Abbreviated Health Professional Application for Training (NNPTC HPAT)
4. Approved NNPTC HPAT- Screenshot
5. Immediate Post-Course email invitation – Word version
6. Immediate Post-Course email invitation – Screenshot
7. 3 Month Long-Term email invitation – Word version
8. 3 Month Long-Term email invitation – Screenshot
9. Standard Post-Course Evaluation – Word version

10. Standard Post-Course Evaluation – Screenshot
11. Standard Long-Term Evaluation – Word version
12. Standard Long-Term Evaluation -Screenshot
13. Intensive Post-Course Evaluation -Word version
14. Intensive Post-Course Evaluation -Screenshot
15. Intensive Long-Term Evaluation -Word version
16. Intensive Long-Term Evaluation -Screenshot
17. Human subjects document non-research determinatio
18. Privacy Impact Assessment Form

JUSTIFICATION SUMMARY

Goal of the project: The purpose of this information collection is to evaluate how well the NNPTC's training and technical assistance reaches the DSTDP's intended audiences and impacts the 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 renewal request of currently approved NNPTC HPAT and post-training surveys.

Intended use of the resulting data: The resulting data will be used to monitor and improve the NNPTC's program delivery through assessment of trainee satisfaction and short-term and long-term outcomes of the DSTDP's program.

Methods to be used to collect: Data will be collected online using surveys with closed- and open-ended questions or in-person as necessary at training and technical assistance events.

The subpopulation to be studied: The information will be collected from healthcare professionals who attend training or technical assistance events delivered by the NNPTC.

How the 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.

A. JUSTIFICATION

A1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC), Division of STD Prevention (DSTDP) requests a 3-year renewal for the previously OMB approved information collection request (ICR) entitled, "*National Network of Sexually Transmitted Disease Clinical Prevention Training Centers (NNPTC)*" - OMB #: 0920-0995).

The purpose of this information collection is to monitor and evaluate the performance of the NNPTC grantees and the NNPTC program. 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 (*Grant # PS20-2004*).

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.

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.** With widespread availability of health insurance, STD care has shifted to primary care (PC) providers in some areas of the country, while STD clinics continue to provide the majority of STD care in others. Even for the previously insured, health insurance coverage has extended to STD clinical preventive services. Consequently, there has been an expanded 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.

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.

In addition to completing the NNPTC HPAT, these 4,500 healthcare professionals will receive an email (Att. 5 & 6) 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 11,710 total respondent instances.

A2. Purpose and Use of the Information Collection

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
- Measure trainee satisfaction with NNPTC services
- Measure the impact of training on health professionals' implementation of recommended STD screening, diagnosis, and treatment practices in the short and long term
- Identify factors that correlate with practice changes
- Identify and address programmatic areas needing improvement
- 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.

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.

Information is collected at five points in time: first at registration, and then in four different post-training surveys. Respondents are asked to complete different post-training evaluation surveys, depending on the type of training or technical assistance received. Health professionals wanting to attend NNPTC training will complete the NNPTC Abbreviated Health Professional Application for Training (NNPTC HPAT) (**Att 3**) as part of registration for training and technical assistance services. The Abbreviated 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).

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 5)** are sent after the end of the training session and again approximately 3 and 6 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 attended **(Att 7)**. This invitation is sent again approximately 3 and 6 days after the first invitation to those who have not completed the Long-Term Evaluation Instrument.

In the 2015 development phase, all data collection tools were 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. In October 2022, changes were approved for a number of instruments to reduce recipient burden in administering instruments and increase precision in data collection.

The information collection system consists of five instruments administered to the recipients of NNPTC training and TA: 1) NNPTC HPAT (**Att 3)** and 2) 4 Post-Course and Long term Evaluation Instruments (**Att 9 - 16**). Only one set of post-course and long-term evaluation instruments is administered per training event. The type of information collected with each instrument is described below.

The Abbreviated HPAT **(Att 3)** standardizes the training registration process across the NNPTC. This data collection 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 Abbreviated HPAT also collects the trainee's workplace contact information, race, ethnicity, and sex. 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 Abbreviated 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 Evaluation Instruments **(Att 9 - 16)** consist of four post-course evaluation instruments. The post-course evaluation questions consist of 80 questions: 40 closed-ended questions, 37 paired retrospective before-after practice pattern questions with questions on the follow-up evaluation, 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 two Post-Course Evaluation Instruments that correspond to the content and length of training session and two corresponding Long-Term Evaluation Instruments. Collection of data using the NNPTC HPAT and the Evaluation Instruments estimates the burden to a total of 453 hours (see Table 12A for the estimate of burden associated with each instrument).

Attachments 10 & 12: Standard Post-Course and Long-Term Evaluations

Attachments 14 & 16: Intensive Post-Course and Long-Term Evaluations

A3. Use of Improved Information Technology and Burden Reduction

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.

A4. Efforts to Identify Duplication and Use of Similar Information

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.

A5. Impact on Small Businesses or Other Small Entities

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

A6. Consequences of Collecting the Information Less Frequently

The NNPTC HPAT (**Att 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 post-course evaluation information. Consequently, less frequent collection of registration information would impede preparation for training activities and hinder monitoring and evaluation of the program.

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:

- Monitor and evaluate the NNPTC grantee performance;
- Assess trainee satisfaction with services delivered by CDC-funded NNPTC;
- Identify and address programmatic areas needing improvement;
- 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.

A7. Special Circumstances Relating to the Guidelines of 5 CRF 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

A8. Comments in Response to the FRN and Efforts to Consult Outside the Agency

Part A: PUBLIC NOTICE

A 60-day Federal Register Notice to solicit public comments was published in the *Federal Register* on 08 20, 2022, vol. 87 No. 161, pp. 54126 (see **Att 2a- 60 Day FRN**).
CDC received two non-substantive comments. The responses were general expressions of opinion that lacked specificity, thus the comments did not result in changes to the data collection plan. (See. **Att 2b & c**).

Part B: CONSULTATION

No formal consultations within or outside CDC occurred. Awardees experiences with data collection informed the previous revision of the currently approved instruments.

A9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

A10. Protection of the Privacy and Confidentiality of Information Provided by Respondent

The CDC/ATSDR Privacy Officer, has assessed this package for applicability of 5 U.S.C. § 552a, and determined that the Privacy Act does not apply to the overall information collection (**Att. 18**), because the 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.

Data on race and ethnicity and sexual orientation are collected on the NNPTC HPAT (**Att 3**) because STDs disproportionally impact African Americans and Latino/as, and MSM. As such it is important to make sure the NNPTC trains all providers who work with disproportionally impacted populations. These

demographic data are needed to complete registration and conduct training assistance. None of the identifiable HPAT data are transmitted to CDC.

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.

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.

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.

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.

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

A11. Institutional Review Board (IRB) and Justification for Sensitive Questions

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 17**).

No sensitive information is being collected.

A12. Estimates of Annualized Burden Hours and Costs

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, Disease intervention specialist). Table A12.-A summarizes the average time to complete the instruments, including time for reviewing instructions, gathering needed information, and completing the instrument for a description of the instruments.

The estimated number of respondents is 4,500 health professionals. The estimated number of respondents is based on the annual average number of health professionals, trained by the NNPTC in one year. We estimate 4,500 health professionals will provide one response each per NNPTC HPAT (**Att 3**) 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 appropriate 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 142 burden hours. Respondents will also receive email notifications with link. Immediate Post-Course email invitation, Att 5 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 7, 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 total annualized burden hours for the annual information collection is 453. Table A12.-A shows estimated time burden.

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Healthcare Professionals	NNPTC Abbreviated Health Professional Application for Training (NNPTC HPAT) Att 4	4,500	1	3/60	225 hours
Healthcare Professionals	Immediate Post-Course email invitation Att 6	4,500	1	1/60	75 hours
Healthcare Professionals	3 Month Long-Term email invitation Att 8	660	1	1/60	11 hours
Healthcare Professionals	Standard Post-Course Evaluation Att 10	1200	1	3/60	60 hours
	Standard Long-Term Evaluation Att 12	400	1	3/60	20 hours
Healthcare Professionals	Intensive Complete Post-Course Evaluation Att 14	300	1	10/60	50 hours
	Intensive Complete Long-Term Evaluation Att 16	120	1	6/60	12 hours
Total		**11,680**			**453 Hours**

Table A12.-A: Estimated Annual Burden Hours

Estimates for the average hourly wage for respondents are based on the Bureau of Labor Statistics May 2020 mean estimate for healthcare practitioners and technical occupations of $41.30 (http://www.bls.gov/oes/current/oes290000.htm). The total cost to respondents is $18,708.9 as summarized in table A.12B below, which shows estimated time burden and cost information.

Table A12.-B: Estimated Annual Cost Burden to Respondents

Type of Respondent	Form Name	Total Annual Burden Hours	Average Hourly Wage Rate	Total Respondent Labor Costs
Healthcare professionals	NNPTC HPAT	225 hours	$41.30	$9,292.50
Healthcare professionals	Evaluation Instruments	142 hours	$41.30	$5,864.6

Healthcare professionals	Email invitations	86 hours	$41.30	$3551.80
Total		**453 hours**		**$18,708.9**

A13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

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

A14. Annualized Cost to the Federal Government

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.

Annually the estimated cost of the assessment is $ 102,073.50. The personnel cost of the CDC oversight of the project and contractors will be $2,073.50 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.

Table A14.-A. Estimated Annualized Federal Government Cost Distribution

Staff (FTE)	Annualized Cost
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 (NEC staff; Denver Health & Hospital Authority)	$100,000
GS-12 health scientist- 50 average hours per collection at $41.47 hourly rate OMB package preparation; review and oversight of assessment design, instrument development, pilot testing, data collection, quality control, data analysis and report preparation	$2,073.50
Total	**$102,073.50**

Table A14-C. Total Cost to the Federal Government

Operational and Maintenance Costs	Estimated Annualized Federal Government Cost	Total Annualized Cost (O&M + Labor)

0	**$102,783.50**	**$102,073.50**

A15. Explanation for Program Changes or Adjustments

The recently approved data collection instruments will remain unchanged. The total time burden for respondents will is 453 hours. This extension is necessary to monitor and evaluate the NNPTC program on a systematic national basis.

A16. Plans for Tabulation and Publication and Project Time Schedule

CDC will use both quantitative and qualitative methods to analyze the data. 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.

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.

Table A.16. Estimated Time Schedule for Project Activities

Activity	Timeline
Collect, enter, code, quality control, and analyze data	Within 36 months after OMB approval
Prepare report	12 months after OMB approval to 36 months
Disseminate results/reports	5-8 months after OMB approval

A17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is appropriate.

A18. Exceptions to Certification for Paperwork Reduction Act Submission

There are no exceptions to the certification

REFERENCES