

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1027)

TITLE OF INFORMATION COLLECTION: Formative Study to Inform HIV Screening and PrEP Resources for Health Care Providers-Screener

PURPOSE: The purpose of this study is to conduct individual, in-depth interviews with physicians, physician assistants, and nurses who work in primary care and internal medicine clinics to inform the development of provider-focused HIV screening and pre-exposure prophylaxis (PrEP) resources. The study will consist of a series of in-depth interviews with 36 health care providers in cities with high HIV prevalence. Participants will be recruited from areas with high HIV/AIDS prevalence and incidence, such as Atlanta, GA, Philadelphia, PA, and Houston, TX, through local professional recruitment firms.

A contractor will implement all phases of this study. Each health care provider will be recruited by contractor staff or through local professional recruitment firms (hereafter referred to collectively as “recruiters”) under contract with the contractor using a standardized screening instrument (**Att A: Screening Tool**). These recruiters will identify potential respondents through existing panels of healthcare professionals. Personally identifiable information (PII), including names, email and physical addresses, and telephone numbers, will be maintained by the recruiters and destroyed at the end of each interview. The recruiters will screen participants by phone to determine if they meet the study criteria. The target population for this study consists of primary care providers, including internal medicine specialists, family practitioners, nurse practitioners, and physician assistants. Participant will be sent a reminder email prior to their scheduled interview.

This activity consists of the following attachments, (Att A: Screening Tool, Att B: Consent/Moderator/Guide Interview Tool, and Att C: Justification for Token of Appreciation.

DESCRIPTION OF RESPONDENTS: The audience of this research consists of health care providers, that include of physicians, physician assistants, and nurses who work in primary care, and internal medicine clinics. Participants will be recruited from areas with high HIV/AIDS prevalence and incidence, including Atlanta, GA, Houston, TX, and Philadelphia, PA. Each health care provider will be recruited by contractor staff or through local professional recruitment firms under contract with the contractor using a standardized screening instrument (**Att A: Screening Tool**). Personally identifiable information (PII), including names, email and physical addresses, and telephone numbers, will be maintained by the recruiters and destroyed at the end of each interview.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>Screener</u> |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.

3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: **Euna M. August**

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

There will be no token of appreciation for the screening of potential participants. To facilitate recruitment, we will provide a token of appreciation of \$250 to the primary care providers who participate in the research. Recruiting physicians to participate in research has been shown to be difficult for reasons related primarily to the time burden (Asch, Connor, Hamilton, & Fox, 2000). Physicians are a specialized, unique group of people whose time is limited and, thus, a quite valuable. Therefore, focus group facilities who recruit primary care providers recommend a higher token to ensure recruitment of this population. Please see (**Att C**) for an in-depth justification on providing a token for this hard-to-reach population.

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Health care providers (Screener)	72	10 minutes	12 hours
Health care providers (Interview)	36	75 minutes	45 hours
Totals			57 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$12,000

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain _____

2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.