

**Request for Approval under the Generic Clearance "I-Catalyst Program"**  
**(OMB Control Number: 0920-1158)**

---

**TITLE OF INFORMATION COLLECTION: NCHHSTP HIV Guidelines**

**PURPOSE:** The Guideline development process in the Division of HIV/AIDS Prevention (DHAP) is very resource-intensive and takes a long time (3-6 years), yet DHAP see low uptake and adherence (implementation) among providers. DHAP team is trying to explore strategies to improve the cost effectiveness of this process as well as characteristics of an evidence-based guideline that are most important to end users and how this may influence guideline impact (e.g. dissemination, acceptability, uptake, and adherence).

As guideline developers, DHAP project team wants to better understand what providers (users) think to help CDC in developing guidelines that are more 'user friendly' and evaluate things like the impact of format and presentation on implementation rates, and ultimately on patient outcomes.

**DESCRIPTION OF RESPONDENTS:** Populations and customers to be interviewed will be clinical and non-clinical providers of HIV prevention and care services (primary care physicians and nurses who see HIV patients).

**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"/> <b>Other: <u>one-on-one informal interviews</u></b> |

**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: Juliana K. Cyril; Director -Office of Technology and Innovation -OADS CDC  
Team Lead - Priya Jakhmola, (CDC/OID/NCHHSTP)

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  N/A

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

Yes  No

**BURDEN HOURS**

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)
HIV care & service providers	Interview Guide	50	1	30/60	25
<b>Total</b>					<b>25</b>