Supporting Statement A for the *Ryan White HIV/AIDS Program (RWHAP) Compilation of Best Practice Strategies and Interventions* Project*:* Justification

NEW

1. Circumstances Making the Collection of Information Necessary

The Ryan White HIV/AIDS Program (RWHAP) is administered by the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) to provide a comprehensive system of care to approximately half-a-million people with HIV. HRSA HAB seeks to continue increasing rates of viral suppression, which not only improves the quality and length of life for PLWH, but also prevents transmission of HIV, by identifying and disseminating intervention strategies that yield the best health outcomes and public health impact.

John Snow, Inc. (JSI) has been contracted by HRSA HAB to develop the *Ryan White HIV/AIDS Program Compilation of Best Practices and Interventions* (i.e., Best Practice Compilation), a comprehensive, web-based compilation of RWHAP recipient and subrecipient intervention strategies. The Best Practice Compilation will be housed on TargetHIV.org (HRSA HAB's technical assistance website for recipients and subrecipients) and structured to allow programs to voluntarily submit an intervention strategy and easily search for and identify RWHAP intervention strategies for implementation. Intervention strategies that meet certain criteria will be incorporated into the compilation.

The project team has developed draft criteria for the types of intervention strategies to be included in the Best Practice Compilation based on: 1) the quality and relevance of approach to the RWHAP; 2) level of feasibility, replicability, and sustainability; and 3) evidence that supports the approach's results. In addition, the project team has developed a draft submission form that interested recipients and subrecipients must complete for inclusion in the Best Practice Compilation. The project team will conduct up to 30 site visits to identify opportunities for refining the submission form, scoring criteria, and content of the Best Practice Compilation. Once these products are finalized, recipients and subrecipients can voluntarily add information to the Best Practice Compilation about the intervention strategies they would like to share.

2. Purpose and Use of Information Collection

The purpose of this data collection effort is to test the criteria and gather recipient and subrecipient feedback on the submission form and Best Practices Compilation content. The project involves three forms of data collection, described below.

1. Pre-Submission Screening Form: Recipients and subrecipients interested in submitting an intervention strategy will first complete a screening form to determine whether they: 1) implemented the intervention strategy in a RWHAP setting in the last12 months; 2) implement a strategy related to the HIV care continuum (i.e., HIV diagnosis, linkage to care, retention in care, prescription of antiretroviral [ART], or viral suppression) or a related intermediate

outcome, such as housing assistance; 3) have not published the evaluation findings; and 4) are interested in submitting additional information about the intervention strategy. Through extensive outreach, the project team expects that up to 70 recipients and subrecipients will complete the pre-submission screening form.

2. Submission Form: Recipients and subrecipients that screen eligible will then complete a more comprehensive submission form, allowing them to describe in detail the intervention strategy, the problem it is trying to address, target population, number of individuals affected, funding sources, resource requirements, outcomes, and implementation lessons learned. The project team will score the submissions based on the established criteria. For example, intervention strategies that target a HRSA HAB priority population or clearly describe how activities will lead to outcomes on the HIV care continuum will score higher and more likely be included in the Best Practice Compilation. We assume 50 recipients or subrecipients will screen eligible and complete this more comprehensive form.

3. Site Visit Discussion Guide: The project team will conduct up to 30 site visits to test the criteria and gather feedback on the submission form and compilation. The half-day site visits will involve individual or small group discussions with program staff involved in implementation (e.g., program managers, direct service providers, and evaluators). Through interviews, we will learn more about the intervention strategy and outcomes and identify opportunities to improve the clarity and content of the submission form, the scoring criteria, including how items are weighted, the compilation's search function, and online content of the intervention strategy. The project team will then revise the submission form, criteria, and intervention strategy profile based on feedback.

3. Use of Improved Information Technology and Burden Reduction

The pre-submission screening form and the submission form will be online forms, located on TargetHIV.org. Forms will have check boxes and drop-down menus to facilitate data entry and analysis. In addition, the two-step screening process reduces burden given only eligible recipients and subrecipients will complete the full submission form. The pre-submission screening form has four structured questions with check box responses. Recipients and subrecipients that screen eligible will then receive a link to the full submission form; they will be able to create an account to save responses and enter data at their convenience. TargetHIV.org will also contain a Word version of the submission form, so recipients and subrecipients can download a full version and potentially prepare answers while offline.

The site visits will use little information technology. Interviews will be audio-recorded, allowing respondents to speak at their own pace without jeopardizing comprehensive data collection. In addition, we can conduct some interviews by phone if more convenient for interviewees.

4. Efforts to Identify Duplication and Use of Similar Information

HRSA HAB has conducted numerous projects to identify and disseminate best practice intervention strategies. For example, HRSA HAB's Special Projects of National Significance supports the development of innovative programs to respond to emerging needs, evaluates the implementation and outcomes of programs, and disseminates findings. In addition, *Oral Health*

and Primary Care Integration and *Building Futures: Supporting Youth Living with HIV* are example projects that identify best practices through literature reviews and qualitative research for dissemination and technical assistance. While this information is shared with RWHAP recipients and subrecipients via webinars, the TargetHIV.org website, and biannual HRSA HAB conferences, there is no single location that compiles all intervention strategies for easy access. Therefore, the Best Practice Compilation will be HRSA HAB's first comprehensive web-based repository of intervention strategies that demonstrate improvement in outcomes along with HIV care continuum. In addition, the process to test and improve the submission form, criteria and compilation is a unique data collection effort.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection effort.

6. Consequences of Collecting the Information Less Frequent Collection

Recipients and subrecipients will participate in data collection one time only.

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

The request fully complies with 5CFR 1320.5.

8. Comments in Response to the Federal Register Notice/Outside Consultation

A 60-day Federal Register Notice was published in the *Federal Register* on June 19, 2019, vol. 84, No. 118; pp. 28561 (see attached). There were/were no public comments.

The project team consulted with a federal expert panel composed of colleagues across HRSA HAB and also other federal staff external to HRSA HAB with expertise in the field of HIV and related co-morbidities and experience in developing an online intervention compilation, that included individuals from the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMSHA), the National Institute of Health (NIH), and the Agency for Healthcare Research and Quality (AHRQ). The federal expert panel provided input and feedback on the development of the review criteria for inclusion or exclusion of intervention strategies as well as on the process for categorizing each intervention strategy and the functionality of the Best Practice Compilation.

9. Explanation of any Payment/Gift to Respondents

There are no payments or gifts to respondents.

10. Assurance of Confidentiality Provided to Respondents

Recipients and subrecipients that submit an intervention strategy will provide a representing individual's professional email address and phone number for potential follow up. For example, the project team may need to contact the recipient or subrecipient to request additional information or assess willingness to participate in a site visit. This contact information will not be displayed on the Best Practice Compilation or shared outside of the project team, including HRSA HAB and JSI.

11. Justification for Sensitive Questions

There are no sensitive questions in any of the data collection instruments.

12. Estimates of Annualized Hour and Cost Burden

The project team estimates a total of 245.6 burden hours. We assume that up to 70 recipients and subrecipients will complete the pre-submission screening form, which will take no more than 5 minutes for a total of 5.6 burden hours. Up to 50 recipients and subrecipients will pass the screener and submit the more comprehensive submission form, which will take up to 3 hours per response, for a total of 150 burden hours. Finally, 30 recipients or subrecipients will participate in a site visit, which will be composed of a 1.5 hour-long interview with a program manager, 30-minute interviews with two direct service providers, and a 30-minute interview with an evaluator.

12A. Estimated Annualized Burden Hours

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Pre-Submission Screening Form	70	1	70	0.08	5.6
Submission Form	50	1	50	3	150
Site Visit Interview Guide					
• Program Manager	30	1	30	1.5	45
• Direct Service Provider	60	1	60	0.5	30
• Evaluator	30	1	30	0.5	15
Total	**240**		**240**		**245.6**

12B. Estimated Annualized Burden Costs

Burden costs are estimated with the Bureau of Labor Statistics 2018 median wages for key categories. We assume the wage of a Medical and Health Services Manager for the pre-submission screening form, the submission form, and the program manager interview. For the direct service provider interview, we assume an average of Social Worker and Physician median wages. Finally, the evaluator interview burden cost assumes a wage of a Computer and Information Research Scientist.

Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Pre-Submission Screening Form	5.6	$47.95[1]	$268.52
Submission Form	150	$47.95	$7,192.50
Site Visit Interview Guide			
• Program Manager	45	$47.95	$2,157.75
• Direct Service Provider	30	$63.47[2]	$1,904.10
• Evaluator	15	$56.91[3]	$853.65
Total	**245.6**		**$12,376.52**

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

There are no other costs to recipients and subrecipients that participate in the data collection.

14. Annualized Cost to Federal Government

The total cost of the *RWHAP Recipient Compilation of Best Practice Strategies and Interventions* three-year contract (for Contract HHSP233201500060I Task Order HHSP23337005T) to the government is $999,998. These costs include the design and testing of the submission form, criteria, and compilation.

In addition, there will be the cost for a GS 14 (Step 4) at 25 percent time (approximately $32,227.75 per year) and a GS 14 (Step 7) at 15 percent time (approximately $21,095) to monitor the project in year one of the contract. In each of year two and three of the contract there will be a cost for a GS 14 (Step 4) at 30 percent time (approximately 38,673.30) monitor the project.

The total cost of the project is $1,130,667.35. The annualized cost to the government, this amount divided by 3, is estimated at $376,889.12.

1 Bureau of Labor Statistics, Medical and Health Services Manager median wage: https://www.bls.gov/oes/current/oes119111.htm

15. Explanation for Program Changes or Adjustments

This the first time the *RWHAP Recipient Compilation of Best Practice Strategies and Interventions* project is seeking OMB approval.

16. Plans for Tabulation and Publication and Project Time Schedule

The project team will launch the pre-submission screening form and the screening form immediately after OMB approval. We expect to use two months for extensive outreach to gather submissions and one additional month to score submissions and select the sample of recipients and subrecipients for the site visits. Site visits will take approximately three months. After each site visit, the qualitative research team that participated in the visit will develop a summary memo answering the following questions:

1. Does the submission form accurately and comprehensively capture information about the intervention strategy? If not, why not and how could the submission form be changed?
2. Do the scoring criteria effectively identify novel approaches that are based on data suggesting effectiveness? If not, why not and how could the criteria be changed?
3. Does the Best Practice Compilation accurately categorize and display and the intervention strategy and provide helpful information for implementation? If not, why not and how could the compilation be changed?

The project team will use another three months to aggregate and analyze information in the summary memos, identify needed changes, and incorporate those changes into the forms and compilation.

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

The OMB number and expiration date will be displayed on every page of every form/instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.