

**Minority HIV/AIDS Research Initiative (MARI) Project:  
Empowering Latinas to Lash Out Against AIDS (ELLAS)**

**Generic Information Collection Request under 0920-0840**

**Attachment 1d. Individual Interview**

**“Empowering Latinas to Lash Out Against AIDS (ELLAS)”**

**Individual Interview**

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0840)

## ELLAS Health Care Provider Interview Face Sheet

Participant ID: \_\_\_\_\_ Interview start time: \_\_\_\_\_ End time: \_\_\_\_\_

We would like to begin by asking you some questions that describes you. Do not put your name on this form.

The reasons we are asking these questions are to:

- Get a better understanding of whether providers from different groups have different opinions about thier experiences in working with pregnant Latinas.
- Make sure that providers interviewed include persons from different backgrounds.

1. How old are you? (Select one)

- \_\_\_\_\_ 18-29
- \_\_\_\_\_ 30-39
- \_\_\_\_\_ 40-49
- \_\_\_\_\_ 50-59
- \_\_\_\_\_ 60-69
- \_\_\_\_\_ 70+

2. Gender :

- \_\_\_\_\_ Female
- \_\_\_\_\_ Male

3. What is your ethnicity?

- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ Not Hispanic or Latino

4. What is your race? (Mark all that apply)

- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_\_\_ White

5. What is your position at the clinic? (Select One)

- \_\_\_\_\_ Doctor
- \_\_\_\_\_ Nurse
- \_\_\_\_\_ Nurse Practioner
- \_\_\_\_\_ Other: \_\_\_\_\_

6. How many years have you been in this profession? \_\_\_\_\_ years

7. How many years have you worked at this clinic? \_\_\_\_\_years

8. Do you speak Spanish? \_\_\_\_\_Yes \_\_\_\_\_No

How well? (Select one)

\_\_\_\_\_Functionally (Basic)

\_\_\_\_\_Fluently

\_\_\_\_\_Not at all

9. Can you read Spanish? \_\_\_\_\_Yes \_\_\_\_\_No

How well? (Select one)

\_\_\_\_\_Functionally (Basic)

\_\_\_\_\_Fluently

\_\_\_\_\_Not at all

10. Can you write in Spanish? \_\_\_\_\_Yes \_\_\_\_\_No

How well? (Select one)

\_\_\_\_\_Functionally (Basic)

\_\_\_\_\_Fluently

\_\_\_\_\_Not at all

## Health Care Provider Interview Guide

Interview Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

Interviewer: \_\_\_\_\_ End Time: \_\_\_\_\_

### Telephone Interview

#### Introduction/Rapport

Hi, may I please speak with \_\_\_\_\_? My name is \_\_\_\_\_ and I'm calling from the ELLAS Program. I am calling to conduct the telephone interview that we have scheduled for today. Is this still a good time for me to speak with you?

\*If not, is there another day and time that would be better?

\*If yes, the purpose of this interview is to gather information about your prenatal care counseling practices and experiences with your pregnant Latina patients especially as it relates to HIV education and testing. There are no risks with participating in this phone call and choosing to do so is completely up to you. If you choose to participate, you will receive a \$20.00 Target gift card that will be mailed to you. You are not required to answer any questions that make you feel uncomfortable and may stop the telephone interview at any time. This telephone conversation will be recorded.

Do you agree to participate in the interview?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ (Interviewer sign to verify participant's consent)

If yes, begin by reading Provider Interview Face Sheet

---

### Face-to-Face Interview

#### Interviewer read:

\*The purpose of the interview is to gather information about your prenatal care practices and experiences with your pregnant Latina patients especially as it relates to HIV education and testing. There are no risks with participating in the interview and choosing to do so is completely up to you. If you choose to participate, you will receive a \$20.00 Target gift card following the interview. You are not required to answer any questions that make you feel uncomfortable and may stop the interview at any time. The conversation will be recorded.

Thank you for agreeing to participate in this study. We appreciate your time and hope to learn from your experience.

Before we begin, we need you to fill out a brief form about yourself.

1. Next, could you describe for me your role and your contact with pregnant Latinas here at (name of institution)?

2. Tell me about the Latina patients you see here at (name of institution).  
**Probes:**  
*Where are these patients from (e.g. country of origin)?*  
*How long have they lived in (name of community)?*  
*What is the age range of your current Latina patients?*  
*What about marital status?*  
*Employment status?*
3. What do you think these pregnant Latinas expect to gain through prenatal care?
4. How do you know what they expect?
5. What are their specific needs and how do these needs compare to other prenatal clients you see?
6. How do you think these clients judge the quality of the prenatal services they receive?
7. What kinds of resources do you use to tailor your care for these clients?  
**Probes:**  
*What about language and cultural resources (interpreters, your ability to speak and understand Spanish, materials in Spanish, bilingual providers)?*
8. What about economic resources (sliding scale, charity care, Emergency Medicaid, etc.)?
9. Other resources related to access (e.g. transportation)?
10. From your contact with these prenatal clients, what would you say are the major problems they have in accessing prenatal care specifically or health care in general?

11. In your work, have you encountered situations in which you felt there were misunderstandings between you and the patient?

12. How did you handle these situations?

13. Have you faced any difficult situations in caring for Latina prenatal patients?  
If so, how did you handle those situations?

**Now I'd like to ask some more specific questions related to HIV and STI testing among this client population.**

14. What is your current clinic policy or guideline on offering HIV testing for pregnant women?

How about STI testing?

***Probes: Offered to all (opt-out or opt-in)? Voluntary? Any differences between HIV and STI guidelines?***

15. What guidelines are there for those who refuse HIV testing?

***Probes: Offered again later on?***

16. How do you present information about HIV screening to Latinas? What about STI screening?

***Probes: Any differences between HIV/STI?***

17. How do these clients react to this information?

18. What are their primary concerns?

***Probes: Confidentiality? Fear? Health of baby?***

19. Among Latinas who have refused the HIV test, what are their primary concerns?  
***Probes: Depression, abuse, stigmatization, not at risk?***
20. Among the Latina patient population, what HIV risk factors do you look for?  
Why?
21. Are there any reasons that you think this population is *more* or *less* at risk for HIV that the other patients you see?
22. Have you had any HIV+ test results among pregnant Latinas? If yes, how was this situation handled?  
***Probes about referral, treatment, etc.***
23. What type of advice would you give to other prenatal care providers regarding how to address HIV/STI screening among Latina prenatal care patients?
24. Is there anything else you'd like to share about your experience with this population?

If not – Thank you again for participating in this research study.

If you have any questions about the study, feel free to contact Dr. Myriam Torres - her contact information is:

Dr. Myriam Torres, Director  
Consortium for Latino Immigration Studies  
University of South Carolina  
730 Devine Street  
Columbia, SC 29208  
803 777-4253



## ELLAS Provider Materials Survey Face Sheet

Participant ID: \_\_\_\_\_ Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

We would like to begin by asking you some questions that describe you. Do not put your name on this form.

The reason we are asking these questions are to:

- Make sure that providers interviewed include persons from different backgrounds.

1. How old are you? (Select one)

- \_\_\_\_\_ 18-29
- \_\_\_\_\_ 30-39
- \_\_\_\_\_ 40-49
- \_\_\_\_\_ 50-59
- \_\_\_\_\_ 60-69
- \_\_\_\_\_ 70+

2. Gender :

- \_\_\_\_\_ Female
- \_\_\_\_\_ Male

3. What is your ethnicity?

- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ Not Hispanic or Latino

4. What is your race? (Mark all that apply)

- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_\_\_ White

5. What is your position at the clinic? (Select one)

- \_\_\_\_\_ Doctor
- \_\_\_\_\_ Nurse
- \_\_\_\_\_ Nurse Practitioner
- \_\_\_\_\_ Other: \_\_\_\_\_

6. How many years have you been in this profession? \_\_\_\_\_ years

7. Do you speak Spanish? \_\_\_\_\_ Yes \_\_\_\_\_ No

How well? (Select one)

- \_\_\_\_\_ Functionally (Basic)

Fluently  
 Not at all

8. Can you read Spanish?  Yes  No  
How well? (Select one)

Functionally (Basic)  
 Fluently  
 Not at all

9. Can you write in Spanish?  Yes  No  
How well? (Select one)

Functionally (Basic)  
 Fluently  
 Not at all

**HEALTH CARE PROVIDER MATERIALS SURVEY**

1. Is the HIV testing information provided in these materials accurate and appropriate for your clinic?

Please circle "Yes" or "No" below:

Yes                      No

If not, please explain:

---

---

---

2. Is it feasible to use these HIV testing educational materials for pregnant Latinas in your clinic?

Please circle "Yes" or "No" below:

Yes                      No

If not please explain:

---

---

---

3. If these HIV testing educational materials were made available for teaching relevant content to your pregnant Latina patients, would you use them in your clinic?"

Please circle "Yes" or "No" below:

Yes                      No

If not, please explain:

---

---

---

4. Do you have any comment on how the materials could be improved?

Please circle "Yes" or "No" below:

Yes                      No

If yes, please explain:

---

---

---

5. Are you currently using the Spanish CDC *One Test Two Lives* materials?

Please circle “Yes” or “No” below:

Yes

No

6. If yes, how satisfied are you with the CDC Spanish materials?

Please circle “Satisfied” or “Not Satisfied” below:

Satisfied

Not Satisfied

Please explain:

---

---

---

7. Do you have any additional comments related to the materials?

---

---

---

Thank you so much for your help!!