

**MHPPPI: HIV Provider Survey
Knowledge, Attitudes, Practices**

Introduction and purpose

The AIDS Foundation of Chicago (AFC) is in the formative stages of the Midwest HIV Prevention and Pregnancy Planning Initiative, which aims to increase medical providers' capacity to meet women's HIV prevention and pregnancy planning needs in Iowa, Illinois, Indiana, Michigan, Minnesota, Missouri, Ohio and Wisconsin.

AFC is partnering with Planned Parenthood of Illinois, Midwest AIDS Training and Education Center, Pediatric AIDS Chicago Prevention Initiative, and Everthrive Illinois to develop a training on the latest in HIV prevention science including PrEP and treatment as prevention; best practices for assessing pregnancy intention; safer conception counseling and resources; and successful strategies for integrating HIV prevention and pregnancy planning into care.

To this end **we are asking you to participate in a short web-based survey** to help assess the current landscape of HIV prevention and pregnancy planning knowledge, attitudes, and practices of Midwestern providers of HIV primary care and reproductive health care.

With your help, we will better understand Midwestern providers' practices and knowledge, and develop a training that enhances their efforts to deliver high-quality services to the communities they serve.

Eligibility:

These next questions will help us determine if you are eligible to complete the survey.

In the past 12 months, have you provided care for any HIV+ persons of reproductive age (15-49 years) in Iowa, Illinois, Indiana, Ohio, Michigan, Minnesota, Missouri, or Wisconsin?

1 Yes

0 No

[Program skip if No, then ineligible script; all else skip to Eligible script]

Do you provide care for HIV+ persons of reproductive age in urgent care, primary care or both?

1 Urgent care (If only urgent care, [No → stop])

2 Primary care

3 Both urgent and primary care

[Program skip if "1" Urgent care, then ineligible script; all else skip to Eligible script]

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Consent screen here

to be programmed in survey software

**MHPPPI: HIV Provider Survey
Knowledge, Attitudes, Practices
CONSENT FORM**

Introduction:

This is an evaluation project and you do not have to take participate. Amy K. Johnson, MSW, the Director of Research, Evaluation and Data Services (REDS) at the AIDS Foundation of Chicago (AFC), is conducting this survey of clinicians who provide primary HIV care to persons of reproductive age (15-49).

You are being asked to take part in this study because you work in the Midwest (IA, IL, IN, MI, MN, MO, OH, or WI) as an HIV clinician or as a reproductive health provider. In this study, we seek to learn more about the provision of reproductive healthcare for HIV-positive women. This research is supported in part by the Department of Health and Human Services. About 400 people will participate in this study.

What will happen if I take part in this study?

If you agree to be in this study, you will complete this online survey at your convenience. The survey asks about your attitudes and practices related to the provision of reproductive healthcare for HIV+ women.

It should take you less than 15 minutes to complete the survey.

Are there any risks to me or my privacy?

The survey itself will not include details that directly identify you, such as your name or address. We will not keep a link between your email address and your completed survey. Only a small number of researchers will have direct access to completed surveys. If this study is published or presented at scientific meetings information that might identify you will not be used.

Are there benefits?

There is no benefit to you. The survey results will be used for program evaluation.

Can I say “No”?

Yes, you do not have to complete a survey.

Are there any payments or costs?

You will not be paid for completing the survey and there are no costs to you.

Who can answer my questions about the study?

You can talk with the study researcher(s) about any questions, concerns, or complaints you have about this study. Contact the study researcher(s) Amy K. Johnson, MSW at (312) 334-0978 or Kelly Nowicki, MPH at (312) 784-9044.

If you wish to ask questions about the study or your rights as a research participant to someone other than the researchers or if you wish to voice any problems or concerns you may have about the study, please call Solutions IRB at 1-855-266-4472.

CONSENT

PARTICIPATION IN RESEARCH IS VOLUNTARY.

Thank you very much for your willingness to participate.

By Clicking on “YES”, you agree to participate in this survey.

These next questions refer to all HIV+ female patients you see in the primary care setting. When we say female patients we mean patients who were assigned a birth sex of female and have a current gender identity of female.

1. Do you routinely ask all of your HIV+ female patients about their desire to have children in the future?

1. YES ([SKIP PATTERN:] If yes, continue to 2)
0. NO ([SKIP PATTERN:] If no, skip to 3)
2. Based on circumstances ([SKIP PATTERN:] If yes, continue to 2)

2. Under what circumstances DO you ask your HIV+ female patients about a desire to have children in the future? (Check all that apply)

1. In initial visit(s) as part of their basic HIV education
2. If they report being sexually active with the opposite sex
3. If they have other children or have gotten pregnant in the past
4. If they bring it up
5. If they are accompanied by a partner of the opposite sex
6. If there is time to discuss it
7. Other ([SKIP PATTERN:] You selected “Other.” Please elaborate: _____)

3. What are some of the reasons you don't discuss desire for children in the future? (Check all that apply)

1. I am embarrassed to talk about it
2. I don't want to make patient uncomfortable
3. I don't want to encourage my patients to have children
4. I do not think it is relevant to their health
5. I don't feel equipped to discuss this topic
6. There is insufficient time to discuss
7. There are more pressing health issues
8. It is not within my scope of care
9. Other ([SKIP PATTERN:] You selected “Other.” Please elaborate: _____)

4. Have you ever had a female HIV+ patient initiate a discussion about pregnancy planning?

1. YES
0. NO
777. DON'T KNOW

5. How often do you ask your HIV+ female patients about the HIV status of their sexual partners?

1. Never

2. Sometimes
3. Often
4. Always

6. Have YOU ever done any of the following for a sexual partner of one of your HIV+ patients?

Conducted an HIV test. (E.g., you discussed testing and sent him/her/them to the lab or ran the test yourself.)

1. YES
0. NO

Facilitated HIV testing. (E.g., you sent him/her/them directly to another provider, counselor or clinic on-site.)

2. YES
0. NO

7. Have you ever seen a HIV+ or serodiscordant couple together in a clinic visit?

1. YES ([**SKIP PATTERN:**] If yes, continue to 8.)
0. NO ([**SKIP PATTERN:**] If no, SKIP to 10.)

8. Have you ever seen a HIV+ or serodiscordant couple together in a clinic visit when:

Pregnancy planning was discussed?

1. YES
1. NO

Preconception planning/safer conception options were discussed?

2. YES
1. NO

9. Have you ever discussed the following interventions as part of preconception counseling with an HIV+ or serodiscordant couple? (Check all that apply)

1. Antiretroviral treatment (ART) for HIV+ partner(s)
2. Pre-Exposure Prophylaxis (PrEP) for HIV-negative partner
3. Post-Exposure Prophylaxis (PEP) for HIV-negative partner
4. Sperm washing
5. Peri-ovulatory timed intercourse
6. Alternative insemination
7. Adoption
8. Surrogate pregnancy

10. Would you feel comfortable discussing the following interventions as part of preconception counseling with an HIV+ or serodiscordant couple? (Check all that apply)

1. Antiretroviral treatment (ART) for HIV+ partner(s)
2. Pre-Exposure Prophylaxis (PrEP) for HIV-negative partner
3. Sperm washing
4. Peri-ovulatory timed intercourse
5. Alternative insemination
6. Adoption
7. Surrogate pregnancy

The next questions ask about comprehensive preconception counseling, according to the 2010 DHHS guidelines, components of pre-conception counseling for women living with HIV including contraception; safe sexual practices; ART regimen; management of ART side-effects; prophylaxis and treatment for opportunistic infections; medical immunizations; testing of sexual partners; and reproductive options to reduce the risk of transmission to partner(s).

11. If you were unable to provide comprehensive preconception counseling, how willing would you be to refer a client to another clinician or agency that does specialize in preconception counseling?

1. Extremely Willing
2. Unwilling
3. Willing
4. Extremely Willing

12. If you were unable to provide comprehensive preconception counseling, would you know of another clinician or agency who specializes in preconception counseling that you could refer your client to?

1. YES
0. NO

13. Have you ever referred a client to another clinician or agency that specializes in preconception counseling?

1. YES
0. NO

Ideal Practices:

14. What do you think is/are the best way(s) for HIV+ patients to learn about pregnancy planning and safer conception options? (Check all that apply)

1. Educational brochures
2. Posters
3. Educational videos
4. One-on-one session with you
5. One-on-one session with specialized counselor or other provider
6. Group education sessions
7. Peer Education
8. Websites
9. Webinars
10. Other On-line materials: Specify()
Other ([SKIP PATTERN:] You selected "Other." Please elaborate: _____)

15. Have you ever been trained in pregnancy planning and safer conception options for HIV+ women? (For instance, this can include formal didactic training during medical training or on-the-job learning like in residency.)

1. YES ([SKIP PATTERN:] If yes, continue to 16)
0. NO ([SKIP PATTERN:] If no, SKIP to 17)

16. (If yes) In what year was your most recent training? _____)

17. Please move the slider to rate the following statements on the scale from "Strongly Disagree" to "Strongly Agree"
I know enough to provide contraception counseling to my HIV+ female patients.
I feel comfortable providing contraception counseling with my HIV+ female patients.

I know enough to provide preconception counseling to my HIV+ female patients.

I feel comfortable providing preconception counseling to my HIV+ female patients.

Primary HIV providers should ask all of their female patients about their desire for children in the future.

Primary HIV providers should ask their female patients about contraception/what they are doing to prevent unintended pregnancies.

I feel comfortable taking a sexual history from my HIV+ female patients.

I feel comfortable discussing current sexual practices with my HIV+ female patients

18. For these next questions, please think about your HIV+ clients who are male and/or transmale. Please move the slider to rate the following statements on the scale from “Strongly Disagree” to “Strongly Agree”. If you do not have any patients who are male or transmale please select “Does not apply”.

Primary HIV providers should ask all of their patients, regardless of sex or gender identity, about their desire for children in the future.

Primary HIV providers should ask their male and transmale patients about contraception/what they are doing to prevent unintended pregnancies.

I feel comfortable taking a sexual history from my HIV+ male patients.

I feel comfortable taking a sexual history from my HIV+ transmale patients.

I feel comfortable discussing current sexual practices with my HIV+ male patients.

I feel comfortable discussing current sexual practices with my HIV+ transmale patients.

19. What resource(s) would you need to comfortably discuss contraception and/or preconception/future childbearing issues with your HIV+ patients? (Check all that apply)

Resources	
Online clinical resources for you	<input type="checkbox"/>
Online educational resources for patient	<input type="checkbox"/>
Real-time consultant available in-person	<input type="checkbox"/>
Real-time consultant available by phone	<input type="checkbox"/>
Brochures or other educational materials	<input type="checkbox"/>
In-person trainings for you	<input type="checkbox"/>
Webinar trainings for you	<input type="checkbox"/>
Someone local to refer patients to	<input type="checkbox"/>
I don't need any resources, because I don't think discussing this issue should be my role/job	<input type="checkbox"/>
I will never feel comfortable discussing this issue with my HIV+ patients	<input type="checkbox"/>
I do not need any additional resources, because I already feel comfortable discussing this issue with my HIV+ patients	<input type="checkbox"/>

20. Which description best describes the **presence** of and pregnancy planning services for HIV+ patients at your clinic/hospital (Participants can provide their own description if none of the following adequately reflect the situation in their setting.)

0. There are no established services

1. Some providers try to meet these needs on a case-by-case basis
2. HIV providers routinely assess childbearing goals of reproductive-aged patients
3. HIV preconception counseling experts are available to provide counseling if needed
4. Services are available only for women
5. Services are available, but the setting prohibits discussing pregnancy planning/contraception

21. Which statement best describes **support** for pregnancy planning services for HIV+ patients in your setting?

0. There has been no specific support or guidance for such services
1. Providers are encouraged to assess reproductive plans
2. Providers have received training on reproductive counseling
3. Referral systems are in place for HIV preconception counseling

22. On a scale from 1-5, with 1 (strongly disagree) and 5 (strongly agree), to what extent do you feel it is the role of the primary HIV care provider to discuss future childbearing plans or contraceptive needs with their patients?

23. On a scale from 1-5, with 1 (strongly disagree) and 5 (strongly agree), to what extent do you feel it is the role of the reproductive health care provider to discuss future childbearing plans or contraceptive needs with their patients?

The next few questions are about you. This is the final section of the survey.

24. What is your current gender identity?

1. Male
2. Female
3. Transfemale
4. Transmale
5. Other
- 77 Refused

25. Do you identify your ethnicity as:

1. Hispanic or Latino
2. Not Hispanic or Latino

26. How do you identify in terms of your race? *Select one or more*

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

27. What is your medical/nursing degree? (Check all that apply)

1. Doctor of Osteopathic Medicine (D.O.)
2. Doctor of Medicine (M.D.)
3. Nurse Practitioner (NP)
4. Physician's Assistant (PA)

5. Registered Nurse (RN)

Other: _____

28. How many years have you been in the medical field?

1. <5 years
2. 5-10 years
3. 11-15 years
4. 16-20 years
5. 21-30 years
6. >30 years

29. What is your medical specialty? (Check all that apply)

1. Infectious Disease
2. Heme/Onc
3. Family Practice
4. OB/GYN
5. Internal medicine
6. HIV
7. Other. Please specify: _____

30. In which of the following states do you practice medicine? (Check all that apply)

1. Iowa
2. Illinois
3. Indiana
4. Ohio
5. Michigan
6. Minnesota
7. Missouri
8. Wisconsin

31. How would you categorize the location of the medical setting you practice in?

1. Rural
2. Urban
3. Suburban
4. Other: _____

32. Over the course of a typical year, for approximately how many patients of each demographic do you provide primary HIV care?

Number of HIV+ female patients

0 1-10 11-20 21-30 more than 30

Number of HIV+ male patients

0 1-10 11-20 21-30 more than 30

Number of HIV+ transfemale patients

0 1-10 11-20 21-30 more than 30

Number of HIV+ transmale patient

0 1-10 11-20 21-30 more than 30

(NOT FOR ONLINE RESPONDENTS)

Question **ONLY** for respondents being interviewed in-person or on the phone:

Please describe the top 2-3 barriers you experience in addressing the reproductive concerns of female patients.

can add in a transmale and/or male specific question here

END OF SURVEY

Thank you very much for completing this survey and informing the work of the Midwest HIV prevention and pregnancy planning initiative.

Please choose the non-profit where you would like a donation made: (choose one)

separate non-linked G-form

If you are interested in learning the results of this survey or getting a copy of educational materials created as part of this project, please email _____.