#### Interview Guide: Health Care Providers (PCPs, OBGYNs, NPs, PAs)

### I. Welcome and Ground Rules (5 minutes)

Welcome and thank you for participating in today's interview. My name is \_\_\_\_\_\_, and I work for Hager Sharp, an independent communications company, working on behalf of the U.S. Department of Health and Human Services' (HHS) Office on Women's Health (OWH). Today we are going to discuss your experiences caring for active duty and veteran women as a health care provider. The feedback I receive from you and others will assist in promoting awareness of active duty and veteran women-related health issues among providers and in improving health care training and delivery. We will have about 60 minutes for our interview. Project staff from Hager Sharp and OWH may be listening to our conversation as they are also interested in hearing insights from participants.

Interviewer confirms consent has been given already.

• Your participation today indicates that you have agreed to be interviewed and audio recorded about active duty and veteran women. Thank you for your consent.

Before we begin, I would like to remind you that your participation in this interview is voluntary and you may end it at any time or feel free to skip questions you feel uncomfortable answering. I want to review a few ground rules:

- Please silence any electronic devices.
- You have been invited to offer your views and opinions, so please don't hesitate to do so. Most importantly, there are no right or wrong answers.
- All answers are confidential. Only the people involved in this project will have access to this
  information and all identifying information, like your name, will be removed.
- As I mentioned earlier, I will be audio recording our conversation today. The recording will be used to help me write the final report, will be kept in a secure location, and then destroyed at the conclusion of the project. No names will be mentioned in the final report created from this and other interviews.
- I am not a medical doctor nor an expert on military culture or active duty and veteran women. I may not be able to answer your questions about the content being discussed today, but I can point you to some additional resources at the end of our call if you'd like.

Do you have any questions for me before we begin?

Start recording.

## II. Provider Knowledge of Active Duty and Veteran Women's Health Needs (10 minutes)

Let's start with talking about active duty and veteran women as a patient population.

- 1. Approximately what percentage of your female patient caseload are active duty? Approximately what percentage are veteran women?
- 2. How do you screen for or identify active duty and veteran status in patients?
  - a. What questions do you ask to assess their status?
  - b. How is this information captured in electronic medical records? E.g., as a demographic item?

Public reporting burden of this collection of information is estimated to average 60 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 Office of the Chief Information Officer, Department of Health and Human Services, Sherrette Funn, Sherrette.Funn@hhs.gov or (202) 795-7714; ATTN: PRA (xxxx-xxxx).

- c. When do you typically screen your female patients for active duty or veteran status?PROBE: During the initial visit? Ongoing screening?
- 3. On a scale of 1-10, how important is active duty or veteran status as a determinant or factor in a female patient's health?
  - a. How do active duty women's health needs differ from civilian women, if at all?
  - b. How do veteran women's health needs differ from civilian women, if at all?
- 4. In what ways, if at all, does knowing your patient's active duty or veteran status change the way you communicate with them?
  - a. In what ways, if at all, does it affect the way you administer a health history?
  - b. In what ways, if at all, does it affect the way you communicate about specific health topics?
    - PROBE: Specific health topics may include chronic pain, trauma, post-traumatic stress disorder (PTSD), etc.
- 5. In what ways, if at all, does knowing your patient's active duty or veteran status change the care you provide?
  - a. In what ways, if at all, does it affect the way you screen, diagnose, and treat these patients?

### III. Provider's Experiences Providing Care for Active Duty and Veteran Women (30 minutes)

I'd like to talk next about your experiences providing care for active duty and veteran women.

- 6. What are the most prevalent health issues of the active duty or veteran women that you encounter in your practice?
  - a. How does this differ from most prevalent health issues among civilian women patients?
- 7. What health issues are of most concern to you as a provider for your active duty and veteran women patients? (PROBE: Mental health conditions, chronic pain, trauma, PTSD)
- 8. Active duty and veteran women are at an increased risk for a range of physical and mental health problems. On a scale of 1-10, how confident do you feel addressing ... [PROBE on why for each rating, "What makes you say that? What are the reasons for that rating?"]
  - a. Post-traumatic stress disorder?
  - b. Depression and/or anxiety?
  - c. Chronic pain?
  - d. Substance abuse?
  - e. Intimate partner violence?
- 9. What, if anything, would improve your ability to confidently address active duty and veteran women's health needs, questions, and concerns on these topics?
- 10. What challenges or barriers do you encounter when delivering care to active duty women? What about veteran women? (PROBE: time constraints, insufficient knowledge or training, staffing, clinic/facility policies)
  - a. What, if anything, would make delivering care easier?
- 11. What factors or facilitators make it easy for you to care for active duty women? What about veteran women? (PROBE: Previous training, staffing, ease of referrals to other resources/care)

#### IV. Sources of Health Information / Needed Resources (10 minutes)

These next few questions ask about your education and training on active duty and veteran women, and the resources providers like you may find the most useful.

- 12. What training or education have you received that is specifically related to active duty and veteran women populations?
- 13. What type of information, tools, or resources would you find useful <u>for your own education and training</u>, to help you deliver high quality care to active duty and veteran women?
  - a. Are there existing tools or resources you currently use?
  - b. What organizations or resources do you turn to for this type of information?
- 14. What <u>patient education</u> information, tools, or resources would you find useful to use with active duty and veteran women?
  - a. Are there existing tools or resources you currently use?
  - b. What organizations or resources do you turn to for this type of information?
- 15. What topics around active duty and veteran women's health care would you most like to cover in future training or education opportunities?
  - a. For example, general cultural training around women in the military, OB/GYN issues, effects of deployment/combat on women, military family/spousal/parental concerns, trauma, or a specific women's health-topic.

# V. Close (5 minutes)

Okay, this concludes our interview for today. Is there anything else you would like to share related to active duty or veteran women's health needs that we haven't already discussed?

I would like to thank you for your time today. Your thoughts and opinions will be very useful in helping OWH better equip providers to care for active duty and veteran women.