

## **Formative Research to Develop HIV Social Marketing Campaigns for Healthcare Providers**

### **Attachment 3: Web-Based Survey**

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Public reporting burden of this collection of information is estimated to average 15 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1182).

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Thank you for your participation in this survey. Here we will ask you questions about your practice, professional development activities, information needs, use of different forms of media to communicate health information to your patients, and the types of health information you discuss with your patients.

For this first set of questions, we recognize that many physicians split their time between private practices (individual or group) and practices that are public or university based. For the following question, please provide responses for both these practice types as applicable to your own practice of medicine. Please use your best estimate.

	<u>Private Practice</u>	<u>Public or University Based Practice</u>
1. Number of patients you see in a month.	_____	_____
2. Number of HIV-positive patients you see in a month.	_____	_____
3. What percent of your patients are male? (Please use your best estimate)	_____	_____
4. What percent of your patients are female? (Please use your best estimate)	_____	_____
5. What percent of your patients identify as transgender? (Please use your best estimate)	_____	_____
6. [INSERT patient descriptor here]	_____	_____

7. Which medical associations do you belong to? Please select one or more of the following associations. **[MARK ALL THAT APPLY]**

- |  |                          |
|--|--------------------------|
| a. American Academy of Family Physicians (AAFP)                  | <input type="checkbox"/> |
| b. American College of Physicians (ACP)                          | <input type="checkbox"/> |
| c. American Medical Association (AMA)                            | <input type="checkbox"/> |
| d. National Medical Association (NMA)                            | <input type="checkbox"/> |
| e. HIV Medicine Association (HIVMA)                              | <input type="checkbox"/> |
| f. American Academy of HIV Medicine (AAHIVM)                     | <input type="checkbox"/> |
| g. Infectious Diseases Society of America (IDSA)                 | <input type="checkbox"/> |
| h. American Congress of Obstetricians and Gynecologists (ACOG)   | <input type="checkbox"/> |
| i. International AIDS Society (IAS)                              | <input type="checkbox"/> |
| j. American College of Physicians (ACP)                          | <input type="checkbox"/> |
| k. Association of Nurses in AIDS Care (ANAC)                     | <input type="checkbox"/> |
| l. World Professional Association for Transgender Health (WPATH) | <input type="checkbox"/> |
| m. Gay and Lesbian Medical Association (GLMA)                    | <input type="checkbox"/> |
| n. National Hispanic Medical Association (NHMA)                  | <input type="checkbox"/> |
| o. American Nurses Association (ANA)                             | <input type="checkbox"/> |
| p. National Hispanic Medical Association                         | <input type="checkbox"/> |
| q. National Association of Hispanic Nurses                       | <input type="checkbox"/> |
| r. National Black Nurses Association                             | <input type="checkbox"/> |
| s. [INSERT MEDICAL ASSOCIATION HERE]                             | <input type="checkbox"/> |
| t. Other [Specify:_____]   | <input type="checkbox"/> |
| u. None of these   | <input type="checkbox"/> |

**Information Needs**

8. Would you be interested in receiving information about...

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. Reducing HIV transmission   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Retention in HIV care or treatment                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Initiating antiretroviral therapy (ART)                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Communicating about ART medication adherence (e.g., patient compliance) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Conducting HIV screening  | <input type="checkbox"/> | <input type="checkbox"/> |

- |  |                          |                          |
|--|--------------------------|--------------------------|
| f. Conducting other STD screening                              | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Partner services  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Screening for risky sexual behaviors                        | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Screening for risky alcohol and illicit drug use behaviors  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Helping patients modify risky sexual behaviors              | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Helping patients modify alcohol and illicit drug use        | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Helping patients with HIV self-testing                      | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Providing culturally-competent care to transgender patients | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Providing patient-centered care                             | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Initiating pre-exposure prophylaxis (PrEP)                  | <input type="checkbox"/> | <input type="checkbox"/> |
| p. [INSERT TOPIC HERE]   | <input type="checkbox"/> | <input type="checkbox"/> |

#### Use of Electronic Media

9. How often do you do the following for professional purposes?

- |   | <u>Daily</u>             | <u>Weekly</u>            | <u>Monthly</u>           | <u>Less than<br/>once per<br/>month</u> | <u>Never</u>             |
|---|--------------------------|--------------------------|--------------------------|---|--------------------------|
| a. Use an app on a portable device, such as an iPod/iPad                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> |
| b. Download content to a portable device, such as an iPod, cell phone, or PDA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> |
| c. Access content online, such as a medical journal article                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> |
| d. Access Medical blogs, such as those available through Medscape or Sermo    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> |
| e. Access CMEs online   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> |
| f. Use social media, like Twitter or Facebook                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> |
| g. Listen to podcasts   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> |
| h. [INSERT ACTIVITY]  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> |

HERE]

**Patient resources**

10. Do you refer your patients to ...?

	<u>Yes</u>	<u>No</u>
a. Your practice's website	<input type="checkbox"/>	<input type="checkbox"/>
b. CDC's website	<input type="checkbox"/>	<input type="checkbox"/>
c. Other websites (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>
d. Other electronic resources (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>
e. Printed materials	<input type="checkbox"/>	<input type="checkbox"/>
f. [INSERT RESOURCE HERE]	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>

**Continuing Medical Education (CME)/Continuing Education (CE)**

11. How do you obtain CME/CE credits?

a. Attending conferences	<input type="checkbox"/>
b. Through employer-provided in-service trainings	<input type="checkbox"/>
c. Dinner presentations by local chapter of a professional association	<input type="checkbox"/>
d. Attending meetings of a regional professional association	<input type="checkbox"/>
e. Journal supplement education programs	<input type="checkbox"/>
f. Through online courses	<input type="checkbox"/>
g. [INSERT DELIVERY MODE HERE]	<input type="checkbox"/>
h. Other (specify) _____	<input type="checkbox"/>

12. How useful are CME/CE programs about [HIV care, treatment, and prevention/INSERT TOPIC OR FOCUS]?

a. Never useful	<input type="checkbox"/>
b. Rarely useful	<input type="checkbox"/>
c. Somewhat useful	<input type="checkbox"/>
d. Always useful	<input type="checkbox"/>

13. Have you ever learned about the following topics through a CME/CE course or program?

	<u>Yes</u>	<u>No</u>
a. Reducing HIV transmission	<input type="checkbox"/>	<input type="checkbox"/>
b. Retention in HIV care or treatment	<input type="checkbox"/>	<input type="checkbox"/>
c. Initiating ART	<input type="checkbox"/>	<input type="checkbox"/>
d. Communicating about ART medication adherence (e.g., patient compliance)	<input type="checkbox"/>	<input type="checkbox"/>
e. Conducting HIV screening	<input type="checkbox"/>	<input type="checkbox"/>
f. Conducting other STD screening	<input type="checkbox"/>	<input type="checkbox"/>
g. Partner services	<input type="checkbox"/>	<input type="checkbox"/>
h. Screening for risky sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
i. Screening for risky alcohol and illicit drug use behaviors	<input type="checkbox"/>	<input type="checkbox"/>
j. Helping patients modify risky sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
k. Helping patients modify alcohol and illicit drug use	<input type="checkbox"/>	<input type="checkbox"/>
l. Helping patients with HIV self-testing	<input type="checkbox"/>	<input type="checkbox"/>
m. Providing culturally-competent care to transgender patients	<input type="checkbox"/>	<input type="checkbox"/>
n. Providing patient-centered care	<input type="checkbox"/>	<input type="checkbox"/>
o. Initiating pre-exposure prophylaxis (PrEP)	<input type="checkbox"/>	<input type="checkbox"/>
p. [INSERT TOPIC HERE]	<input type="checkbox"/>	<input type="checkbox"/>

14. Would you be interested in CME/CE courses or programs about the following topics?

	<u>Yes</u>	<u>No</u>
a. Reducing HIV transmission	<input type="checkbox"/>	<input type="checkbox"/>
b. Retention in HIV care or treatment	<input type="checkbox"/>	<input type="checkbox"/>
c. Initiating ART	<input type="checkbox"/>	<input type="checkbox"/>
d. Communicating about ART medication adherence (e.g., patient compliance)	<input type="checkbox"/>	<input type="checkbox"/>
e. Conducting HIV screening	<input type="checkbox"/>	<input type="checkbox"/>

- |  |                          |                          |
|--|--------------------------|--------------------------|
| f. Conducting other STD screening                              | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Partner services  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Screening for risky sexual behaviors                        | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Screening for risky alcohol and illicit drug use behaviors  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Helping patients modify risky sexual behaviors              | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Helping patients modify alcohol and illicit drug use        | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Helping patients with HIV self-testing                      | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Providing culturally-competent care to transgender patients | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Providing patient-centered care                             | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Initiating pre-exposure prophylaxis (PrEP)                  | <input type="checkbox"/> | <input type="checkbox"/> |
| p. [INSERT TOPIC HERE]   | <input type="checkbox"/> | <input type="checkbox"/> |

14A. Of the CME/CE courses or programs that you are interested in, please indicate your top three choices:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Communicating with Patients about Risk Behaviors

15. What challenges, if any, prevent you from having discussions regarding high-risk sexual or substance use behaviors with your HIV-infected patients? **[MARK ALL THAT APPLY]**

- |  |                          |
|--|--------------------------|
| a. Lack of time                                      | <input type="checkbox"/> |
| b. Cultural differences between you and your patient | <input type="checkbox"/> |
| c. Gender differences between you and your patient   | <input type="checkbox"/> |
| d. Lack of trust/relationship with patient           | <input type="checkbox"/> |
| e. Lack of skills or training in this area           | <input type="checkbox"/> |
| f. Patients are uncomfortable discussing the subject | <input type="checkbox"/> |
| g. I am uncomfortable discussing the subject         | <input type="checkbox"/> |
| h. [INSERT CHALLENGE HERE]                           | <input type="checkbox"/> |
| i. Other (specify) _____                             | <input type="checkbox"/> |

j. There are no challenges to such discussion that I can identify ☐

16. Please think about all of your patients, aged 13 – 64, and indicate which category best describes how often you typically do the following:

	<u>Always</u>	<u>Very often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
1. Ask patients if they are sexually active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ask patients if they are engaging in unsafe sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Recommend consistent and correct condom use to patients during all sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Refer newly diagnosed HIV patients to appropriate care or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Talk with patients about HIV screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Talk with patients about PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. [INSERT ACTIVITY HERE]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### HIV Screening

17. Which one of the following statements most accurately reflects your beliefs about effective HIV prevention?

- a. Risk-based HIV screening is the most effective approach
- b. HIV screening for all persons age 13 to 64 is the most effective approach
- c. HIV screening is a public health concern and not an issue in my clinical practice

18. Which one of the following best describes HIV screening in your practice?

- a. Opt-In, where patients must explicitly agree to an HIV test
- b. Opt-Out, where patients must explicitly decline an HIV test
- c. Other (Specify) \_\_\_\_\_

19. Does CDC recommend HIV screening for all patients ages 13 – 64?

- a. Yes
- b. No
- c. Don't know

20. In your practice, is HIV self-testing considered part of routine testing

- a. Yes
- b. No



21. Which of the following are patient benefits of HIV testing?

- a. Knowledge of status
- b. Reduction of risky behaviors (e.g. unprotected sex)
- c. Reduced risk of transmitting HIV to others
- d. Cost effectiveness
- e. [INSERT BENEFIT HERE]
- f. All of the above
- g. None of the above

22. To what extent do you agree with the following statements?

	<u>Strongly agree</u>	<u>Agree</u>	<u>Neither agree nor disagree</u>	<u>Disagree</u>	<u>Strongly disagree</u>
a. Routine HIV screening of patients can help to prevent transmission of HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have the necessary training to counsel my patients about reducing their risk of HIV transmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. [INSERT STATEMENT HERE]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for completing this survey.**