

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

**Attachment 4a: Exploratory Testing Guide  
Prevention with Positives & Retention in Care**

Public reporting burden of this collection of information is estimated to average 1 hour 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: PRA (0920-1182)

## I. Welcome

Thank you for coming here today. Your participation is very important. I'm \_\_\_\_\_ and I'm from \_\_\_\_\_ (insert contractor name). The Centers for Disease Control and Prevention (CDC) is sponsoring this research. The purpose of this interview is hear your reactions to materials currently being developed by the CDC for health care providers who deliver care to people at risk for or living with HIV. Your insights are very important to us and your time today is appreciated. We will have about 1 hour for our discussion.

### [INTERVIEWER PROVIDES PARTICIPANT WITH THE CONSENT FORM]

- Here is an informed consent form. Take a moment to review it and if you agree to it, please sign it.

### [INTERVIEWER ALLOWS PARTICIPANT TIME TO REVIEW/SIGN CONSENT FORM]

- Do you have any questions about the study or your participation before we begin?

Before we begin, I want to review a few ground rules for our discussion.

- Your participation is voluntary and you have the right to withdraw from the study at any time.
- We are audio recording the interview [If applicable: and we have a live video stream]. I want to give you my full attention and not have to take a lot of notes. At the end of our discussion, I have to write a report and will refer to the recording when writing the report.
- [If in-person] Behind me is a one-way mirror. Some of the people working on this project are observing this discussion so that they can hear your opinions directly from you and take notes so that your opinions are accurately captured. [If video-conference or telephone: Members of CDC staff are observing via a live video stream/ listening via telephone.]
- Your identity and anything you personally say here will remain private. Your name, address, and phone number will not be given to anyone and no one will contact you after this interview is over. Interview notes will be kept secure and separate from identifiable information.
- The informed consent has contact information for the project director, in case you have questions about the study, and contact information for RTI's Office of Human Subjects Projection in case you have questions about your rights as a participant.
- Most importantly, there are no right or wrong answers. We want to know your opinions and what you think about the issues we will be discussing. I do not work for

the people who are sponsoring this research, so don't hold back from giving me your honest opinions.

- Please turn your cell phone to vibrate or silent mode. The interview will last no more than 1 hour.
- If you need to go to the restroom during the discussion, please let me know.
- Do you have any questions before we begin?

## II. Warm up

1. I would like to begin our discussion by asking you to introduce yourself and tell me:
  - your first name
  - number of years in practice
  - professional affiliations (HIV Medicine Association (HIVMA); American Academy of HIV Medicine (AAHIVM); American College of Physicians (ACP) American Academy of Family Physicians (AAFP); Society for General Internal Medicine (SGIM); National Medical Association (NMA); and National Hispanic Medical Association (NHMA); state and local organizations)
  - a description of your practice (size, number of patients with HIV seen per month)
  - your patients' insurance coverage (Medicare, Medicaid, HMO, private insurance, self-pay)
  - about the patients you see in your practice (men, women, transgender, diverse populations, age range)

## III. Questions

### *Prevention with Positives*

We would first like to talk to you specifically about your HIV positive clients and how you communicate with them about risk factors for transmission.

2. How do you screen your HIV-positive patients for sexual and substance-use related risk factors?
  - For example, do you use a standardized screening instrument?
  - How frequently do you conduct screening?
3. How confident/comfortable do you feel talking to patients about [insert topic such as sexual and substance-use related risk behaviors and ways to decrease transmission risk]?
4. What do you say to encourage your patients to [insert topic such as reduce sexual and/or substance-use related risk factors]?
  - (If "I don't talk to patients about this") Why don't you talk to patients about this?

- How does your conversation differ for a patient who is newly diagnosed versus someone who has known their status for more than a year?
5. What kinds of resources or tools do you use to talk to HIV-positive patients about [insert topic such as risk reduction]? (E.g., brochures, videos, etc.)
    - What do you like about these resources/tools?
    - What would you change?
    - Which health educators, if any, on staff in your practice use these resources? If so, could you describe how s/he uses these resources?
  6. What would make you feel more equipped to talk to patients about [insert topic such as risk reduction]? (Probe for trainings, tools to use with patients, online information, continuing education, brochures, videos, etc.)
    - What resources would you want for your patients who are newly diagnosed?
    - What types of professional development would help you?
    - What types of materials or resources could you use to support [insert topic such as patient risk reduction]?
  7. In your experience, which population subgroups face the greatest challenges in [insert topic such as reducing risk and sustaining risk-reduction behaviors]? (Probe for differences in race/ethnicity, sexual orientation, gender, age, stage of disease, and timing of diagnosis (new vs. established)).
  8. In your opinion, what factors prevent patients from [insert topic such as reducing risk and sustaining risk-reduction behaviors]?
  9. Have you ever heard of CDC's [Prevention is Care, Treatment Works or other] campaign for [health care providers or patients]?
    - If yes, have you used any of the campaign materials? How do you use of the [insert campaign name] materials in your practice?
    - If no, why not?
    - What do you think about the campaign materials?
    - In your own words, would you please summarize what you remember from those campaign materials? (You can mention anything you would like, including the main ideas or even pictures or graphics that you remember.)
    - Do you recall how you obtained those materials (e.g. download, conference, etc.)? Have you shared [insert campaign name] materials with any of your colleagues? Have you referred colleagues to order materials (using CDC-INFO or on the website)?
  10. What messages do you think would encourage people living with HIV (PLWH) to reduce sexual and substance-use related risk behaviors?
    - What kinds of resources would be helpful for PLWH to reduce sexual and substance-use related risk behaviors?

### ***ART Adherence and Retention in Care***

Now I'd like to ask you some questions about your patients' adherence to their ART, retention in care, and ways you communicate with patients about the importance of adherence and staying in care.

11. Do you have patients who [are non-adherent or have dropped out of medical care]?
  - What are the circumstances around their [non-adherence or dropping out of care]?
12. How confident/comfortable do you feel talking to patients who are having difficulty [taking their ART as prescribed or scheduling and/or keeping appointments]?
13. What do you say to encourage your patients to [take their ART as prescribed or remain in or re-enter care]?
  - (If "I don't talk to patients about this") Why don't you talk to patients about this?
  - How does your conversation differ for a patient who is newly diagnosed versus someone who has known their status for more than a year?
14. What kinds of resources or tools do you use to talk to HIV-positive patients about [adherence, retention in care, risk reduction]? (E.g., brochures, videos, etc.)
  - What do you like about these resources/tools?
  - What would you change?
  - Which health educators, if any, on staff in your practice use these resources? If so, could you describe how s/he uses these resources?
15. What would make you feel more equipped to talk to patients about [adherence or staying in care]? (Probe for trainings, tools to use with patients, online information, continuing education, brochures, videos, etc.)
  - What resources would you want for your patients who are newly diagnosed?
  - What types of professional development would help you?
  - What types of materials or resources could support your patient communication about [adherence, retention in care, patient risk reduction]?
16. In your experience, which population subgroups face the greatest challenges in [adherence or remaining in care]? (Probe for differences in race/ethnicity, sexual orientation, gender, age, stage of disease, and timing of diagnosis (new vs. established))
  - Could you describe some of these challenges?
17. In your opinion, what factors impede [adherence or retention in care]?
18. What messages do you think would encourage PLWH to [adhere to their ART or remain in HIV medical care]?

### ***Patient Resources***

19. What printed materials do you have available for your patients that address [insert topic here]?
  - Where did these materials come from? What is the source?

20. What proportion of your patients have access to computers and the Internet?
  - Do you refer your patients to any websites related to [insert topic here]? If yes, what are they? If no, why not?
21. Do you ever refer your clients to CDC's website for HIV information?
  - Which pages/sites within CDC?
22. What HIV-related websites do you use to learn more about [topic such as linking HIV-positive patients into medical care]?
23. What kind of information on [topic such as adherence, risk reduction among HIV-positive patients or retention in care] would help you better serve your patients?
  - Probes: Specific tips for how to speak to your patients? Specific resources to refer to your patients? CDC publications for PLWH? Other tools?

#### **IV. Closing**

Okay, we are pretty much out of time.

24. Do you have any last thoughts?

[MODERATOR WILL CHECK WITH OBSERVERS FOR ADDITIONAL QUESTIONS OR COMMENTS.]

I would like to thank you for coming here today and working hard on this. This has been very useful in helping us to inform future HIV information, education, and communication efforts.