

Formative Research to Develop HIV Social Marketing Campaigns for Healthcare Providers

Attachment 5: Message Testing Guide

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.

[INTERVIEWERREVIEWS INFORMED CONSENT]

- I know that you've had a chance to review the consent form and indicate your consent. 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

Now I would like to show you [X] messages that are meant to present information to providers about [INSERT TOPIC HERE].

I'll show you a message and then we'll discuss it. We will repeat this same process with each of the messages. For now, I would like you to avoid comparing the messages. Instead, consider each message based on its own merits.

[Interviewer: Alternate the order that you present the messages across interviews]

[Interviewer: Repeat the next set of questions for each of the messages]

2. What is your initial reaction to this message?
 - **PROBE:** How relevant is the message to you as a provider?
3. What do you like about this message? What do you dislike?

4. Was this a new idea or something that you've heard before? Where have you heard it before?
5. What is the main idea that this message is trying to get across, in your own words?
6. What are the strengths of this message? What are its weaknesses or challenges?
 - Are there any words or phrases that you object to or don't like?
7. What aspects of the message are confusing or unclear? Why do you say that?
8. What parts of this message do you think are critically important? Why do you say that?
9. What could be added or changed about this message to make it stronger or more motivating?
 - Is there any key piece of information that we'd need to add to this message in order for you to use it with your patients? What is it?
10. What could be done to improve this message?
 - Do you think there are any prevention strategies that should be included in the message that we have not included or that deserve more emphasis?
 - Was the appropriate level of science referenced in the message?
11. **[If applicable]** What do you think of the image/visual/infographic?
 - How does what you see affect you?
 - Would you describe the visual as powerful? Why/why not?
 - Is the image distinct or does it remind you of something you've seen before? What does it remind you of?
 - Do you think you would remember the image later? Why/why not?
12. **[If applicable]** How well does the text relate to the image? Why do you say that?
13. What impact would this message have to convince or encourage you to make discussing [INSERT TOPIC HERE] a routine part of care? How?
 - If you saw this in a journal, would you stop and read it?

Rating of Messages

14. Now I'm going to show you some messages and ask you to rate them. The response scale is 1 (strongly disagree) to 5 (strongly agree).

Interviewer note: Repeat for each message.

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|----------------------------------|-------------------|----------|----------------------------|-------|----------------|
| a. Overall, I liked this message | | | | | |
| b. This message | | | | | |

- grabbed my
attention.
- c. This message was
confusing.
 - d. This message was
convincing.
 - e. This message said
something
important.
 - f. This message gave
me good reasons
to [INSERT
BEHAVIOR].
 - g. This message
speaks to me.
 - h. This message
[INSERT
DESCRIPTOR
HERE].

Ranking of Messages

Now that we have had a chance to review and discuss the messages for encouraging you or your patients to [INSERT BEHAVIOR HERE], please think about which message is the most motivating in your opinion.

- 15. If you were to rank the messages from most to least motivating at [INSERT BEHAVIOR], which would you rank as most motivating at [INSERT BEHAVIOR]?
 - What is it about this message that you find most motivating?
- 16. Which would you rank as least most motivating? Why is that?

Usability

- 17. Are these messages something that you would find useful for yourself? What about other staff you work with?
 - After reviewing the messages, how confident are you in your ability to implement the recommendations provided?
 - How could it be improved to make it more useful for providers such as yourself?

Use

- 18. For clinical/professional purposes, how would you prefer to access these messages (electronically via desktop, laptop, or tablet; through mobile application; or hard copy)?
- 19. How do you think most providers would like to access these messages?

20. We are interested in hearing about what you currently use with your patients. What devices, if any, do you currently use during patient consultations?
- Smartphones, lap tops, desktops, tablet?
 - Do you think one is more useful or effective than another?

Patient Messages

These next messages, unlike the others we have talked about today, are written for patients. I would like you to also take a look at them and tell us what you think.

21. What are your overall reactions to these messages?
- In general, are the messages written at the right reading comprehension level for your patients?
 - How credible would you say the messages are?
 - How would you use them in your practice?
22. What do you think about the content of the message?
- Is there anything that needs to be added or deleted?
 - Is there anything that is offensive or potentially stigmatizing?
 - Is the information included here too simplistic, too complicated or just right.

Dissemination Preferences

Now I'd like to ask you about ways to best communicate messages like these to providers.

23. What would be some good ways for CDC to share information about [INSERT TOPIC HERE] with you and your colleagues?
24. Please select the top 5 ways that you would like to receive information about [INSERT TOPIC HERE]. Why do you prefer these ways?

INTERVIEWER NOTE: PROBE FIRST AND THEN HAND OUT THE LIST

List of possible tactics

- o Mailing
- o Fax
- o Email
- o Website
- o Medical journal advertisement
- o Rx pad ads
- o Medical meeting exhibit
- o Medical conference symposium
- o Clinical update courses at local or regional hospitals
- o Continuing Medical Education (CME) course (in person)
- o CME course (online)
- o CME course (by mail)
- o Article in medical journal
- o Article written by a well-known leader in the field

- o Provider Social Media Site (Sermo, Epocrates, Doximity)
- o Non-Provider Social Media Site (Facebook, Twitter, etc.)
- o Professional association publication
Which association? _____
- o Other _____

25. Please select the top 5 ways that you would least like to receive information about [INSERT TOPIC HERE]. Why do you not like to receive information this way?
26. Are there particular messages that you think would help facilitate providers [INSERT BEHAVIOR HERE]? What are they?
27. Are there any other messages, apart from the ones we've discussed, that would be helpful?

IV. Closing

Okay, we are pretty much out of time.

28. Do you have any last thoughts?

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

I would like to thank you for coming today and providing important feedback to CDC. This has been very useful in helping us to develop messages about [insert topic here] for providers to discuss with patients a routine part of care.

AT THE END OF THE INTERVIEW, INTERVIEWER SHOULD HAVE THE FOLLOWING FROM EACH PARTICIPANT:

-
- BRIEF SURVEY INSTRUMENT
- COMPLETED CONSENT FORM