OMB CONTROL NUMBER: 0701-XXXX OMB EXPIRATION DATE: XX/XX/XXXX

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0701-XXXX is estimated to average 45 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. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

Title: Semi-Structured Interview Guide of Self-Reported Qualitative Factors that Influence Healthcare Utilization in Civilian and US Air Force Pilots

Verbal Informational Letter Survey Control Number: AF22-110AFMC

<u>Action Officer:</u> Capt William Hoffman, USAF MC, 59th Medical Wing, william.r.hoffman43.mil@mail.mil | wrh2118@cumc.columbia.edu AF Portal list of Approved Surveys: https://www.my.af.mil/gcss-af/USAF/content/valid

Thanks for talking with me today. You are being asked to participate in a research study.

Key study information you should know:

- One purpose of the study is to understand factors that influence pilot (civilian airline and active duty military) healthcare seeking behavior with hopes of better enabling the aeromedical system to serve pilots and stakeholders.
- Participation includes a one-time interview that will take approximately 30 minutes.
- We will **NOT** ask about your personal health status or reasons for seeking care. This study is only aiming to collect your perceptions and opinions. If you begin to share personal health information, the researcher will kindly ask you to stop sharing. You will be reminded of this policy, which is in place to protect you. If information about serious medical concerns is shared, it may result in a report/referral to local medical clinic for an evaluation.
- There are no foreseeable physical risks and very minimal privacy/confidentiality risks or discomforts from this study.
- The results from this study will be used to inform civilian and military aerospace leaders on factors that influence pilot healthcare behavior. The results will also be used to inform future research.

Taking part in this study is voluntary. You can skip any question and discontinue participation at any time without penalty or loss.

The research team will take the following precautions to maintain the confidentiality of your data: We will not collect any direct identifiers, and the likelihood of re-identifying you based on the information you provide is minimal. Data will be presented and published in aggregate form. Electronic data will be password-protected.

The data may be accessed by the Department of Defense for auditing purposes. A final report will be given to the Department of Defense with aggregated and non-identifiable data. There will be no identifying information associated with your responses.

Do you have any questions before deciding whether to take part in this research project?

Do you agree to take part in this research project?

If you have further questions regarding the study, contact the Principal Investigator: Rachael N. Martinez, PhD, at <u>Rachael.martinez.1@us.af.mil</u> or Capt William R. Hoffman, MD USAF MC at <u>william.r.hoffman43.mil@health.mil</u>. If you have questions regarding your rights as a research subject, contact the AFRL IRB: 937-904-8100 or <u>afrl.ir.protocolmanagement@us.af.mil</u>.

If you have further questions regarding the study, contact the Principal Investigator: Dr. Elizabeth Bjerke, <u>Elizabeth.bjerke@und.edu</u> or co-PI Dr. Joelle Ruthig, Joelle.ruthig@und.edu. If you have questions regarding your rights as a study subject, contact the University of North Dakota IRB.

Brief Pilot Background Questionnaire

First, we'd like to get some basic demographic data from you.

- 1. Please estimate the percentage of time you have spent flying active duty military and/or civilian airline in the past one year:
 - a. Active duty military _____% b. Civilian airline %
 - b. Civilian airline _____
 - c. Other _____%
- 2. What is your gender? _____
- 3. How old are you in years?
- 4. Approximately how many flying hours do you currently have logged in your career? hours
- 5. With what career cohort would you self-identify: early career, mid-career, or late/senior career?
- 6. How many years of experience do you have as an active-duty military pilot and a civilian airline pilot?
 - a. Active duty military _____ years
 - b. Civilian airline pilot _____ years
- 7. (Trainee pilots) Are you currently training in a military or civilian flight school?
- 8. (Trainee pilots) When did you start pilot training?
- 9. Are you Spanish, Hispanic, or Latino?

No, not Spanish, Hispanic, or Latino Yes, Spanish, Hispanic, or Latino

10. Which of the following best describes your race? (Mark one or more races to indicate what race you consider yourself to be):

American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Other

Pilot Semi-Structured Interview Guide

Before we start, I want to quickly remind you that your participation in this interview is completely voluntary, you can stop at any time with absolutely no consequence. The interview will be audio-recorded so that we can accurately capture everything you have to say. Please do not share any personal health information.

Do I have your permission to record our interview?

If yes – start audio-recorder. If no, take field notes.

In the way of additional background, it would also be helpful to have a better sense of your job and where you work.

- 1. Please tell me about your work responsibilities, schedule, and environment as a pilot.
 - a. What is your role/contribution? Do you have any official duties outside of flying?
 - b. Describe your schedule.
 - c. What aircraft are you currently flying? What aircraft have you flown in the past?
 - d. Describe the environment of the unit that you are a part of (military), or the airline that you work for (civilian).

Now I want to talk about your perceptions of the current aeromedical system.

<u>Must be said verbatim</u>: For the following questions, do NOT discuss or comment on classified or operationally sensitive information. We cannot provide confidentiality to a participant regarding comments involving criminal activity/behavior, or statements that pose a threat to yourself or others.

- 2. What factors might influence a pilot's decision on whether to disclose a new mental health or physical symptom/condition during aeromedical screening?
- 3. When you think about the current (civilian or military) aeromedical system, what factors do you think influence the decision of a pilot to use or not use mental healthcare services?
- 4. When you think about the current (civilian or military) aeromedical system, what factors do you think influence the decision of a pilot to use or not use physical/medical healthcare services?
- 5. How might a pilot navigate a situation where they are experiencing a new mental health symptom or condition?
- 6. How might a pilot navigate a situation where they are experiencing a new physical health symptom or condition?
- 7. When you think about the current aeromedical system and/or your specific organization, what factors seem to encourage healthcare utilization and disclosure?

8. CIV: Please tell me how an AME influences pilot healthcare seeking behavior. Are there factors that make AMEs particularly beneficial? What do you look for when you a finding an AME to visit?

MIL: How do you think embedded healthcare (such as a flight surgeon working or being assigned to your unit or other programs such as CRAFT) influences pilot healthcare behavior? Are there factors that you think are particularly beneficial?

- 9. Civilian pilots only: Please share what you know about pilot peer support programs and how they might be used by pilots.
- 10. What factors are modifiable in the current (military or civilian) aeromedical system that could encourage pilot healthcare utilization and disclosure?
- 11. How might the aeromedical system better ensure pilots are healthy enough to perform their duties while still minimizing risk or flying status loss due to medical factors?
- 12. Is there anything that we didn't cover today that you would like to share? Is there anything related to your unique perspectives from the screener?
- 13. Do you have any questions for me?

Additional Potential Questions:

- 1. When you think about the aeromedical system, what factors do you think influence a pilot's decision to use or not use *physical/medical* healthcare services?
- 2. How might a pilot manage a situation where they are experiencing a new *physical* health symptom or condition?
- 3. How well do you understand your medical benefits to include accessing the medical system (scheduling appointments, etc)?
- 4. What factors might influence a pilot's decision to disclose a new mental health symptom/condition during aeromedical screening?
- 5. When you think about the aeromedical system, what factors do you think influence a pilot's decision to use or not use *mental healthcare* services?
- 6. How might a pilot manage a situation where they are experiencing a new mental health symptom or condition?
- Do you feel knowledgeable about reporting requirements in regards to:
 a. Pilot physical health

- b. Pilot mental health Where would you reference this information?
- 8. When you think about the current aeromedical system and your specific training organization, what factors seem to encourage use of healthcare services and reporting symptoms? What about discourage?
- 9. How do you think embedded healthcare might influence pilot healthcare behavior (i.e. a company or pilot union assigned AME / unit military flight surgeon, or EAP similar services)?
 - a. Are there factors that you think are particularly beneficial?
 - b. Are there factors that you think are particularly problematic?
- 10. a. *CRAFT*: Explain what you know about the CRAFT program. Include what has been beneficial to you as an airman and what you feel is beneficial to your peers.
 - b. *CRAFT*: Do you feel you would be more likely to see someone in MFT (Military Treatment Facility) because of your interactions with CRAFT?
 - c. *CRAFT*: How could you see the CRAFT program evolving in time to best serve airmen?
- 11. From your perspective, what factors could be changed in the current aeromedical system to encourage pilot healthcare services use and symptom reporting?
- 12. Are there any changes needed to the aeromedical system to ensure that pilots are mentally healthy enough to perform their duties?
- 13. When you think about the current aeromedical system and your specific training organization, what factors seem to encourage use of healthcare services and reporting symptoms? What about discourage?
- 14. Please share what you know about pilot peer support programs and how they might be used by pilots.
- 15. What factors might influence a pilot's decision to disclose a new physical symptom/condition during aeromedical screening?
- 16. How well do you understand your medical benefits as an airman, and how to reach out to schedule appointments?
- 17. How well do you understand your medical benefits as an airman, and how to reach out to schedule appointments?
- 18. Do you have any other concerns or opinions about seeking healthcare (physical or mental), as a pilot that you would like to share?