Navy HIV Central
Semi-Annual Report of Progress
"Partnership for Health" Intervention in HETUs

Report Period:			
	Bethesda	Portsmouth	San Diego
clinic PfH champion			
CDC / training provider			
date initial training completed			
date booster training completed			
% of physicians completed "follow-up provider survey"			
# of patients that completed "patient exit interview"			
Was "on-site coordinator checklist" completed during this report period?			

Follow-Up Provider Survey

Clinic _____

This survey aims to assess the status of HIV counseling for patients at our clinic. Information obtained from this survey will help us better serve HIV infected patients and to prevent the spread of HIV. You will not receive payment for completing this questionnaire. Your responses to the items in this questionnaire will not jeopardize your employment at this clinic in any way. Although your name will not be used in any way, we do need specific information in order to link your responses to this survey to future surveys you may respond to.

Last 2 digits of your Social Security Number __ __

MONTH you were born (circle) **1 2 3 4 5 6 7 8 9 10 11 12**

Today's Date _____/_____/_____

1. **What is your gender?** ☐ **M** [1] ☐ **F** [2] ☐ **T** [3]

2. **Age** _____ years

3. **Ethnicity** ☐ **Caucasian** [1] ☐ **Hispanic** [2] ☐ **African American** [3]
☐ **Asian** [4] ☐ **Other** [5]

4. **Occupation:** ☐1 **MD** ☐2 **RN** ☐3 **NP** ☐4 **PA** ☐5 **Pharmacist** ☐6 **Case Manager**
☐7 **Social Worker** ☐8 **Health Educator**
☐9 **Administration/staff** ☐10 **Other**

5. **Are you a primary care provider?** ☐1 **Yes** ☐2 **No**

6. **How long have you been providing care to people living with HIV?** _____years

		0-20% of patients	21-40% of patients	41-60% of patients	61-80% of patients	81-100% of patients	Not Applicable
7.	In a given week, considering all of the patients you see (new & returning), what proportion do you ask if they are sexually active?	1	2	3	4	5	9
8.	What proportion of patients do you talk about safer sex with at their initial visit?	1	2	3	4	5	9
9.	In the absence of an STD, what proportion of patients do you discuss safer sex with?	1	2	3	4	5	9
10.	If your patient is abstinent, how often do you ask for clarification (e.g. ask them what they mean by or ask them how long they have been abstinent)?	1	2	3	4	5	9

OVER =>

Please circle the number that best reflects whether you agree or disagree with the following statements:

		Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	Not Applicable
11.	At staff meetings we discuss efforts to decrease unsafe sex among our patients	1	2	3	4	5	9
12.	My clinic has clear guidelines about counseling patients about safer-sex	1	2	3	4	5	9
13.	I don't have enough time to counsel my patients about safer sex	1	2	3	4	5	9
14.	I don't know how to talk with patients about safer sex	1	2	3	4	5	9
15.	I have a referral list to use for patients who engage in high risk sex	1	2	3	4	5	9
16.	I can refer patients who have psychosocial barriers to safer sex (e.g., substance use, domestic violence) to other providers with more time or experience than I have	1	2	3	4	5	9

Please circle the number that best reflects how often you counsel your patients concerning the following topics during the past three months:

		0-20% of visits	21-40% of visits	41-60% of visits	61-80% of visits	81-100% of visits	Not Applicable
17.	I counsel my sexually active patients about avoiding STD's	1	2	3	4	5	9
18.	I counsel my sexually active patients about avoiding other strains of HIV	1	2	3	4	5	9
19.	I counsel my sexually active patients about protecting the health of their partners	1	2	3	4	5	9
20.	I counsel my sexually active patients about disclosing their serostatus to their partners before sex	1	2	3	4	5	9
21.	I counsel my sexually active patients about reducing their number of partners	1	2	3	4	5	9
22.	I counsel my sexually active patients about alternative sex behaviors that have lower transmission risk	1	2	3	4	5	9
23.	I counsel my sexually active patients about condom use	1	2	3	4	5	9
24.	I counsel my sexually active patients about avoiding high risk places (e.g., bath houses)	1	2	3	4	5	9

OVER =>

How many patients with HIV did you see at this clinic during the past 5 working days? (Please estimate the total number, including new and return patients) _____

Of these patients in the past 5 days:

25. How many did you talk to about safer sex? _____

26. How many did you talk to about using condoms? _____

27. How many did you talk to about sexual behaviors that carry less risk than anal or vaginal intercourse (e.g., oral sex)? _____

28. How many did you talk to about informing their sex partners about their HIV positive status? _____

29. To what extent have you found the Partnership for Health education materials (brochures, flyers, posters, pocket guides) useful in counseling your patients?

- ☐1 Not useful at all
- ☐2 Not very useful
- ☐3 Somewhat useful
- ☐4 Useful
- ☐5 Very useful

30. Approximately what proportion of your patients did you review the materials with at least once?

- ☐1 0%-20% of patients
- ☐2 21%-40% of patients
- ☐3 41%-60% of patients
- ☐4 61%-80% of patients
- ☐5 81%-100% of patients

31. Since Partnership for Health began, how often did you use the materials to counsel patients?

- ☐1 0%-20% of patients
- ☐2 21%-40% of patients
- ☐3 41%-60% of patients
- ☐4 61%-80% of patients
- ☐5 81%-100% of patients

OVER =>

Please circle the number that best reflects the extent to which you feel your Partnership for Health counseling **helped your patients** to change their following behaviors.

		Not at all helpful				Very helpful	Not Applicable
32.	Disclosure of serostatus	1	2	3	4	5	9
33.	Reducing number of partners	1	2	3	4	5	9
34.	Choosing less risky sexual behaviors	1	2	3	4	5	9
35.	Using condoms	1	2	3	4	5	9
36.	Avoiding high risk locations (raves, bars, etc)	1	2	3	4	5	9

37. To what extent do you feel the Partnership for Heath training prepared you to successfully implement the intervention counseling strategies?

- ☐1 Did not prepare me at all
- ☐2 Prepared me somewhat
- ☐3 Prepared me
- ☐4 Prepared me very well

38. In the future, if these materials were readily available, how likely would you be to incorporate use of the materials into your daily practice?

- ☐1 Not at all likely
- ☐2 Somewhat likely
- ☐3 Moderately likely
- ☐4 Very likely

Self-Administered Patient Exit Interview

Are you 18 years old or older? □ Yes – **Please continue.** □ No – **Please stop here. Thank you for your time.**
Did you come to the clinic today for a regular check-up appointment for your HIV or did you come because you felt sick or had an emergency? □ Regular check-up appointment – **Please continue.** □ Felt sick or had an emergency – **Please stop here. Thank you for your time.**

- We would like you to answer some questions on this form about your visit to the clinic today.
- Your participation is voluntary.
- If you decide not to participate, it will not affect your care at the clinic.
- Do not put your name on this form.
- Your answers to these questions will be anonymous, that means no one at the clinic will know you completed this form.
- It will take about 10 minutes for you to answer these questions.

1. How long have you been a patient at this clinic?
   - □ First clinic visit
   - □ Less than one month
   - □ One month to one year
   - □ One to five years
   - □ More than five years

2. How much time did you spend with your doctor today?
   - □ 0 – 5 minutes
   - □ 6 – 10 minutes
   - □ 11 - 15 minutes
   - □ 16 – 20 minutes
   - □ More than 20 minutes

3. Before today's visit, when was the last time you saw a doctor for a regular visit for HIV care?
   - □ Less than 3 months ago
   - □ 3 – 6 months ago
   - □ More than 6 months ago
   - □ This is my first visit to this clinic.

4. Today did your doctor answer all of your questions?
   yes □ no □

PLEASE TURN OVER →

5. Today did your doctor talk with you about:

a. safer sex	yes □	no □
b. using condoms	yes □	no □
c. anal sex	yes □	no □
d. vaginal sex	yes □	no □
e. protecting your partner	yes □	no □
f. limiting the number of people you have sex with	yes □	no □
d. sexual stimulation of yourself or your partner without the exchange of body fluids	yes □	no □
e. taking your medication	yes □	no □

6. How often does your doctor talk with you about sex and the people you have sex with?
   - □ Never
   - □ Some clinic visits
   - □ Half of clinic visits
   - □ Most clinic visits
   - □ Every clinic visit

7. How often does your doctor talk with you about you telling your sex partners about your HIV status?
   - □ Never
   - □ Some clinic visits
   - □ Half of clinic visits
   - □ Most clinic visits
   - □ Every clinic visit

8. In general, how comfortable **<u>are you</u>** when your doctor asks questions about:

	Very uncomfortable	Somewhat uncomfortable	Somewhat comfortable	Very comfortable	Don't talk about this
Your overall physical health	1	2	3	4	5
HIV-related symptoms you might be experiencing	1	2	3	4	5
Your sexual behavior	1	2	3	4	5
Your use of condoms during sexual intercourse	1	2	3	4	5
Problems taking your medications	1	2	3	4	5

9. How satisfied are you with the medical care you have received from this clinic?
   - □ Very satisfied
   - □ Somewhat satisfied
   - □ Somewhat dissatisfied
   - □ Very dissatisfied

10. Do the doctors and nurses treat you in a warm and friendly manner?
    - □ Very warm and friendly
    - □ Moderately warm and friendly
    - □ A little warm and friendly
    - □ Not at all warm and friendly

◇◇◇◇Thank you for completing this survey.◇◇◇

Maintenance Activities
On-site Coordinator Checklist

Today's Date _____

PfH Materials
□ Are PfH posters on the walls in the waiting room and each exam room?
□ Are PfH brochures available to the staff assigned to distribute them to patients?
□ Are PfH informational flyers available to staff assigned to distribute them to patients?
□ Does the clinic have an adequate supply of brochures & informational flyers?

Activities / Inservices
This is a list of possible activities to maintain provider and staff interest in PfH.

- □ Distribute and discuss informational flyers during staff meetings
- □ Discuss chart audit results. Focus on one area in need of improvement and one area of success.
- □ Present one scene from training video and facilitate discussion about how to handle the situation.
- □ Feedback regarding Provider Surveys.
- □ Feedback regarding Patient Exit Surveys.

Would you like assistance from your PfH trainer to conduct other maintenance activities at your clinic? If so, what would be helpful?

_____
_____
_____

Are there particular issues or barriers to maintenance of PfH at your clinic? What are they? What are your ideas about how to resolve them? Would you like assistance to resolve them?

_____
_____
_____
_____
_____