

Public Burden Statement: The evaluation focuses on process and impact evaluation of all CoP Teams. The information collected will inform satisfaction measures (reaction), change in knowledge after the TA (learning), and change in behavior or practice after the introduction of evidence-based interventions (behavior). 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. The OMB control number for this information collection is 0915/0906-XXXX and it is valid until 12/31/2026. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 0.47 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

## 1. Pre-Conception Counseling Community of Practice Retrospective Pre-Post-Assessment Instrument

### Instructions:

To measure the effectiveness of the Pre-conception Counseling Community of Practice (CoP), we invite you to complete this survey. Through this survey, we are gathering information on both your experience prior to the CoP as well as currently. As you complete the survey, you will notice that we ask you to respond to the questions by first thinking back to beginning of the CoP, and then again by thinking about your experience currently.

The survey will take about 28 minutes to complete.

Your identifying information and survey responses are confidential and will only be seen by the evaluation team. Individual responses will be combined with responses from all other survey participants for reporting purposes. Your honest responses will help us assess the effectiveness of the CoP learning sessions and understand how they may be improved.

1. Type of employment organization: (check one)

- |                                     |                          |
|-------------------------------------|--------------------------|
| Local/State Government Agency       | <input type="checkbox"/> |
| Tribal Organization                 | <input type="checkbox"/> |
| Outpatient Behavioral Health Agency | <input type="checkbox"/> |
| Community Health Center             | <input type="checkbox"/> |
| FQHC/FQHC look-alike                | <input type="checkbox"/> |
| University Medical Center/Hospital  | <input type="checkbox"/> |
| Faith-based Organization            | <input type="checkbox"/> |
| AIDS Service Organization (ASO)     | <input type="checkbox"/> |
| Other                               | <input type="checkbox"/> |

2. Position Title: \_\_\_\_\_

3. How long have you been in your current position? \_\_\_\_

4. In your current position, do you work directly with patients?

- Yes
- No

5. What is your age? \_\_\_\_\_

6. What is your gender identity?

- Woman
- Man
- Transgender
- Non-binary
- Other

7. Are you Hispanic or Latino?

- Yes
- No

8. What do you consider yourself to be? (Select one or more.)

- Alaska Native
- American Indian
- Asian
- Black or African American
- White/Caucasian
- Native Hawaiian or Other Pacific Islander
- Other

<b>THINK BACK to the beginning of the project. We are interested in knowing how you would have rated your ability AT THAT TIME to do the following:</b>	<b>(5) = Very High</b>	<b>(4) = High</b>	<b>(3) = Medium</b>	<b>(2) = Low</b>	<b>(1) = Very Low</b>	<b>(0) = Not Applicable</b>
9. Provide pre-conception counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Talk with patients about their desire to have a child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Help patients to make informed decisions about pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Provide gender-affirming care for transgender and gender-diverse individuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>NOW THINK about your work with patients MOST RECENTLY. How would you rate your ability AT THIS TIME to:</b>	(5) = Very High	(4) = High	(3) = Medium	(2) = Low	(1) = Very Low	(0) = Not Applicable
13. Provide pre-conception counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Talk with patients about their desire to have a child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Help patients to make informed decisions about pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Provide gender-affirming care for transgender and gender-diverse individuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>THINK BACK to the beginning of the project. Please indicate how strongly you WOULD HAVE agreed or disagreed with the following statements about your confidence AT THAT TIME.</b>	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree	(0) = Not Applicable
17. I feel confident in my ability to talk to patients about risk factors for perinatal transmission of HIV and strategies to reduce risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I do not feel confident initiating a conversation about desire for pregnancy and methods of contraception with my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>NOW THINK about your work with patients MOST RECENTLY. Please indicate how strongly you agree or disagree with the following statements about your confidence AT THIS TIME.</b>	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree	(0) = Not Applicable
19. I feel confident in my ability to talk to patients about risk factors for perinatal transmission of HIV and strategies to reduce risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I do not feel confident initiating a conversation about desire for pregnancy and methods of contraception with my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>THINK BACK to the beginning of the project. Please indicate how strongly you WOULD HAVE agreed or disagreed with the following statements about your agency/organization AT THAT TIME.</b>	(4) = Strongly Agree	(3) = Agree	(2) = Disagree	(1) = Strongly Disagree
21. Generally speaking, the staff at my facility has a solid understanding of pre-conception counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Our facility has implemented pre-conception counseling protocols.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Overall, the staff is supportive of efforts to integrate pre-conception counseling into HIV care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Overall, leadership is supportive of efforts to integrate pre-conception counseling into HIV care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>NOW THINK about your agency/organization MOST RECENTLY. Please indicate how strongly you agree or disagree with the following statements about the agency/organization.</b>	<b>(4) = Strongly Agree</b>	<b>(3) = Agree</b>	<b>(2) = Disagree</b>	<b>(1) = Strongly Disagree</b>
25. Generally speaking, the staff at my facility has a solid understanding of pre-conception counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Our facility has implemented pre-conception counseling protocols.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Overall, the staff is supportive of efforts to integrate pre-conception counseling into HIV care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Overall, leadership is supportive of efforts to integrate pre-conception counseling into HIV care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>THINK BACK to the beginning of the project. Please indicate how strongly you WOULD HAVE agreed or disagreed with the following statements AT THAT TIME.</b>	<b>(4) = Strongly Agree</b>	<b>(3) = Agree</b>	<b>(2) = Disagree</b>	<b>(1) = Strongly Disagree</b>	<b>(0) Not Applicable</b>
29. I regularly provide pre-conception counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I have a good understanding of HIV treatment regimens for pregnant women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I can identify risk factors for adverse material or fetal outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I have a good understanding of strategies to reduce the risk of mother-to-child transmission of HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>NOW THINK about your work with patients MOST RECENTLY. Please indicate how strongly you agree or disagree with the following statements AT THIS TIME.</b>	<b>(4) = Strongly Agree</b>	<b>(3) = Agree</b>	<b>(2) = Disagree</b>	<b>(1) = Strongly Disagree</b>	<b>(0) Not Applicable</b>
33. I regularly provide pre-conception counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I have a good understanding of HIV treatment regimens for pregnant women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I can identify risk factors for adverse material or fetal outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I have a good understanding of strategies to reduce the risk of mother-to-child transmission of HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>THINK BACK to the beginning of the project. We are interested in how you thought the CoP would impact you personally. Please tell us about your expectations AT THAT TIME. To what extent did you expect that:</b>	<b>(5) = Greatly</b>	<b>(4) = Somewhat</b>	<b>(3) = Indifferent</b>	<b>(2) = Very Little</b>	<b>(1) = Not At All</b>

37. You would be satisfied with your experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Your collaborative network would expand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Your knowledge of pre-conception counseling would increase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Your knowledge of best practices would increase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Your capacity to perform your work would increase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Participation would provide new ways of doing your job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. The CoP would meet its goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Your ability to develop productive collaborations would increase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Your learning expectations would be met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Your networking experiences would increase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Your work would change as a result of your experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. You would take action on ideas that were generated as a result of your work with the CoP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>NOW THINK about how the CoP has impacted you MOST RECENTLY. Please tell us about your experience.</b>	<b>(5) = Greatly</b>	<b>(4) = Somewhat</b>	<b>(3) = Indifferent</b>	<b>(2) = Very Little</b>	<b>(1) = Not At All</b>
49. I am satisfied with my experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. My collaborative network expanded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. My knowledge of pre-conception counseling increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. My knowledge of best practices increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. My capacity to perform my work increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Participation provided new ways of doing my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. The CoP met its goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. My ability to develop productive collaborations increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. My learning expectations have been met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. My networking experiences increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. My work changed as a result of my experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. I have taken action on ideas that were generated as a result of my work with the CoP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. As a result of the CoP, did your facility implement a new evidence-based, evidence-informed, or emerging intervention/practice?

- Yes (continue to 62)
- No (skip to 64)
- Don't Know/Not Sure (skip to 64)

62. What is the name of the intervention or practice that was implemented?

63. How closely did you adhere to the standard program or intervention model?

- To a Great Extent
- Somewhat
- Very Little
- Not at All
- Don't Know/Not Sure

We would like to have a deeper understanding of your experiences. Please respond to the following questions:

64. What was the most effective part of the CoP?

65. What did you learn that will help you perform better in your role?

66. How have you put what you learned in this CoP to use?

67. Has participation in this CoP resulted in changes in your collaborations or partnerships? If so, please describe.


68. Has participation in this CoP helped you achieve your goals related to (*pre-conception counseling*)? Why/why not?

69. How can Bizzell improve the implementation of CoP?


--

--