**Research Project Application**

**North Country HealthCare**

**Colorado Plateau Center for Health Professions**

***Instructions***

*Please complete the following research project application in as much specificity and detail as possible. The Research Committee may also require you to provide supplemental documentation to accompany your application, but please be aware that our assessment and subsequent decision to approve a research project is based predominantly on the information presented in this document. An insufficient application or an application with salient information missing may result in a denied project or a postponement of review.*

***COVID-19 Updates***

*If you are proposing to conduct a project that involves our clinic staff in any capacity, we recommend that you speak with a* ***clinical*** *representative from North Country HealthCare to assess the feasibility and impact on clinical workflows. Because of the ongoing COVID-19 pandemic and our efforts to administer vaccines, our clinical staff is limited in their ability to support research, and so the Research Committee’s approval of clinical projects is extremely selective.*

***Deadlines***

*North Country HealthCare Research Committee meetings are held on the first Thursday of each month. Deadlines to submit research materials are 2 weeks prior to the meeting date. An application deadline calendar is posted to our research website outlining the specific dates.* [*https://coloradoplateauchp.org/research/research-projects/*](https://coloradoplateauchp.org/research/research-projects/) *Please ensure you are aware of these deadlines, as a failure to submit research materials before the deadline will result in the postponement of review until the following month’s meeting.*

***Please email all completed applications to*** ***research@nchcaz.org******.***

**General Information**

1. **Name:** Charles Jay Bawcom
2. **Email Address:** cbawcom@nchcaz.org
3. **Phone Number:** 928-221-6950
4. **Institution and Department:** North Country Healthcare
5. **Does your project involve a systematic method of studying your topic and collecting and analyzing data?** [x] Yes [ ] No
6. **Is your project a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to scientific knowledge? (Answer YES if your results will be published and/or presented at state or national conferences. Answer NO if your project will only be used for academic credit or within North Country. Answer UNSURE if unsure.)**

 [ ] Yes [ ] No [x] Unsure

1. **Does your research project involve human subjects? (Human subject research is any investigation, either observational or interventional, that involves human beings as research subjects or the identifiable information or biospecimens of human beings for analysis*. If NO, skip to Question #14*.)**

[ ] Yes [x] No

1. **If YES, documented approval or exemption from an Institutional Review Board (IRB), as well as an IRB stamped informed consent document, is required before beginning your research project. Please mark YES here to indicate your understanding.**

[x] Yes

1. **Has your research project been submitted to an IRB?**

 [ ] Yes [x] No

1. **If YES, has the project been approved by an IRB?**

 [ ] Yes [ ] No [ ] Pending approval [x] Project has not been submitted to IRB

1. **Will you obtain identifiable and/or private information about living people (i.e. names, demographic information, birthdates, ZIP codes, etc.)?**

 [ ] Yes [x] No

1. **Are you collecting data directly from human subjects?**

[ ] Yes [x] No

1. **If YES, please describe how you plan to obtain informed consent from the study participants.**

This project only collects data related to work duties of providers at NCHC.

1. **Are you evaluating a new or existing program serving NCHC patients or clients?**

[x] Yes [ ] No [ ] N/A

1. **Are you collecting data with the intention to improve NCHC processes or quality of care?**

[x] Yes [ ] No [ ] N/A

1. **Have you received (or plan to receive) grant or other external funding to support this project?**

[ ] Yes [x] No

1. **If YES, please describe the institution you have received (or plan to receive) funding from, including any grant contracts or sub-contracts that will result and the award amount.**

No significant costs anticipated, no plan to seek funding.

**Research Project Description**

1. **Title of research project**: HIV PrEP Uptake and Delivery among Providers at North Country Healthcare
2. **Provide a summary of your research project. (Less than 100 words.)**

A brief online survey to evaluate the current state of provider uptake and delivery of HIV PrEP services at NCHC and the potential benefit of QuickText order sets to support delivery of HIV PrEP services at NCHC.

1. **Provide a background of your research project and/or topic area. (Approximately 100 words.)**

In my collaboration with the U of A and PATEC, who support HIV services at NCHC, we have questioned the extent of HIV PrEP uptake and delivery at NCHC but have little data to offer insight. This survey would aim to gather data about the current state of HIV PrEP services at NCHC to identify areas where additional support could improve uptake and delivery.

1. **Describe the objective of the research project. (Approximately 100 words.)**

This project aims to gather data about the extent to which NCHC providers are addressing and delivering HIV PrEP service in their current clinical practice as well as the potential benefits of targeted QuickTexts to support HIV PrEP services.

1. **Describe the research methodology and procedures. Include timelines for data collection and a precise description of the tools and/or measures that will be used to collect and manage the data (i.e. surveys, interviews, etc.). Please be as specific and inclusive as possible.**

Data will be collected via an online survey hosted by the University of Arizona’s Qualtrics platform.

1. **Describe the target study sample. From or about whom do you intend to collect data? If applicable, please describe any inclusion or exclusion criteria for study participants*.***

The study target comprises all NCHC healthcare providers who deliver services to patients who are candidates for HIV PrEP services.

1. **Please describe the human resources (i.e. staff time) NCHC will be required to contribute to the project. Please be as specific and inclusive as possible.**

Minimal staff time may be needed to disseminate e-mails soliciting staff participation as well as time to complete the survey, which is estimated at < 5 mins per participant.

1. **Please describe the technology and data resources NCHC will be required to contribute to the project. Please be as specific and inclusive as possible.**

An email soliciting participation in the survey will need to be sent, otherwise no use of NCHC technology and data resources is anticipated. Survey hosting and data analysis will be handled by the University of Arizona and PAETC.

1. **If this project includes a clinical component, please describe explicitly the role that providers or clinical staff will have. Please be as specific and inclusive as possible.**

This project does not include a clinical component.

1. **Describe the potential benefits of this project for NCHC or for general and/or scientific community knowledge.**

This project aims to provide insights regarding the current state of HIV PrEP service delivery at NCHC with identification of opportunities for improvement and enhanced support.

1. **Describe the potential risks to either patients or NCHC.**

No risks identified.

1. **Describe how you will ensure and maintain confidentiality of participants/data.**

No personally identifiable data will be collected in this project. Data will be hosted on a secure server through the University of Arizona Qualtrics program.

1. **What is your estimated start date?** March 10, 2023 or as soon as possible thereafter pending approval.
2. **What is you estimated end date?** April 10, 2023.
3. **Please estimate the time period when NCHC staff participation will be required.**

The survey will remain open during this time period with an estimated time required of < 5 minutes per participant.

1. **If your project has a clinical component, please include the names of any providers or clinical staff with whom you have consulted or are working. If you have not consulted with a clinical advisor for a project that engages our clinical staff, we highly recommend you do so.**

There is no clinical component to this project.

*As a community health center, North Country HealthCare serves a wide variety of vulnerable populations, and* ***all*** *research conducted using NCHC patients or patient data inherently impacts vulnerable communities. In addition, we know that biomedical research has historically excluded or even exploited these populations. All applicants to the NCHC research program must demonstrate both understanding of this reality, and that they have taken time to explore how their specific project may impact any vulnerable communities. With that in mind, please answer the following questions:*

1. **Please describe how you have (or will) engage these vulnerable communities.**

This project aims to enhance delivery of HIV PrEP services to a vulnerable community that has historically been underserved. While this project does not seek direct engagement with a vulnerable community, it does aim to assess and enhance delivery of care to this

1. **Describe how your research results may be potentially used to negatively impact any vulnerable communities, and how you have taken steps to prevent and/or mitigate these potential negative outcomes.**

No negative impacts or outcomes are anticipated as a result of this project.

**Survey Content:**

- Has a patient ever asked you about Pre-Exposure Prophylaxis (PrEP)?

Yes

No

- Have you ever initiated a discussion about PrEP with a patient?

Yes

No

- Which of the following statements best applies to you?

I have prescribed and/or currently prescribe PrEP for HIV prevention.

I refer patients to other providers who prescribe PrEP.

With more education and training, I would refer patients to other providers who prescribe PrEP.

With more education and training, I would prescribe PrEP.

I will not prescribe PrEP to my patients.

Other

- To what extent do you agree or disagree with the following statements?

Strongly Disagree

Disagree

No opinion or uncertain

Agree

Strongly agree

I am familiar with current research on PrEP safety and efficacy.











I am comfortable discussing HIV risk factors with my patients.











I can determine if PrEP is indicated for my patients.











I know the required labs for PrEP initiation and management.











I am comfortable prescribing PrEP for my patients.











I know the resources available to help patients pay for PrEP.











- In which North Country Health Care Clinic site do you work?

Bullhead City

Flagstaff

Grand Canyon

Holbrook

Kingman

Lake Havasu City

Payson

Round Valley

Seligman

Show Low

Williams

Winslow

- How regularly do you use quick texts in your practice?

Not at all

Rarely

Occasionally

Frequently

- When using quick texts, which do you use?

Global quick text options

Customized quick text options

Both