



Qualitative
Insights
Topline

**Ending HIV In America
Exploratory**

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caveat & key

As with all qualitative research, the findings from the proposed study are exploratory in nature and should be viewed as suggestive, rather than definitive states.

The viewpoints represented in the final report delivered cannot necessarily be projected to a larger population.

Qualitative Research should be used to develop hypotheses about the subject and obtain insights into how the 'audience' talks and feels, however, qualitative research should not be used to quantify findings.

In some cases, the verbatim quotes within this report may be paraphrased for brevity.

Some DialSmith quantitative data pulled from the post-film questions* was included in the qualitative analysis.

*Only 14 out of 15 answered post-film questions

Segment Differences Highlighted Using These Icons & Colors

Physicians



Mid-Levels



Medical Students



objectives:

**Howard Hughes
Medical Institute {HHMI}
expressed interest in
obtaining feedback on
several qualitative
research objectives
related to their “Ending
HIV in America” film:**

1	To understand any new and/or surprising information learned by watching the film.	2	To obtain opinions related to whether or not the movie ‘spoke’ to each participant.
3	To ascertain how relevant the information was to what the target audiences do.	4	To uncover opinions about how useful the information provided in the movie is for all segments.
5	To uncover the best method of outreach and way to communicate information, stories, etc to this audience.	6	To discover if information shared in the film/movie medium, not just in a medical journal, may benefit the audience.
7	To explore the most preferred method of communications for all segments to learn information about health conditions – information they will ultimately share with patients and colleagues.	8	To discover which health care topics this audience would like to see covered in future films.



method | sample



5*

Physicians

Doctors who have completed medical school within the last 5 years

- » 2 can be in their residency
- » New MDs – up to 5 years active clinical role
- » Must be primarily in a patient-facing role

5

Mid-Levels

Mid-level and ancillary health care professionals

- » Professions that support the MDs in their day-to-day
- » Could be NPs, PAs, nurse techs, phlebotomists etc.
- » Someone that is on the front lines of patient care and has exposure to high-risk groups
- » Must be primarily in a patient-facing role

5

Medical Students

Current medical students – HHMI to assist in this recruit

- » Most interested in talking to those who want to be in a patient-facing role – a role that is most likely to interact with high-risk groups

**Three 2 ½ Hour Online
Focus Group Discussions**

National Sample

15* Total Participants

**One Physician dropped mid-way through session due to work emergency.*

Topline Report

qualitative insights



Facing array of trusted sources, all segments favor efficiency

Rather than relying on a single source for education, HCPs and Medical Students turn to multiple sources in various formats with two objectives in mind: **Credibility and Efficiency.**

Managing time limitations, all prefer sources that deliver the most information in the shortest time.

General	Journals	Podcasts	Social
<ul style="list-style-type: none">» CDC» WHO» NIH» UpToDate» Medscape» Boards and Beyond» Google Scholar	<ul style="list-style-type: none">» American Journal of Medicine» New England Journal of Medicine» Specialty-based publications<ul style="list-style-type: none">» Journal of Bone and Joint Surgery	<ul style="list-style-type: none">» Curbsiders» Physician Assistant Update» CREOGS Over Coffee» GYN Corner» Huberman Lab Podcast	<ul style="list-style-type: none">» Doximity» Facebook» TikTok» Twitter» Instagram» YouTube



Upcoming board exams guide thinking and push Medical Students and recent Medical School Graduates toward resources to support testing.



If I want information, I want it compact, bullet form, as much information as I can in a short period of time. I like the personal stories, but it's not what we're tested on. I don't mix entertainment with education."
(Group 1, Physicians (Recent Grad))

For new info: Video and email lead, but preferred method varies

Communication preferences remain nuanced. Balancing effectiveness and efficiency, many — especially **Mid-levels and Medical Students** — appreciate **strong visuals (videos, graphics)**.



Physicians, Medical Students slightly more concerned with time constraints than Mid-levels.



*To purely share something new, I prefer emails. But **after learning that something new exists, I would again go to some sort of educational video to learn about it**, then probably try and find literature that covers the new information to see what is going on in the world with the new topics.”*
(Group 3, Med Students)

1 Sources Best for New Information

- » Video
- » Email
- » Podcasts
- » Social Media
- » Websites

2 Preferred Method of Communication

- » Video
- » Journals
- » Websites
- » Clinic/Colleagues
- » Podcasts
- » Books
- » Lectures
- » Email

Medical Students rely heavily on flashcards, with nearly all preferring video first and flashcards second. Anki emerges as popular flashcard service.



Video: The ideal format for education if length is appropriate

✓ When considering video length, responses vary significantly. **Most prefer 15-30 minutes.** Physicians and Mid-levels also reference **short, impactful videos (similar to those on TikTok)** as the best way to **quickly introduce information, tease a subject, and entice the viewer.**

✓ **“Ending HIV in America” is meaningful, informative, and credible despite being too long for an educational resource.** At its current length, some **prefer a podcast** allowing them to listen at a faster speed.

✓ Respondents claim they would make an **effort to view a similar film on another topic (7.4/10* average)** and find this type of film **motivating (7.7/10* average)** according to the post-film questionnaire.

*Only 14 out of 15 answered post-film questions

“This was an hour-long film about a relatively specific topic that could be covered in a short amount of time if we were taking the entertainment value out of it. Sometimes something like this, I find to be really helpful to learn about in a **medical podcast**, for example, that’s reviewing things much more quickly in a much more broad sense.”

(Group 1, Physicians)



“If there was something that we as healthcare providers could subscribe to and get kind of a monthly or a weekly email with the snippet version to watch and see if you become interested. And then you can, in your free time, watch the longer version.”

(Group 2, Mid-levels)

“I don’t think it [“Ending HIV in America”] would be a part of my daily learning, because that is just a lot of time; we don’t have lots and lots of time.”

(Group 3, Med Students)

video

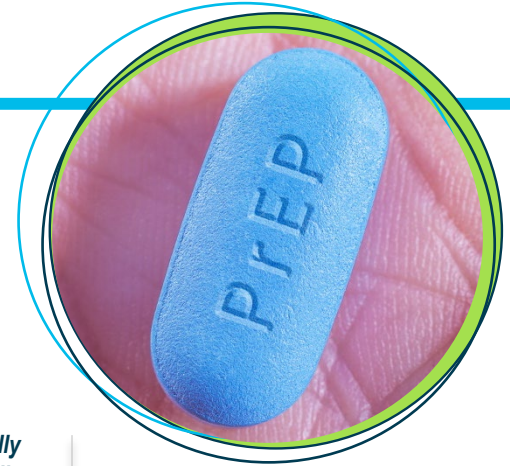
Physicians and Mid-levels versus students express increased likelihood to view similar films.

Direct patient interaction also facilitates HCP learning

✓ Students lean heavily on their education when elaborating on HIV/AIDS. Mid-levels and Physicians also recall what they learned about prevention and treatment, but **patient interactions broaden their perspective.**

✓ Prevention basics — safe sex/condom use — emerge as early as high school and continue into undergrad work. **Medical/nursing school offers more extensive details, especially surrounding the disease and treatment:**

- ✓
 - » **Disease specifics** – Biochemistry, pathophysiology
 - » **Treatment Specifics** – Anti-retroviral medications; PEP (Truvada)
 - » **Prevention Specifics** – Clean needle usage, regular screening/testing for at risk Patients, PrEP (Truvada and Descovy).



“It probably wasn’t really until I started really being in my own practice, where I started to understand, really, people who are being treated appropriately can continue to have sexual encounters with their partners with no real risk of transfer.”
(Group 2, Mid-level)

“Initially, first and second years in med school learn about the path of physiology and the microbiology of HIV and how it progressed, and then once you begin third year, we got more lectures and clinical exposure...to PrEP—post-exposure prophylaxis. **The thing that is reiterated in studying for the boards, and the thing that really sticks is the anti-retroviral therapy, the three drugs that you need.**”
(Group 3, Med Students)

direct patient interaction



Openness, empathy define HIV conversations

HCPs and Medical Students know HIV and AIDS carry a stigma but focusing on reassurance helps build meaningful connections.

At Risk Patients:

HCPs discuss basic prevention and encourage. PrEP may be introduced as an effective way to reduce exposure.



*"It's very difficult. We're not here to shame anyone. I think those conversations for those people that get diagnosed are just, 'my life is over.' **Sometimes you have to take baby steps to let them know how you can get it, but also how you can live with it.**" (Group 2, Mid-level)*

Newly Diagnosed:

HCPs strive to avoid blame and reduce fears to help Patients realize they can still live a long, healthy life.

Specifics may include:

- » Educating on how HIV spreads
- » Establishing a timeline for infection
- » Encouraging counseling for more complete care

Medical Students suggest first establishing Patients' existing understanding of HIV | AIDS to better meet their needs.





I think for me it ["Ending HIV in America] helps me put treating a patient who comes in in a different schema. Before we watched the video, it [HIV/AIDS information] was a lot of focus on education about the medications and management and testing, but now I feel like it's broadened the perspective to, is there access? Insurance obstacles, ways to reach communities that might not be able to make it into a clinic. There's a lot of other things that need to be thought about that weren't at the front of my mind before watching this.

(Group 3, Med Students)

“Ending HIV in America” offers new, surprising information

All segments glean meaningful information from the film. Even HCPs with HIV/AIDS patients retain valuable knowledge, which expands understanding of the disease, past and future.

Appreciation for Progress

A history of research and treatment provides context for younger Physicians, Mid-levels, and Students, helping **establish an appreciation for progress to date**. This history lends credibility to the experts featured in the film and helps **benchmark future developments**.

Relevancy & Surprising

Respondents rate the film **“Extremely” relevant (4.7/5* Average)** and **“Very” surprising (3.9/5* Average)** in post-film questionnaire.

*Only 14 out of 15 answered post-film questions

Differing views on ideal audience:



Many **Physicians** imagine **Students — or a non-medical audience — as the best target** due to the film's less technical approach.



Meanwhile, **Medical Students** imagine the film **being best post residency, after establishing a specialization**, as Physicians build workflow and understand their practice and patients.

depth, perspective >

Hearing a variety of
voices creates depth
and perspective



Patient & Expert Perspectives

Patient's Perspective Not Typical in Med School

The Value of Story

More Understanding

Residency vs. Medical School

HCPs and Students routinely review studies, read articles, and learn from experts; **hearing directly from Patients is less common and helps HCPs and Medical Students put a face with the disease.** However, featuring **experts add weight** and hard science to balance the human side.

HCPs — Physicians in particular — and Med Students **appreciate data and expect it from credible sources**, but communication that connects to the **patients themselves offers a perspective not typically provided in Medical School** or more traditional mediums, such as journals.

Presenting information as a **well-rounded story** rather than **data alone paints a holistic picture** beyond clinical data only.



*"I think people, when they can relate to other patients and other stories, that's how they become more understanding and accepting of their diagnoses."
(Group 2, Mid-levels)*



For me, I feel like what I learned in medical school was very different than what I saw as a resident. I was in medical school a few years ago, and even the treatment regimens were very different. How we were tested on it was very different. I feel like I really learned much more practically about it [HIV/AIDS] by testing patients and by diagnosing patients and following through and seeing the journeys that they went through in primary care offices and in infectious disease." (Group 1, Physicians)

broadsided>

Students broadsided by realities of treatment cost and access



Lack of Awareness

Without clinical experience, **Medical Students emerge less aware of the broader medical world**, leaving them surprised by the **insurance barriers and access issues** many Patients face.

Lack of Perspective

Similarly, due mainly to their **academic focus**, Medical Students **lack perspective on community involvement**. Having the opportunity to see the **realities of healthcare** leaves them with an **awareness of areas that require additional exploration**.

Distrust in Healthcare

“It was interesting to see the community approach and what they were doing. I feel like a lot of times, maybe in our level of training right now, we don’t really think about that because we are focused on differential diagnoses and whatever else. But **just seeing how the community can play a role in this, and sometimes a more important role than the physicians, because we know that there’s a lot of distrust in healthcare in general, and so that was good to see.**”
(Group 3, Med Students)

Price of Healthcare Shock

“I think ... the price of the therapy per month, that was really **shocking to me, too**, because I didn’t realize that there was such a financial barrier.” (Group 3, Med Students)

Issues with Access

“I thought it was concerning that there is a pretty real chance that patients can go without access, from an insurance perspective, to these medications that are **life-prolonging and sometimes lifesaving**. I think I personally would benefit from some more informational resources.”
(Group 3, Med Students)

Future treatment options draw significant attention...

The implant and injection appeal to all, especially Physicians and Mid-levels who work with the pill-based options. Along with highlighting these treatments, many want information on availability, potential timing, and coverage.

“If you tell them [Patients] the whole “U = U” concept, I think that’s lifechanging for a lot of people. I knew about the whole viral load thing already, but I think phrasing it that way, you really can give people a lot of hope. I feel like it’s another tool in my toolkit that I can use to help patients, in terms of being empathetic.” (Group 1, Physicians)

Additional information that catches the eye:

1



U=U – All segments familiar with “undetectable means untransmissible,” but **“U=U” offers a new connection with the information and a better approach with patients.**

2



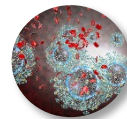
Geographic Concentration – All unaware of, and surprised by, where HIV/AIDS remains most prevalent in the US.

3



PrEP Efficacy – Presented data helps **underscore its importance.**

4



Virus Details – One student notes **virus details help further understanding** of the disease.



“I almost fell out of my chair when I heard them say implants. That’s huge...I have patients who love their Nexplanons for contraception, and that’s the first thing I thought of.”
(Group 2, Mid-levels)

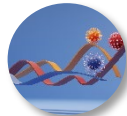
...While other stats fail to attract widespread interest

Despite the film providing valuable information for all segments, some statistics were glossed over and not mentioned without prompting.



*"I was generally aware of the epidemiology of the disease and how it was coming out, how it affects different populations disproportionately, but I think the actual numbers, 2% to 3% of the population is men who have sex with men, but they account for two-thirds of the actual HIV cases it was coming out. Getting the actual values was really eye opening, and it gives a lot more context."
(Group 3, Med Students)*

1



City specifics generated little interest as regional data offers enough context. Similarly, the number of HIV infections in the US today never naturally emerged.

2



When prompted, some Physicians note **lifetime risk numbers based on race** are new, but this data was missed by others.

NOTE: Individual statistics related to race, total number of US HIV infections, and city infection rates were not probed with Group 2 (Mid-levels) or Group 3 (Medical Students) due to time.

Film's holistic approach delivers optimism, perspective shift



Only **Mid-levels explicitly note a change in how they think about HIV/AIDS and Patients.** However, reactions to the video imply a shift in Medical Students and Physicians.



In all segments, the most significant reason for this shift comes from **learning about future treatments and/or hearing from patients.**



Physicians note **optimism** related to the **future of patient care.**



Mid-levels feel **hope based on a new view of patients' willingness to share** their stories and discuss the disease.



Medical Students earn a greater awareness of — and empathy toward — potential **Patient struggles (emotional, financial)** and the support available to help them feel successful.



"I think it made me optimistic and definitely highlighted some of the more preventative and multifactorial aspects that you can address with just getting people plugged into good resources in terms of what they were doing. The same for in clinics, just supporting people's hierarchy of needs before focusing on their medical conditions is really important."

(Group 1, Physicians)



*I always thought people with HIV would try to hide it. And I feel like most of them will hide it. But it was really surprising. A lot of them are actually very positive about themselves. They're not scared to talk about them. They're not scared to seek treatment, to be honest about it. So yeah, that kind of changed my opinion about it. **(Group 2, Mid-levels)***

optimism and perspective shift



Stigmatization, prevalence drive wishlist requests for future videos

Many additional topics emerge for **potential future videos** as HCPs and Medical Student consider the **prevalence, familiarity, and stigma surrounding a topic**. One popular request: **Efficient, yet compelling storytelling**.

Most Frequently Requested Topics Include:



Diabetes



Cancer



Covid-19



Mental Health



Opioid Epidemic



Medical Students share a strong interest in learning more about **healthcare access and policy**.



Physicians and Mid-levels more compelled by videos and education when attached to **CME credit**.

Additional Topics Include:

- Addiction
- Asthma
- Bioethics
- Cardiovascular disease
- Contraception
- Dementia/neurocognitive disorders
- Diseases prognosis
- Ebola
- ESRD
- Heart disease
- Hepatitis
- Infectious diseases
- Medication compliance
- Obesity
- Primary Care Topics
- Race discrepancies in treatment
- STIs
- Therapies in development

wishlist requests



Recommendations



Shorten Length of Film to Increase Appeal

1

A shorter runtime increases appeal and helps ensure the film is viewed in its entirety. Consider a series, designed to be watched as a set rather than one single film, to enable HCPs/Students to view as time allows.

Video

2

Develop Role/Career Specific Videos

Needs and expectations shift as students move through school, into residency and, finally, into full-time clinic life. Time demands change, too.

3

Consider Eliminating Audio

Devoting time to a video is a significant request. For some, audio presents an additional hurdle. Design videos reliant on onscreen text {eg: IG Reels} rather than narration or spoken interviews to increase viewing opportunities.

Create films to meet specific needs (such as a series dedicated to healthcare policy for Medical Students), and with existing education in mind, strengthen appeal, create parameters for the filmmakers, and demonstrate an understanding of the audience.

recommendations



4 **Always Balance Data with Human Interest – The patient perspective and human element most remain central.** Peer reviewed articles and clinical trials already offer pure science, and the patient voice allows videos to stand out as valuable, unique education. **Prioritize often forgotten voices in future films.**

5 **Offer Companion Materials – Medical Students and HCPs appreciate — and trust — hard data.** Provide easy access to companion documents such as **supplemental PDFs** to reinforce credibility and offer viewers the opportunity to further their learning and research.

6 **Incentivize Viewing – Time is valuable.** Explore incentive options such as **continuing medical education (CME) credit** or a lunch-and-learn style event to encourage HCPs to devote their free time to education. This becomes especially **beneficial with longer films.**

7 **Trial Audio Only Formats – Podcasts offer an easy way to learn new information as listeners control playback speed and can multitask. Trial a storytelling format like NPR's *This American Life* to maintain the patient focus and build a compelling story.**

General Communications

In Their Own Words

verbatim quotes





"I do think it's a **nice change from the typical peer-reviewed or articles** that we read in the New England Journal of Medicine or Nature. I do think it's sometimes, let's say you're really tired after work, the last thing you want to do is read a journal, but basically, **if there's this documentary you can watch about this, I think you're more likely to do it because it doesn't involve as much focus.**"

"If I watch a video, I'm at home, I'm browsing through TikTok or whatever, but if it's **something for quick information**, I really don't have my earphones on me all the time or I'm in a patient room or I'm in the OR or something. **I don't want the sound on for everybody, so it has to be just something I can see.**"



"At least in terms of the **empathy side and being able to comfort patients, this gives me a little bit more to build off of...** I can comfort patients better."

"I think that we should work with our **social services people**, case managers, to direct our patients to those types of facilities where all of **that help is incorporated in one.**"

> Physicians | Group 1



*If you cut the video, it takes away from the beauty. Because I must admit, I really love this video...This video **literally broke down how everything happens**. I was just like, amazing...I've never seen a video that **literally broke down how the virus** did what it did, and how that the medication do what it did...it will take away from the actual video if you try to cut it. **But I think it's going to be great for health educators, especially. (Group 2, Mid-levels)***

*"I knew that it that it was undetectable and untransmissible. **But I didn't know the U=U. And I think that that's super catchy and great.**" (Group 2, Mid-levels)*

HIV

*"I would love it if I got that information [from the film] through **short snippets of solid information with graphics** that made it stick in my mind and a cute song." (Group 2, Mid-levels)*

*"I liked how it started with the **history of HIV and AIDS**, the treatment of it, especially not living through the 80s and 90s. I think it did a really **good job showing how treatment first looked and progressing** to how treatment is today." (Group 2, Mid-levels)*

➤ Mid-Levels | Group 2



“This video [“Ending HIV in America”] **wouldn’t be enough to teach me everything I need to know about HIV or AIDS**, but if the video focused on the parts that **we don’t learn normally**, I think that would be very beneficial...Getting the **patient perspective, understanding what it actually looks like to be a patient with HIV, and the barriers that they have to getting treatment.**” (Group 3, Med Students)

“I think knowing that knowing **which populations are more at risk**, which populations have **more stigmatized reactions to HIV diagnoses**, which populations need more help getting medications, insurance, all that stuff. I think that, **moving forward, will be something that as a resident or a physician, having a bigger impact of trying to work with patients to get them set up in the programs** that they need, or with someone who can talk to them about these types of things.” (Group 3, Med Students)

“We know that HIV is already **stigmatized as it is**, and so a lot of the times patients don’t even want to discuss that with their provider, so trying to get a **better understanding of where they are and making them more comfortable** is how I would start out [talking to an HIV Patient].” (Group 3, Med Students)

“The way that medical education is, is that it’s **so geared towards the board exams and testing all of the relevant information**, that something like an individual hour-long video on one individual topic **would not be best suited for what we have to learn**, what we’re being tested on.” (Group 3, Med Students)

➤ Medical Students | Group 3

Appendix

all available upon request

