

**ATTACHMENT 12A: FACILITATOR GUIDE
ADULT PAST CLIENTS (HIV NEGATIVE)**

for

**Qualitative Evaluation of HIV Counseling, Testing, and Referral Services in Non-Health
Care Settings: Eliciting Consumer Views**

New OMB Application

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Date: October 17, 2007

Facilitator Guide

Adult Past Clients (HIV-negative)

OMB Approved OMB No Exp. date

I. **Welcome and Ground Rules (5 minutes)**

Welcome. My name is _____. Tonight we are here to learn what you think about HIV testing processes, which I will explain more in a moment. We will have about 2 hours for our discussion. I really look forward to hearing your opinions on these services.

Before we begin, I want to review a few ground rules for tonight's group:

- Everything we discuss here today will be kept as private as possible. Your names and contact information, which only the study staff knows, will not be given to anyone else and no one will contact you after this group is over.
- You have probably noticed the microphones in the room. They are here because we are audio taping. I want to give you my full attention and not have to take a lot of notes. At the end of the focus group, I have to write a report and will refer to the tape when writing the report.
- Because we are taping, it is important that you try to speak one at a time. I may occasionally interrupt you when two or more people are talking at once to be sure that everyone gets a chance to talk and that responses are accurately recorded. Please only use your first names.
- Behind me is a one-way mirror. Some of the people working on this project will be watching our discussion so that they can hear your opinions directly from you and take notes so that your opinions are accurately captured. However, your identity and anything you personally say here will remain private.
- If at any time you are uncomfortable with my questions, you can choose not to answer. Simply let me know that you prefer not to answer.
- Out of respect for each other, I am asking everyone to keep who is in this group and what is said in this group confidential. Everyone in this group tonight has the same HIV status. Please do not tell anyone who was in the group or what was talked about after you leave today.
- As a courtesy to everyone, please turn your cell phone or beeper to vibrate or silent mode.
- If you need to go to the restroom during the discussion, please feel free to leave, but please return as soon as possible.

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II. Warm-up and Introductions (10 min)

I would like to begin our discussion by talking about us a little. I'd like you to introduce yourself and tell us one thing surprising or interesting about yourself. I'll start...I'm ____ and an interesting thing about me is ____.

[ALLOW GROUP MEMBERS TO INDIVIDUALLY SHARE INFORMATION ABOUT THEMSELVES, KEEPING TIME SO THAT NO MORE THAN 10 MINUTES IS USED FOR THIS PROCESS]

[REMIND GROUP MEMBERS TO USE ONLY THEIR FIRST NAME OR A FALSE NAME. DO NOT START AUDIOTAPE UNTIL INTRODUCTIONS ARE DONE.]

III. Counseling, Testing, and Referral in Non-Medical Settings (90 min)

You were asked to participate in this focus group so that we can hear your thoughts and perspectives about the HIV testing process and ways we can make it easier for people to get tested. When I say the HIV testing process, I mean talking to a counselor, getting the test and results, and sometimes receiving referrals for medical care, support, or other prevention services. This is often how the process goes, but it can also happen in different ways.

ASK: Before we begin, does anyone have any questions?

Content-Related Warm-up (5 min)

READ: First, let's talk a little bit about HIV in your community.

1. Is HIV something that people in your community think is important?

PROBE: What are some of the specific issues that people are concerned about?

Decision-Making Process for Getting Tested (15 min)

READ: OK, next I'm going to ask you questions about your opinions about HIV testing. Remember, there is no right or wrong answer and everything you say will be kept private. You can base your responses on your opinions, experiences, or what you have heard from others.

2. What are some reasons why a person may decide to get tested for HIV?

3. What are some reasons why a person who might be at risk for HIV would not get tested for HIV?

POSSIBLE PROBES: Listen for internal/psychosocial and external/structural factors including those below

- Finding a location
- Lack of time
- Lack of transportation

- Cost
- Lack of incentives
- Stigma
- Confidentiality or anonymity
- Being discouraged by friends or family
- Fear of what friends or family would think
- Fear of getting blood drawn
- Denial
- Lack of perceived risk
- Fear of getting a positive result

Evaluation of CTR Services (40 min)

4. Where are some of the different places a person can go to get an HIV test? [**NOTE:** the moderator will group them into two columns by medical care and non-medical care settings on flip chart.]

READ: You can see that I've made two columns here. One is what I'll call "medical settings" like a health clinic or a doctor's office. Someone would go there for other medical services, like check ups or other tests. The other column is "non-medical settings" – places other than medical settings. [PROBE: if not already included, add examples such as mobile vans, community-based organizations, outreach settings, homeless shelters, needle exchange or substance treatment programs, etc.] Does anyone have any questions about what is a medical setting and what is a non-medical setting?

5. Let's focus for a minute on medical settings like those in this column [medical settings]. For those of you who were tested in one of these settings, what was the experience like? What did you like about it? What did you not like?

POSSIBLE PROBES:

- Cost
- Incentives
- People who did the testing
- Type of test
- How long it took (for the testing and to get results)
- HIV education
- Risk reduction counseling
- Support and counseling post-test
- Finding and getting to location
- Privacy

6. Now let's talk about the other type of testing places – those that are in non-medical settings. I'd like for you to talk about what your experiences were like in those places. What did you like? What did you not like about it? [**NOTE:** Where possible, moderator should try to get specific information about each entry on flip chart list]

POSSIBLE PROBES:

- Cost
- Incentives
- People who did the testing
- Type of test
- How long it took (for the testing and to get results)
- HIV education
- Risk reduction counseling
- Support and counseling post-test
- Finding and getting to location
- Privacy

READ: We've just talked about the reality of getting tested in those kinds of places [non-medical settings]. Now, thinking back to when you were tested, I'd like you to think about what would have improved your testing experience.

PROBES:

General setting

7. Describe the ideal in terms of location and setting.

Consent/ pre-test information

8. How would you want to give permission for HIV testing?

9. Do you think it would be better to give permission by signing a form or by verbally telling the tester? Why?

10. What information would you want about the HIV test before you agree to take the test?

Tests and Results

11. Right now, there are three ways to be tested for HIV, getting blood drawn, a finger stick with a drop of blood, or a swab inside your cheek. What are some of the things you would consider when choosing which type of HIV test to get?

PROBES:

- Speed of receiving results
- Need to go back for another test
- How you get your results

READ: Now let's consider how you would prefer HIV education and prevention counseling to be done during the testing session.

Counseling

12. What are some ways the counselor might put you at ease at the beginning?
13. What kind of HIV information would you want?
14. Would you want to talk with someone about your own behaviors that can put you at risk for HIV? Why or why not?
15. How long should the discussion take? Would you want one or multiple sessions?
16. Describe the ideal counselor. What characteristics should he or she have to make it easy to talk about HIV risks and prevention?

Referrals

17. Let's think for a minute about if you got an HIV test and the result was negative, meaning that you don't have HIV. What would you want to happen next?
 - Should the counselor do anything else before you leave?
 - What types of information or other types of services do you think you would want? Links to medical care, support groups, or ways to stay negative?
 - What other types of services might you need?
18. Let's think for a minute about if you got an HIV test and the result was positive, meaning that you have HIV. In that case, what would you want to happen next?
 - Should the counselor do anything else before you leave?
 - What types of information or other types of services do you think you would want? What other types of services might you need?
19. What could be done to make it easy for you to follow through and go to the referral services?

READ: Now, I would like to switch gears from your opinions about ideal services to general issues related to getting a test in a non-medical setting.

Barriers in Non-medical settings (10 min)

20. What are some things that might prevent people from getting tested for HIV in a non-medical setting?

21.

POSSIBLE PROBES:

- Clinic locations, schedules, staff
- Lack of awareness/knowledge about HIV and availability of testing
- Misperceptions about the test or HIV
- Don't want to know status

- Stigma
- Concerns about privacy
- Lack of incentives
- Prefer to get medical care all in one place
- Prefer to get medical care from only a doctor or nurse
- Other competing needs and priorities
- Probe based on segmentation (if relevant)

Benefits/Harms of Testing (20 min)

21. What do you think are some of the benefits of getting HIV tested? What are some possible negative outcomes of getting an HIV test? You can talk about your own experiences or your opinions in general.

22. What are some things that could be done to encourage more people to be tested in non-medical settings?

POSSIBLE PROBES:

- Listen for both internal/psychosocial and external/structural factors
- Explore issues based on segmentation (if relevant)

We covered a lot of topics today. Are there any other ideas, thoughts or opinions that you would like to bring up about HIV testing in non-medical settings?

IV. Wrap Up

[Moderator to check with observers for any last questions for participants]

Ok, great. We are pretty much out of time. Does anyone have any last thoughts?

I want to thank all of you for coming today. This has been very useful in helping us to better understand what people think of HIV counseling, testing, and referral and ways to improve testing in non-medical settings.

[WRAP UP GROUP, REFER PARTICIPANTS TO FRONT DESK TO GET PAYMENT AND HIV INFORMATION]