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**African American STD Disparities Health Communication Project**

**#0920-0798**

**ATTACHMENT 2**

**PHASE I INTERVIEW GUIDE USED FOR  
TRIAD DISCUSSIONS**

**(PHASE I ONLY)**

## **PHASE 1 INTERVIEW GUIDE USED FOR TRIAD DISCUSSIONS**

Public reporting burden of this collection of information is estimated to average 75 minutes per response for Triad discussions, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0798).

**Task Purpose:** To gather information from the target audience, looking for patterns and ideas, to inform the development of campaign messages promoting STD/HIV prevention and testing for African American men and women ages 18-45.

### **Data Collection**

**Setting:** The triads last approximately 1.5 hours. A trained moderator will meet with the participants.

**Transcription:** We will audiotape the discussions. A note taker will take notes from either behind a one way mirror or from in the same room. Standard measures for transcribing the discussions will be arranged.

## I. Welcome

Thank you for coming today. Your participation is very important. I'm \_\_\_\_\_ and I'm from RTI, a non-profit organization. The Centers for Disease Control and Prevention (CDC) is sponsoring this project. The purpose of this discussion is to hear and learn about issues related to sexual health, including STDs and HIV, that may be affecting different communities. Your insights are very important to us and your time today is appreciated. We will have about 1.5 hours for our discussion.

Before we begin, I want to review a few ground rules for our discussion.

- Most importantly, there are no right or wrong answers. We want to know your opinions and what you think about the issues we will be discussing. I do not work for the people who are sponsoring this project, so don't hold back from giving me your honest opinions.
- [Triads only] We want to hear from everyone, and we recognize the wide range of views that each of you may bring to the table. Please be respectful of everyone's opinions, and give each person the chance to speak.
- You have probably noticed the microphones in the room. They are here because we are audiotaping. I want to give you my full attention and not have to take a lot of notes. At the end of our discussion, I have to write a report and will refer to the tapes when writing the report. These tapes will be kept in a locked place during our work and destroyed after I write the report. People reading the report would in no way be able to know what comments you made.
- [Triads only] That is one reason why if we ask you to be sure to only use first names, either real or a made-up, during the group. Please do not use your last name. Also, if you bring up a friend or other person you know as an example in our discussions, please do not use their last name either. So, whenever you mention a name, it should only be a first name and never a last name.
- [If applicable] Behind me is a one-way mirror. Some of the people working on this project are observing this 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 be private to the extent of the law.
- I may ask some sensitive questions during this discussion. 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.
- [Triads only] We ask that you respect each other's privacy as well. Please do not share with others what was said in today's group after the group is over. Please be respectful of others' opinions. Any participant who is disrespectful to others or disruptive to the group will be asked to leave the group.
- Please turn your cell phone or beeper to vibrate or silent mode. The group will last approximately 1.5 hours.
- If you need to go to the restroom during the discussion, please feel free to leave, but please return as soon as possible.

- You're free to leave at any time, but you will not get compensated (\$) until the end of our discussion.
- Do you have any questions before we begin?

## II. Warm-up

Before we begin our discussion, let's spend a little time getting to know one another.

[Triad] Please tell [me/the group] your first name, and a little about the community you live in. I'll start...I'm\_\_\_ and I'm from...

We're going to be talking today about your community. How would you define "your community," or how would you have others refer to your community? ...Maybe this relates to the types of groups you belong to, or the activities you're involved in...

**NOTE: From this point forward, use participant(s)' definition of "community" when addressing "your community" or "African American community" in the guide.**

## III. Questions

OK, now we are going to switch gears and talk about sexual health and more specifically sexually transmitted diseases or STDs.

**NOTE: This guide has four sections that may be explored, including: (a) knowledge, risk & awareness; (b) social/contextual issues; (c) stigma & community beliefs; and (d) framing & communication; All sections in the guide may not be covered in all triads/interviews and the flow of the discussion is not expected to follow the exact order presented here. The direction/flow of the discussion will be driven, at least in part, by the participants and the emphasis they put on particular topics.** When appropriate, excerpts from Appendix XX can be read to elicit participant reactions to specific disparity information [see III(d). part B].

### **III(a). STD knowledge/awareness, Risk/prevention**

1. I'd like to ask you to name as many diseases/illnesses that you can think of that can be transmitted or shared through sexual contact.

Probe: Tell me everything you know about X.

2. What are some of the things people can do to prevent getting an STD? [Listen for condom use, withdrawal, partner selection, monogamy, abstinence, partner communication/disclosure, testing & treatment]

Probe: How is X viewed by [people you know/your community]?

Probe: Do many people in [people you know/your community] practice X?

Probe: When/why would people practice X? Does it depend on the type of partner?

Probe: When/why would people NOT practice X? Does it depend on the type of partner?

3. Are STDs common in [people you know/your community]? [Explain why or why not]
4. Which STDs would you think are the most common among African Americans in the US?  
Probe: Is HIV more common than other STDs?

5. Do you think people [you know/in your community] are at higher risk of getting HIV - or another kind of STD?

6. Have you ever heard that STD rates are higher in the African American population than in other populations of the U.S.?

If so, probe: What are your thoughts about that? Do you believe it to be true? [Listen for: conspiracy beliefs around STDs/HIV, lack of trust in the government, homophobia, testing fears.]

7. Have you heard that if some STDs are left untreated, they can lead to fertility problems? What do you think about that?

8. Have you heard that some STDs increase your risk of getting HIV (if you have sex with someone who has HIV)? Also, that if you have HIV, having another STD can increase your chances of giving HIV to your sex partner(s)?

### III(b). Social and Contextual Issues

1. In general, what kinds of things are men looking for in sexual or intimate relationships? What are women looking for?

IDI Probe: How about you?

Probe: What (benefits) are people getting out of these different relationships?

Probe: Knowing that having sex has both risks and benefits, how do you weigh those risks and benefits in deciding to have sex?

2. In relationships, what do you think most men/women expect from their partners in terms of sex?

Probe: What do you see as the man's (versus) & woman's role or responsibility in sexual relationships?

Probe: Are there certain things that men/women should be doing for their partners that they are not? Like what?

IDI Probe: How would you describe one's partner's role in protecting himself/herself from STDs? How about their role in protecting you?

Probe: If someone is in a relationship and gets diagnosed with an STD, what happens?

3. There has been a lot of talk about men having more than one partner at a time or relationships that overlap. In other words, some men may have girlfriends as well as a main partner or spouse. How common is that? What do you think about men who do that?

Probe: What do you think about the women who get involved with these men?

Probe: Do women do the same thing (have more than one partner at a time)? [If so, what do you think of them?]

4. In thinking about the people you know, what things would you like to see changed or to be different that relate to relationships or people being sexually active?

5. What are some things that may be contributing to the STD problem in the African American community?

[Listen for responses such as norms/values, sex/violence in the media, drug/alcohol use, incarceration, concurrent partners, domestic violence, M-F partner age gaps, poverty, homophobia]

For each response, probe:

- What do you think about that?
- How common do you think it is in your community?
- Do you think [this issue] affects how people approach or think about sex? How?

6. Are certain groups within the African American population at higher risk for STDs than others? What about within in your community?

Probe: What groups? Why do you say/think that? How do you know this?

7. Where do STDs fit in with other things people have to worry about in their lives?

### **III(c). Stigma and Community Beliefs**

1. If someone was being tested for an STD, what would people you know think about that person? [why?]

Probe: Would it matter what STD they were being tested for?

2. How do people in general feel about someone who has (or has had) an STD?

Probe: Does it matter what the STD is, or if it's HIV? How/why?

Probe: Have you ever heard negative things said about people who have STDs? What's been said? Does this differ for men and women with STDs?

3. Who gets the blame for spreading STDs? Do you think views on this are different between men and women? Why is that?

4. Do people view STDs as being more of a problem among heterosexual people or homosexual people?

Probe: What do your friends think about homosexuality?

What do your family members think about homosexuality?

What do people in groups you belong to think about homosexuality?

5. What would you describe as fears or problems to getting tested for an STD? Have you heard any concerns from your friends?

Probe: If you were in charge of a program to promote STD testing, what might you say or do to deal with these fears or problems?

6. What have you heard about what it's like to get tested? [Positive/negative?]

Probe: For example - how are people treated by the clinic/medical staff?

7. Do you think people trust that they can get the care they need if they have an STD? Like from their doctor?

Probe: How would you compare the STD health care services that African Americans get compared to whites?

Probe: How would you compare the STD health care services that African American women get compared to African American men?

8. How do people feel about the government's response to STDs/HIV in the African American community?

[NOTE: if participants ask what the government's response has been, moderator should return the question to participants, asking them: "Do *you* know of anything the government has done to address this issue?"]

Probe: Do you believe the government has your best interest in mind?

Probe: What more should the government be doing?

### **III(d). Framing and Communication**

#### **PART A [prior to reading STD disparity info]**

1. When you hear "STDs", do you think of them as one disease - or as a bunch of separate diseases? Tell me a little more about that.
2. When I first mentioned STDs, were [any of] you also thinking about HIV? In other words, do you view HIV as an STD or as its own separate disease?
3. How are STDs and HIV the same? How are they different?

4. Are there specific STDs that people worry about getting? Which ones?

Probe: Do you think people worry about specific STDs or just the general concept of getting an STD? Tell me more about that.

5. Is it important to make sure that African Americans know that STDs are a threat?

If so, what would be a good way to:

- Raise awareness that they may be personally at risk?
- Motivate them to protect themselves (testing & prevention)?

6. What type of information would African American communities be most receptive to, for motivating behaviors that would help them stay STD-free (prevention, testing, treatment)?

Probe: Should messages emphasize:

- the disease (STDs) and health consequences?
- the racial differences (disparity)?
- healthy sexuality or behaviors?
- individual or community empowerment/affirmation?

[Explain...]

7. When thinking about STD prevention information, would you prefer to see general information about all STDs combined or each STD separately? Why? What about receiving STD information combined with information about HIV?

Probe: Could we combine STDs that...

- Are transmitted the same ways (skin-to-skin vs. fluids)?



- Have similar symptoms?
  - Have similar health consequences?
  - Can be treated vs. those that are incurable (you have forever)?
8. When it comes to getting STD information, who are the people/organizations you are most likely to trust/listen to? Who or what groups are you least likely to trust/listen to? Why?
  9. How would you like to get this information? [Format? Channels?]
  10. When and where would you be most receptive to this information?
  11. What would be a good way to get people taking action to protect themselves against STDs?:  
Probe: What would motivate people to protect themselves from STDs?

**PART B [after participants have received STD disparity information].**

1. How does this information make you feel?

Probe: How would you feel if you saw this kind of information put out, say in local news or ads (on radio or TV)?

Probe: How would you feel if you saw this kind of information publicized in communities that are not primarily African American?

2. Is it important to get this (disparity) information out? [If so, why and to whom?]

3. Is it important to make sure that African Americans know that STDs are a threat?

If so, what would be a good way to:

- Raise awareness that they may be personally at risk?
- Motivate them to protect themselves (testing & prevention)?

4. What type of information would African American communities be most receptive to, for motivating behaviors that would help them stay STD-free (prevention, testing, treatment)?

Probe: Should messages emphasize:

- the disease (STDs) and health consequences?
- the racial differences (disparity)?
- healthy sexuality or behaviors?
- individual or community empowerment/affirmation?

[Explain...]

5. Are there other things that must change first in your community or beyond to:

- get more people to think about and to be able to protect themselves from STDs? [What?]
- address the problem of STDs? [What?]
- access to quality health care, health care providers, services for STD prevention, testing, treatment, insurance/financial assistance?
- community leaders to be more engaged or vocal?
- community wellness programs?
- community or grassroots movements/coalitions?
- church leadership?
- transportation services?

6. How do you feel about the government's response to STDs and HIV in the African American community? Do you believe the government has your best interest in mind?

#### **IV. Closing**

Okay, we are pretty much out of time. Do you have any last thoughts?

Excuse me for one moment while I see if the people observing have any questions that I have not asked. I will be right back.

***Moderator steps out to check to see if there are any additional questions.***

Thank you for your participation. There is a brochure for you to take with you if you would like. It has information about STDs and HIV and locations where you can get further information. Have a good day/evening.

## STD DISPARITY INFORMATION

*Excerpts can be read to participants as appropriate, to elicit reactions. Note: Should not to be read prior to exploring baseline Questions about STD & disparity knowledge.*

Public health reports show that African Americans are disproportionately affected by STDs in the U.S. Although Blacks make up only 12% of the U.S. population, they account for 70% of gonorrhea cases and nearly half of chlamydia and syphilis cases.

In 2007:

- African Americans had 19 times the reported gonorrhea rates of whites, and almost ten times the reported rates of Hispanics.
- African Americans had more than 8 times the reported chlamydia rates of whites, and about 3 times the reported rates of Hispanics.
- African Americans had 7 times the reported syphilis rates of whites, and 3 times the reported rates of Hispanics.

Also:

- African Americans have 3 times the herpes and hepatitis B rates than whites, and 8 times the reported HIV rates than whites.

**[Note: moderator may probe participant(s) to ensure they've understood the concept of "rates" and try different framing.]**

What if I told you that:

- The gonorrhea rate among African Americans is 19 times higher than among whites, and almost ten times higher than Hispanics.
- Gonorrhea is 19 times more common in African Americans than whites.
- For every 100,000 African Americans in the US, about 663 of them have gonorrhea; whereas for every 100,000 whites in the US, only about 35 of them have gonorrhea.

### **Contextual issues/social determinants:**

There may be several reasons for these differences in STD rates which include social, political and cultural factors.