

## Local Effectiveness Assessment Project (LEAP), Part II

### 3a. Key Participant Interview Guide, Community Members

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*Key Participants Interview Guide – Community Members*

RESPONDENT ID: \_\_\_\_\_ INTERVIEWER ID: \_\_\_\_\_

DATE: \_\_\_\_\_ START TIME: \_\_: \_\_AM/PM END TIME: \_\_: \_\_AM/PM

*Demographic Structured Response Questions*

*Introduction and purpose of the interview*

Hello my name is \_\_\_\_\_ and I work for [Research Support Services/Emory University/IMPAQ International]. I am part of a team selected by the Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention (DHAP) to better understand the current successes and challenges in HIV prevention, treatment and care among, gay, bisexual and other men who have sex with men, or MSM, in <JURISDICTION>.

**INSTRUCTIONS:** Before we begin our conversation, let me start by asking you a few quick questions about you. If there are any questions you would prefer not to answer, please tell me and I will go to the next one. Remember that your participation is voluntary. These questions are being asked in order to provide context to the interviews.

*Demographics*

1. What is your age in years? | \_\_\_\_ | \_\_\_\_ |

2. Do you consider yourself Hispanic or Latino(a)?

No..... 0

Yes..... 1

3. What racial group or groups do you consider yourself to be? (Mark all that apply)

American Indian or Alaska Native ..... 1

Asian..... 2

Black or African-American ..... 3

Native Hawaiian or other Pacific Islander ..... 4

White..... 5

4. Do you currently identify as...

- Male.....  1
- Female.....  2
- Transgender Male.....  3
- Transgender Female.....  4
- Other (Specify).....  5

5. Do you think of yourself as ...

- Gay .....  1
- Straight, that is, not gay .....  2
- Bisexual .....  3
- Or another identity [orientation](SPECIFY).....  4
- DON'T KNOW/QUESTIONING.....  5

6. What is the highest level of education you have completed?

- Less than a high school degree .....  1
- High School graduate/GED.....  2
- Some college / Associate's Degree).....  3
- Bachelor's degree .....  4
- Master's degree.....  5
- Professional school degree (MD/JD) or doctorate (Ph.D.)  6

***Respondent Background***

7. How long, in total, have you been actively involved in MSM HIV issues in <JURISDICTION?

|\_|\_| years |\_|\_| months

## In-Depth Interview Guide – Community Members

### *Introduction/Opening*

Thank you. We can now begin our conversation. We would like to start with a discussion of overall HIV trends among MSM, including gay, bisexual and other men who have sex with men, in <JURISDICTION>, and how prevention, treatment and care needs are being addressed.

1. First, tell me about your role in MSM-HIV issues in <jurisdiction>

PROBE FOR PERSONAL ROLE IF NOT ANSWERED

2. Tell me about the overall HIV situation for MSM in <jurisdiction>.

3. How are different **subgroups of MSM** affected?

IF NECESSARY PROBE:

What about...

Different age groups? ...different race-ethnicity groups?

Men who are sex workers?

Different geographic areas within <jurisdiction>?

Any other groups of men who have sex with men?

IF NOT CLEAR, PROBE ON ANY RESPONSES TO IDENTIFY IF DISPARITIES ARE SPECIFIC TO PREVENTION, TO TREATMENT OR TO CARE.

Now we'd like to talk a bit more about local care and prevention efforts here in <jurisdiction>. For purposes of this interview, we would like to define the continuum of care as including the following steps [INCLUDE AS HANDOUT], for most of the interview we'll be talking in terms of these activities:

- Preventing new infections
- Identifying individuals with undiagnosed HIV infections through HIV testing and diagnosis
- Connecting HIV-positive people to quality HIV care
- Keeping HIV-positive people in quality HIV care
- Effective drug treatment of HIV
- Treatment success-suppressed viral load

4. Are you familiar with the continuum of care model?

### *Needs / Gaps*

5. Looking at these first two bullets, prevention and identification of individuals with undiagnosed HIV, what are the current most pressing, unmet HIV prevention needs of HIV-negative MSM in <JURISDICTION>?

PROBE AS NECESSARY:

- o Why are these needs not being met?
- o Based on current needs of the local MSM population, what are the key priority areas for HIV prevention, and identification of HIV among MSM?

6. Now looking at the remaining bullets, what are the current most pressing, unmet HIV treatment and care needs of MSM living with HIV in <JURISDICTION>?

PROBE AS NECESSARY:

- o Why are these needs not being met?
- o Based on current needs of the local MSM population, what are the key priority areas for HIV care, and treatment?

## *Programs*

Still thinking about the continuum of care

7. Looking at the first two bullets, what programs or policies are currently in place to address HIV prevention and identification needs for MSM in <Jurisdiction>?

PROBE FOR DESCRIPTION

PROBE: How well are the programs working?

PROBE: What would make them work better?

PROBE: Are there any programs related to PrEP specifically? How are those working?

8. Now looking at the remaining bullets, what programs or policies are currently in place that address HIV care and treatment needs for MSM living with HIV in <JURISDICTION>?

PROBE FOR DESCRIPTION

PROBE: How well are the programs working?

PROBE: What would make them work better?

## *Communication*

CONTINUE TO DIRECT R TO CONTINUUM OF CARE (POINT TO BULLETS ON HANDOUT AS NECESSARY)

9. How do organizations publicize or communicate HIV prevention and identification services for MSM in <Jurisdiction>?

PROBE TO CLARIFY WHICH ORGANIZATIONS CONSIDERED

PROBE: How effective are these communication strategies?

10. How do organizations publicize or communicate HIV care and treatments services for MSM living with HIV in <Jurisdiction>?

PROBE TO CLARIFY WHICH ORGANIZATIONS CONSIDERED

PROBE: How effective are these communication strategies?

11. How aware do you think MSM are about HIV prevention, treatment and care services provided in <Jurisdiction>

PROBE IF NEEDED

PREVENTION & IDENTIFICATION

CARE AND TREATMENT

PROBE TO CLARIFY FOR WHICH MSM SUBGROUPS: And what about PrEP specifically?

12. What types of outreach activities are provided to the MSM locally?

PROBE IF NEEDED

PREVENTION & IDENTIFICATION

CARE AND TREATMENT

### *Partnerships*

13. How well do agencies and organizations in <jurisdiction> work together on MSM HIV prevention, care and treatment?

PROBE TO CLARIFY WHICH ORGANIZATIONS CONSIDERED AND

PROBE IF NEEDED

PREVENTION & IDENTIFICATION

CARE AND TREATMENT

14. How well do agencies and organizations involve local MSM when planning HIV prevention and care services in <jurisdiction>?

PROBE TO CLARIFY WHICH ORGANIZATIONS CONSIDERED

PROBE TO CLARIFY WHICH MSM SUBGROUPS ARE INVOLVED

PROBE IF NEEDED

PREVENTION & IDENTIFICATION

CARE AND TREATMENT

15. How well do advocacy groups or leaders in the MSM community work with those who provide HIV prevention and care services in <jurisdiction>?

PROBE ON WHAT TYPES OF ACTIVITIES  
PROBE ON EFFECTIVENESS  
PROBE IF NEEDED  
    PREVENTION & IDENTIFICATION  
    CARE AND TREATMENT

### *Barriers/Facilitators*

16. Looking at the first two bullets, what are some of the barriers that impede HIV prevention and diagnosis of individuals with HIV infections among MSM in <jurisdiction>?

PROBE FOR DISPARITIES BETWEEN SUBGROUPS

IF KP LISTS 2 OR FEWER, PROBE:

PROBE: These could be resources, structural barriers, cultural barriers...

PROBE TO GAIN FULL UNDERSTANDING OF WHY THESE ARE TOP BARRIERS.

- 16A: WASHINGTON DC JURISDICTION SPECIFIC: To what extent and in what ways do jurisdictional issues (porous boundaries with Virginia and Maryland) affect the ability to prevent and diagnose new individuals with HIV infections among MSM?

17. Looking at the first two bullets, what are some of the factors you see that contribute to successful HIV prevention and diagnosis of individuals with new HIV infections among MSM in <jurisdiction>?

PROBE FOR DISPARITIES BETWEEN SUBGROUPS

PROBE FOR PREP SPECIFICALLY IF NOT DISCUSSED

18. Looking at the remaining bullets, what are some of the barriers that impede the treatment and care for MSM living with HIV?

PROBE FOR DISPARITIES BETWEEN SUBGROUPS

18A: WASHINGTON DC JURISDICTION SPECIFIC: To what extent and in what ways do jurisdictional issues (porous boundaries with Virginia and Maryland) affect the ability to treat and care for MSM?

19. Looking at the remaining bullets, what are some of the factors that contribute to successful treatment and care efforts for MSM living with HIV?

PROBE FOR DISPARITIES BETWEEN SUBGROUPS

### *Innovation*

20. I'd now like to talk to you about anything you see as particularly innovative, special or different in MSM HIV prevention and identification in <jurisdiction>

PROBE AND DIRECT R TO BULLETS ON CONTINUUM OF CARE HANDOUT AS NECESSARY

PROBE: What makes these approaches special or different?

PROBE: How do they differ from older approaches used?

21. And what is particularly innovative, special or different in treatment or care for MSM living with HIV in <jurisdiction>.

PROBE AND DIRECT R TO BULLETS ON CONTINUUM OF CARE HANDOUT AS NECESSARY

### *Miami Jurisdiction Specific Questions*

22. MIAMI: Now I'd like to ask you a couple questions specifically on how drug use. To what extent do drug and alcohol use impact HIV infection rates among MSM in Miami?

23. MIAMI: What are you hearing from people you talk to about the extent that drug or alcohol use impacts HIV infection rates among MSM in Miami?

Among those who work at CBOs or agencies?

Among the MSM community, advocates or members?

### *Closing*

24. What would you like to share today regarding HIV among MSM that we have not addressed?