Local Effectiveness Assessment Project (LEAP), Part II

3b. Key Participant Interview Guide, Health Department and CBO Representatives

**Form Approved OMB No: 0920-1901 Exp. Date: 12/31/2018**

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## Interview Guide – Health Department/CBO Representatives

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 and your position. 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

1. **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

1. **Do you currently identify as...**

Male  1

Female  2

Transgender Male  3

Transgender Female  4

Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5

1. **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

1. **How long, in total, have you been working in HIV prevention, care or treatment in <Jurisdiction>?**

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

1. **How long, in total, have you been working in the MSM community in < Jurisdiction > or elsewhere?**

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

1. **What is your current job role? (check all that apply)**

|  |  |
| --- | --- |
| Program Director/Manager in HIV prevention or treatment.. | 01 |
| Program Staff | 02 |
| Outreach worker  Clinician/HIV Care Provider | 03  04 |
| Mental Health Provider | 05 |
| Substance Abuse Counselor | 06 |
| Social Worker | 07 |
| Health Educator in HIV Prevention | 08 |
| Community Advocate | 09 |
| HIV Prevention Counselor  Other (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 10  11 |

1. **How long have you been working in your current job role?**

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

1. **Are you a licensed or certified health care provider?**

No  0

Yes, Physician  1

Yes, Nurse Practitioner  2

Yes, Physician Assistant  3

Yes, Registered Clinical Nurse Specialist  4

Yes, Registered Nurse  5

Yes, Case Manager  6

Yes, Other health care license (specify)  7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### In-Depth Interview Guide – Health Department/CBO Representatives

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, <Jurisdiction>, and how prevention, treatment and care needs are being addressed.

Local HIV prevention and care efforts, activities and context of the jurisdiction

1. Tell me about the overall HIV situation for MSM in <Jurisdiction >.
2. How are different **subgroups of MSM** affected?

Probe if necessary:

* 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?

* To identify if disparities are specific to prevention, or to treatment and care.

Local HIV prevention and care efforts, activities and context of the KP role/ organization

**Now we’d like to talk more specifically about your organization/agency’s HIV-related efforts and activities for MSM.**

For purposes of this interview, we would like to define the continuum of care as including the following steps [place handout between you and respondent]:

* 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

1. Referring to the HIV continuum of care, what activities has your (agency/organization) undertaken to address HIV among MSM at each step along the continuum of care?

Probe as necessary (refer to bullets of handout):

* How about activities you have undertaken for....?
* If not mentioned when probing effective drug treatment: Is PrEP use encouraged or discussed in any of these?

1. Still thinking about the continuum of care, can you elaborate on coordination of services at your (agency/organization) for HIV prevention, treatment and care for MSMs? This can include both working within the (agency/organization) and collaborating with others in <Jurisdiction>.

Probe as necessary:

* for specifics, not just general statements.
* Who do they work with and how.

1. What are the steps and approaches that your (agency/organization) takes to engage at-risk MSM in HIV prevention?

Probe as necessary:

* For which subgroups of MSM R is talking about.
* How are those steps and approaches gauged for effectiveness?

1. How does your (agency/organization) communicate which services or activities are available for MSM? (For example, through print, online or through your partnerships with others)?

Probe as necessary:

* What is the result of these communication strategies?
* Are the results of these communications evaluated/measured? If yes, how?
* Are there different approaches for different sub-groups of MSM

1. How does your (agency/organization) find out about new services available for MSM populations?

Policies and Procedures

|  |  |
| --- | --- |
| [IF Health Department Representative]  Does your agency have any policies to help local agencies or organizations guide HIV services to MSM?  Probe as necessary:   * + - If yes, tell me how those policies have been implemented.     - How have the policies been received by the target organizations or populations?     - To what extent is your agency able to observe the policies? | [IF CBO Representative/ Care Provider]  What policies and procedures does your organization have in place that help guide HIV services to MSM?  Probe as necessary:   * What about policies related to staff training?   + Cultural issues/competencies? * What about guidelines or protocols for MSM care and treatment? * What about policies or procedures for setting HIV prevention priorities for MSM?   To what degree does your organization follow these policies |

1. In what ways, if any, has funding affected the way your (agency/organization) addresses HIV services and care for MSM?

Probe if necessary:

* In the last year, were there any changes in funding that altered the way your agency/organization delivered HIV services and care for MSM?
* How does the level of funding for specific programs such as screening, testing, counseling, and treatment change the way HIV services are provided?
* How has funding affected, if at all, other social services needs for MSM?
* Have funding issues affected services for any of the various subgroups or identities of MSM in <jurisdiction>?

1. What type of data or information does your (agency/organization) collect regarding HIV services and care for MSM in <Jurisdiction>?

Probe if necessary:

* Prevention activities (e.g., awareness, education session, testing and screening)?
* Care/ treatment (e.g., counseling and treatment provided by public/private providers, medical regimens, retention in care by HIV + MSM)?
* Is there any additional data or information that’s not currently being collected that might be beneficial to track? Why?
* Which data or information systems are used in <Jurisdiction>? Are the information systems/databases linked in any way? Is the information shared/compiled/connected in any way?
* How can data be accessed by practitioners or researchers in the area? What protocols are there in place for providing access to outsiders?

1. How is theinformation that is collected on HIV testing, counseling, and treatment used in your (agency/organization)?

Probe if necessary:

* Can you give me some examples?

1. How is data quality assured?

Probe if necessary:

* Is the data checked for errors? For missing data? For incorrect data? For unreliable data? For late or erratically delivered data?
* How is this accomplished? What policies or procedures are in place?

Partnerships and Outreach

1. Does your department/organization involve local MSM when planning HIV prevention and care services? If so, how? If not, why not?

Probe if necessary:

* Does the program staff have collaborative ties and working relationships with MSM? Tell me more about that.

* Specific subgroups they involve
* Please tell me about specific ways or examples of how your (department/organization) engages the local MSM population for improving HIV services.
* How are cultural nuances and practices of the various subgroups or identities integrated into the delivery of services and care?

|  |  |
| --- | --- |
| [IF Health Department Representative]   1. Tell me about any local level programs that collaborate or partner with local government departments in providing HIV prevention services or care for MSM?   Probe if necessary:   * What challenges has this collaboration encountered? How did they address the issue(s)? * What has been successful? What made this successful? | [IF CBO Representative/ Care Provider]   1. Tell me about any collaborations or partnerships your organization has with other organizations or to serve the HIV needs for MSMs in <Jurisdiction>.   Probe if necessary:   * Have you encountered any challenges in these collaborations? How were these challenges addressed? * What has been successful? What made this successful? |

Barriers and facilitators/innovations for controlling HIV among MSM within the jurisdiction

Now I would like to discuss factors that impede or enable HIV prevention and care among the local MSM in <Jurisdiction> that you may not have yet told me about.

First let me ask you about prevention. And by prevention, I mean specifically HIV prevention with HIV-negative MSM.

1. What are the current most pressing, unmet HIV prevention needs of HIV-negative MSM in <Jurisdiction> -?

Probe if necessary:

* Do some HIV-negative MSM living in different areas of <jurisdiction> have higher levels of unmet HIV prevention needs compared with other parts of the city?
* for specific subgroups (sociodemographic, racial/ethnic, etc.)
* Based on current needs of the local MSM population, what would you say are the 2 key priority areas for HIV prevention? Why are these needs not being met?
* to gain a full understanding of why these are key priority areas for prevention

1. What programs or policies are currently in place that are successfully addressing HIV prevention needs for MSM in <Jurisdiction>?

* How are those steps and approaches gauged for effectiveness?
* Are there programs or policies related to PrEP specifically? How are those working?

Treatment and Care

Now, let's focus on HIV treatment and care.

1. What are the current most pressing, unmet HIV treatment and care needs of HIV-positive MSM in <Jurisdiction> -?

Probe if necessary:

* Do some MSM living in different areas of < Jurisdiction> have higher levels of unmet HIV treatment and care needs compared with other parts of the city?
* For other specific subgroups if not clear (sociodemographic, racial/ethnic, etc.)
* Why are these needs not being met?
* Based on current needs of the local MSM population, what would you say are the 2 key priority areas for HIV care and treatment?
* to gain a full understanding of why these are key priority areas for care and treatment.

1. What programs or policies are currently in place that are successfully addressing HIV treatment and care needs for MSM in <JURISDICTION>?

* How are those steps and approaches gauged for effectiveness?

1. Overall, what financial and workforce resources have been most helpful in the fight against HIV among MSM in <Jurisdiction>?
2. What financial and workforce resources are lacking or not being offered to help in the fight against HIV among MSM in < Jurisdiction>?

Probe if necessary:

* Why are these not available?

1. What other non-health care resources, such as housing or food assistance have been most helpful in the fight against HIV among MSM in <Jurisdiction>?
2. What other non-health care resources, have been most lacking or are not being offered in the fight against HIV among MSM in <Jurisdiction>?
3. Now, thinking about both prevention and control of HIV, what do you see as the 2-3 greatest barriers to the prevention and control of HIV among MSM in <Jurisdiction>?
4. Washington DC Jurisdiction Specific: To what extent/how do jurisdictional issues in the DC metropolitan area- specifically, porous boundaries with Virginia and Maryland—affect your agency/organization’s ability to prevent and control the spread of HIV?

Probe if necessary:

* IF KP LISTS 2 OR FEWER: These could be resources, structural barriers, cultural barriers...
* to gain a full understanding of why these are top barriers

1. Now, thinking specifically about PLWH, if you haven’t already, tell me about any innovative, special or different approaches <Jurisdiction> is using to engage MSM who are living with HIV in prevention, treatment, and care activities?

Probe if necessary:

* What makes these approaches special or different?
* How do they represent a change from past approaches?

Miami Jurisdiction Specific Questions

1. 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
2. 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 Questions

1. What would you like to share regarding HIV prevention and care among MSM that we have not addressed?