

Attachment 3b: Deep South CBO Client Interview Guide

Date: _____

Respondent ID: _____

Interviewer Three Digit Initials: _____

Start Time: ___:___AM/PM

Public reporting burden of this collection of information is estimated to average 60 minutes per response, 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1091)

INTRODUCTION AND PURPOSE OF THE INTERVIEW

[NOTE: INTERVIEWER INSTRUCTIONS APPEAR IN ALL CAPS AND SHOULD NOT BE READ VERBATIM]

INTRODUCTION: My name is <Interviewer's name>. I am part of a study team selected by the CDC's Division of HIV/AIDS Prevention to conduct interviews with people who use services at community-based organizations (CBOs). We are interested in your experiences learning about and using HIV prevention, care, and treatment services offered by organizations like < RESPONDENT'S CBO NAME>. We sincerely appreciate your participation in this study.

Before we begin, here is a consent form that explains the study in more detail. Would you prefer that I read you the consent form or would you rather read it by yourself?

ACCORDING TO RESPONDENT'S ANSWER, LET RESPONDENT READ IT OR READ IT TO RESPONDENT.

We will do everything we can to protect your privacy to the extent allowed by law. We will destroy any study materials containing your name and contact information once the study is over. We will give your interview a code number today and use the number instead of your name from this point on. We would like to record the interview to ensure that our notes of today's conversation are complete and accurate. We will destroy the recording at the end of the study.

At any time, during the interview, you can choose to stop the interview. You may also choose not to answer any questions that make you feel uncomfortable. You will receive the token of appreciation regardless of whether you complete the interview or skip any questions.

Do you have any questions?

ANSWER ANY RESPONDENT QUESTIONS BEFORE CONTINUING.

Please sign your name at the end of the form. Here is a copy of the consent form for you to keep. As a reminder, your participation is completely voluntary. If there are any questions that you prefer not to answer, please tell me and I'll move on to the next question."

WITNESS RESPONDENT SIGNING AND HAND COPY OF CONSENT FORM TO RESPONDENT.

TURN ON TAPE RECORDERS AND SAY: Now that I have the recorders on, may I also have your verbal permission to record our interview?

Section A: BACKGROUND

INTRODUCTION: I am going to begin by asking you several short questions to better understand your background and your situation. Please answer openly and to the best of your ability. While providing your responses, please do not use anyone's name. Remember that you can refuse or skip any question you do not want to answer.

1. What is your age in years? | ____ | ____ |

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

Yes..... 1

No..... 2

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. Which of the following best represents how you think of yourself?

Gay (lesbian or gay)..... 1

Straight, this is not gay (or lesbian or gay)..... 2

Bisexual..... 3

Something else..... 4

I don't know the answer..... 5

5. What sex were you assigned at birth, on your original birth certificate?

Male..... 1

Female..... 2

Refused..... 3

Don't know..... 4

6. Do you currently describe yourself as male, female, or transgender?

Male..... 1

Female..... 2

Transgender..... 3

None of these..... 4

7. Just to confirm, you were assigned {_FILL based on Question_5} at birth and now describe yourself as {FILL based on Question 6}. Is that correct?

Yes..... 1

No..... 2

Refused..... 3

Don't know..... 4

8. "I'm going to read through a list. Can you tell me whether each of the people or groups on the list knows that you are you are <gay or bisexual (FOR MSM)/transgender (FOR TRANSGENDER)>?"

- Family member Yes No
- Friends Yes No
- Sexual partners Yes No
- Coworkers Yes No
- Classmates Yes No
- Teachers Yes No
- People in my neighborhood Yes No
- Medical Provides Yes No
- Teachers Yes No
- People in my neighborhood Yes No

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

- Less than a high school degree 1
- High school diploma 2
- GED 3
- Vocational school..... 4
- Associate's degree..... 5
- Bachelor's degree 6
- Master's degree 7
- Professional school degree (MD/JD) or doctorate (Ph.D.) ... 8

10. In the past 12 months, have you stayed on the street, in a shelter, or temporarily in someone's home because you had no regular place to live or stay?

- Yes..... 1 GO TO 9a
- No..... 2 SKIP TO 9b
- Don't know 3
- Refused..... 4

10a. Do you consider yourself currently homeless?

- Yes..... 1
- No..... 2
- Don't know 3
- Refused..... 4

10b. Who do you currently live with?

- Parents..... 1
- Alone..... 2
- Roommate 3
- Sexual Partner..... 4
- Family Member..... 5
- Other _____..... 6

11. Do you currently have health insurance coverage?

- Yes..... 1
- No..... 2
- Don't know 3
- Refused..... 4

12. Are you currently working at a job that pays money? (IF YES, PROBE FOR FULL- OR PART-TIME)

- Yes, full-time..... 1
- Yes, part-time..... 2
- No 3
- Refused..... 4

13. Have you been diagnosed with HIV?

- Yes..... 1
- No..... 2 SKIP TO SECTION B
- Refused..... 3

14. Are you seeing a medical doctor for your HIV?

- Yes..... 1
- No..... 2
- Refused..... 3

15. Were you prescribed HIV medications?

- Yes..... 1
- No..... 2 SKIP TO QUESTION 16
- Refused 3 SKIP TO QUESTION 16

15a. Are you taking your HIV medications as prescribed?

- Yes..... 1
- No..... 2
- Refused..... 3

16. I'm going to read through a list. Can you tell me whether each of the people or groups on the list knows that you are living with HIV?

- Family member Yes No
- Friends Yes No

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Sexual partners | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Coworkers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Classmates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Teachers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| People in my neighborhood | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical Provides | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Teachers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| People in my neighborhood | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION B: TYPES OF HIV Services Respondent Uses at the CBO

INTRODUCTION: Thank you for your answers. Now I am going to ask you about your experiences using HIV prevention or care services at <name of this CBO>.

B1. How did you first learn about <name of this CBO>?

- a. When did you begin coming to <name of this CBO>
- b. What made you decide to come to <name of this CBO>?
- c. Before coming here for services, did you know someone who had received services here or worked here?
- d. Before coming here for services, had you seen any advertisements from <name of this CBO>?
 - i. What can you remember about them?
 - ii. How did you react to the advertisements?
 PROBE: Did they encourage you to do anything in particular?

B 2. Can you describe the HIV prevention or treatment services you have used or are currently using from <name of this CBO>?

- a. In general, what makes you want to use these services at <name of this CBO>?
- b. When did you first begin to use these HIV prevention or treatment services at <name of this CBO>?
- c. In the past, what were there some of the things that made it difficult for you to use HIV prevention or treatment services at <name of this CBO>?

PROBE: Does your financial or employment situation make it more difficult for you to access HIV services? What about health insurance? What about housing? What about transportation? Anything else?

- i. Are you still experiencing these challenges?
PROBE about the barriers the respondent listed
- ii. Have any of these things that make it difficult to use services at *<name of this CBO>* changed over time for you?
- d. How often do you currently use these HIV prevention or treatment services at *<name of this CBO>*?
- e. Do these services meet all your current needs for HIV prevention or care? Why or why not?
- f. Is it easy or difficult to get these services from *<name of this CBO>*? Why?
- g. Do you plan to continue to use these services in the future? Why or why not?
- h. Are you thinking of using other services offered by *<name of this CBO>* or offered by another CBO? PROBE: Which ones, and why you would like to start getting them?

B 3. Are there changes that *<name of this CBO>* could make that might help you and the people you know use the services here?

B 4. Do you worry about telling people, outside of *<name of this CBO>*, that you are using services here? Why or why not?

- a. If yes, does this worry ever keep you from using services at *<name of this CBO>*?

Section C: Stigma Related to Sexual Orientation, Gender Identity, HIV Status, and Ethnic or Racial Identity

INTRODUCTION: Now, I'm going to ask you questions about your thoughts and feelings, which you may have experienced related to your [sexual orientation (FOR MSM) or gender identity (FOR TG)], HIV status, or ethnic or racial identity.

C1. How do you feel about being a *<gay or bisexual man (FOR MSM)/transgender woman (FOR TG)>*?

PROBE: Do you have positive or negative feelings about being <gay or bisexual man (FOR MSM)/transgender woman (FOR TG)>? Tell me more about that.

- a. Do these thoughts about your sexual orientation or gender identity ever influence how you seek HIV prevention or treatment services?
- b. Does <name of this CBO> provide emotional support regarding your sexual orientation or gender identity? If so, how?
- c. Have you or anyone you know had any negative experiences while trying to obtain services at <name of this CBO> because of sexual orientation or gender identity?

PROBE: Examples

C2. How do you feel about your HIV status?

PROBE: Do you have positive or negative feelings about your HIV status?

- a. Do these thoughts about your HIV status ever affect how you seek HIV prevention or treatment services [at this CBO]?
- b. Does <name of this CBO> provide emotional support regarding your HIV status? If so, how?
- c. Have you or anyone you know had any negative experiences while trying to obtain services at <name of this CBO> because of HIV status? Can you explain or provide any examples?

C3. How do you feel about being <Black/African American (FOR BLACK AFRICAN AMERICAN)/Hispanic/Latino (FOR HISPANIC/LATINO)/ [However the client identifies] (NON BLACK AFRICAN AMERICAN OR NON HISPANIC/LATINO)>?

PROBE: Do you have positive or negative feelings about being <Black/African American (FOR BLACK AFRICAN AMERICAN)/ Hispanic/Latino (FOR HISPANIC/LATINO)/ [However the client identifies] (NON BLACK AFRICAN AMERICAN OR NON HISPANIC/LATINO)>?

- a. Do these thoughts about your ethnic or racial identity ever affect how you seek HIV prevention or treatment services?
- b. Does <name of this CBO> provide emotional support regarding your ethnic or racial identity? If so, how?
- c. Have you or anyone you know had any negative experiences while trying to obtain services at <name of this CBO> because of ethnic or racial identity?

Section D: Closing

Thinking of everything we have discussed, is there anything else you think is important for helping African American and Hispanic gay, bisexual, or transgender youth in your community learn about and use HIV prevention and HIV medical treatment services?

Thank you so much for your time.

PROVIDE INCENTIVE AND TURN OFF RECORDERS

END TIME: ____:____ AM/PM

DRAFT