Form Approved

OMB No. 0920 – New

Expiration Date: XX/XX/XXXX

**Evaluation of TransLife Center (TLC): A Locally-Developed Combination Prevention**

**Intervention for Transgender Women at High Risk of HIV Infection**

**Attachment 4d**

**TLC Interview**

**Privacy Act Statement:**

This information is collected under the authority of the Public Health Service Act, Section 301, "Research and Investigation," (42 U.S.C. 241); and Sections 304, 306 and 308(d) which discuss authority to maintain data and provide assurances of confidentiality for health research and related activities (42 U.S.C. 242 b, k, and m(d)).  This information is also being collected in conjunction with the provisions of the Government Paperwork Elimination Act and the Paperwork Reduction Act (PRA). This information will only be used by the Centers for Disease Control and Prevention (CDC) staff to evaluate TransLife Center (TLC) as an HIV prevention intervention for transgender women.

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-New)

**Evaluation of TransLife Center: A Locally-Developed Combination Prevention**

**Intervention for Transgender Women at High Risk of HIV Infection**

**Semi-structured Interview Guide**

**Interview Date: \_\_/\_\_/\_\_\_\_**

**Start Time: \_\_:\_\_ AM/PM**

**Interviewer Initials: \_\_\_\_\_**

**Respondent type:  Staff  Participant**

**INTRODUCTION AND PURPOSE OF THE INTERVIEW**

*Thank you for your participation in this interview. As explained to you in the consent process, this interview is being recorded. The interview is confidential so I’m not going to ask your name and I ask that you not identify anyone else by name, if you can avoid it. If you do identify individuals, do not worry, when this interview is transcribed, we will remove all references to individuals.*

*I’m going to go through a set of questions that asks you about the TLC program, including your experiences with the way the program was set-up and how it worked; the impact of the program on health and the role of the intervention in addressing problems frequently experienced by trans women including issues related to housing, employment, legal issues and health care access. Any questions so far?*

*OK, let’s begin…*

Section A: TLC Staff and Participant General Questions

*Before we begin our conversation, I have a few quick questions about you.*

A1. TLC Staff (Participants skip to A2):

A1a. How would you describe your job rank? Would you say it’s:

Front Line  Middle Management  Executive

A2b. Do you provide services directly within the TLC program or indirectly through affiliated programs (e.g., housing, other program?

Direct Service  Indirect Service

(Staff skip to Section B)

A2. TLC Participant:

A2a. Which TLC services have you participated in (*check all that apply*)?

Employment  Housing  Legal  HHO Medical

A2c. How would you describe your ethnicity?

Hispanic or Latino  Not Hispanic or Latino

A2b. What race or races do you consider yourself to be? (*select one or more*)

Black or African American  Asian  White

American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

A2d. In which of the following categories does your age fit?

18-29  30-39  40-49  50+

**Section B: Questions about the TLC Program:**

B1. What were your first impressions of the TLC program?

B2. Do you feel that the program is supporting and affirming of transgender individuals? Why or Why not? Provide some examples.

B3. How would you describe the program in terms of accessibility and convenience?

a. Probe: location

b. Probe: time of day

c. Probe: building access

d. Probe: staffing

B4. What do you think are the goals of the program? Have these goals been met?

B5. What aspects of the program didn’t work or weren’t well received?

* 1. How was the program changed to address these issues? How were those solutions reached?

B6. What aspects of the program are most effective and why?

B7. Did any positive or negative developments occur within the program during the time you have been involved with the TLC? If so, what were they?

1. Probe: staffing
2. Probe: new clients served
3. Probe: new partnerships made
4. Probe: changes in time of drop-in

**Section C – Impact of the TLC on Risk Behavior**

C1. Do you feel that the program helps people and how? Would you refer someone to the program?

C2. How would you describe the impact of the program on risk for HIV infection? How does the program that reduce risk?

**Section D – Role of the Intervention in Addressing Social Determinants of Health (housing, employment, legal issues, health care access)**

D1. How would you describe the impact of the program on your life / the lives of program participantsin terms of access to basic services? Has it helped to address these issues? Why or why not?

* 1. Probe: housing
  2. Probe: employment
  3. Probe: legal issues
  4. Probe: health care access

D2. Which of the basic services offered at TLC (housing, employment, legal, health) are most effective? What makes them effective or not effective?

D3. What could be done differently now to improve the program for the future?

**Section E: Closing**

Is there anything else you think is important for me to know to understand how the TLC program is working for transgender women?

*Thank you for your time.*

Pay respondent. Have respondent sign receipt. Turn off recorders.

END TIME: \_\_:\_\_ AM/PM