

Deep South CBO Staff Interview Guide

Date: _____

Respondent ID: _____

Interviewer Initials: _____

Start Time: __: __ AM/PM

INTRODUCTION AND PURPOSE OF THE INTERVIEW

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

INTERVIEWER READ INTRODUCTION: My name is <Interviewer's name> and I am part of a study team selected by the CDC's Division of HIV/AIDS Prevention to conduct interviews with people who provide services at community based organizations (CBOs) located in the South. We are interested in learning about your experiences providing HIV prevention and/or care services to African American and/or Hispanic gay, bisexual, or transgender youth, hereafter referred to as YMSM and YTG of color. 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 to read it on your own or for me to read it to you?

LET RESPONDENT READ IT OR READ IT TO RESPONDENT.

Please let me know if you have any questions. When you have finished reviewing the form, please sign your name at the bottom. We will provide you with a copy of the consent form for you to keep. If you decide to participate, we will record the interview today. The recording will ensure that our notes of today's conversation are complete and accurate. We will do everything we can to protect your privacy. Once the study is over, we will destroy all study materials containing your name and contact information. If you decide to participate, we will assign you a study ID. We will use this number instead of your name on the interview materials, in analyses, and any resulting data sets.

ANSWER ANY QUESTIONS AND WITNESS RESPONDENT SIGNING.

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

HAND COPY 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

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 try not to use any names. 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. Have you been diagnosed with HIV?

Yes..... 1

No..... 2
Refused..... 3

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. For how many years have you provided HIV services to YMSM and YTG of color? _____ years

11. What is your job role at <this CBO>? _____

SECTION B: TYPES OF HIV Services CBO PROVIDES

Thank you for your answers. Now I am going to ask you about your experiences providing HIV prevention or care services at <name of this respondent’s CBO>. As you answer, please think specifically about your YMSM and/or YTG clients of color.

B1. How do these clients first learn about <this CBO>?

PROBE: What they think encourages these clients to come to the CBO

PROBE: Whether, before coming here for services, these clients generally know someone who receives services here or works here

PROBE: If these clients, generally speaking, have seen any advertisements for the CBO before coming there for services

B2. Can you list and describe the HIV prevention or treatment services you personally provide at <this CBO>?

PROBE: In general, what they think makes their YMSM and/or YTG clients of color want to use these services at the CBO

B3. In the past, what were some of the challenges that have made it difficult for these clients to use HIV prevention or treatment services at <this CBO>?

PROBE: Examples (e.g., client's employment situation making it more difficult for them to access HIV services, not having enough money, health insurance, housing, transportation, etc.) and how they may have changed over time

PROBE: How these challenges have been addressed and/or changed

- a. In general, do the services <this CBO> provide meet all your YMSM and/or YTG clients' current needs for HIV prevention or care? Why or why not?
- b. In general, is it easy or difficult for these clients to get these services from <this CBO>? Why?
- c. In general, do you think your YMSM and/or YTG clients of color plan to continue to use these services in the future? Why or why not?
- d. What other services provided by <this CBO> do you think these clients could be using or taking better advantage of?
- e. As far as you know, have any of these clients voiced interest in using other services offered by <this CBO>?

PROBE: Which ones and why

B4. What strategies has this CBO implemented to make it easier for your YMSM and YTG clients of color to access services?

B5. Do your YMSM and/or YTG clients of color worry about people, outside of <this CBO>, learning that they are using services here?

SECTION C: STIGMA RELATED TO SEXUAL ORIENTATION, GENDER IDENTITY, HIV STATUS, AND ETHNICITY OR RACIAL IDENTITY

Now I'm going to ask you questions about the feelings and thoughts your clients may have experienced relating to their sexual orientation or gender identity, HIV status, and ethnic or racial identity.

C1. Generally speaking, what attitudes do your clients have about being gay, bisexual, or transgender?

PROBE: Clients' positive and negative attitudes and how these may affect how these clients seek prevention and treatment services there

PROBE: Whether they provide emotional support for these clients related to sexual orientation/gender identity and how (e.g., one-on-one, groups, staff peers)

PROBE: Any negative experiences at CBO related to their sexual orientation or gender identity when trying to obtain services

C2. What attitudes do your clients have about their HIV status?

PROBE: Clients' positive and negative attitudes and how these may affect how these clients seek prevention and treatment services there

PROBE: Whether they provide emotional support for these clients related to HIV status and how (e.g., one-on-one, groups, staff peers)

PROBE: Any negative experiences at CBO related to their HIV status when trying to obtain services

C3. What attitudes do your clients have about their ethnicity or race?

PROBE: Their positive and negative attitudes and how these may affect how these clients seek prevention and treatment services there

PROBE: Whether they provide emotional support for these clients related to ethnicity and/or racial identity and how (e.g., one-on-one, groups, staff peers)

PROBE: Any negative experiences at CBO related to their ethnicity and/or racial identity when trying to obtain services

Section D: Closing

Thinking of everything we have discussed, is there anything else you think is important for helping your YMSM and/or YTG clients of color learn about and use HIV prevention and treatment services in your community?

Thank you so much for your time.

PROVIDE INCENTIVE AND TURN OFF RECORDERS

END TIME: ____:____ AM/PM