

LAS VEGAS TGA NEEDS ASSESSMENT FOCUS GROUP PROTOCOL FOR PEOPLE LIVING WITH HIV AND AIDS

Sponsored by the Ryan White Part A Las Vegas TGA HIV/AIDS Program

FOCUS GROUP OUTLINE

2009-2010 Ryan White Part A Las Vegas TGA Comprehensive HIV/AIDS Needs Assessment

INTRODUCTION OF FACILITATOR AND NOTE TAKER

Welcome and thank you for coming today. My name is _____, we have been asked by the Ryan White HIV/AIDS advisory board to identify the service needs of people living with HIV/AIDS and their families in this community. We have asked you to be here today to share your experiences seeking and receiving services-both about the things you like and the problems you may have encountered. We also want to hear about other services or help you may need that you are not currently receiving.

I will be leading today's discussion; it will only take about two hours. My role is to make sure we get through a few questions and that you each get a chance to talk. _____ will be helping me by taking notes, we will also be recording this session to make sure our notes are accurate, is it alright with each of you if this session is recorded.

To thank you for your participation we have a **\$15 Wal-Mart gift card** for you at the end of our discussion.

CONFIDENTIALITY

All information we collect here today is confidential. We will not identify any of the participants in our notes. We will not use your name, address, or any other identifying information in reports or other materials related to the study. *(Make sure they read and sign the consent form at this time and turn in the questionnaire).*

INSTRUCTION

If it is ok with everyone here, we would like to go around the room have everyone introduce themselves with just their first name and any other information you would like to share.

We would like all of you to express your opinions about the discussion topics. We are interested in multiple points of view about them. There are no right or wrong answers. We ask that you please refrain from holding side conversations, so that we are all able to hear what everyone has to say.

Before we get started; do you have any questions for us?

ICE BREAKER

Let's begin by going around the room and introducing ourselves. Please tell us your first name and one thing you like about living here.

QUESTIONS

In Care Questions

1. Are you currently accessing HIV/AIDS medical care and/or support services and what is your motivation for accessing care?
2. Do you feel you have a support system, and if so who is your support system?

Out-of-Care Questions

1. Have you ever not accessed care for a period of 12 months or more?
2. What caused you to stop accessing care?
3. What could have kept you in care?
4. What made you want to access care again?

Diagnosis Questions

1. What led you to your decision to get tested for HIV?
2. How long after you were tested did you seek medical care for your diagnosis and was there anything holding you back from accessing care?
3. How has your HIV/AIDS diagnosis affected your emotional health and mental stability? Have you sought support groups or counselors since your diagnosis?

Service Questions

1. What are the 5 most important services to you that help you manage your HIV/AIDS diagnosis?
2. What services are you most satisfied with and least satisfied with in the current system of care and why?
3. Are there any barriers that you have experienced while trying to access services in your community?
4. If you could change one thing in the HIV/AIDS system of care what would it be?
5. Are there any services you need but can't get or aren't offered in your area?

Community Education Questions

1. What do you think about HIV prevention and/or education services offered in your community?
2. Describe the ideal HIV prevention program for _____ (MSM, women of child bearing age, ect.) in your community?

Additional Questions for MSM

1. What do you feel are the social factors in your community that put men who have sex with men (MSM) at a higher risk for HIV transmission?
2. What behaviors do you think put MSM at risk for HIV transmission? Of those behaviors, which are the biggest problems in your community?

CLOSING STATEMENT

Is there anything else regarding HIV/AIDS care you would like to share with us today? Thank you for taking the time to share your thoughts with us today. We appreciate all of your comments. Please don't forget to pick up your gift card on your way out.

CONSENT FORM

2009-2010 Ryan White Part A Las Vegas TGA Comprehensive HIV/AIDS Needs Assessment

The Ryan White Part A HIV/AIDS program serving the three county Las Vegas TGA, in collaboration with the UNLV Cannon Survey Center is conducting a needs assessment of HIV/AIDS services.

You have been invited to participate and contribute your experiences, knowledge, and opinions about the service needs for people like yourself living with HIV/AIDS. Participating in this focus group gives you a voice in the planning for HIV and AIDS treatment services throughout the Las Vegas TGA. You will receive a \$15 Wal-Mart gift card for your participation today.

Everything you share in this focus group is entirely confidential. This assurance of confidentiality means that no information about your participation can be obtained by anyone outside of the needs assessment researchers. While we ask some questions about your background for the purposes of analysis, your name will never be linked to your answers. The results of this needs assessment may be published, but your name will never be used in any report or publication.

Your consent is entirely voluntary and your decision to participate or not will have no effect on the care you are receiving or the relationships you have with providers and caregivers at any agency.

By signing below, you consent to complete this focus group.

PARTICIPANT'S SIGNATURE: _____

PARTICIPANT'S NAME: _____

TODAY'S DATE: __ __/ __ __/20__ __

If you have any questions, please call Shayla at (702) 455-7255.

Would you be interested in participating in future focus groups or surveys for another **\$15 Wal-Mart gift card**? Yes No

If "YES" please provide us with a phone number where we can contact you: _____
Someone from the "Needs Assessment Project" will call you to arrange for your participation.

FOCUS GROUP QUESTIONNAIRE

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Note: All the information collected here will be kept strictly confidential.

Thank you for your participation!

1. Are you currently...
 - HIV positive with symptoms
 - HIV positive without symptoms
 - Have an AIDS diagnosis
 - HIV negative (please see facilitator)
 - Don't know (please see facilitator)
 - Refused (please see facilitator)

2. Are you...
 - Male
 - Female
 - Transgender (Male to Female)
 - Transgender (Female to Male)

4. What year were you born? _____
Year

5. Where were you born?
 - The United States
 - Mexico
 - Puerto Rico or another U.S. territory
 - Central or South America
 - Other (please specify): _____

3. What do you consider your ethnic background ?
 - African-American / Black
 - Asian Pacific Islander
 - Asian
 - American Indian / Alaskan Native
 - Hispanic / Latino
 - More than One Race / Multi-racial
 - Caucasian / White (not-Hispanic)
 - Other (please specify): _____

6. Where do you currently live? (please choose one)
 - In an apartment/house/mobile home I rent
 - In an apartment/house/mobile home I own
 - At my parents / relatives apt./house/mobile home
 - Living/crashing with someone and not paying rent
 - In a treatment facility (drug or psychiatric)

In a half-way house or transitional housing unit
In a supportive living facility (assisted living facility or skilled nursing facility)
Homeless (on the street/in a car)
Homeless shelter
Domestic violence shelter
In a group home or residence
Other (please specify): _____

7. Do you consider yourself... (please select one answer)
Heterosexual / Straight
Homosexual-Gay Male
Homosexual-Lesbian Woman
Bisexual
Other (please specify): _____

8. What is the zip code and city/state where you live?
zip code _ _ _ _ _
City: _____
State: _____

9. What is the most likely way you were infected with HIV/AIDS?
Having sex with a man
Having sex with a woman
Having sex with someone who is transgender
Sharing needles
Having sex with someone who shares needles
Transfusion / blood products
Hemophilia / blood or tissue recipient
Acquired at birth
Tattoo needle
Other (please specify): _____