

Kansas HIV Prevention Capacity Building Needs Assessment

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Executive Summary

1. The Jones Institute for Educational Excellence at Emporia State University undertook a six-month Needs Assessment follow-up and Capacity Building grant for the Kansas Department of Health and Environment and Kansas HIV Prevention Community Planning Group that involved both focus groups and HIV-related agencies across the state of Kansas.
2. Following up previous focus groups from a similar 2002 grant, eight focus groups were conducted involving 89 participants around the state. Their responses are reported both as separate groups and collectively as a whole within this report.
3. The overall perception from the focus group members is that more HIV/AIDS-related education, advertising, information, resources, funding, and training is needed across the state. It seems that sex education and parental involvement are two areas that are underutilized in this regard. More and better agencies (as well as funding) also seem to be desired. Free or low cost services also rank high. Finally, regular clients of the HIV-related agencies seem to be familiar with many of said agencies in their local community, however, it is very unclear as to how aware the general public is of these agencies and their services.
4. The capacity building portion of the grant involved a technical needs survey that was mailed to 27 state agencies that provide HIV-related services. Eighteen total agencies responded for a response rate of 67%. Directors of community-based organizations with an HIV emphasis and local health department administrators were the most common respondents.
5. The technical needs survey identified Engaging the Target Populations, Developing Interventions, Grant Writing, Writing Realistic Program Goals and Objectives, Evaluating Client Level Outcomes, Faithfully Implementing Scientifically Proven/Evidence-Based Interventions, and Matching Community Needs to Interventions as the training areas with the biggest need. Unfortunately, few agencies are willing or able to provide training to other agencies and most are unable to devote more than 1-2 days a month toward technical need training issues. Training needs related to specific population groups/areas was very diverse and varied by agency location.
6. One day training workshops are clearly the most preferred type of training format while travel and lodging costs to these workshops are seen as the largest barrier. Time constraints were also seen as a major barrier and as such, multiple day workshops were the least preferred training format. Multiple one day regional workshops within the state may be preferable to single location statewide training.
7. Copies of all materials and instruments from the study are in the Appendices.

8. Introduction

Research History

In January 2006, the Jones Institute for Educational Excellence of Emporia State University was given a six-month Capacity Building grant by the Kansas Department of Health and Environment (KDHE) and the Kansas HIV Prevention Committee Planning Group (CPG). The four primary goals of this grant and the community planning process were:

- Goal 1: Conduct a follow-up Needs Assessment
Conduct an additional assessment of the HIV prevention needs of the Kansas state population to follow-up the initial focus group work done in the 2002-2003 study
- Goal 2: Conduct a Technical Needs Survey
Assess HIV Prevention agency technical needs and training resources.
- Goal 3: Conduct a Gap Analysis
Using the needs assessment follow-up and technical needs survey data, identify barriers, and met/unmet HIV prevention needs particularly in regard to high-risk state populations and determine if there are discrepancies between need and availability.
- Goal 4: Make Recommendations
Make recommendations on how to reduce barriers and improve HIV preventions services.

The Project Work Plan (Appendix A) identifies the overall outline of the research plan within the annual timeline. It began with through a coordination of the KDHE and CPG agencies as well as other related and appropriate agencies with extensive knowledge and resources associated with HIV/AIDS, at-risk populations, and prevention strategies. Every effort was made to utilize previous studies, reports, and processes that addressed previous Capacity Building efforts. In particular, the Michigan capacity building surveys were used as preliminary model.

There were deviations from the original timeline due to unforeseen delays in the beginning of the project involving the coordination of the focus groups and getting feedback on questions to be used in the technical needs survey. As a result the project did not begin until March 2006.

Research Team

The professional research design team was led by the Research Director of the Jones Institute for Educational Excellence (JIEE) at Emporia State University. There were a variety of additional support staff, graduate students, and undergraduate students who assisted with data collection, data entry, and compilation of the final report. The Research Director oversaw all aspects of the research, data collection, data analysis, and project work plan. This ensured that quality control and confidentiality were maintained.

The data was entered and analyzed using the SPSS statistical software program. SPSS is an extremely powerful tool that can perform virtually any quantitative or qualitative analyses needed. All data was cleaned, coded, and double-checked for accuracy. Tables, charts, and graphs were generated as appropriate using Microsoft Word, Excel, PowerPoint, and SPSS.

Research Design (Focus Groups and Mail Out Surveys)

It was decided that eight additional focus groups would be conducted to follow-up on the 202-2003 HIV Prevention Services study. As such the same question and administration formats were adhered to as the earlier study. The only thing that changed was the location and the studies and the participants that were involved.

The list of 12 questions used in the focus groups is provided in Appendix B.

Based on the results of the 2002-2003 HIV Prevention Services study, the following focus group protocol was again utilized:

- 1) A member of the KDHE and/or CPG would always be present to initially introduce the research team to the local agency personnel and focus group members.
- 2) The purpose of the research was shared with the focus group and participating members were asked to fill out a list of basic demographics questions and sign an informed consent document. A copy of these is included in Appendix C.
- 3) The focus group members were asked if they could be audio-taped to assist in the note-taking process. All focus groups agreed to this.
- 4) The group members were then asked each of the twelve Focus Group questions, one at a time. All participants were given an opportunity to respond fully, if desired. Assistants took notes.
- 5) At the end of the focus group session, participants were asked if they had any additional comments or thoughts they wanted to share about anything we had covered.
- 6) Group members were then thanked and provided with a \$20 gift certificate for their participation and dismissed.

It should be noted that the local contacts for each focus group location were extremely helpful in coordinating the participants and the session and usually provided some form of food or snack for the participants that was greatly appreciated by all.

The focus groups began in early March and ended around the middle of April. Data was collected from a total of 8 focus groups. During the spring, the technical needs survey was also being developed using feedback solicited from the KDHE and CPG members. The KDHE also provided a mailing list of the 27 agencies that were selected to receive the technical needs survey.

A copy of the Technical Needs Survey and the Cover Letter can be found in Appendix D. The protocol for distributing the surveys was as follows:

- a) A packet was mailed to each of the 27 participating agencies identified by the KDHE.
- b) Each packet contained a Technical Needs Survey to be filled out by the agency or program director. There was also a cover letter explaining the process to the director as well as a pre-paid return envelope.
- c) All cover letters included a return due date and information to contact the Research Team. Further, the cover letter included information on how the agency could win several \$20 Gift Certificates from a random drawing by returning a drawing slip.
- d) All data was cleaned, coded, and entered into SPSS as it was received.

After the initial due date, there were still more than 50% of the surveys that had not been turned in. A follow-up mail-out was sent out by Mark Shiff to remind agencies to turn in the surveys. A final total of 18 agencies responded (out of 27 possible) for a response rate of 67%.

All data was then analyzed and written up. The following sections contain the results of both the focus group and technical needs mail-out survey.

Focus Group Results

There were a total of 8 focus groups conducted that included 89 total participants. All tables below are based on a total N-size of 89.

Below is a breakdown of the location where they were held in and the total number of participants for that location.

Location of Focus Groups	Total Number of Focus Group Participants
Shawnee Mission	5
Wichita	6
Topeka	17
Lawrence	15
Garden City	12
Kansas City	15
Pittsburg	9
Great Bend	10

Demographic Information

County of Residence (Focus Groups)

There were 19 different Kansas/Missouri counties represented across the focus groups and these are listed below. Thirteen participants did not specify their county of residence.

Allen	Barton	Cherokee	Clay	Coffey
Crawford	Douglas	Finney	Ford	Harvey
Jackson	Jefferson	Johnson	Miami	Pawnee
Saline	Sedgwick	Shawnee	Wyandotte	

Gender (Focus Groups)

Gender Category	Percentage
Male	62%
Female	36%
Transgender	1%
Did not specify	1%

Age (Focus Groups)

Age Category	Percentage
13-19 Years Old	10%
20-24 Years Old	15%
25-29 Years Old	3%
30-39 Years Old	15%
40-49 Years Old	42%
50 Years Old or older	13%
Did not specify	2%

Religion (Focus Groups)

Religion Category	Percentage
Christian (non-specific)	23%
Catholic	12%
Lutheran	1%
Methodist	3%
Baptist	10%
Protestant	3%
Church of Christ	2%
Pentecostal	2%
Atheist	7%
Agnostic	3%
Unitarian	5%
Pagan	1%
Non-denominational	1%
None	18%
Did not specify	8%

Race (Focus Groups)

Racial Category	Percentage
African American / Black	25%
Caucasian / White	54%
Hispanic / Latino	10%
Native or Eskimo American	1%
Mixed Background	9%
Did not specify	1%

Sexual Orientation (Focus Groups)

Sexual Orientation Category	Percentage
Homosexual Male	35%
Heterosexual Male	16%
Bisexual Male	9%
Homosexual Female	8%
Heterosexual Female	26%
Bisexual Female	3%
Other	1%
Did not specify	2%

Education (Focus Groups)

Education Category	Percentage
Did not graduate High School	14%
High School or Equivalent	20%
Trade or Vo-Tech School	6%
Some College (no degree)	33%
4-Year College Degree	15%
Graduate Degree	6%
Did not specify	6%

Average Monthly Household Income (Focus Groups)

Income Category	Percentage
Less than \$500/month	11%
\$500-999/month	20%
\$1000-1,999/month	17%
\$2000-2,999/month	14%
\$3000-4000/month	6%
More than \$4000/month	13%
Did not know monthly income	9%
Did not specify	10%

Current Employment Status (Focus Groups)

Employment Category	Percentage
Not working but looking	11%
Part-time (< 35 hours/week)	18%
Full-time (35+ hours/week)	36%
On disability	16%
Not working, retired	2%
Volunteer work	7%
Other	2%
Did not specify	8%

HIV/AIDS Status (Focus Groups)

HIV/AIDS Category	Percentage
Diagnosed with HIV	20%
Diagnosed with AIDS	10%
Do not have HIV or AIDS	62%
Did not specify	8%

Group Summaries

Each of the 8 focus groups had their responses to the twelve questions summarized here.

Garden City Focus GroupKnowledge of Organizations

Familiarity with Prevention Organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide and about the effectiveness of those services. Most of the participants were aware of the organizations at the local level (Mexican American Ministries and the Health Department), but not at the state or federal level.

Effective/ineffective organizations. All the participants agreed that the Mexican-American Ministries was the most helpful local organization because the services were provided in both English and Spanish. Arturo, the director of Mexican American Ministries, is helpful because he is very educated and is readily available.

Methods of Disseminating Information

General Methods. The second major theme of the focus group revolved around the best and worst methods of disseminating HIV-related information. There were a number of suggestions: 1) posters and brochures, 2) public event, 3) film/movie, 4) conference—Ladies Night Out, HIV event, 5) outreach events, 6) provide an RV that will do onsite testing or go to individual's homes, 7) increase education at the high school level, 8) mail (bilingual).

Personal preferences. Some of the suggestions for personally obtaining HIV/AIDS information were from a group setting, the Regional Prevention Center, internet, and continuing workshop one to two times a year. Everyone agreed that information through the mail was not a good idea.

Improving the HIV Prevention Message

When asked specifically what the state of Kansas and their local community could do to better communicate the HIV prevention message to them, the following suggests were made: 1) communicate the basics, 2) radio, 3) posters 4) TV—make it a personal message by showing different conveying different ways a person contracted HIV/AIDS (a participant believed people watching TV could relate if it was similar to their situation).

Stopping HIV

Societal level. At this level, participants discussed several different ways people could help stop the spread of HIV. The following suggested were: 1) Talking/continuing education, 2) focus groups, 3) provide accurate information when talking to others and 4) mandatory education about HIV/AIDS at the high school level.

Individual level. In terms of what individuals can do help stop the spread of HIV/AIDS, participants unanimously agreed that people should educate themselves first and then others. Some other ways were to correct misinterpretations about HIV/AIDS, practice safe sex and getting tested.

HIV Testing

Why some don't get tested. The participants thought that the reasons why high-risk people don't get tested for HIV were (1) fear of being judged by others, (2) afraid they may have it, (3) not educated enough about it, (4) may make a person nervous, and (5) confidentiality.

Personal preferences for a testing site. The participants unanimously agreed on the Mexican American Ministries as their first choice of where they would get tested. Others responses included, the Health department, a personal physician, and the local clinic.

Changing Risky Behaviors

The participants next discussed ways to get people of high-risk to change their behaviors so they either do not engage in risky behaviors or at least are willing to get tested. Many participants said having a speaker talk about their own experience about dealing with HIV, education and telling people they have it and know it. One of the participants, a local Christian pastor, said that they have people from the jail talk about their real-life stories about HIV.

Barriers to HIV reduction

The participants were asked to identify any social, cultural or environmental barriers they felt block the reduction of HIV/AIDS. Some of the participants felt that culture was the main concern regarding barriers. Also, communication and the school system including sex education in junior high and not at the high school level were mentioned as other barriers.

Advice for the KS legislature

The participants came up with several ideas about how the state of Kansas and their local community could do to better allocate their resources. The following ideas were expressed: 1) outreach/focus groups (going out into the community), 2) promote different types of testing (blood, oral), 3) involve the Red Cross, 4) hold an all-around information event to the public including diabetes and other disease not just about HIV alone and 5) informing corporations who employ a large number people about HIV (make it part of orientation).

Great Bend Focus Group

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participants were able to name several organizations at the local level, among which the Barton County Health department, Women's Recovery Center, and local doctors' offices. The focus group participants were able to name several organizational at the state level, among which The Regional Center in Salina, Topeka AIDS Project, and New Chance of Dodge City. The focus group participants were able to name the CDC and AIDS hotline at the federal level.

Effective organizations. Several of the listed organizations were thought to be very effective and trustworthy by the focus group participants. The Barton County Health Department was trusted due to more experience, more testing, and more knowledge than comparable organizations. The Topeka AIDS Project was deemed highly effective due to its program to provide clean syringes.

Ineffective organizations. Several of the participants were not satisfied with the local doctors' offices. Participants felt there is no focus on the seriousness. The local doctors' offices do not ask questions in regards to drug use/risk/testing, and do not want to get involved. Due to the size of the community, participants perceived a lack of anonymity at local doctors' offices.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. Several strategies of disseminating information were suggested, including (1) radio and TV commercials, (2) sex education classes in schools, (3) distribution of condoms and needles, (3) newspapers and magazines, (4) Internet web sites, (5) word-of-mouth, and (6) sex education at local community colleges. When asked to evaluate the effectiveness of some of the existing methods of disseminating information, (i.e., TV, radio, Internet, brochures, etc.), the group said that local agencies need to advertise their services more on TV and the Internet, and also have more community outreach program since these are effective methods of letting the public know.

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were asked about their personal preferences, or what information avenues they personally use. Many said they would prefer obtaining information from a hotline or an 800 number, others said they liked using the Internet.

Improving the HIV Prevention Message

Suggested techniques. The group also discussed ways to improve the way the HIV prevention message is communicated. The focus group participants had several ideas about spreading information: (1) information needs to be stressed more in the school system, (2) doctor's need to become more knowledgeable, (3) there needs to be organizations in every county, (4) the method needs to be more fun, (5) the community needs to not hide information, and (6) the message needs to be more personable and age relevant.

General public versus at-risk groups. Further, the group thought it was more important for the prevention message to target the high-risk groups, instead of the general public, especially adolescent and young adult individuals.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, participants had the following suggestions: (1) more attention in school systems, (2) increased parental involvement, and (3) distribution of condoms and sterile syringes.

Individual level. Participants were next asked to share their thoughts on what *individuals* can do to help stop the spread of HIV. The use of proper protection while having sex was a priority. Participants felt the use of sterile syringes was important. Participants felt parents should take greater involvement in the child's education of HIV.

HIV Testing

Why some don't get tested. Participants thought that one reason high risk people don't get tested is a breach in confidentiality or someone in the community finding out. Denial and fear of having to change one's lifestyle were also mentioned. Participant thought people might fear that other people would be mean and/or angry about to an individual. Lastly, participants discussed the fear of being labeled.

Personal preferences for a testing site. When asked about where the participants would personally prefer to get tested for HIV if they needed to, The Barton County Health department were mentioned as places of the participants' personal choice. In general, though, participants said that a place needed to be confidential and non-judgmental in order for it to be considered a good and recommendable testing place.

Changing Risky Behaviors

The participants next discussed ways to get people at high risk to change their behaviors so they either do not engage in risky behaviors or at least go get tested. The group agreed that providing more education and awareness about HIV/AIDS would be beneficial. More information should be targeted at younger people so that each passing generation is fully aware of what HIV and AIDS are. Support systems need be established, possibly using AA and NA as models.

Barriers to HIV Reduction

Participants were also asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. The stigma associated with HIV, AIDS, and homosexuality was seen as a barrier that encourages individuals to withhold information about his or her illness and/or lifestyle. Participants felt fear, religion, parents, and ignorance were all factors that hindered the reduction of HIV/AIDS.

Advice for the KS Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) more funding for the Topeka AIDS project, (2) the dispersal of free condoms and sterile syringes in more convenient and/or clandestine locations (e.g. Restrooms) besides the Health Department, (3) funds for HIV prevention should be better spread out across the state, (4) education should be put in fun activities, such as sports, (5) more information needs to be provided concerning Hepatitis C, (6) the message needs to be fun, (7) a reward system for testing, or at least free testing would be beneficial, (8) message communicated through people like the target audience, such as celebrities, and (9) parent education for talking to their children in regards to HIV/AIDS, high risk behaviors, and treatment and prevention.

Kansas City Focus Group Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. The focus group participants were able to name the following organizations at the local Kansas City area level, the KU Medical Clinic, Ryan White, the Good Samaritan Project, KC Free Health Clinic, Southwest Family Center, the Hope Care Center, and the Baptist Hospital. Further, the participants were able to recognize a few more organizations located in the State of Kansas such as Douglas County, and Wyandotte County Community Clinics. Therefore, the overall knowledge level of organizations working towards HIV prevention was relatively good at the Kansas City area level, but was limited at the state wide level.

Effective organizations. Several of the listed organizations were thought to be very effective and trustworthy by the focus group participants. These organizations included the Good Samaritan Project, KU Medical Clinic, the Baptist Hospital, and Wyandotte County Community Clinic. The organizations were viewed by the focus group participants to be more effective than the other listed locations because of their community focus, abundance and quality of their information, and their access to resources.

Ineffective organizations. On the other hand, several organizations were thought to be ineffective and not trustworthy by our sample of participants. Generally overall, the government agencies were viewed as being least effective due to what the sample called “red tape,” an example specifically mentioned was mandated reporting. Other aspects of government agencies that were viewed by the participants as not beneficial was the lack of assistance with transportation, and a scarcity and poor quality of resources. Another major theme in the participant’s viewpoints and reactions was the poor teamwork and communication between organizations in the state of Kansas and Missouri, due to the areas demographics and proximity of the borders. More specifically, KU Medical Clinic was mentioned by the sample to pose difficulty in filling prescriptions. The participants termed this inconvenience and difficulty as a “prescription detour.”

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around best/worst methods of disseminating HIV-related information. Several methods were suggested by the participants in our sample, among which (1) radio broadcasting in the form of informative commercials/programming, (2) billboard advertisement, (3) educational school speakers, (4) build community outreach programs which provide accurate information through the word of mouth, (5) and the development and formation of a type of nationwide support group which focused on HIV education and prevention, which suggesting members of the sample compared to Alcohol Anonymous (AA). Creative advertisement and information promotion was a major theme stressed by the participants of the focus group.

Effectiveness of methods. In terms of which methods were thought to be most effective, the group had the following insights: (1) information accessible through the internet, (2) information provided by case managers and doctors, (3) information provided by the government in community organizations such as the public libraries, recreation centers, or other community centers.

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were asked about their personal preferences, or what information avenues they personally use. A general consensus amongst the sample was that word of mouth was the most common avenue that information tended to travel, however the information was not always accurate. The second method that was widely agreed upon as being the next primary avenue was literature materials in the form of brochures, handouts, and pamphlets were the most common educational avenues that they were able to access and utilize.

Improving the HIV Prevention Message Communication

Suggested techniques. The group also discussed ways to better communicate the HIV prevention message. Many participants agreed that a need for continuous funding for spreading the message of HIV prevention was in great demand. The suggestion of the development of a community support group was again stressed, including the attendance incentive of refreshments present at these gatherings. Further, through this formation of a support group, outreach by elders to younger generations could be established. The suggestion of developing educational games and activities which contain HIV trivia, facts, and prevention tips was also provided by the participants, who felt that the mailing system would be a valuable resource to deliver these instruments. Transportation concerns were once again expressed, and the solution of more locations for HIV education and treatment was suggested.

General public versus at-risk groups. The focus group sample was split between the general public and at-risk groups. Those who felt that the general public was the better focus added that this would help prevent new cases. The part of the sample that felt that the focus should be on the at-risk group, said that their concern would be to help prevent re-infection and new HIV cases.

Stopping HIV

Societal level. When asked about best ways to stop the spread of HIV, participants agreeing theme was the education of the community. In order to fulfill this need for education the participants offered the idea of holding safe-sex demonstrations where condoms and literature could be handed out in settings such as night clubs, bars, and other hangouts. Another major theme was that the community needed more effective leadership in the organizations which treat HIV infected individuals, along with consistent funding and resources.

Individual level. Participants were next asked to share their thoughts on what *individuals* can do to help stop the spread of HIV. Once again, the participant's major theme was that through education about safe sex, consequences of unprotected sexual behavior, and knowledge of the unknown is the best way to prevent the spread of HIV. Further, participants mentioned that there needs to be more education aimed at women populations.

HIV Testing

Why some don't get tested. Participants thought that some of the reasons high risk people don't get tested for HIV includes fear, lack of understanding of the importance of testing, low self-esteem, and the negative stigma which is associated with high-risk individuals.

Personal preferences for a testing site. When asked about where the participants would personally prefer to get tested for HIV if they needed to, the overall reaction of our sample was that they would feel the most comfortable going to a testing site which seemed friendly, treated them with respect, and did not treat them more different than the rest of the population but as equal.

Changing Risky Behaviors

The participants next discussed ways to get people at high risk to change their behaviors so they either do not engage in risky behaviors or at least go get tested. Possible solutions which were suggested include offering cost-free counseling for those who are uneducated about HIV risk and prevention, and also continuing community pressure and urgency about being tested regularly.

Barriers to HIV Reduction

Next, participants were asked to identify any social, cultural or environmental barriers that they thought block the reduction of HIV/AIDS. The major theme in the focus group discussion was once again emphasized as a lack of overall education and knowledge in the community about HIV/AIDS in general which tends to result in negative stereotypes and a lack of community support.

Advice for the KS Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money on HIV prevention, the following suggestions were made: (1) use an aggressive advertising and education approach, (2) improve education aimed at the parents and family, (3) continuous support, funding, and action by HIV campaigns and legislation, (4) an increase in testing sites and centers which provide educating materials, (5) and lastly, use allocated funding for the purposes in which it was intended, and distributed for.

Lawrence Focus Group

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused on the participant's knowledge regarding federal, state, or local HIV agencies and organizations. The participants appeared to have a good deal of knowledge on this matter, aware of services by the Department of Health such as the Douglas County AIDS project. Other organizations the participants were familiar with were SRS, County and Community Health Centers, Ryan White, Kansas Free Health Clinic, and the Good Samaritan.

Effective/organizations. Common traits of organizations the participants found effective were generally focused around emotional support and financial assistance. Those that provide interpersonal contact and counseling were considered very helpful. Additionally, many discussed family abandonment, therefore housing and financial assistance are often required.

Ineffective organizations. Medicare Part D was not popular within the participants. Additionally, low-income energy assistance was viewed as having too many technicalities creating aid restriction. Douglas County Housing Authority was found ineffective due to the organization's lack of communication, inaccessibility, paperwork confusion, and the processes' excessive duration. Also, organizations that place patients on a waiting list for medication was viewed as unacceptable and inhumane.

Methods of Disseminating Information

General methods. The second major theme of the interview focused on the best and worst methods of disseminating information regarding HIV/AIDS. Suggestions for dispersing information included the Internet, pamphlets, public service announcements, media sources, and increasing awareness in educational institutions. Providing more methods of condom acquisition was also mentioned. The participants emphasized the need for community and organizational outreach programs providing information that is easily accessible to the public. Fear-based tactics as well as abstinence methods were believed to be unrealistic and ineffective.

Personal preferences. After a general discussion on what methods of disseminating HIV information would be most effective, the participants were then asked what methods they would personally prefer. Privacy was the main concern for these individuals. They viewed methods such as the Internet or a toll free number as appropriate means. DeCAP was acknowledged as a preferred method as well as local clinics and County Health Department. Also, participants viewed experts as being “removed” from the disease in that the information presented by experts lack connection or relatedness to actual people and sometimes is perceived as hypocritical.

Improving the HIV Prevention Message Communication

Methods of improving the communication of the HIV message were discussed. The participants believed that more information should be directed and provided for both high-risk groups as well as the general public. The tactic of abstinence returned and was faulted for being passive and pretending the disease does not exist. Some believe some individuals do not take it seriously do to the possible treatments that exist and the opportunity to gain a “free ride” through acquiring disability. Information such as the cost and side effects of medication was viewed as beneficial. Also some thought that a positive side of the disease should be conveyed in order for a better understanding of those with the illness. Some thought it worth noting that many diagnosed with HIV live happy lives.

Stopping HIV

Societal level. While addressing methods to stop the spread of HIV, funding for local communities was a common theme. It was believed that communities need financial assistance in order to increase testing efforts and improve current testing methods. Information and protection in social arenas such as bars was recommended. Some saw the need for more education and an increased outreach effort by everyone within the community in order to raise awareness. Suggested methods of doing this involved public service announcements and increasing information and condoms on college campuses. Supportive counseling for those diagnosed was a reactive possibility mentioned.

Individual level. Continuing with prevention, the participants were asked to comment on possible individual methods of stopping the spread of HIV. Responses included increasing the use of condoms and increasing the frequency of testing. Acknowledging that the disease exists was another idea being that individuals often avoid this practice.

HIV Testing

Why some don't get tested. The majority of participants thought that a main reason that individuals do not get tested is the fear of being diagnosed with the illness and the consequences of that diagnosis such as family abandonment and reduced acceptance by others. The social stigma that encompasses those with HIV is something that was viewed as a strong deterrent in taking the risk of getting tested and becoming involved in that stigma. Legal ramifications were introduced in that some states have legal consequences for spreading the disease to another individual. Other participants thought a reason for individuals not getting tested is as simple as denial and not entertaining the possibility of contracting the illness as a reality. The lengthy duration of getting the results was also seen as a possible deterrent.

Personal preferences for a testing site. Participants had similar views on the question of what is preferred in a testing site. Privacy was the main concern in that, at most testing locations, individuals are seen coming and going by others. Appropriate treatment was also a necessity due to the staff at some locations lacking interpersonal abilities for patients. The County Health Department and local clinic were specific locations given.

Barriers to HIV Reduction

Participants were then questioned about their views on specific barriers to that block the reduction of HIV/AIDS. One participant had the opinion that it is impossible to change people's behavior only how those individuals conduct that behavior. Others saw a lack in education at all levels as a problem in that a main educational strategy of abstinence was viewed as a good idea, but not realistic. The method of teaching was also questioned and religious rhetoric and doctrine had only negative effects. Preaching to people was seen as something that should be avoided. Prostitution and addictions were noticed as being significant issues and the fact that few individuals that are diagnosed with the illness are responsible for a great number of people contracting the illness (clusters). Some thought more support groups for those diagnosed with the illness would be helpful.

Advice for Kansas Legislature

Participants had several ideas on how the state of Kansas could improve their HIV/AIDS related efforts. DeCAP was seen an essential service. Some mentioned increased financial support and more grant funding monitored by the state, but others disagreed with that notion due to the increase in taxes that would result. A possible alternative to governmental finance suggested was local fund raising. Some thought that housing efforts should be more immediate and energy funding for housing should be more effective.

Pittsburg Kansas Focus Group

Knowledge of Organizations

Familiarity with organization. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, about the services they provide, and about the effectiveness of those services. Some participants were aware of organizations on the state level (e.g., Kansas Department of Health and Environment, Community Mental Health Center, Family Life Center, Narcotics Anonymous, Alcoholics Anonymous), and on the local level (e.g., Arnosk, Southeast Kansas Community Health Center, The Wesley House, River of Life Church in Joplin, MO). One participant was aware of a Federal Agency called CPG that also has HIV/AIDS services.

Effective/Ineffective Organizations. The most trusted and effective agency in this focus group's opinion was the Southeast Kansas Community Health Center (SKCHC) and the Wesley House. When asked why they believed the two were most effective and trusted they responded that they trusted the anonymity of SKCHC more than other places where they might know some of the employees from high school and college. Also, the focus group believed that they used compassion when breaking the news of HIV/AIDS infection, and in other services. Finally, they believed that the SKCHC at least attempted to anticipate the needs of their clients. Most of the discussion was directed toward the SKCHC.

When the focus group was asked which agencies were the least trusted, helpful, and effective there were several answers. The first was ARNOSK, however, there was no discussion as to why. The second answer was the Family Life Center. When asked why one of the participants said, "there is a trust issue because I know too many people there personally." The rest of the focus group seemed to agree as they were nodding their heads in agreement. Also, they told us that there is an overall lack of knowledge and substandard care levels at both of the local hospitals.

Methods of Disseminating Information

General Methods. The second major theme of the focus group revolved around the best methods of disseminating HIV/AIDS related information. The group identified the following methods of disseminating HIV/AIDS related information: (1) Hotlines and phonebook advertisements, (2) information booths at local night clubs, (3) local radio advertisements, (4) guest speakers at high schools, and (5) acquiring information from permanent health care providers.

Personal Preferences. There was not much discussion on this topic. However, some of the focus group members did claim that they like to use the information resources from their personal health care providers because it is anonymous, and they trust the information more because it is coming from their doctor.

Improving the HIV Prevention Message

When asked specifically what the state of Kansas or the local community can do to better communicate the HIV prevention message to them, participants pointed out the following techniques: (1) Scare tactics such as commercials that could raise awareness, (2) Communicating that intercourse is not the only way of acquiring the HIV/AIDS virus, (3) establishment of a government website that has information concerning the HIV/AIDS virus, (4) Infomercials that combat stereotypes commonly held in accordance with the HIV/AIDS virus, (5) earlier education in the public schools, (6) give children more options in sexual education than just abstinence

Stopping HIV

Societal Level. When asked the best way to stop the spread of HIV/AIDS, the participants' suggestions included: (1) holding focus groups in middle, junior, and high school, (2) fighting stereotypes commonly held of people that have HIV/AIDS, (3) show HIV/AIDS commercials at the right time during the day (participants said that they only see the commercials very late at night or early in the morning), (4) show the commercials on local stations, and not just on MTV or VH1, (5) raise awareness in schools with guest speakers at schools, (6) give statistics in informational packets that will scare the reader into using the proper protection and other preventative measures.

Individual Level. Most of the participants were in agreement that, overall, there needs to be more communication about the transmission of the HIV/AIDS virus. They also mentioned just talking to your children about safe sex, and even giving them condoms when they become sexually active. Also, they brought up the fact that condoms only stop the transmission of HIV/AIDS about 90% of the time. Proper oral hygiene, before and after sex, was also suggested as a means for combating the transmission of the HIV/AIDS virus.

HIV/AIDS Testing

Why some don't get tested. The participants thought that the reasons why high-risk people do not get tested for HIV/AIDS were: (1) they are scared and would rather not know, (2) long periods of time between the test and the results, (3) many high risk people do not have the financial resources to get tested.

Personal Preferences for a Testing Site. When asked about where they would prefer to get tested for HIV/AIDS if they needed to, the participants said the most preferable method to get an anonymous test from their private physician. Also, they suggested going to Joplin, Missouri to get a test at the River of Life Church, because it is free and completely anonymous. Finally, the participants suggested testing at the Southeast Kansas Community Health Center because of their compassion, availability of counselors, and because it is completely anonymous.

Barriers to HIV/AIDS Reduction

Next, the participants were asked to identify any social, cultural, or environmental barriers that they thought block the reduction of HIV/AIDS. The following barriers were mentioned: (1) Some people don't really care about their own life (the participants mentioned parties that people hold where they get the HIV/AIDS virus on purpose so they can receive governmental assistance to help them live), (2) quality of life for many people that live in poverty, (3) married men that sleep with other men and give their spouses the virus, (4) general awareness procedures have decreased since the 1990s, (5) commercials that are like the Truth Campaign for cigarettes, (6) low tolerance in the community toward homosexual persons (the participants brought up how they wouldn't even show Brokeback Mountain in Pittsburg, (7) Hollywood tends to glamorize everything relating to HIV/AIDS, maybe they could show people that are really dying of the virus rather than actors that do not usually have the blemishes, spots etc. that many HIV/AIDS infected individuals have.

Advice for the Kansas Legislature

When asked to come up with ideas about how the state of Kansas can better spend their money and resources on HIV/AIDS prevention, the following suggestions were made: (1) rural high school outreaches, (2) more overall HIV/AIDS education, (3) more commercials at the right time of the day about the transmission of HIV/AIDS, (4) posters and billboards that show a couple people that don't look like they have HIV/AIDS asking which one has the virus in order to combat commonly held stereotypes, (5) billboards and posters asking "What disease kills more people than the war in Iraq."

Shawnee Mission Focus Group Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, their familiarity with their services, and about the effectiveness of those services. The focus group participants were able to name quite a few organizations at the local level, among which the KC Free Health Clinic, Truman Medical Center, Good Samaritan Project, AIDS Hospice, SafeHome, Douglas County AIDS Project, and local health departments. In addition, the participants were familiar with the Good Samaritan Project, KC Free Health Clinic, and Truman Medical Center agencies and programs in their community.

Effective organizations. One participant thought that the Truman Medical Center was effective due to its flexibility in working around the participant's busy schedule. Other participants seemed to like other agencies because of the employees that worked at the facility.

Ineffective organizations. On the other hand, the organizations on the Kansas state line seemed to be ineffective because the participants felt like they did not have as much weight to be seen. In addition, one participant said that he lost benefits after he moved from Missouri to Kansas.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around the best method to provide HIV/AIDS information to interested persons. Chat rooms were mentioned as a convenient way to get HIV/AIDS information because it would provide resources available. In addition, the internet, word of mouth, brochures, and the television were other methods mentioned. The problem they mentioned of using the television is that it does not target them very well. They suggested providing information in gay magazines would be one medium to transmit information.

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were asked about their personal preferences, or what information avenues they would prefer to receive information. The internet was pointed out as a convenient source to use. Also, brochures were mentioned too.

Improving the HIV Prevention Message Communication

The group also discussed ways to better communicate the HIV prevention message. They suggested that people do not understand how HIV can be transmitted and better information should be provided on how the virus spreads and ways of protecting themselves from the virus. They mentioned that HIV/AIDS should be taught in the schools about how the virus can be spread and about sex. Also, they mentioned spreading the message using catchy messages that people will remember and use to protect themselves. In addition, they mentioned that shows on television do not mention the consequences that could occur, if an individual does not protect themselves and that the community needs to be aware that the subject matter on TV does not accurately depict these issues. Therefore, society needs to address the message using other mediums. Other ways of better communicating the HIV prevention message was to reeducate through focus groups. When asked where the focus of the message should be directed towards said that the prevention message should be focused at the general public, as opposed to at different at-risk groups, made more sense because the general public includes everyone, and everyone is at risk.

Stopping HIV

Societal level. When asked about the best ways to stop the spread of HIV, the participants agreed on the importance of taking measures to protect each other and that the agencies need to keep confidentiality and keep clients anonymous.

Individual level. Participants were next asked to share their thoughts on what individuals can do to help stop the spread of HIV. Being responsible was seen as the most important thing-and this included letting others know one's condition, using condoms, and other ways.

HIV Testing

Why some don't get tested. Participants thought that one of the reasons high risk people do not get tested for HIV is fear of finding out that they do have HIV/AIDS, fear of being documented as HIV/AIDS and being discriminated against and losing medical benefits as a result, and denial. Also, when asked on how people can get people, especially those at high risk, to change their personal behaviors to reduce their likelihood of contracting HIV or to get tested if they suspect they are HIV positive mentioned that more information should be provided in clubs to encourage those to get tested, educate those high at risk, and that there are advantages of finding out sooner than later.

Personal preferences for a testing site. When asked where they would recommend a friend to go to get tested they mentioned the KC Free Clinic because HIV testing is free. Also, they mentioned that they should go to a place that is seen as confidential and anonymous, and not go to their doctor or through the health department.

Barriers to HIV Reduction

Next, the participants were asked to identify any social, gender, political, economic, religious, environmental, and cultural barriers that they thought block the reduction of HIV/AIDS. They mentioned that they have received stigma from their communities and felt shameful because of their sexuality. They suggested that there are other ways of transmitting the disease (such as drugs) and people need to stop thinking that everyone that contracts the disease are homosexuals. Also, they mentioned that pop culture is a barrier because those shows do not emphasize safe sex and that society needs to push safe sex too. Religion is another barrier because churches protest their way of life.

Advice for the KS legislature

When asked what the state of Kansas and their local community can do to better meet their needs in regards to HIV/AIDS prevention services they mentioned that everyone should be treated equally, fully fund social services, reorganize the health system, publicize this type of information, provide other places around the state where people can feel safe talking to each other.

Topeka Focus Group Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first them discussed with the participants revolved around their knowledge regarding federal, state, or local HIV/AIDS organizations. The Shawnee County Health Clinic and Topeka AIDS Project (TAP) were local agencies listed. Organizations known in the state of Kansas involved the free clinic in Lawrence, the clinic in Wichita, the Marion clinic, the HRC in Newton, and the Ryan White agency.

Effective organizations. Many of the participants had organizations they preferred and trusted more compared to others listed. TAP and Ryan White were popular answers among participants. Additionally, the individuals mentioned hospitals and doctors that are friendly and personable, and agencies with thorough follow-up procedures. One participant stated that it is easier to connect with doctors that are sympathetic.

Ineffective organizations. Many felt strongly about the health clinic as an ineffective organization in that they deny health care to some people, specifically HIV diagnosed patients. Also, the organization has taken a long time for test results, their follow-up methods are inadequate, and the billing system is poor. One participant brought up unqualified staff and mentioned a time being treated where the nurse was rude and could not find a vein.

Methods of Disseminating Information

General methods. The second major theme of this focus group was focused on the best and worst methods of disseminating information regarding HIV/AIDS. An increase in the distribution of condoms was brought up along with possibly improving the quality of condoms found in vending machines. Increased education in schools at early levels as well as hospitals was another common point. It was also suggested that TAP increased its outreach. One participant mentioned the support of the community by such means as an awareness day or increased advertising by various media outlets such television or fliers. Making the issue more mainstream was a commonality. More communication on a large level between states was mention along with the increasing individual efforts and visible presence in the effort. The media strategies of using pop culture were questioned. Abstract and shocking “in your face” messages were believed to be more effective.

Personal Preferences. Following the discussion of basic methods of HIV/AIDS information dissemination, the participants were asked what methods they personally use and would prefer. TAP was a very popular organization. One participant stated that this program was very effective at maintaining their attention for a long period of time. Also, the Lawrence free clinic was a preferred organization. Private sources such as the Internet, pamphlets, television, newspapers, and toll-free hotlines were popular general methods.

Improving the HIV Prevention Message Communication

The discussion then advanced to possible ideas of the participants about improving communication approaches. Condom education was faulted along with the tactics existing communication use. Participants believed that educational messages should be more reality-based and daring, using big names to promote them. This point was argued by other participants in that those opposed to HIV/AIDS would not be receptive to bold ads. Also the longevity of programs was believed to need improvement. Participants thought an overall better understanding of the illness was lacking. The group was split on whether the prevention message should be focused on the general public or specific high-risk groups.

Stopping HIV

Societal level. The participants were then asked about what should be done in order to stop the spread of HIV/AIDS. The two most common ideas were increased and improved education and more effective condom distribution. Education for hospital staff was a point made. TAP was resurfaced as a very effective program possessing effective methods of prevention.

Individual level. The discussion proceeded to how efforts on the individual level could help prevent the spread of HIV/AIDS. One participant believed that there was a very strong message passed through personal discussion with friends. Others supported the common notion of always using condoms and the idea of independent propaganda.

HIV Testing

Why some don't get tested. Many participants introduced denial as a possibility that some individuals do not get tested. Others thought fear of knowing was an issue therefore some just choose not to know or procrastinate getting tested. Participants agreed that the illness still has a distinct social stigma attached to it.

Personal preferences for a testing site. When the participants were asked about where they would prefer to get tested for HIV, the Topeka AIDS project and the Lawrence free clinic were mentioned.

Changing Risky Behaviors

The participants then discussed possible approaches to change dangerous behaviors of the general public as well as those at high risk. Some believed that handing out condoms and flyers would be a good approach. Another idea was to begin educating children about the subject at an earlier age along with parental support for this education. Additionally, clean needle distribution and increasing the illnesses publicity were ideas of the participants. A heavily disputed proposition was to make testing mandatory.

Barriers to HIV Reduction

Participants were asked if there were any social, environmental, or cultural barriers that block the reduction of HIV/AIDS. Fears of denial and rejection were mentioned along with insufficient education. They believed education regarding the illness should be available for anyone to contact and the abstinence message should be sent through those that actually care about the cause. Some believed that many are still confused and misinformed about the illness and that might cause negligent behavior. Also, the social stigma regarding the disease was seen as a significant barrier.

Advice for the KS Legislature

The participants had many ideas for suggestions regarding the state of Kansas. One was to conduct a needs assessment survey to HIV/AIDS patients in order to better meet their needs. Another idea was to clarify the illnesses symptoms and avoid stereotyping them. Information about symptoms should be specific, avoiding stereotypes, and patients should be educated on how to deal with the symptoms accompanying the disease. More ideas included the reduction of Medicare costs, increased funding to supportive organizations, housing assistance for HIV/AIDS patients, and emotional support. Introducing a college credit course at the university level was another idea. Also, it was suggested that the effectiveness of TAP should be mentioned.

Wichita Focus Group Analysis

Knowledge of Organizations

Familiarity with prevention organizations. The first major theme of the interview focused around the knowledge that the participants had about different federal, state or local HIV agencies and organizations, their familiarity with their services, and about the effectiveness of those services. The focus group participants were able to name quite a few organizations at the local level, among which are: Positive Directions, KU Medical Center, Hunter Health Clinic, the local health department, Dr. Sweet, Good Samaritan Clinic, and Ryan White. Also, they were able to name the Mexican-American Ministry. In addition, the participants were familiar with the KDHE, Mexican American Ministry, and Dr. Sweet in their community.

Effective organizations. The participants thought that Dr. Sweet, Positive Directions, and KDHE were effective organizations. One participant thought that Dr. Sweet's case managers made the organization effective because they were very helpful. On the other hand, another participant liked the Hunter Health Clinic, but did not specify a reason. The participants said that they thought that these organizations were effective because the organization's personnel kept their information confidential, compassionate, and dedicated to their job.

Ineffective organizations. The City Health Department and one participant did not like Positive Directions because these organizations seemed to pick and choose who they helped. In addition, they treated people differently and did not keep their information confidential.

Methods of Disseminating Information

General methods. The second major theme of the interview revolved around the best method to provide HIV/AIDS information to interested persons. Sex education was one method of getting information about HIV/AIDS. All the participants agreed that the best way to provide information about HIV/AIDS is one-on-one. They thought this was the best way because case managers are overworked and they thought that people are more likely to listen to the information provided VIA one-on-one from an expert. One participant mentioned that using pamphlets is not the best way to provide information because most likely people throw the pamphlet away.

Personal preferences. After this general discussion on what methods of disseminating HIV information the group thought would work better, participants were asked about their personal preferences, or what information avenues they would prefer to receive information.

Most of the participants said that they would prefer to talk to an expert than using the internet or books. However, one Hispanic participant said that he would prefer television shows and one-on-one.

Improving the HIV Prevention Message Communication

The group also discussed ways to better communicate the HIV prevention message. They mentioned that HIV/AIDS should be taught in the schools about how the virus can be spread and about safe sex because the sooner the better to know how to prevent them from getting the virus is important. Also, they suggested not to candy-coat the message to the younger age groups. The participants thought that the prevention message could be better communicated by popular advertisements like television and newspapers. Also, they mentioned that the message could be better communicated by using experts. The group thought that both groups should be targeted regarding the preventative message. They suggested that the at-risk groups should be focused because each ethnic group has an at-risk group.

Stopping HIV

Societal level. When asked about the best ways to stop the spread of HIV, the participants agreed on the importance of providing sex education in the schools, to increase the awareness of the virus and emphasize the consequences of getting the virus. In addition, they mentioned that each individual needs to do their part to protect themselves.

Individual level. The participants were next asked to share their thoughts on what individuals can do to help stop the spread of HIV. Being responsible was seen as the most important thing, as well as protecting themselves, and to acknowledge and accept.

HIV Testing

Why some don't get tested. Participants thought that one of the reasons high risk people do not get tested for HIV is fear of finding out that they do have HIV/AIDS and denial. In addition, they said that some people do not get tested because of the time it takes to find out the results of the test and the stigma of people finding out. Also, when asked on how people can get people, especially those at high risk, to change their personal behaviors to reduce their likelihood of contracting HIV or to get tested if they suspect they are HIV positive mentioned that it would be difficult to change someone's views. They suggested that peoples' desire needs to be changed and that people should only date people who are the same. Meaning that those people who tested positive for HIV/AIDS should only date people who are positive and those who tested negative for HIV/AIDS should date those who tested negative for the virus.

Personal preferences for a testing site. When asked where they would recommend a friend to go to get tested they mentioned the Hunter Health Clinic, Dr. Sweet's office, and Positive Directions. They make the client feel comfortable, sensitive, discrete, and they do not broadcast the results. One participant mentioned that they refer people to go to the KU Medical Center because the location is private, quiet, one-one-one, comfortable, and they treat their clients with respect.

Barriers to HIV Reduction

Next, the participants were asked to identify any social, gender, political, economic, religious, environmental, and cultural barriers that they thought block the reduction of HIV/AIDS. They mentioned that public acceptance is one barrier. In addition, they mentioned that the way HIV/AIDS is portrayed on the television is another barrier. Religion is another barrier. Education is another barrier because people don't know how to protect themselves.

Advice for the KS legislature

When asked what the state of Kansas and their local community can do to better meet their needs in regards to HIV/AIDS prevention services they mentioned that everyone should be treated equally, provide places people can go to get tested and/or information, more money should be spent on everybody to prevent the spread of AIDS, that students should still be taught sex education in schools, and that pamphlets are a waste of money because things change so rapidly.

Main Themes from all Focus Groups Combined

The responses from all the focus groups are collectively summarized below across the twelve questions.

Questions 1-2: Level of familiarity with different national, state and local organizations, agencies, programs and services working toward HIV/AIDS prevention, education, testing, etc.

Participants, as a group, were generally able to name the majority of the agencies in their area. Obviously, some participants were much more knowledgeable than others. Therefore, it seems that individuals who are more interested (or motivated) to receive services do know where they can get those services because they seek out that information. On the other hand, not-so-interested individuals lack knowledge of what services are available to them. However, because many participants were regular clients of the agencies, it would be interesting and informative to conduct focus groups with the lay public at sites away from the HIV service agencies to see how knowledgeable the general public is about HIV services in Kansas.

Questions 3-4: Effective/ineffective organizations.

The focus groups that did have knowledge of the local organizations, tended to think of organizations as being effective, helpful and trusted if:

- (1) the staff employed was dedicated, compassionate, and experienced,
- (2) confidentiality and anonymity were preserved,
- (3) lots of resources, information, and education were provided,
- (4) the agency had some bilingual staff,
- (5) were community-focused and encouraged interpersonal contact,
- (6) provided emotional and financial support.

On the other hand, participants tended to think of organizations as being ineffective, not helpful, and not trusted if:

- (1) there was excessive paperwork, test results were slow, and it was difficult to get prescriptions filled,
- (2) poor communication existed between agencies/departments,
- (3) there was a general lack of information and awareness,
- (4) sufficient resources were not available,
- (5) there was a lack of confidentiality/anonymity
- (6) staff showed reluctance towards treating/communicating with known HIV+ clients

Question 5a: Best/worst methods of disseminating HIV-related information to the public.

The responses here were very diverse. The following is a list of the suggestions made by the participants as to the optimal methods:

- (1) TV and radio announcements/advertisements, both in English and in Spanish,
- (2) mass mailings and/or fliers,
- (3) community outreach efforts, such as meetings with speakers
- (4) disseminating information, condoms, clean needles, etc. at bars and night clubs,
- (5) providing (more) HIV/AIDS and sex education in the high schools and community colleges
- (6) putting up information on the Internet,
- (7) involving the personal physicians more in the dissemination of information process,
- (8) publishing more information about HIV prevention organizations in the yellow pages,
- (9) creating more toll-free phone hotlines,
- (10) advertising in gay-related magazines
- (11) having more conferences and support groups
- (12) having a mobile RV that travels through the community to disseminate info
- (13) showing films/movies in the community
- (14) utilizing billboards
- (15) word of mouth and one-on-one counseling

Question 5b: Personal preferences for obtaining HIV-related information.

Despite the variety of ideas about how HIV-related information can be disseminated in general, the focus groups participants named just a few methods through which they personally (as opposed to just the general public) like to receive their HIV/AIDS information:

- (1) media sources: TV and radio, newspapers and magazines, and the Internet
- (2) word-of-mouth and support groups,
- (3) personal physicians and health care providers at local clinics and health departments,
- (4) toll-free phone hotlines,
- (5) printed: brochures, pamphlets, and fliers

Question 6a: Improving the HIV prevention message—suggested techniques.

There was a clear message that more awareness, education, and information needs to be provided in schools and sex education classes. Many also emphasized showing the “realities” of HIV/AIDS to viewers as straightforward and realistically as possible so people are aware of the long-term consequences (i.e., don’t “sugarcoat” it) both on TV and in person; the use of HIV+ speakers and experts was also encouraged. More “official” websites should be available with accurate information. More agencies should be involved in promoting awareness and creating support groups. Fun and educational games could be created to introduce sensitive topics in more mainstream activities. Finally, the message has to connect with people at a personal level.

Question 6b: Targeting the general public or the at-risk groups.

The groups were generally divided on this issue. Roughly half thought the general public was the more important audience while the other half preferred to focus on the higher risk population.

Question 7a: Stopping the spread of HIV—what can society do about that.

The most common suggestion was clearly more education about HIV/AIDS/sex for the general public, in schools, and for health care providers. However, other innovative ideas included:

- (1) giving out of free condoms and/or free clean needles and syringes,
- (2) providing more funding and resources and better testing procedures,
- (3) have more media exposure during prime time slots,
- (4) provide accurate information and statistics on HIV at the community level,
- (5) get parents more involved in the process with their children

Question 7b: Stopping the spread of HIV—what can individuals do about that.

Three major themes emerged about what individuals can do to help stop the spread of HIV – using personal protections, being responsible, and parental effort.

- 1) In terms of using personal protection, participants cited having safe sex, using condoms, getting tested often, and using clean needles for drug injections.
- 2) In terms of being responsible, participants think that everyone should educate themselves about how HIV, be honest about their condition with others (especially partners), avoid denial,
- 3) For parental effort, the participants felt that parents needed to get more involved with their children's education pertaining to HIV and sex.

Question 8: HIV testing—why many do NOT get tested.

Responses were similar across groups and identical to the last focus group session in 2002. The more often cited reasons were:

- (1) denial – people refuse to believe that they might have contracted HIV, or that it can happen to them,
- (2) fear of finding out they might have HIV and have to deal with it,
- (3) fear of someone else (i.e., friends, employers, etc.) finding out that they are positive,
- (4) lack of care for one's own condition (simply don't care),
- (5) that it costs too much and could not afford testing,
- (6) fear of being documented as HIV+ and thus losing insurance and other benefits,
- (7) fear of breaches of confidentiality and anonymity and being labeled,
- (8) possible issues of retaliation
- (9) legal ramifications and,
- (10) takes too long to wait for results

Question 9: HIV testing—personal preferences for a testing site.

The focus group participants listed different local organizations where they prefer to get tested at. These were often local clinics that specifically assisted non-heterosexual groups and/or HIV+ groups. But they also identified specific features that a testing facility needs to have in order for it to be perceived as a good testing facility. These included:

- (1) confidential and anonymous,
- (2) non-judgmental, sensitive, and respectful,
- (3) a quiet, comfortable setting,
- (4) friendly and where they don't treat you differently because you might be HIV+,
- (5) free services (or at least very cheap).

Question 10: Changing risky behaviors.

Many of the focus groups were unable to generate successful ideas related to this question. However, those that did stressed the importance of more HIV/AIDS/sex education especially targeting younger generations. More support groups and counseling agencies were also mentioned. The use of speakers who were HIV+ and/or who had experienced jail for risky behaviors was also included. Finally, more urgency in stressing testing and providing condoms and needles was listed.

Question 11: Barriers to changing one's HIV-risky behaviors.

The most commonly referred to barrier was the negative stigma, fear, or negative stereotype attached to having HIV. Religious and cultural barriers were often brought up as was a pop culture and media that often glamorize HIV/AIDS and homosexuality. Also, lack of education (i.e., ignorance) was mentioned especially in dealing with HIV-related issues in sex education (or promoting only abstinence).

Question 12: Advice for state and local governing bodies.

The focus groups had many suggestions that they would present to governing bodies if they had the opportunity about what more can be done by the state or their local city to help stop, or to minimize, the spread of HIV. The following were suggestions made more often by the focus groups:

- (1) Spend more money on HIV awareness and education especially in the community, schools, and for parents to talk to kids; you could also bring the message to large employers; make the messages more personal, connective, and show very graphic consequences; make the advertising and education more aggressive.
- (2) Build more HIV/AIDS clinics, more testing sites (and make testing free), and provide more housing assistance.
- (3) Consider using the Topeka Aids Project as a model for other communities.

Focus Group Conclusions and Recommendations

The focus group format proved to be a very effective method of obtaining information about HIV-related services and other items of interest. Most groups were very talkative, friendly, and helpful. Below is a final summary of the main conclusions drawn from the focus groups that are generally very similar to the previous study.

- ❑ People already using HIV-prevention services are familiar with some HIV-related agencies in their area. However, the general public's knowledge is unknown.
- ❑ Effective agencies have professional, bilingual, friendly, and knowledgeable staff who can maintain client confidentiality and privacy. Having a wide variety of programs, resources, and lots of information (brochures, pamphlets, free condoms, etc.) is also very important. As many services as possible should be free or low cost so that people will utilize them.
- ❑ The HIV/AIDS message should be transmitted across as many different mediums as possible. The information must be accurate and personal.
- ❑ More education, awareness, and advertising is needed to reach people in the state especially in regard to schools and sex education. Parents need to be involved in the process.
- ❑ Model agencies should be identified and used as a template for new agencies (TAP seems particularly well liked).

Technical Needs Mail-Out Survey Results

There were a total of 18 agencies that responded and provided meaningful data to the technical needs survey. The following pages provide a breakdown of the survey data.

Agency/Respondent Demographics

Description of Agency Type

Agency Description	Percentage
Community Based Organization (HIV)	39%
Community Based Organization (Substance Abuse)	11%
Community Based Organization (Other)	6%
Local Health Department	44%

Primary Job Title of Survey Respondent

Professional Position	Percentage
Ryan White II Case Manager	5%
HIV Counseling and Testing Counselor	6%
Program Supervisor OR Director OR Administrator	67%
Health Educator	5%
Other	17%

Survey Question Results

1A. Ranking areas of technical assistance need

The frequency column in the table below indicates the number of respondents (out of 18 possible) that chose that topic as one of their top 4 choices. The mean rating indicates the overall average (mean) rating (1 being highest priority and 4 being lowest priority) for all respondents that selected the topic in their top four choices.

Topic	Frequency	Mean Rating
Board Development	5	3.00
Developing Interventions	11	1.55
Budgeting and Budget Management	1	1.00
Volunteer Recruitment	2	2.00
Collaboration with Other Agencies	5	2.40
Staff Supervision/Coaching	2	2.00
Grant Writing	9	2.22
Fund Raising	4	2.75
Staff Recruitment and Hiring	1	4.00
Strengthening Referral Systems	6	2.67
Cultural Competence	4	3.00
Engaging the Target Population	12	2.92
Other (Time Management)	1	3.00
Other (KCTH Paperwork)	1	2.00
Other (Reporting Procedures)	1	1.00

Developing Interventions, Grant Writing, and Engaging the Target Populations were the three most common requests with Developing Interventions getting the highest priority of the three.

1B. Topics that Agencies could Train Other Agencies in

Topic	Frequency
Developing Interventions	1
Budgeting and Budget Management	3
Volunteer Recruitment	1
Collaboration with Other Agencies	4
Grant Writing	2
Fund Raising	1
Cultural Competence	2

Of those topics that did get agency votes, Collaboration with Other Agencies and Budgeting and Budget Management were the two that were most often selected.

1C. Topics that Agencies could Train Other Agencies in

In response to the question, “My agency needs more technical assistance” (on a scale of 1 = strongly disagree and 5 = strongly agree), the mean rating was a 4.00. Clearly, most agencies feel that they do need more technical assistance.

2A. Ranking areas of Intervention Design and Evaluation that would be useful

The frequency column in the table below indicates the number of respondents (out of 18 possible) that chose that topic as one of their top 4 choices. The mean rating indicates the overall average (mean) rating (1 being highest priority and 4 being lowest priority) for all respondents that selected the topic in their top four choices.

Topic	Frequency	Mean Rating
Conducting Needs Assessments	6	2.50
Behavior Change Theory and Application	6	2.67
Writing Realistic Program Goals and Objectives	12	2.33
Matching Community Needs to Interventions	8	2.13
Data Analysis for Program Improvement	4	2.25
Diffusion of Effective Behavioral Interventions or REP+	3	1.33
Making Interventions Culturally Appropriate	2	3.00
Program Monitoring/Evaluation	6	2.50
Using Statistics for Program Planning	5	2.60
Evaluating Client Level Outcomes	9	2.67
Selecting and Tailoring Scientifically Proven/Evidence Based Interventions	4	3.00
Other	0	---

Writing Realistic Program Goals and Objectives, Evaluating Client Level Outcomes, and Matching Community Needs to Interventions were the three most common requests with Matching Community Needs to Interventions getting the highest priority of the three.

2B. Topics that Agencies could Train Other Agencies in

Topic	Frequency
Matching Community Needs to Interventions	2
Making Interventions Culturally Appropriate	3
Program Monitoring/Evaluation	1
Using Statistics for Program Planning	1

Of those few topics that did get agency votes, Making Interventions Culturally Appropriate was the most frequent choice that could be taught to other agencies.

3A. Ranking areas of Intervention Areas/Skills that agency needs training in

The frequency column in the table below indicates the number of respondents (out of 18 possible) that chose that topic as one of their top 4 choices. The mean rating indicates the overall average (mean) rating (1 being highest priority and 4 being lowest priority) for all respondents that selected the topic in their top four choices.

Topic	Frequency	Mean Rating
Conducting Skills Building Workshops	3	3.33
Outreach as a Marketing Tool	5	2.40
Outreach beyond Materials Distribution	6	3.17
Developing Training Curriculum	3	1.33
Presentation Skills	4	2.25
Faithfully Implementing Scientifically Proven/Evidence-Based Interventions	8	2.38
Implementing Multi-Session Interventions	4	2.50
Counseling Skills	2	2.50
Support Group Facilitation	6	1.83
Social Marketing	5	1.60
Prevention Case Management	2	3.00
Developing Care Plans	2	2.50
Managing Challenging Client Situations	3	2.33
Providing and Tracking Appropriate Referrals	4	2.50
Linking Care and Prevention	3	3.33
Cultural Competence	1	3.00

Faithfully Implementing Scientifically Proven/Evidence-Based Interventions, Outreach beyond Materials Distribution and Support Group Facilitation were the three most common requests with Faithfully Implementing Scientifically Proven/Evidence-Based Interventions getting the highest priority of the three.

3B. Topics that Agencies could Train Other Agencies in

Topic	Frequency
Conducting Skills Building Workshops	1
Presentation Skills	1
Implementing Multi-Session Interventions	1
Counseling Skills	2
Support Group Facilitation	1
Managing Challenging Client Situations	1
Cultural Competence	2

Of the topics that did get agency votes, Counseling Skills and Cultural Competence both finished with two votes for topics that could be taught to other agencies.

4. Ranking Population/Areas that agency needs technical assistance in

The frequency column in the table below indicates the number of respondents (out of 18 possible) that chose that topic as one of their top 4 choices. The mean rating indicates the overall average (mean) rating (1 being highest priority and 4 being lowest priority) for all respondents that selected the topic in their top four choices.

Population/Area	Frequency	Mean Rating
Prevention with positives	2	1.50
Prevention outreach among IDU community	3	2.00
African-American men who have sex with men (urban community)	2	2.00
African-American women (urban community)	2	3.50
White Non-Hispanic injection drug users	0	---
White MSM	5	2.00
Youth 15-25 having unprotected sex	5	2.20
Men/women who exchange sex for money and/or drugs	2	3.00
Hispanic MSM	5	2.40
HIV positive in rural areas	4	2.50
African American men in prison	2	2.00
Meth injection drug users	3	2.00
MSM with STD diagnosis	0	---
HIV positive men/women under continued case management	1	2.00
Women who practice unprotected sex with multiple partners	5	1.80
HIV positive sex partners	1	1.00
African-American and Hispanic women who have multiple male bisexual sex partners	5	3.00
Sexually active men/women who use illegal substances as a sexual stimulant	3	2.67
Heterosexual men/women with STD diagnosis	4	3.50
Native Americans	1	4.00
HIV+ individuals not in case management	2	3.50

White MSM, Youth (15-25) having unprotected sex, Hispanic MSM, and Women who practice unprotected sex with multiple partners all tied for the most common response with five votes each. Of those groups, Women who practice unprotected sex with multiple partners, was the group given the highest priority.

5. Other Issues that need to be covered in a Training Session

Issues	Frequency
Eliminating duplicate paperwork	1
Female Hispanic partners of HIV+	1
Program Evaluation using Statistics	1
HIV Education of the general population	1
Managing large caseloads	1
Improving professional Health Care employee awareness about HIV/AIDS	1

Each of the above topics was selected to be important for future training needs.

6A-C. Days per month that respondent or agency could devote to technical needs training and training others

Question	Mean Days per Month
How many days per month could <u>you</u> devote to attending workshops to address technical assistance needs?	1.59
About how many days per month could <u>your agency</u> devote to attending workshops that address your technical assistance needs?	1.37
About how many days per month could <u>your agency</u> devote to training other agencies?	1.04

On average, agency respondents felt that both they and their agencies would only have 1-2 days per month available to attend technical assistance training and about one day for their agency to be available to train another agency.

6D. Agency preference for technical assistance training format

The mean rating indicates the overall average (mean) rating (1 being highest priority and 4 being lowest priority) for the four format options.

Format	Mean Ranking
One-day Technical Assistance Workshops	1.83
One-on-one Technical Assistance	2.29
Multiple Day Workshops	3.35
Web-based Curriculum	2.47

The One-day Technical Assistance Workshops were the most preferred while the Multiple Day Workshops were the least preferred training formats.

7. Barriers for receiving technical assistance training

Barriers	Frequency
Travel and Lodging Costs	12
Time Constraints	8
Reporting Requirements	1
Client Needs	1
Funding	2
Paperwork	1
Poor relations/reactions in the past with other agency	1
Training costs	1

Clearly, travel costs associated with attending training and time constraints were the two largest barriers.

Technical Needs Survey Conclusions and Recommendations

Based on the survey responses, some overarching conclusions can be drawn:

- Engaging the Target Populations, Developing Interventions, Grant Writing, Writing Realistic Program Goals and Objectives, Evaluating Client Level Outcomes, and Matching Community Needs to Interventions are clearly identified as the top technical assistance needs and program intervention/evaluation that should be focused on for future workshops, conferences, and training sessions.
- The intervention skills/areas that needed training were more diverse but Faithfully Implementing Scientifically Proven/Evidence-Based Interventions was viewed as the greatest need.
- Collectively, few agencies are willing or able to provide training to other agencies.
- There is considerable variability as to which population group agencies feel the need for technical assistance. There were 21 categories and all ranged between 0 and 5 votes with no population need being particularly dominant. As such, population needs tend to be specific to the agency in question.
- Most of the training needs were identified as very few additional training need topics were listed and none of them received more than a single acknowledgment.
- Agencies feel that they can generally only devote 1-2 days a month for either giving or receiving training. The biggest obstacles to attending training are clearly travel/lodging costs and time constraints. Agencies may want to do more regional training within the state (perhaps a 10 county area) so that travel and time issues are reduced.
- A one-day training format is clearly the most preferred for technical need issues while a multiple day format is the least preferred.

APPENDICES

Appendix A: Project Work Plan (Objectives, Tasks, and Timeline)

February, 2006

- a) Collect all available and pertinent resources, reports, and studies related to HIV Prevention Capacity Building and Needs Assessment, high-risk populations, epidemiological profiles, available prevention programs and services, Ryan White CARE Act, and become familiar with related terminology, agencies, and programs.
- b) Meet with appropriate Kansas State Department of Health and Environment, HIV/STD Section, (KDHE) members and the Kansas HIV Prevention Community Planning Group (CPG) to jointly outline and more fully detail the research design, work plan, and overall strategy for conducting the follow-up Needs Assessment (from 2003) and the technical needs survey. Determine appropriate focus groups and survey participants. Explore options and alternatives for maximizing the potential of the study.
- c) Communicate and coordinate with all appropriate Jones Institute for Educational Excellence personnel on determined research plan and time line.

March and April, 2006

- a) Establish appointments to meet and interview previously defined focus groups. Consult theoretical prevention models, prepare multicultural research methodologies as needed, and prepare initial drafts of survey instruments. Begin constructing statistical database for data entry.
- b) Begin meeting with focus groups. Revise survey instruments on the basis of information provided by the KDHE and CPG.
- c) Contact KDHE and CPG to review progress and discuss modifications, revisions, and possible changes in methodology as needed.

May, 2006

- a) Finish technical needs survey instrument, finish statistical database, and obtain final consensus with KDHE and CPG for dissemination.
- b) Begin focus group write-ups for follow-up Needs Assessment.

June, 2006

- a) Mail out technical needs survey to all participating agencies.

July, 2006

- a) Enter data from all received technical needs surveys and analyze. Write up results and identify gaps and needs from both quantitative and qualitative findings.
- b) Finish final report.
- c) Give final presentation to KDHE and CPG in oral and/or phone conference formats.
- d) Send gift certificates out to agencies that won in the random drawing.
- e) Conclude contract.

Appendix B: Focus Group Questions

LIST OF FOCUS GROUP QUESTIONS

- 1) How many different federal, state, and local agencies/programs can you name that provide HIV/AIDS-related services (prevention, information, testing, counseling) in your community? In Kansas?
- 2) Are you familiar with the following agencies/programs in your community (listed on handout)?
- 3) Which of those agencies/programs that you are familiar with are the most helpful/trusted/effective? Why?
- 4) Which of those agencies/programs that you are familiar with are the least helpful/trusted/effective? Why?
- 5) What is the best way to provide HIV/AIDS information to interested persons? How effective are sources like the internet, TV, radio, brochures/pamphlets, schools, physicians, clinics, speakers, etc.? How would YOU prefer to receive information about HIV/AIDS if you were interested in knowing more?
- 6) How could the HIV/AIDS prevention messages be better communicated? Should these messages be targeted more at the general population or the higher at-risk groups?
- 7) What can be done in your community to help stop the spread of HIV/AIDS? What can a person do at the individual level to help stop the spread?
- 8) If you needed to get tested for HIV or were going to refer a friend, where would prefer to have the testing done (or where would you recommend)? Why?
- 9) Why do you believe people, especially those at high risk for contracting HIV, do NOT get tested for HIV?
- 10) How can we get people, especially those at high risk, to change their personal behaviors to reduce their likelihood of contracting HIV or to get tested if they suspect they are HIV+?
- 11) What barriers are there to having people change their personal behaviors to reduce their HIV risk for both prevention and testing (social, gender, political, economic, religious, environmental, cultural, etc.)?
- 12) How can the state of Kansas and your local community better meet your needs in regards to HIV/AIDS prevention services? How can they better allocate their resources?

Appendix C: Focus Group Demographic Sheet and Informed Consent Form

Demographic Questionnaire

(Please rest assured that your answers to these questions will be kept in complete confidentiality. The questions are only necessary for future classification of responses by appropriate demographic variables.)

1. What is your county of residence?

2. What is your gender? (circle one)
 - a. male
 - b. female
 - c. transgender
3. Which age category best describes you? (circle one)
 - a. <13
 - b. 13 – 19
 - c. 20 – 24
 - d. 25 – 29
 - e. 30 – 39
 - f. 40 – 49
 - g. 50 or older
4. What is your religious or spiritual orientation, if you have one?

5. Which category best describes your racial background? (circle one)
 - a. African American/Black
 - b. Caucasian/White
 - c. Asian/Pacific Islander
 - d. Hispanic or Latino
 - e. Native American/Alaskan
Native/Eskimo
 - f. Mixed Background (specify)

 - g. Other Group (specify)

6. Which category best describes your sexual orientation by gender?
 - a. Gay male
 - b. Bisexual male
 - c. Lesbian female
 - d. Bisexual female
 - e. Heterosexual male
 - f. Heterosexual female
 - g. Other (specify)

7. Please circle the category below that best describes how much education you have completed.
 - a. Did not graduate from high school. (What grade did you complete? _____)
 - b. High School (or High School equivalency)
 - c. Trade or vocational school
 - d. Some college (How many semesters of college have you completed? _____)
 - e. 4-year college degree
 - f. Post-graduate degree (MA, Ph.D., other)
 - g. Other (specify)

8. (For Adolescents) Please circle the category below that best describes how much education you have completed.
 - a. Grade school
 - b. 9th grade
 - c. 10th grade
 - d. 11th grade
 - e. 12th grade
 - f. High school graduate
 - g. Some college

9. (For Adolescents) Are you currently enrolled in school? (circle one)

- a. Yes
- b. No

10. Which category best describes your current average monthly household income?

- a. \$0 - \$499
- b. \$500 - \$999
- c. \$1,000 - \$1,999
- d. \$2,000 - \$2,999
- e. \$3,000 - \$3,999
- f. \$4,000 or over
- g. Don't know

11. Please circle the category below that best describes your current employment status.

- a. Not working, but looking for work
 - b. Part-time work (<35 hours a week)
 - c. Full-time work (35 hours a week or more)
 - d. On disability
 - e. Not working
 - f. Volunteering
 - g. Other (specify)
-

12. Are you diagnosed with HIV and/or AIDS? (circle one)

- a. Yes, I am diagnosed with HIV.
- b. Yes, I am diagnosed with AIDS.
- c. No, I am not diagnosed with either HIV or AIDS.

Informed Consent Form

The Department of Psychology and Special Education at Emporia State University supports the practice of protection for human subjects participating in research and related activities. The following information is provided so that you can decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time, and that if you do withdraw from the study, you will not be subjected to reprimand or any other form of reproach.

The study requires that you complete the enclosed demographic survey. Please note that you are not being asked to provide your name or any other personal identifier – the survey is completely anonymous and confidential. It should not take more than 5 minutes for you to complete this survey. After completion of the survey, you will be asked a series of questions about what HIV prevention needs you might have, what agencies help you meet those needs, and which of your needs are not being met. Participation in the question-and-answer session (focus group) is voluntary. The session will be audio-taped. At no time will anyone on the audiotapes be identified. The focus group session will last about 1 hour.

The major benefits of this study would be (1) uncovering what HIV prevention needs different HIV at-risk populations in Kansas have, (2) understanding which of these needs are being met and which are not, and (3) finding out what agencies/organizations are most/least helpful in meeting those needs. By participating in this study, you are helping to fill in those knowledge gaps. This in turn, will result in better service for you in the future. If you have any additional questions or concerns, you may contact Dr. Brian W. Schrader of Emporia State University at (620) 341-5818.

"I have read the above statement and have been fully advised of the procedures to be used in this project. I have been given sufficient opportunity to ask any questions I had concerning the procedures and possible risks involved. I understand the potential risks involved and I assume them voluntarily. I likewise understand that I can withdraw from the study at any time without being subjected to reproach.

Name: _____

Date: _____

Parent or Legal Guardian: _____
(if participant is under age 18)

Date: _____

Appendix D: Cover Letter and Technical Needs Survey

Agency Cover Letter

Dear Agency Director,

You are being asked to help provide data for the 2006 Kansas HIV/AIDS Needs Assessment Follow-up and Capacity Building Study sponsored by the Kansas Department of Health and Environment (Marc Shiff) and Kansas Community Planning Group, and conducted by the Jones Institute for Educational Excellence at Emporia State University.

Enclosed with this cover letter you will find a Technical Needs Survey. We would like you (the Agency Director) to fill out the short survey and mail it back to us in the enclosed postage paid return envelope **by June 28, 2006.**

The survey is completely anonymous and confidential. As an added incentive for participating, we have enclosed a small slip to list your name and mailing address. You may include this in the return envelope with your survey (it will be immediately separated from the survey when we receive it to retain confidentiality) or mail it to us in a separate envelope. We will randomly select five agencies to receive \$80 worth of Wal-Mart gift certificate cards (each with a \$20 value) to distribute to agency employees and/or use as client incentives.

For any additional questions or concerns, you may contact me, Dr. Brian W. Schrader, at (620) 341-5818 or the Jones Institute toll-free at (877) 378-5433.

Again, THANK YOU for helping us collect this vital data for the state.

Sincerely,

Brian W. Schrader, Ph.D., Research Director

Technical Needs Survey

The following questions are designed to assess your need for technical assistance. KDHE is currently developing a long-range plan to offer training and technical assistance to agencies. Our goal is to assist you in developing and implementing effective HIV prevention and/or care programs while at the same time ensuring the strength and competence of your agency to provide these services. The survey is completely anonymous.

1A. In which of the following areas do you feel your agency can benefit from technical assistance? Please rank the **top 4 topics** (1 being highest priority and 4 being lowest priority) that would be most useful for your agency.

- | | |
|---|---|
| _____ Board Development | _____ Grant Writing |
| _____ Developing Interventions | _____ Fund Raising |
| _____ Budgeting and Budget Management | _____ Staff Recruitment and Hiring |
| _____ Volunteer Recruitment | _____ Strengthening Referral Services |
| _____ Collaboration with Other Agencies | _____ Cultural Competence (i.e., age, language, customs, culture) |
| _____ Staff Supervision/Coaching | _____ Engaging the Target Population |
| _____ Other (please specify) _____ | |

1B. In which one or two of the above topics do you feel that your agency most excels and could provide training for other agencies?

1C. My agency needs more technical assistance (please circle your response on the scale below).

1	2	3	4	5
Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree

2A. Which of the following topics would be **useful to your agency** in the area of *Intervention Design and Evaluation*? Please rank the **top 4 topics** (1 being highest priority and 4 being lowest priority) that would be most useful for your agency.

- | | |
|--|--|
| _____ Conducting Needs Assessments | _____ Program Monitoring/Evaluation |
| _____ Behavior Change Theory and Application | _____ Using Statistics for Program Planning |
| _____ Writing Realistic Program Goals and Objectives | _____ Evaluating Client Level Outcomes |
| _____ Matching Community Needs to Interventions | _____ Selecting and Tailoring Scientifically |
| _____ Data Analysis for Program Improvement | _____ Proven/Evidence Based Interventions |
| _____ Diffusion of Effective Behavioral Interventions or REP + | |
| _____ Making Interventions Culturally Appropriate | |
| _____ Other (please specify) _____ | |

2B. In which one or two of the above topics do you feel that your agency most excels and could provide training for other agencies?

3A. Which of the following intervention areas/skills does your **agency need** training in? Please rank the **top 4 topics** (1 being highest priority and 4 being lowest priority) that would be most useful for your agency.

- | | |
|--|---|
| <input type="checkbox"/> Conducting Skills Building Workshops | <input type="checkbox"/> Support Group Facilitation |
| <input type="checkbox"/> Outreach as a Marketing Tool | <input type="checkbox"/> Social Marketing |
| <input type="checkbox"/> Outreach - Beyond Materials Distribution | <input type="checkbox"/> Prevention Case Management
(Comprehensive Risk Counseling & Services) |
| <input type="checkbox"/> Developing Training Curriculum | <input type="checkbox"/> Developing Care Plans |
| <input type="checkbox"/> Presentation Skills | <input type="checkbox"/> Managing Challenging Client Situations |
| <input type="checkbox"/> Faithfully Implementing Scientifically
Proven/Evidence Based Interventions | <input type="checkbox"/> Providing and Tracking Appropriate
Referrals |
| <input type="checkbox"/> Implementing Multi-Session Interventions | <input type="checkbox"/> Linking Care and Prevention |
| <input type="checkbox"/> Counseling Skills | <input type="checkbox"/> Cultural Competence |

3B. In which one or two of the above topics do you feel that your agency most excels and could provide training for other agencies?

4. With which of the following areas/populations do you feel that your agency could benefit from technical assistance? Please rank the **top 4 populations** (1 being highest priority and 4 being lowest priority) that would be most useful for your agency.

- Prevention with positives
- Prevention outreach among IDU community
- African-American men who have sex with men (urban community)
- African-American women (urban community)
- White Non-Hispanic injection drug users
- White MSM
- Youth 15-25 having unprotected sex
- Men/women who exchange sex for money and/or drugs
- Hispanic MSM
- HIV positive in rural areas
- African American men in prison
- Meth injection drug users
- MSM with STD diagnosis
- HIV positive men/women under continued case management
- Women who practice unprotected sex with multiple partners
- HIV positive sex partners
- African-American and Hispanic women who have multiple male bisexual sex partners
- Sexually active men/women who use illegal substances as a sexual stimulant
- Heterosexual men/women with STD diagnosis
- Native Americans
- HIV+ individuals not in case management

5. Please list other issues that you would like to see covered in training session.

6A. About how many **days per month** could you devote to attending workshops to address the technical assistance needs you identified above? _____ days per month

6B. About how many **days per month** could your agency devote to attending workshops that address your technical assistance needs? _____ days per month

6C. About how many **days per month** could your agency devote to training other agencies? _____ days per month

6D. Please rank (1 being highest priority and 4 being lowest priority) your agency's preference for the training format of any technical assistance.

_____ one-day technical assistance workshops

_____ one-on-one technical assistance

_____ multiple-day workshops

_____ web-based curriculum

7. What issues are barriers for your agency receiving technical assistance (e.g., travel costs, time constraints)?

8. Which best describes your professional position (choose one):

_____ Outreach Worker

_____ Ryan White II Case Manager

_____ HIV Counseling & Testing Counselor

_____ Program Supervisor or Director or Administrator

_____ Public Health Nurse

_____ Health Educator

_____ Disease Intervention Specialist (DIS)

_____ Other: _____

9. Which best describes the agency you work in (choose one):

_____ Community Based Organization (HIV)

_____ Community Based Organization (substance abuse)

_____ Community Based Organization (other: please specify _____)

_____ Local Health Department

_____ State Health Department

_____ Hospital/Health Care Facility

_____ Other: please specify _____

THANK YOU FOR YOUR INPUT!!