

*Kansas HIV*  
*Prevention Services*  
**Needs Assessment**

Prepared for the  
Kansas HIV Prevention  
Committee Planning Group

and the  
Kansas Department of  
Health and Environment

March 2011



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*Prevention Services*  
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## **EXECUTIVE SUMMARY**

The Jones Institute for Educational Excellence at Emporia State University undertook a six-month needs assessment grant (modeled after the 2002 Needs Assessment) from the Kansas Department of Health and Environment and Kansas HIV Prevention Committee Planning Group involving HIV-related agencies across the state of Kansas. This study was modeled after the similar 2002 needs assessment study done for and by these organizations.

In this study, thirteen total focus groups were conducted involving 96 participants around the state. This was followed up with a mail-out survey to agencies and clients. There was a response rate of 48% for agencies (N = 51) and 6% for clients (N = 34).

The overall perception from both the focus group members and the mail survey respondents was that Kansas was doing a good job in providing HIV prevention services around the state. Ratings of various agency characteristics and HIV services were generally high, however, clients often gave lower ratings than agency directors. The overall perception is there is a need for more advertising, education, and training across the state and there is a desire to have more HIV/AIDS emphasis included in sex education and health classes within the schools.

Mail-out survey results found confidentiality, professionalism, and friendly staff were important agency characteristics, along with the agency providing HIV testing, free condom distribution, and having lots of information, brochures, literature available. More support groups, safe sex outreach programs, and substance abuse services were desired.

Mail-out surveys results suggested health clinics are the predominant type of HIV agency and devote 20% of their budget towards HIV services. These agencies need more training to deal with diverse populations. Of concern was a seeming lack of a coherent model or theory on which many of these services were based.

Focus group participants wanted a more coherent message about HIV/AIDS being promoted that included relevant statistics, graphic images, and included real world consequences. They also wanted more public service announcements on HIV/AIDS utilizing people with real world experience and more information that promotes HIV prevention through other mediums.

Study recommendations generally reflected a greater need for HIV public service announcements, education, training, and information. Continued support and advocacy from the state government is also needed. A unifying and comprehensive model/theory is needed as well as city/county level resource listings for all local HIV prevention agencies and services.

Copies of all materials and instruments from the study are in the Appendices.

## **INTRODUCTION**

### **Research History**

In July 2010, the Jones Institute for Educational Excellence (JIEE) of Emporia State University (ESU) was given a six-month grant by the Kansas Department of Health and Environment (KDHE) and the Kansas HIV Prevention Committee Planning Group (CPG). The three primary goals of this grant and the community planning process were:

**Goal 1: Conduct a Needs Assessment**

Conduct an assessment of the HIV prevention needs of the Kansas state population similar to the one conducted in 2002.

**Goal 2: Conduct a Gap Analysis**

Using the needs assessment, identify met and unmet HIV prevention needs - particularly in regard to high-risk state populations - and determine if there are discrepancies between needs and availability of services. Apply relevant statistics to determine where significant differences exist.

**Goal 3: Make Recommendations**

Make recommendations on the state of HIV Prevention Services in Kansas based on the results of the needs assessment and gap analysis.

The Project Work Plan (Appendix A) identifies the overall outline of the research plan within the timeline. It began through a coordination of the KDHE and CPG agencies associated with HIV/AIDS, at-risk populations, and prevention strategies who wanted to use the 2002 Kansas Prevention Services Needs Assessment as a template. It was believed the current needs assessment report would be most successful through the joint functioning of all relevant agencies and affected groups in the form of feedback, input, and suggestions through the process.

There were deviations from the original timeline due to unforeseen delays in the beginning of the project involving grant approval. However, the final report was completed in adherence to the due date from when the last focus group was originally scheduled to occur (mid-December).

### **Research Team**

The professional research design team was led by the research director of JIEE. There were a variety of additional support staff, and graduate 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 quality control and confidentiality were maintained.

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

## Research Design

The primary goal of the study was to conduct the needs assessment. All other goals were essentially subservient to this main goal. In collaboration with KDHE and CPG members, it was determined data for the needs assessment would be collected using a combination of focus groups and a mail survey.

The first step in the process was to identify a diverse number of groups across the state utilizing the various agencies providing HIV-related services. Input from the KDHE and CPG identified a core list of groups that were very important in obtaining information from. These included:

- HIV+ persons
- MSMs (males who have sex with males)
- IDUs (injection drug users) and other substance abusers
- Heterosexuals (especially women)
- Family, friends, and partners of HIV+ persons (informal support groups)
- Minority Groups (primarily African American, Hispanic, and Native American)

While the KDHE contact member began the process of organizing these focus groups, the research team used the 2002 Kansas Prevention Services Needs Assessment Focus Group questions as a template. These questions were then modified using input from the KDHE and CPG members; they remained very similar to the original questions from the 2002 needs assessment. The final list of 11 questions used in the focus groups is listed in Appendix B.

The next step was to create an Informed Consent document and receive Institutional Review Board (IRB) endorsement for the research at Emporia State University (ESU). All approvals were received and the first focus group was conducted in August, 2010.

The following focus group protocol was established:

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. Participating members were asked to fill out a list of basic demographic 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 11 Focus Group Questions (Appendix B), chronologically and one at a time. All participants were given an opportunity to respond fully, if desired.
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 covered in the discussion.
6. Group members were thanked and provided with a \$20 gift certificate for their participation and dismissed.

It should be noted the local contacts for each focus group location were extremely helpful in coordinating sessions and getting participants for the focus groups. The KDHE and/or CPG member usually provided refreshments for the participants and was greatly appreciated by all attendees.

Focus group sessions began in August 2010 and ended in late October 2010; data were collected from a total of 13 groups. There was an attempt to hold one more focus group session, but by mid-December the idea was dropped considering the demands of the study's timeline.

Beginning in late September the research team began to prepare the mail-out surveys. Again, surveys from the 2002 Kansas Prevention Services Needs Assessment were used. An agency survey was used for the various agency directors and a client survey was sent to individual clients who utilized agency services. To better involve English-as-a-Second-Language (ESL) persons, a Spanish version of the client survey was also made available.

Copies of the Agency Surveys and both English and Spanish versions of the Client Surveys can be located in Appendix D along with their respective cover letters.

The protocol for distributing the mail-out surveys was as follows:

1. The KDHE sent out a preliminary e-mail to notify HIV-related state agencies a needs assessment survey packet would be mailed to them soon. However, it is unclear whether this e-mail was received, or received in a timely fashion, by many agencies. Of the 116 agencies the packet was sent to 10 agencies returned their packets in their entirety indicating they would either not participate or did not feel the packets applied to their agency.

2. A mailing list of desired agencies was provided to the researchers by the KDHE/CPG for the research team to distribute packets to. A total of 116 participating agencies were mailed a packet.
3. Each packet contained an agency survey to be filled out by the agency or program director, a cover letter explaining the process to the director, a pre-paid return envelope, and client surveys (described below).
4. Each packet also contained five client surveys (four in English, one in Spanish) for a total of 580 client surveys sent to agencies. These surveys included a cover letter written in the appropriate language and a pre-paid return envelope.
5. All cover letters included a return due date and research team contact information. The client surveys included information on how participants could win one of three \$100 gift certificates to be randomly selected from all surveys received.
6. The agencies were asked to randomly distribute the five client surveys to clients who used the agency in following days.
7. All data was cleaned, coded, and entered into SPSS as it was received by the research team. The remaining winter months were spent preparing and analyzing the focus group and survey mail-out data.

A total of 61 agencies responded for an initial agency response rate of 52.5%. However, 10 agencies returned their entire packets indicating they would not be participating. As such, 51 agencies provided meaningful data for a final response rate of 48% (superior to the 2002 response rate of 22%). The final response rate for client surveys, however, was only 6% (less than the 2002 response rate of 15%).

All data were analyzed and reports from the analysis were written. The following sections contain the results of both the focus group and mail-out surveys.



## FOCUS GROUP RESULTS

There were a total of 13 focus groups conducted that included 96 total participants. All tables below are based on a total N-size of 96.

Below is a breakdown of the location where they were held in, the total number of participants for that location, and how many focus groups were held there.

Location of Focus Groups	Total Number of Focus Group Participants	Number of Focus Groups Held There
Wichita	43	5
Topeka	16	2
Liberal	11	2
Lawrence	8	1
Kansas City	14	2
Overland Park	4	1

## Demographic Information

There were 14 Kansas counties represented across the focus groups and these are listed below. Eighteen participants did not specify their county of residence.

Clay	Cowley	Douglas	Ford	Franklin
Jackson	Johnson	Montgomery	Saline	Sedgwick
Seward	Shawnee	Wilson	Wyandotte	

The following page provides information on the gender, age, religion, race, sexual orientation, education, average monthly household income, current employment status, and HIV/AIDS status of the focus group participants.

Gender	Percentage
Male	60%
Female	39%
Did not specify	1%

Age	Percentage
13- to 19-years-old	8%
20- to 24-years-old	19%
25- to 29-years-old	9%
30- to 39-years-old	22%
40- to 49-years-old	25%
Over 49-years-old	17%

Sexual Orientation Category	Percentage
Gay Male	32%
Heterosexual Male	22%
Bisexual Male	6%
Lesbian Female	2%
Heterosexual Female	31%
Bisexual Female	4%
Other	1%
Did not specify	2%

Average Monthly Household Income	Percentage
Less than \$500 / month	32%
\$500-999 / month	16%
\$1000-1999 / month	25%
\$2000-2999 / month	6%
\$3000-4000 / month	2%
More than \$4000 / month	5%
Did not know monthly income	10%
Did not specify	4%

HIV/AIDS Category	Percentage
Diagnosed with HIV	19%
Diagnosed with AIDS	3%
Do not have HIV or AIDS	77%
Did not specify	1%

Religion	Percentage
Christian	32%
Catholic	15%
Methodist	5%
Baptist	7%
Jehovah's Witness	1%
Pentecostal	2%
Atheist	2%
Agnostic	1%
Protestant	1%
Non-denominational	9%
None or Did not specify	25%

Race	Percentage
African American / Black	31%
Caucasian / White	45%
Hispanic / Latino	13%
Native or Eskimo American	2%
Mixed Background/Other	9%

Education	Percentage
Did not graduate high school	22%
High school or equivalent	24%
Trade or vo-tech school	8%
Some college (no degree)	31%
4-year college degree	9%
Graduate degree	2%
Did not specify	3%

Current Employment Status	Percentage
Not working but looking	32%
Part-time (< 35 hours/week)	17%
Full-time (35+ hours/week)	18%
On disability	15%
Not working	13%
Not working, retired	1%
Other (student)	3%
Did not specify	1%

## Group Summaries

In this section, each of the 13 focus groups' demographic information is described along with their summarized responses to the 11 Focus Group Questions. The focus groups summaries are in chronological order of when they were conducted.

### Focus Group 1: Wichita #1

The Wichita focus group consisted of 11 participants and their demographics are described below:

- All were from Sedgwick County.
- All were female.
- Four were 50-years-old or more, two were 40- to 49-years old, two were 30- to 39-years old, two were 25- to 29-years old, and one was 20- to 24-years old.
- Four identified themselves as Christian, four Baptist, one Methodist, and two reported having no religious or spiritual orientation.
- Eight of the participants were African American/Black, two had mixed heritage of African American/Black and Caucasian/White, and one reported herself as "other."
- In terms of sexual orientation, the group consisted of eight heterosexual females, two bisexual females, and one chose not to disclose her sexual orientation.
- One participant completed a four-year college degree, one completed four semesters of college, one completed two semesters of college, one completed one semester of college, one completed some college but did not indicate how many semesters, one completed high school, two completed 11th grade, and three completed 9th grade.
- Five participants reported average monthly incomes between \$0-499, three between \$500-999, and three between \$1,000-1,999.
- Six of the participants were not working but looking for work, three were working full-time, one was on disability, and one was not working and not looking for work.
- None of the 11 participants were diagnosed with either HIV or AIDS.

### *Qualitative Data Analysis*

#### *1. What messages about HIV prevention are common in your community?*

Participants reported four popular HIV prevention messages:

- get young people tested for HIV,
- ask people not to share needles,
- invite speakers talk about HIV prevention,
- and whether a person gets infected by HIV depends on each person's immune system.

2. *What messages about HIV prevention are missing in your community?*  
Many participants thought there should be more HIV prevention public service announcements. They also said there was not enough positive feedback from HIV or AIDS carriers. They suggested the government could document the HIV or AIDS carriers' true stories and then show people how they feel and live with it. One of the participants mentioned people need to know there was a seven-year latent period before any symptoms showed up. One participant said oral sex, as well as anal sex, may lead to an HIV or AIDS infection.
3. *What is the best way to share HIV prevention messages in your community?*  
The group identified the following methods of disseminating information:
  - fliers,
  - conventions at churches or boys' and girls' clubs,
  - meetings with speakers affected by HIV at school,
  - protests about HIV,
  - more pictures of HIV symptoms in the public because it captures attention (e.g., put ugly organs on the billboard),
  - TV and radio announcements/advertisements,
  - mailings.
4. *What HIV service providers are well known and trusted by the community?*  
All of the participants agreed Hunter Health Clinic was the pleasant place for testing HIV because it was quick, accurate, confidential, good at outreach with people, and provided necessary information. The participants also said they would personally go to or recommend people to Positive Directions, the county health department, or individual physicians for testing for HIV.
5. *What agencies or clinics are avoided by the community for HIV services?*  
The group said they would avoid going to the plasma center for testing for HIV because the plasma center had inaccurate diagnoses.
6. *What puts people you know at risk for HIV?*  
The group identified three major high-risk behaviors:
  - having unprotected sex,
  - having unprotected sex with a homosexual or bisexual person,
  - having multiple sexual partners,
  - and sharing needles with other people.
7. *How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?*  
The group suggested people should:
  - use condoms,
  - say "no" to unprotected sex,
  - pleasure oneself instead of having unprotected sex,
  - and, if they are parents, people need to talk to their children about safe sex and serious consequences of unprotected sex. When asked about how to get people

tested if they think they are at risk for HIV, the group suggested those people do not need to be afraid of the test results.

8. *What prevents people from reducing their chances of contracting HIV?*

The group mentioned the following barriers:

- being afraid of disappointing their sex partners if they asked for protected sex,
- being high on alcohol or drugs,
- not having respect for themselves,
- lacking parents' education of HIV,
- parents' bad reputation,
- waiting until they think they have HIV to get tested,
- do not feel as the same person after getting HIV test,
- and some people think it is cool to have unprotected sex.

9. *Why do you believe people do NOT get tested for HIV?*

The group thought the reasons why high-risk people do not get tested for HIV were:

- fear they might actually have it,
- denial – people are scared of the test results so they do not want to deal with it,
- people do not want other people to know they have HIV,
- and some people may think it is an issue of keeping their pride.

10. *What can your local agencies do to encourage testing?*

The group said following techniques could be used:

- perform more outreach
- have speakers go to schools more,
- offer T-shirts for people getting tested as a token (i.e., make funny T-shirts for promoting HIV testing),
- invite a major spokesperson to get the message out (i.e. rappers, celebrities),
- invite HIV patients' wives/husbands to talk about their life.

11. *How can the state of Kansas and your local community better provide HIV/AIDS prevention services?*

Participants suggested using the following techniques:

- TV and radio announcements,
- computer and online announcements,
- creating rap songs about HIV prevention,
- have politicians to talk about HIV prevention,
- have vocal people be speakers,
- have people who can communicate with teenagers to do announcements/advertisements.

## Focus Group 2: Wichita #2

The Wichita focus group consisted of 11 participants receiving drug and alcohol services in the Wichita community. Their demographics are described below:

- Eight participants reside in Sedgwick County, three reported counties of residence as Cowley, Montgomery, and Wilson.
- The group included five males and six females.
- Three participants were 20- to 24-years old, two were 25- to 29-years old, five were 30- to 39-years old, and one was 40- to 49-years old. No minors were present in the group.
- Four identified themselves as Christian faith, including two who specified Episcopal and one Methodist. The other eight reported having no religious orientation.
- Nine of the participants were Caucasian/White, one African American/Black and one was Hispanic/Latino.
- In terms of sexual orientation, two reported being bisexual female, five heterosexual male, and four heterosexual female.
- Five participants did not graduate from high school, five did graduate, and one received some college.
- Seven group members reported an average monthly income between \$0-499, three between \$1,000-1,999, and one between \$2,000-2,999.
- Employment status shows three participants not working but looking for work, two work full time, and five reported they are not working and are not currently looking for work.
- None of the eleven participants reported a diagnosis of either AIDS or HIV.

### *Qualitative Data Analysis*

#### *1. What messages about HIV prevention are common in your community?*

At least five of the participants agreed they often hear where to go for free HIV/AIDS testing. While they have heard AIDS is not good, they do not really understand the disease. Many of the participants agreed they do not hear much about HIV at all, especially in the suburban areas of Wichita.

#### *2. What messages about HIV prevention are missing in your community?*

The group indicated numerous messages they would like to see. They agreed seeing messages including the number and ages of those who have HIV/AIDS would be helpful so everyone would know it is not limited to the gay community. They also said they would like to hear more about how HIV is spread, specifically regarding IV drug use. They want people to know syringes are available for free at some clinics.

#### *3. What is the best way to share HIV prevention messages in your community?*

Most agreed the use of fliers, brochures, and newspapers was good, but putting the literature in the proper locations was key to getting the prevention message out. Many suggested placing them in bars, hip hop clubs, doctors' offices, and in

boxes of syringes. This way they would hit a larger population of young drug users. They also suggested playing prevention messages on TV and radio stations that play to the teen crowd to get the information out to the younger generation. Another point made was to make those in the jail and/or prison more aware of the dangers of having homosexual sex.

4. *What HIV service providers are well known and trusted by the community?*  
All the participants immediately named the Sedgwick County Health Department. Others named were SRS, Hunter Health Clinic, and Grace Methodist. They discussed the Guadalupe Clinic as the best because it was free, for lower income individuals, was centrally located to high risk areas, and the attitudes of the staff members were very good.
5. *What agencies or clinics are avoided by the community for HIV services? Why?*  
Several women in the group agreed they did not like to go to churches for HIV services because the people in the church gossip and there is often no confidentiality. Numerous participants also stated they would avoid the police at all costs.
6. *What puts people you know at risk for HIV?*  
Everyone in the group agreed being under the influence of drugs and/or alcohol makes individuals uninhibited and forget about everything but sex. Other risk factors involving sex identified by the group included prostitution, promiscuity, homosexuality, and having unprotected sex. A few participants mentioned not getting tested created a high risk. A handful of women in particular talked about the risk of having sex with a man just because he says he does not have HIV. They said lying was a major problem since they knew women who had sex with men who had lied when the men knowingly had HIV.
7. *How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?*  
Quitting dope was the number one response of the group. Other suggestions included at least being clean and sanitary with needles if they were going to use dope. There was discussion around the importance of drug users knowing how to use gloves, needles, and to clean up. This was referred to as “act dope” etiquette by one participant. Regarding sex, most agreed individuals either have to practice abstinence or safe sex.
8. *What prevents people from reducing their chances of contracting HIV?*  
The group did not entirely understand the scope of the question and gave examples of how to mandate testing for HIV. The group discussed requiring testing for some jobs, at the time of jail booking, or for drug and alcohol treatments. Some also suggested to pay junkies to get tested by offering cash or some other type of incentive, such as food.

9. *Why do you believe people do NOT get tested for HIV?*

The majority of participants felt people were too scared or embarrassed to get tested. Others suggested people do not want to know the results and would rather live in a state of denial. Participants stated some people are just self-destructive (especially drug addicts) or apathetic. Another reason given was some people are just too high or intoxicated to go get tested. One person said people were just stupid or naïve – several participants agreed with the comment.

10. *What can your local agencies do to encourage testing?*

Most of the group thought offering anything free always draws people in, especially needles were given away. Many thought there needed to be more information provided through the media on where to go to get free and confidential testing. A few thought educating the public, especially the younger crowd, about the consequences would help to encourage testing (i.e., providing numbers and information).

11. *How can the state of Kansas and your local community better provide HIV/AIDS prevention services?*

The group agreed awareness and education for teens was the most important part of prevention as many teens think they are invincible. Other suggestions included providing a list of resources in the community, advertising more, and having a state or national registry requiring anyone with AIDS to register.

### Focus Group 3: Liberal #1

The first Liberal focus group consisted of nine participants at the United Methodist Health Center. An interpreter was present and was included in the discussion as a participant. Their demographics are described below:

- All nine participants were from Seward County.
- The group included two males and seven females.
- One participant was 13- to 19-years old, one was 25- to 29-years old, five were 40- to 49-years old, and two older than 50-years old. No minors were present in the group.
- Two identified themselves as Christian, six indicated they were Catholic, and one did not answer.
- All participants in the group reported their race as Hispanic/Latino.
- In terms of sexual orientation, one reported being a heterosexual male, and eight as heterosexual female.
- Two participants did not graduate from high school, four did graduate, one went to trade or vocational school, and two had a four-year degree.
- One participant reported an average monthly income between \$500-999, five between \$1,000-1,999, and three said they did not know.
- Four participants were not working but looking for work, two work full time, and three work part time.
- None of the nine participants reported a diagnosis of either AIDS or HIV.

*Qualitative Data Analysis*

1. *What messages about HIV prevention are common in your community?*  
Most of the participants agreed there are no messages specific to their Hispanic community because it is so taboo. They only hear information from the United Methodist Health Center or seek out information for themselves.
2. *What messages about HIV prevention are missing in your community?*  
The group was firm in believing it is important for Hispanic teens to understand messages about HIV/AIDS. Such messages needed to include:
  - how it is contracted,
  - how to protect yourself,
  - how it can happen to anyone,
  - and what the permanent consequences are if you get it.The group also discussed how it is important for those who are just coming into the United States to know what is truth and what is myth about HIV/AIDS. Participants said people new to the U.S. do not know anything and sometimes believe everything they hear.
3. *What is the best way to share HIV prevention messages in your community?*  
There was discussion around the circumstances with working conditions on the job sites, as group participants said in such settings many people have sex with many other people. These people need to be educated so they do not “spread death.” The group said employers should make it mandatory safety training and be paid to get educated about HIV and safety. Many in the group were concerned for the younger generation and would like to see schools provide more education on AIDS. Some thought parents should also educate themselves so they can educate their kids. The group talked about having Arturo from the United Methodist Center help educate the Hispanic population. They all said Hispanics do not get much information; it is really against what they believe. They did agree messages should be on Spanish radio and brochures should be in Spanish.
4. *What HIV service providers are well known and trusted by the community?*  
The group all agreed Arturo and the United Methodist Health Center was the best for the Hispanic population. Participants said Arturo is nice, non-judgmental, and confidential. They also talked about the health department and how it is inexpensive since cost is based on income and the center did not care if individuals have insurance. Participants said they did not feel discriminated against for being Mexican at the health department. Group members said United Methodist was good, but it can be hard to get an appointment. They said the health department was faster, but not very confidential.
5. *What agencies or clinics are avoided by the community for HIV services?*  
Group members could not think of any place they would avoid other than those within their own community because of the taboo. They reported people could be shunned by their family and community if they contracted AIDS.

6. *What puts people you know at risk for HIV?*

Most agreed behaviors like doing drugs and having unprotected sex put people at risk. There was a lot of discussion about working on the farms in the community and the risky behaviors they have experienced. They talked about frequent unprotected sex amongst the workers because they live together for so long in such tight quarters. One particular concern was regarding having to share clothes, shoes, socks, and even underwear. They expressed concern for health, safety, and getting AIDS.
7. *How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?*

Most agreed individuals should know their partners, have them tested, protect yourself, and be responsible for yourself. The group discussed the importance of educating teens and giving Hispanics a confidential place to get free testing because they will not go somewhere if they think they will see someone they might know; everyone knows everyone in their small community.
8. *What prevents people from reducing their chances of contracting HIV?*

The Hispanic population has to be very careful so no one finds out. They need a place to go and get information. Another point made was men do not like to use condoms, so they do not. Again, discussion revolved around them feeling many teens just do not think it could happen to them.
9. *Why do you believe people do NOT get tested for HIV?*

Group members stated reasons they believed people do not get tested include:

  - Mexicans with AIDS are targets.
  - Their family, church, and community can shun them and discrimination is twice as bad.
  - Sometimes it is better not to know. They said they are often afraid of the answer because they do not know what will happen next.
  - They will lose everything they have.
  - Nothing good can come from it, so it is better not to know.
10. *What can your local agencies do to encourage testing?*

Most thought having more free, confidential, and easily accessible testing sites would be best. Since discrimination is so bad, they suggested having mandatory tests at places of employment so everyone is required and no one is singled out. It also would help the workers practice safe sex. Another suggestion was to have confidential support so if someone does test positive, they know what to do next, and any resources/assistance would be available immediately. Participants also suggested offering incentives and encouragement to get people to get tested.

*11. How can the state of Kansas and your local community better provide HIV/AIDS prevention services?*

This group stressed the importance of having resources and materials for all Hispanic/Latino populations, like Spanish, Guatemalan, Portuguese, and Puerto Rican. They thought brochures and materials should give information about how HIV/AIDS is spread, the short- and long-term symptoms, consequences, prevention, numbers, and resources. They agreed it would be nice to have hired, trained staff of their own race and who spoke their language.

**Focus Group 4: Liberal #2**

The second Liberal focus group at the United Methodist Health Center consisted of two participants and an interpreter. This is the same interpreter from the previous session; therefore, her data was included in Liberal Focus Group #1 and not here. The group's demographics are described below:

- One participant came from Ford County, the other from Seward County.
- The group included two males.
- One participant was 40- to 49-years old and the other was more than 50-years old.
- One reported being Catholic, the other did not answer.
- Both reported their race as being Hispanic/Latino; one disclosed he was raised in Russia.
- In terms of sexual orientation, one reported being a heterosexual male, and the other a homosexual male.
- One participant did not graduate from high school, while the other had a four-year college degree.
- One reported an average monthly income between \$500-999 per month, the other did not know.
- One was not working and not looking for work, the other was on disability.
- Both participants reported being diagnosed HIV positive.

*Qualitative Data Analysis*

*1. What messages about HIV prevention are common in your community?*

Both participants agreed there were no messages for the Hispanic community they knew of in either of the communities where they lived. They said no one wanted to communicate about HIV, it is taboo. One participant had heard of a new injection treatment option, but had not heard it on a local level, but on a national level.

*2. What messages about HIV prevention are missing in your community?*

One participant spoke strongly about communication among those who have HIV and those who do not so the latter can see those who are HIV positive are not different from those who do not have it. Participants reported there is no communication, no help, no groups and people to talk to when it is needed to. One participant said everyone thinks an HIV positive person will infect others by

- touching them; HIV positive people do not have a chance to tell people they are not aliens. The other participant agreed and talked about the depression he experienced because he feels alone and discriminated against for being gay and having HIV.
3. *What is the best way to share HIV prevention messages in your community?*  
Communication was the main topic again. The participants agreed there should be support groups so people can communicate. They also agreed messages should be presented in Spanish on the TV and radio.
  4. *What HIV service providers are well known and trusted by the community? Why?*  
Arturo from the United Methodist Health Center can be trusted, the participants said, especially for Hispanics. Dr. Sweet was also mentioned as someone respected in the community for her work with HIV patients.
  5. *What agencies or clinics are avoided by the community for HIV services? Why?*  
One participant talked about a clinic on Center Ave he heard was not so good and was told not to go there. He did not know why.
  6. *What puts people you know at risk for HIV?*  
They both agreed unprotected sex was the highest risk behavior. Drugs and lack of communication were also discussed as problems. One participant discussed his concern for the out-of-control kids and parents' inability to their kids anymore. One participant discussed his personal story of contracting HIV by working with AIDS patients and being stuck with a needle.
  7. *How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?*  
Three main themes emerged:
    - always use a condom,
    - do not re-use needles,
    - and tell someone if you have it.One participant talked about an acquaintance having sex with multiple partners while knowingly having HIV.
  8. *What prevents people from reducing their chances of contracting HIV?*  
Both agreed most of the immigrants to the United States do not know about AIDS. The participants reported some do not have a basic high school education; they need to be educated. One participant believed no one wanted to communicate about it, so they do not learn.
  9. *Why do you believe people do NOT get tested for HIV?*  
Both participants said most people do not want to know the truth because they will not know how to handle if they hear they are HIV positive. Both agreed when they heard they had it, they went through a lot of emotions and no one was there to talk to about it. One participant talked about dealing with depression because of

feeling so alone. The other participant agreed and said people treat him bad if they know he has AIDS and no one wants to talk about it.

10. *What can your local agencies do to encourage testing?*

They both said they would like to see support groups so they could talk about their feelings about having HIV; they need to communicate with each other more. Agencies are supposed to take care of people, ALL people, the participants reported that does not happen. One participant suggested having outreach testing sites that are free and confidential. He also said he knows it might not be used because the fear of other people talking about why people would go to the place and get tested unless they had AIDS.

11. *How can the state of Kansas and your local community better provide HIV/AIDS prevention services?*

Having private support groups so they can communicate was the agreed by both participants. They suggested free therapy and free dental services; especially in poor rural areas. They both agreed more information like brochures need to be out there for Hispanics in their language.

### Focus Group 5: Wichita #3

The Wichita focus group consisted of eight participants and their demographics are described below:

- Five participants were from Sedgwick County, one was from Butler County, and the other two did not indicate where they lived.
- All of the participants were male.
- One participant was 13- to 19-years old, four were 20- to 24-years old, two were 30- to 39-years old, and one was 50-years or older.
- One of the participants was Christian, one Methodist, one Catholic, one agnostic, and four reported having no religious or spiritual orientation.
- Six of the participants were Caucasian/White, two reported having mixed heritage of African American/Black, Caucasian /White, and Native American.
- In terms of sexual orientation, the group consisted of seven gay males and one bisexual male.
- One participant completed high school, one completed a four-year college degree, one completed four semesters of college, three completed two semesters of college, one completed five semesters of college, one completed six semesters of college, and one had a post-graduate degree.
- One participant reported an average monthly income between \$0-499, one between \$500-999, one between \$1,000-1999, two between \$2,000-2,999 and two reported monthly income of \$4,000 or more; one did not know his monthly income.
- Two of the participants were not working but looking for work, four were working part time, one was working full time, and one was working full time and volunteering.

- All of the eight participants were not diagnosed with either HIV or AIDS.

### *Qualitative Data Analysis*

1. *What messages about HIV prevention are common in your community?*

The participants reported four popular HIV prevention messages:

- the importance of using condoms for safe sex,
- the health department provided free HIV tests at bars and counselors to people in the community
- public service announcements of HIV awareness in the press,
- and fliers about HIV awareness and HIV Awareness Day on campus.

2. *What messages about HIV prevention are missing in your community?*

Many participants thought there was a negative stigma towards HIV carriers both inside and outside of the gay community. They said when people found out a person was infected by HIV, they shut the person out. Hence, instead of helping the person, they push him/her back to silence. They said there was a misunderstanding in the community that HIV/AIDS is a gay disease, but in fact a same or even larger amount of white women were infected by HIV too. The other misconception was that HIV is curable. They suggested that government should make it clear that although HIV may be treated, the lives of people with the life would never be the same again. Moreover, the participants thought information about HIV was not enough because people needed to hunt for the message if they wanted it.

3. *What is the best way to share HIV prevention messages in your community?*

The group identified the following methods of disseminating information:

- shocking public service announcements demonstrate the truth; organize the messages into a campaign,
- invite speakers who are HIV positive to forward to tell others how miserable it is to live with it,
- public service announcements on social networking sites (e.g., Facebook and Craigslist),
- provide statistical information about HIV,
- more messages targeting the blue-collar community,
- and invite speakers who have connections to the specific populations.

4. *What HIV service providers are well known and trusted by the community?*

All of the participants agreed the Hunter Health Clinic was a pleasant place for being tested for HIV because it was very accepting and provided free HIV screening. Also, they identified Positive Directions as a good place to go. One of the participants spoke highly about Theresa because she provided emotional support. Also, the participants indicated county health departments are always good places to go for help because they have good word of mouth and great outreach.

5. *What agencies or clinics are avoided by the community for HIV services?*  
The group said they would avoid going to Via Christi. Also, they did not trust test results from McConnell Air Force Base because they were unreliable and the service was not good.
  
6. *What puts people you know at risk for HIV?*  
The group pointed out five major risk behaviors:
  - lack of knowledge about HIV,
  - drug and alcohol abuse,
  - having an incorrect attitude about HIV,
  - HIV carriers not being truthful to their sex partners,
  - and people being too optimistic about the HIV situation.
  
7. *How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?*  
Participants suggested people should:
  - practice safe sex,
  - use clean needles,
  - have their sex partners get tested for HIV,
  - reduce the number of one's sex partners,
  - reduce the number of one night stands,
  - talk to people who are HIV positive,
  - and spread information about the severe consequences of HIV infection.
  
8. *What prevents people from reducing their chances of contracting HIV?*  
The following barriers were mentioned by participants:
  - denial (e.g., what I can't see can't hurt me) ,
  - practicing safe sex can be a mood killer and takes the fun out,
  - and there are chasers who would not disclose their HIV infection and have sex with multiple people.
  
9. *Why do you believe people do NOT get tested for HIV?*  
The group thought reasons why high-risk people do not get tested for HIV were:
  - denial – people are scared of the test results so they do not want to deal with it,
  - some doctors are not keen to it,
  - people do not want other people to know they have HIV,
  - and people do not know what to do if they are HIV positive.
  
10. *What can your local agencies do to encourage testing?*  
Participants suggested agencies use the following techniques:
  - more mobile testing,
  - more five-minute rapid testing,
  - let the people know HIV testing is fast,
  - provide people information of where to go to,
  - reduce the religious impact that science is not the devil,

- and let people know it is acceptable and necessary for men to get tested.

11. *How can the state of Kansas and your local community better provide HIV/AIDS prevention services?*

Participants mentioned the following techniques:

- advertisements showing people the service is available and free,
- get the HIV prevention hotline on 211,
- show people statistics revealing HIV infection is growing and becoming a problem,
- provide needle exchange programs,
- let people be aware of the homeless people,
- join alliances – get organizations to work together,
- and provide more education about HIV prevention.

Focus Group 6: Kansas City #1

The Kansas City, Kansas focus group consisted of six participants and their demographics are described below:

- All six were from Wyandotte County.
- All were female.
- One participant was 20- to 24-years old, two participants were 25- to 29-years old, one was 30- to 39-years old, one was 40- to 49-years old, and one was more than 50-years old.
- Two participants identified themselves as Baptist, two Christian, one Protestant, and the remaining participant did not specify.
- Five participants were African American/Black, and one was of mixed heritage.
- All participants were heterosexual.
- One participant completed the 10<sup>th</sup>, one completed one semester of college, one completed two semesters of college, one completed a four-year college degree, and two participants completed post-graduate degrees.
- Three participants reported an average monthly income between \$0-499, one between \$1,000-1,999, and two of \$4,000 or over.
- Three participants were not employed but looking for work, and three participants work full time.
- None of the participants were diagnosed with either HIV or AIDS.

*Qualitative Data Analysis*

1. *What messages about HIV prevention are common in your community?*

The participants did not report any popular HIV prevention messages, but they did reply with the information they know about HIV. The information they shared was how long it takes to detect HIV, the increase in the number of African American women being diagnosed with HIV, and individuals diagnosed with HIV do not necessarily look sick.

2. *What messages about HIV prevention are missing in your community?*  
Many participants thought the origin of HIV/AIDS and how it evolved and spread should be publicized in the community. Almost all the participants agreed women need to take responsibility for their actions and get tested more often. They also need to tell their sexual partners if they are HIV positive. Many felt more information about how to get tested would be helpful and suggested more emphasis be placed on minimizing the number of sexual partners. Some felt couples should feel more comfortable and not ashamed about getting tested before they become sexually active. Many participants also stated schools need more information published about HIV. People need to be more educated about HIV, group members reported, so they are not afraid to be around individuals who are diagnosed with the disease; the disease is not air-borne. Participants said areas with high drug use should have more information about HIV as well.
3. *What is the best way to share HIV prevention messages in your community?*  
The group suggested the following methods of disseminating information:
  - using television to inform people about HIV,
  - sponsoring fun activities to invite people to get tested,
  - placing educational pamphlets and posters about HIV in nail salons, bathrooms, night clubs, and movie theaters,
  - publicizing centers for HIV testing,
  - and have companies sponsor HIV testing stations.
4. *What HIV service providers are well known and trusted by the community?*  
Many of the participants agreed Kansas City Free Health Clinic is the most trusted agency provides HIV services. The Good Samaritan Project was also mentioned as a trusted service provider. These agencies are trusted because they are visible and mobile in the community. Participants reported the health clinic is cheaper and some individuals do not have to pay for their services. The health clinic also has a room full of easily understood information about many different diseases, according to the group.
5. *What agencies or clinics are avoided by the community for HIV services?*  
No specific agencies or clinics are avoided. The participants stated the agencies that do not test for HIV are avoided.
6. *What puts people you know at risk for HIV?*  
The group pointed out five high risk behaviors:
  - unprotected sex,
  - drug and alcohol use,
  - having multiple sex partners,
  - prostitution,
  - and sex trafficking.

7. *How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?*

The group suggested people should:

- practice abstinence,
- use protection when sexually active,
- cut down on the number of sexual partners,
- get tested before becoming sexually active with another partner,
- and become aware about the HIV.

8. *What prevents people from reducing their chances of contracting HIV?*

The following barriers were mentioned by the group:

- carelessness,
- having multiple sex partners to feel like they belong,
- and being caught in the heat of the moment and not using protection.

9. *Why do you believe people do NOT get tested for HIV?*

The group thought the reasons why high-risk people do not get tested for HIV were fear of being HIV positive and drug-induced carelessness.

10. *What can your local agencies do to encourage testing?*

The group pointed out that education is very important to encourage testing. They suggested the local community can encourage people to get tested for HIV by offering free rapid testing. Also mentioned were mobile testing sites and incentives allowing more people to get tested. Participants said celebrities could also speak out about getting tested.

11. *How can the state of Kansas and your local community better provide HIV/AIDS prevention services?*

Participants identified the following techniques could be used:

- corporations could have their employees get voluntarily tested for HIV, and rely on peer pressure,
- make HIV testing free for a few days or a month during the year,
- educate the African American/Black community about HIV through information presented by African American/Black individuals,
- churches could educate individuals about HIV,
- and having a benefit concert where HIV testing is free.

## Focus Group 7: Kansas City #2

This Kansas City focus group consisted of eight participants and their demographics are described below:

- Four were from Jackson County, one from Kansas City, Missouri, and three did not indicate where they lived.
- All of the participants were male.

- One participant was 13- to 19-years old, one was 20- to 24-years old, one was 25- to 29-years old, two were 30- to 39-years old, one was 40 to 49-years old, and two were 50-years old or more.
- Five identified themselves as Christian, one Methodist, and two reported having no religious or spiritual orientation.
- Six participants were African American/Black, one had a mixed background of African American/Black and German, and one had a mixed background of African American/Black, Caucasian/White, Indian, and Puerto Rican.
- In terms of sexual orientation, all of the participants were gay males.
- One participant completed high school, one completed trade or vocational school, one completed four semesters of college, two completed one year of college, one completed two semesters of college, one completed some college but did not indicate how many semesters, and one completed a four-year college degree.
- One of the participants reported an average monthly income between \$500-999, two between \$1,000-1,999, one between \$2,000-2,999, two between \$3,000-3,900, and one of \$4,000 or more; one did not indicate how much money he makes.
- Two of the participants were not working but looking for work, four were working full time, and two were on disability.
- Four of the participants were diagnosed with HIV, one was diagnosed with AIDS, one did not specify, and two were not diagnosed with either HIV or AIDS.

### *Qualitative Data Analysis*

1. *What messages about HIV prevention are common in your community?*

The participants reported three popular HIV prevention messages:

- the importance of getting tested for HIV,
- once a person got infected by HIV, life is not going to be the same as before,
- and encouraging people to seek out support groups.

2. *What messages about HIV prevention are missing in your community?*

Many participants thought there was not enough information about the simple ways of getting infected by HIV. They suggested there should be more information saying not to be afraid of people with HIV. They said it is important for people with HIV to take medications, general education of HIV is needed in the younger population, and people need to know they can continue to have a life with HIV.

3. *What is the best way to share HIV prevention messages in your community?*

The group identified the following methods of disseminating information:

- distribute HIV information in bars,
- hand out HIV information in churches,
- invite speakers who have firsthand knowledge,
- get agencies and communities to be more supportive and do more outreach,
- put HIV prevention education into schools,
- and invite speakers who have connections to a specific population.

4. *What HIV service providers are well known and trusted by the community?*  
All of the participants agreed Kansas City Free Health Clinic was a pleasant place for testing or getting treated for HIV because it has a friendly environment and knowledgeable staff. Participants reported KC Free also did a good job in keeping patients' information confidential. Also, they said Truman Medical Center-West was a good place to go to because some of their staff was infected by HIV so it helped staff related to patients. Moreover, group members said Truman Medical Center-West checks the patients' HIV infection as well as the condition of other things such as livers and kidneys. Good Samaritan was mentioned as a trusted organization as well.
5. *What agencies or clinics are avoided by the community for HIV services?*  
The group did not mention any ineffective organizations.
6. *What puts people you know at risk for HIV?*  
The group pointed out five high risk behaviors:
  - lack of knowledge about HIV,
  - drug and alcohol abuse,
  - having an ignorant attitude of HIV,
  - HIV carriers not being truthful to their sex partners,
  - and unprotected sex.
7. *How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?*  
The group suggested people should:
  - practice safe sex,
  - practice abstinence,
  - and have sex partners get tested for HIV.
8. *What prevents people from reducing their chances of contracting HIV?*  
The following barriers were mentioned:
  - denial,
  - practicing safe sex can be a mood killer and take the fun out,
  - depression,
  - and ignorance.
9. *Why do you believe people do NOT get tested for HIV?*  
The group thought reasons included:
  - denial – people are afraid of the test results so they do not want to deal with it,
  - lack of education, the do not know where to get tested,
  - people do not want other people to know they are HIV positive,
  - and panic – not knowing what to do if they are HIV positive.
10. *What can your local agencies do to encourage testing?*  
Participants said education is the key to testing. They suggested the local community provide more HIV prevention information in schools and churches.

Participants also suggested the local community can coordinate different agencies' efforts.

*11. How can the state of Kansas and your local community better provide HIV/AIDS prevention services?*

Participants suggested the following techniques be used:

- provide more education of HIV prevention, make it mandatory in schools starting in the sixth grade
- provide more public service announcements on TV,
- make 15-minute documentary films to show people how serious the HIV situation is,
- put on advertisement on billboards including HIV prevention websites and phone numbers on the billboards,
- and hire more HIV prevention educators.

**Focus Group 8: Overland Park #1**

The Overland Park focus group consisted of four participants and their demographics are described below:

- All were from Johnson County.
- All were male.
- Two participants were 20- and 24-years old, one was 40- to 49-years old, and one was more than 50-years old.
- Two participants were Catholic, one claimed no religion, and one did not specify.
- All four participants were Caucasian/White.
- Two participants were bisexual and two were homosexual.
- One participant graduated from high school, one completed two years of college, one completed five semesters of college, and one completed a four-year college degree.
- Two participants reported an average monthly income between \$1,000-1,999, one of over \$4,000, and one did not know.
- Two participants were employed part time, one participant was on disability and the other was retired.
- None of the participants were diagnosed with either HIV or AIDS.

*Qualitative Data Analysis*

*1. What messages about HIV prevention are common in your community?*

The participants did not report any popular HIV prevention messages, but they did reply with the information they knew about HIV. The information they shared was how society is not worried about HIV, individuals who are HIV positive live a normal life, and drug use makes individuals not worry about self-preservation.

2. *What messages about HIV prevention are missing in your community?*  
Group members said people think they are knowledgeable about HIV so they are not listening to facts to gain more knowledge about the disease. Participants said schools need to have more information about HIV and said they believed school only focused on alcohol and having babies. Participants said practicing safe sex and quitting drug use to prevent the spread of HIV should also be shared in the community. They said there should be statistics, such as what age group has been diagnosed with HIV the most and the odds of having sex with someone who is HIV positive. Information about the costs of medication for HIV treatment should also be considered in messages about prevention of HIV. The participants agreed there is only vague information in the community about HIV prevention.
3. *What is the best way to share HIV prevention messages in your community?*  
The group identified the following methods of disseminating information:
  - not avoiding the problem,
  - schools should have more information about HIV,
  - using billboards to get the message out,
  - colleges sharing more information about HIV,
  - and handing out fliers and wearing T-shirts with HIV prevention messages printed on them.
4. *What HIV service providers are well known and trusted by the community?*  
The most trusted agencies mentioned by the group were the Healthy Living Project and the Kansas City Free Clinic. The Healthy Living Project gets no publicity, so many people do not know about it, participants said. They reported it is the only effective organization close and convenient for them.
5. *What agencies or clinics are avoided by the community for HIV services?*  
The Johnson County Health Department was mentioned to be avoided because one participant had to wait an hour to be seen by the doctor.
6. *What puts people you know at risk for HIV?*  
The group pointed out three high risk behaviors:
  - drug and alcohol abuse,
  - sharing needles,
  - and unprotected sex.
7. *How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?*  
The group suggested people should:
  - never do drugs,
  - ask their partners if they are HIV positive before becoming sexually active,
  - practice safe sex.

8. *What prevents people from reducing their chances of contracting HIV?*

The following barriers were mentioned:

- people are not as fearful of contracting HIV because there is medication for treatment,
- people do not like to practice safe sex,
- and people think they are invincible and they cannot contract the virus.

9. *Why do you believe people do NOT get tested for HIV?*

The group thought the reasons why high-risk people do not get tested for HIV were:

- they do not want to know if they are HIV positive,
- they want to be anonymous,
- they do not want to wait to get their test results,
- and they believe they cannot contract the disease.

10. *What can your local agencies do to encourage testing?*

The group said advertising is the key to encourage testing. The group said the advertising should mention the test only takes about 20 minutes and locations of where people can get tested.

11. *How can the state of Kansas and your local community better provide HIV/AIDS prevention services?*

Participants suggested the following techniques be used:

- provide more information about HIV/AIDS,
- advertise where people can get tested for HIV,
- and prizes should be given away to people who get tested.

### Focus Group 9: Topeka #1

The Topeka focus group consisted of twelve participants and their demographics are described below:

- Six were from Shawnee County, two from Franklin County, one from Montgomery County, one from Douglas County, one from Clay County, and one participant answered with “The United States of America.”
- Eight participants were male, three were female, and one did not specify.
- One participant was 20- to 24-years old, one was 25- to 29-years old, seven were 30- to 39-years old, and three were 40-and 49-years old.
- Five participants were Christian, three were Catholic, one indicated Pentecostal, and another claimed God and the Holy Spirit; two participants did not answer.
- All twelve participants were Caucasian/White including one who specified to be German.
- Nine participants were heterosexual males, one was a bisexual female, one was a heterosexual female, and one answered with both bisexual female and heterosexual female orientations.

- One participant completed eighth grade, one completed ninth grade, one completed 11th grade, one wrote something unrecognizable in the space provided, three completed high school, two completed trade or vocational school, and three participants completed one semester of college.
- Eight participants reported an average monthly income between \$0-499, one between \$500-999, two between \$1,000-1,999, and one did not specify.
- Six participants were not working but looking for work, two participants worked part time, one worked full time, one participant was on disability, one was not working and not looking for work, and one participant was a student.
- None of the participants were diagnosed with either HIV or AIDS.

### *Qualitative Data Analysis*

1. *What messages about HIV prevention are common in your community?*

The participants reported two popular HIV prevention messages:

- do not share needles,
- and practice safe sex.

2. *What messages about HIV prevention are missing in your community?*

Knowledge about HIV is missing according to the focus group members. Participants said details about the virus details should be advertised, as well as messages about not doing drugs. Group members there are other viruses out there other than HIV.

3. *What is the best way to share HIV prevention messages in your community?*

The group suggested the following methods of disseminating information:

- going door-to-door with information about HIV,
- using Google spams,
- giving information at Alcohol Anonymous meetings,
- using pictures of what can happen if an individual contracts HIV/AIDS,
- advertise resources to get clean needles,
- and using magazine public service announcements and commercials to get information out about HIV.

4. *What HIV service providers are well known and trusted by the community?*

Many of the participants mentioned the plasma center, health department, and Topeka Hospital as trusted organizations. They said they were trusted because the participants had not heard anything bad happening with these organizations. One participant mentioned they do not get followed by police officers when they go to these places.

5. *What agencies or clinics are avoided by the community for HIV services?*

The group did mention any ineffective organizations.

6. *What puts people you know at risk for HIV?*

The group pointed out five high risk behaviors:

- drug and alcohol abuse,
- sharing needles,
- unprotected sex,
- sharing razors,
- and having multiple sexual partners.

7. *How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?*

The group suggested people should:

- practice abstinence,
- use protection,
- use clean needles,
- seek out education about HIV,
- get tested for HIV every three months,
- and change high-risk habits.

8. *What prevents people from reducing their chances of contracting HIV?*

The following barriers were mentioned:

- depression,
- no clean needles made them desperate,
- poor self-esteem/no respect for themselves,
- sharing needles with people they believe they can trust,
- and lack of education about HIV.

9. *Why do you believe people do NOT get tested for HIV?*

The group thought the reasons why high-risk people do not get tested for HIV included:

- fear,
- cost of getting tested
- embarrassment
- carelessness,
- drug use,
- and procrastination.

10. *What can your local agencies do to encourage testing?*

The group said involving everyone and advertising are keys to encouraging testing. Participants said multiple free testing sites, fun activities, and an at-home testing kit were ways of encouraging HIV testing. Advertising resources for HIV positive people would be another good way of encouraging people to get HIV tested. A role model could also help promote testing, they said.

11. How can the state of Kansas and your local community better provide HIV/AIDS prevention services?

Participants suggested the following techniques be used:

- open an AIDS clinic,
- provide pamphlets about the HIV,
- send mail-outs to everyone about HIV,
- test everyone for free,
- provide free transportation to a testing site,
- spread awareness with billboards and commercials,
- employers should test for HIV before hiring,
- and provide AIDS awareness in schools.

Focus Group 10: Topeka #2

This Topeka focus group consisted of four participants and their demographics are described below:

- Three of the participants were from Shawnee County and one was from Saline County.
- Two participants were female and two were male.
- All four participants were between 40- and 49-years old.
- Two participants were Christian, one was Pentecostal, and one did not specify.
- Two participants were African American/Black, while the other two were Caucasian/White.
- One participant was a homosexual male, one was a heterosexual male, one was a heterosexual female, and the remaining participant did not specify.
- One participant did not graduate from high school but completed the 10th grade, two participants completed vocational or trade school with one specifying culinary school, and one completed some college.
- Two participants reported an average monthly income between \$0-499, two between \$500-999.
- One participant was working part time, two were disabled, and one specified their employment status to be SSI.
- Three of the participants were diagnosed with HIV, while the remaining one was not diagnosed with either HIV or AIDS.

*Qualitative Data Analysis*

1. What messages about HIV prevention are common in your community?

Participants reported two popular HIV prevention messages:

- HIV can eventually kill individuals if it develops into AIDS,
- the need to get educated about HIV.

2. *What messages about HIV prevention are missing in your community?*  
One participant suggested a billboard asking everyone to help those who are unfortunate.
3. *What is the best way to share HIV prevention messages in your community?*  
The group identified the following methods of disseminating information:
  - bulletin boards,
  - mail-outs,
  - and word of mouth.
4. *What HIV service providers are well known and trusted by the community?*  
One participant stated the Cotton O'Neil Clinic is an effective organization. Another participant said the Tool Shed Tap, a homosexual bar, helps educate people about HIV.
5. *What agencies or clinics are avoided by the community for HIV services?*  
The group did not identify any ineffective organizations.
6. *What puts people you know at risk for HIV?*  
The group pointed out five high risk behaviors:
  - having sex,
  - lust,
  - using dirty needles,
  - having unprotected sex,
  - and being uneducated about HIV.
7. *How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?*  
The group suggested people should:
  - use protection,
  - receive education,
  - and practice abstinence.
8. *What prevents people from reducing their chances of contracting HIV?*  
The following barriers were mentioned:
  - making decisions in the heat of the moment,
  - denial of contracting HIV,
  - self-control,
  - and being naive.
9. *Why do you believe people do NOT get tested for HIV?*  
The group thought the reason why high-risk people do not get tested for HIV was they were scared of the potential results.

10. *What can your local agencies do to encourage testing?*

Participants said they need love and support. No other ways of encouraging HIV testing were discussed.

11. *How can the state of Kansas and your local community better provide HIV/AIDS prevention services?*

Participants suggested the following techniques be used:

- free testing,
- and showing care for HIV infected people.

### Focus Group 11: Wichita #4

This Wichita focus group consisted of seven participants, but one participant entered the focus group about 10 minutes late and left after one question. No additional data was collected from that participant. The demographics of the group are described below:

- Three participants were from Sedgwick County; the other three participants responded with “The United States of America.”
- All six participants were male.
- Two participants were 20- to 24-years old, one was 30- to 39-years old, and three were 40- to 49-years old.
- Two participants were Christian, one was a Jehovah’s Witness, two did not specify, and one indicated Baptist.
- All six participants were African American/Black.
- Four participants were homosexual males, one was a bisexual male, and the remaining participant stated he was celibate.
- Two participants did not graduate from high school but completed 11<sup>th</sup> grade, three completed high school, and one a four-year college degree.
- Two participants reported an average monthly income between \$0-499, one between \$500-999, between \$1,000-1,999, and one participant did not specify.
- Two participants were not working but looking for work, one was working part time, one was not working and not looking for work, one was disabled, and one did not specify.
- Four of the participants were diagnosed with HIV, one was not diagnosed with either HIV or AIDS, and one did not specify.

### *Qualitative Data Analysis*

1. *What messages about HIV prevention are common in your community?*

The participants reported two popular HIV prevention messages:

- practicing safe sex,
- and getting tested for HIV.

2. *What messages about HIV prevention are missing in your community?*  
Participants agreed facts and statistics should be advertised about HIV/AIDS. Support groups should also be held and advertised. The group also suggested information should be available on how to tell a partner you are HIV positive.
3. *What is the best way to share HIV prevention messages in your community?*  
The group identified the following methods of disseminating information:
  - benefit shows/events,
  - fliers, pamphlets, and newsletters about HIV be made available in stores,
  - information concerning HIV be printed on condom packages,
  - creation of a meeting place for people to get information about HIV,
  - and distributing information at parties.
4. *What HIV service providers are well known and trusted by the community?*  
Positive Directions was agreed upon by the participants to be an effective organization. KU Medical Center was also mentioned to be effective. One participant said Dr. Sweet had helped him immensely. Hunter Health Clinic was mentioned as being an effective organization. These places were said to be receptive, caring, and understanding with patients who have been infected with HIV.
5. *What agencies or clinics are avoided by the community for HIV services?*  
Two participants mentioned the Wichita Clinic and Hunter Health Clinic as being ineffective organizations. They were not able to figure out what was wrong with one participant when they had contracted HIV.
6. *What puts people you know at risk for HIV?*  
The group identified four high risk behaviors:
  - unsafe sex,
  - drug use
  - blood transfusions,
  - and sharing blood with others.
7. *How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?*  
The group suggested people should:
  - practice abstinence,
  - practice safe sex,
  - be aware of HIV,
  - have no blood contact with others,
  - understand the consequences of contracting HIV,
  - and practice self-pleasure.
8. *What prevents people from reducing their chances of contracting HIV?*  
The following barriers were mentioned:
  - acting in the heat of the moment,

- carelessness,
- being not in their right mind,
- and being in denial.

9. *Why do you believe people do NOT get tested for HIV?*

The group thought the reasons why high-risk people do not get tested for HIV included:

- fear of having HIV,
- confusion
- careless,
- and seeking revenge by giving it back to others.

10. *What can your local agencies do to encourage testing?*

Participants said everyone needs to get tested. Advertising with scary images and truths about HIV could scare people into getting tested. Also showing the different stages of HIV could also increase people's likelihood of getting testing. Family and friends getting educated about HIV together could help encourage everyone to get tested and take precautions to reduce the risk of contracting HIV. The group said schools need to have HIV education and testing as well.

11. *How can the state of Kansas and your local community better provide HIV/AIDS prevention services?*

Participants suggested the following techniques be used:

- hire more professionals,
- create a website to look up information about HIV,
- encourage family members to get tested together,
- and show what can happen if an individual contracts HIV.

## Focus Group 12: Wichita #5

The last Wichita focus group consisted of seven participants and their demographics are described below:

- Six were from Sedgwick County, the rest did not indicate where they lived.
- All were male.
- Three were 40- to 49-years old and four were 50-years old or older.
- One of the participants was Christian, one Methodist, one Catholic, one indicated he believed in belief and faith, one wrote he believed in a creator, and two reported having no religious or spiritual orientation.
- Four were Caucasian/White, two were Native American/Alaskan Native/Eskimo, and one had a mixed heritage of Caucasian/White and Hispanic/Latino.
- In terms of sexual orientation, the group consisted of six gay males and a bisexual male.
- One participant completed 12<sup>th</sup> grade in high school, two completed high school, one completed trade or vocational school, two reported they receiving some

college but did not indicate how many semesters, and one completed a business college associate's degree.

- One of the participants reported an average monthly income between \$0-499, two between \$500-999, two between \$1,000-1,999, and one between \$2,000-2,999.
- One of the participants was working part time, one was on disability but working part-time and volunteering, four were on disability, and one wrote he was fired for disability.
- Five of the participants were diagnosed with HIV, and two were diagnosed with AIDS.

### *Qualitative Data Analysis*

#### *1. What messages about HIV prevention are common in your community?*

Participants reported three popular HIV prevention messages:

- the importance of using condoms for safe sex (for example, there were glass jars of condoms available in bars)
- getting tested for HIV is very important,
- and blood, disease, and sex can get people infected with HIV.

#### *2. What messages about HIV prevention are missing in your community?*

Many participants thought there was not enough respect for people with HIV within the community. They said the real stories about HIV/AIDS carriers were not known to the community. People generally have no care about this scenario, the group reported. Moreover, the participants thought information about HIV was not enough because people, especially poor people, do not know where to get resources about HIV.

#### *3. What is the best way to share HIV prevention messages in your community?*

The group identified the following methods of disseminating information:

- play public service announcements in movie theatres and on television,
- encourage one-to-one conversations or round table meetings about HIV prevention,
- put HIV prevention messages in dorms,
- and establish HIV support groups.

#### *4. What HIV service providers are well known and trusted by the community?*

All of participants agreed Hunter Health Clinic was the pleasant place for testing HIV because the staff cared about the patients. Also, they identified Positive Directions, Metropolitan Community Church, and Wichita State University as good resources. One of the participants indicated Dr. Sweet is a reliable source. The participants said networking between the agencies was very good because they recommended each other.

#### *5. What agencies or clinics are avoided by the community for HIV services?*

The group did not identify any ineffective organization in the interview.

6. *What puts people you know at risk for HIV?*

The group identified five major high risk behaviors:

- lack of knowledge of HIV,
- drug and alcohol abuse,
- mental illness (e.g. depression),
- HIV chasers,
- and people being careless about the HIV situation.

7. *How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?*

The group suggested people should:

- be honest with their sex partners,
- have safe sex,
- provide more information to teenagers,
- have zero tolerance of HIV,
- practice abstinence,
- and practice monogamy.

8. *What prevents people from reducing their chances of contracting HIV?*

The following barriers were mentioned by participants:

- denial,
- the action of having safe sex can be a mood killer and take the fun out,
- and it is hard for some people to have only one sex partner.

9. *Why do you believe people do NOT get tested for HIV?*

The group thought reasons included:

- denial – people are scared of the test results so they do not want to deal with it,
- people do not know where to go for HIV testing,
- people do not want other people to know they have HIV,
- and fear of stigma.

10. *What can your local agencies do to encourage testing?*

The group identified the following techniques:

- more advertising,
- make HIV testing as an honorable thing to do,
- provide information about the personal experience of HIV positive people,
- and establish support groups.

11. *How can the state of Kansas and your local community better provide HIV/AIDS prevention services?*

Participants suggested the following techniques be used:

- provide more funding for agencies,
- get the HIV prevention information spread into small towns,
- show people statistics demonstrating HIV infection is not a gay disease,

- provide more HIV prevention education programs,
- and invite speakers and volunteers to talk about HIV prevention.

### Focus Group 13: Lawrence #1

The Lawrence focus group consisted of eight participants and their demographics are described below:

- One was from Sedgwick County, one from “Lawrence” County (though there is no such county in Kansas by that name), one from Douglas County, one from Franklin County, one from Johnson County, and three did not indicate where they lived.
- Two of the participants were female and six were male.
- Five participants were 13- to 19-years old and three were 20- to 24-years old.
- Two of the participants were Christian, one was an atheist, three were non-denominational, and two reported having no religious or spiritual orientation.
- Six of the participants were Caucasian/White and two were African American/Black.
- In terms of sexual orientation, the group consisted of two heterosexual females, four heterosexual males, and two gay males.
- Three completed high school and five attended one or more semesters of college.
- Two of the participants reported an average monthly income between \$0-499, one between \$500-999, one between \$1,000-1,999, one between \$2,000-2,999, and one more than \$4,000; two participants did not know their income.
- Three of the participants were not working but looking for work, one was working full time, one was working part time, and three were not working and not looking for work.
- None of the eight participants were diagnosed with either HIV or AIDS.

### *Qualitative Data Analysis*

#### 1. *What messages about HIV prevention are common in your community?*

The participants reported a few popular HIV prevention messages:

- HIV was usually contracted by youth or minorities
- people were passing out condoms in bars in Lawrence,
- participants said there were fliers about HIV but they could not remember the message on the fliers.

#### 2. *What messages about HIV prevention are missing in your community?*

Participants pointed out most people within this community did not know how common HIV was. Also, they did not know how to prevent HIV infection. The participants suggested the government can try to show people statistics about HIV infection of the county, city, or state. Statistics of HIV infection of the people at the participants' age could be very effective.

#### 3. *What is the best way to share HIV prevention messages in your community?*

The group identified the following methods of disseminating information:

- HIV awareness conferences,
- HIV education programs in schools,
- meetings with speakers affected by HIV,
- protests for HIV,
- HIV awareness programs for different target groups,
- TV public service announcements,
- and HIV information in bars.

4. *What HIV service providers are well known and trusted by the community?*  
None of the participants were familiar with any HIV service providers in the area.

5. *What agencies or clinics are avoided by the community for HIV services?*  
One of the participants said he would avoid going to the hospitals for HIV testing because he believed people in the hospitals were not specialized in HIV, hence they did not know how to deal with it.

6. *What puts people you know at risk for HIV?*

The group identified three high risk behaviors:

- having unprotected sex, or having sex in general,
- sharing needles with other people,
- having multiple sexual partners,
- and being born with HIV,
- and getting infected in the hospital through a transfusion or accident.

7. *How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?*

The group suggested people should:

- become educated about HIV,
- and get tested together with their sexual partners.

8. *What prevents people from reducing their chances of contracting HIV?*

The following barriers were mentioned:

- being afraid of disappointing their sex partners if they asked for protected sex,
- being high on alcohol or drugs,
- bad influence from the media because the media always glorifies unprotected sex,
- and people do not think about the consequences of contracting HIV.

9. *Why do you believe people do NOT get tested for HIV?*

The group thought reasons why high-risk people do not get tested for HIV included:

- fear they might actually have it,
- denial,
- do not want other people to know they have HIV,
- people may think the procedure itself is scary,

- and people may think the procedure is too expensive.

10. *What can your local agencies do to encourage testing?*

The group suggested the following techniques be used:

- let people know their information will be confidential,
- tell people where to go for HIV testing,
- provide education about HIV,
- and invite speakers to share their real stories.

11. *How can the state of Kansas and your local community better provide HIV/AIDS prevention services?*

Participants suggested the following techniques be used:

- show people visual/graphic images of the disease and its effects,
- provide more HIV education programs,
- show people serious consequences of HIV infection,
- and provide HIV refresher education classes throughout high school.

## **Main Themes Identified from All Focus Groups**

The responses to the 11 questions from the 13 focus groups are collectively summarized below.

### **Questions 1-3: Familiarity with, and dissemination of, HIV/AIDS prevention messages in the community.**

Known messages about HIV prevention emanating from the community were sparse and haphazard. Many focus group participants were not overly aware and/or familiar with HIV/AIDS-related information regardless of the source. The known messages seemed to emphasize:

- the potential negative consequences of the HIV virus and its relation to AIDS,
- practicing safe sex was important in protecting oneself from HIV/AIDS,
- there are demographic differences in which populations are most likely to contract HIV/AIDS,
- getting tested is important,
- getting information and education about HIV/AIDS is important,
- avoiding potentially-infected needles is essential,
- and many messages about HIV/AIDS are not shared in the Hispanic community because of the subject is taboo.

It should also be noted it seemed the focus group participants in the 2010 Kansas Prevention Services Needs Assessment seemed much less knowledgeable and aware of HIV preventions messages, information, and agencies than people participating in the 2002 Kansas Prevention Services Needs Assessment.

Participants indicated more basic HIV prevention messages were needed (i.e., were missing in the community). They also would like to see more statistics on the commonality of HIV/AIDS infection be made available (e.g., what percent of

men and women in Kansas are infected with further breakdowns by age, race, etc.). Many participants wanted more people to speak out about their “real life” experiences with AIDS and more realism/graphicness needed to be in the messages. Most of the focus groups mentioned a need for more emphasis on HIV/AIDS messages through high school sex education programs. Other missing messages included explaining what a person can/should do if they are at-risk or otherwise already infected, what the real consequences are of contracting the disease, and how to involve/tell partners and family members about their disease in order to gain more understanding and support.

According to the focus group members, the optimal ways for getting the HIV/AIDS prevention messages out to the community were (in order of popularity): TV/radio public service announcements, print media (newspapers, fliers, brochures, pamphlets, mailings), sex education in schools, billboards, community speakers, information made available at community support group meetings, and having information available at bars/nightclubs. Other notable ideas included: posting information in doctor’s office, college dorms, testing centers, movie theatres, and churches; messages placed in/on condoms and condom packages and/or syringes; using social networking sites (e.g., Facebook, MySpace, Twitter); T-Shirts with HIV prevention messages given out at community fairs/parties/celebrations.

**Questions 4-5: Effective and ineffective organizations.**

As with the 2002 Kansas Prevention Services Needs Assessment, the knowledge focus group participants had about HIV prevention messages varied as a function of locality. Generally, participants from the larger urban areas (i.e., Kansas City, Topeka and Wichita) were more familiar with different HIV agencies than participants from smaller towns (i.e., Liberal and Lawrence). Several agencies were named specifically by participants as very effective organizations: Hunter Health Clinic, Positive Directions, Grace Methodist, Guadalupe Clinic, United Methodist Health Center, Kansas City Free Health Clinic, Good Samaritan Project, and the Healthy Living Project. Generally, these places received high marks because they possessed one or more of the following characteristics: accuracy, confidentiality, speed, quality of outreach programs, caring staff, free/inexpensive services, central location, non-judgmental staff, thorough testing, and amount of available information. Plasma centers, hospitals, churches, county health departments, and colleges got mixed reviews, some participants spoke positively of them, some negatively. The biggest negatives associated with ineffective organizations were: lack of confidentiality, poor service, long waits for service, lack of reliability, lack of HIV testing, and staff who gossip.

**Questions 6-8: Knowledge of HIV risk, testing, and risk prevention and what prevents people from engaging in non-risky behaviors.**

The most commonly identified ways of putting oneself at risk for HIV were:

- having unprotected sex,
- having sex while under the influence of alcohol and/or drugs,
- having multiple sex partners,
- sharing dirty needles/razors when doing drugs,
- lack of information/education about HIV,
- engaging in prostitution,
- sharing blood with another whether accidental, deliberate, or through a transfusion,
- not being honest with one's partner,
- and having sex with a homosexual or bisexual partner.

When asked about how to reduce HIV risk behaviors and increase HIV-testing behaviors, the focus group participants collectively provided the following strategies:

- do not have unprotected sex,
- engage in masturbation,
- practice abstinence, and/or sex with a single trusted partner,
- parents need to talk to their children about safe sex practices and HIV/AIDS,
- do not use drugs,
- use only clean needles if doing drugs,
- get tested regularly for HIV if engaging in at-risk behaviors,
- people should communicate with their partners and be honest with them if about being HIV positive,
- and get more education/information/knowledge about HIV and AIDS.

Finally, when the focus groups were asked to discuss what prevents people from engaging in safe behaviors and reducing their HIV risk, the common replies included:

- fear of disappointing partner by insisting on condom use,
- being high on drugs,
- lack of HIV education,
- thinking it was cool to have unprotected sex,
- disliking the use of condoms,
- denial about catching HIV,
- people act in the heat of the moment or are desperate,
- some people are apathetic or depressed,
- some people do not get tested out of embarrassment or simply procrastination,
- the cost of testing may deter some people,
- and some may not worry about HIV/AIDS because there are now medications available to help treat it.

**Questions 9-10: HIV testing - why do people not get tested and what can agencies do to encourage people to be tested.**

The primary reasons identified as to why individuals do not get tested included:

- fear of what the results will be,
- unwillingness to wait to learn whether results are positive/negative
- denial about needing to get tested,
- concern with confidentiality, including being seen at a clinic,
- fear or embarrassment about getting tested,
- apathy or too impaired to care,
- naivety about high risk behaviors,
- not getting tested since they would not know what to do next if they were HIV positive,
- inability to handle the truth about their lifestyle,
- not knowing where to get tested,
- inability to pay for testing,
- and possible stigma/discrimination of being labeled as an HIV positive person.

The focus group participants offered up some advice on what local agencies and the community could do to encourage more people to get tested for HIV. These solutions included:

- providing more information and outreach programs related to testing,
- having more speakers at local, state, and national levels talking about the importance of testing (especially celebrities and/or people with HIV),
- giving away freebies/incentives/gifts to people who get tested,
- providing more advertising about testing and where to get tested,
- making testing free, low cost, and/or done in-home,
- creating mandatory testing for inmates or everyone,
- offer more support groups related to HIV,
- provide more mobile testing locations and more rapid response testing,
- provide more information about testing at schools and churches,
- and create a reliable testing kit that can be done at home.

**Question 11: Advice for Kansas and local community on HIV prevention services.**

The focus groups had many suggestions they would present to governing bodies if they had the opportunity. The following were suggestions made more often by the focus groups:

- provide more public service announcements and billboards devoted to HIV/AIDS and the contact information on where to go to get more information if interested,
- get more politicians involved in the process,
- have more speakers talk about HIV,
- increase the amount of awareness and sex education for teenagers (including refresher courses on sex education in high school and college),
- provide materials in Spanish,

- offer more support groups,
- create an HIV telephone hotline/website for HIV information in Kansas,
- make more demographic statistics available to people,
- provide free testing for all,
- make HIV messages more real/graphic/show consequences,
- encourage more inter-cooperation among agencies,
- provide a free needle exchange,
- and create a community resource guide for each major city and the state overall.

## Focus Group Conclusions

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 talkative, friendly, and helpful. Below is a final summary of the main conclusions drawn from the focus groups:

- On average, people already using HIV prevention services were only familiar with one to two HIV-related agencies in their area. The general public's knowledge of such agencies is probably even lower. Clearly, more needs to be done to make people aware of all services available in their area. Those agencies which are identified as the most professional, confidential, and educational should be used as models for other programs and agencies.
- Creating a resource network through supportive agencies, community resource guide booklets, websites, and a telephone hotline where information is confidential and readily available was identified as key to enhancing awareness. More needs to be done to promote HIV education including more information and coverage about HIV in school sex education classes. There was very strong support for more HIV emphasis in sex education classes.
- Participants wanted to see more advertising, more outreach, and more reality. There is a belief HIV/AIDS messages are too timid and subtle. Many want more realistic and graphic images supported with statistics and the consequences of contracting HIV/AIDS. They want to hear messages from speakers with real world experience and knowledge. Having a wide variety of programs and lots of information and supplies (brochures, pamphlets, free condoms, etc.) is also very important.
- Many participants showed tremendous concern regarding providing more helpful information about what an individual can expect and should do once they have been diagnosed as HIV positive. In essence, there is little point in encouraging testing if a person does not know what to do next after a positive result.

- Many individuals felt creative solutions could be utilized such as canvassing more of the community to become involved including bars/nightclubs, churches, employment agencies, local fair/celebrations, and libraries. Information about HIV/AIDS could be provided on condoms and syringes. Additional incentives could be used to encourage testing such as “free to all” promotions, giving away prizes, gifts, or freebies (like T-shirts promoting testing) to individuals that get tested, and improving the speed, accuracy, and mobility of testing.

## MAIL-OUT SURVEY RESULTS

A total of 51 agencies responded and provided meaningful data to the agency survey. There were also 34 individual clients who mailed back the client surveys. Three ( 9%) of the returned client surveys were the Spanish version.

The following pages provide a breakdown of the survey data. Demographics and questions unique to the agency surveys are provided first, then demographics and questions unique to the client survey are presented. Finally, a gap analysis is conducted on those questions answered by both agency directors and clients.

### Agency Demographics

Agencies could identify themselves by more than one category so the percentages may exceed 100%.

Agency Description	Percentage
Hospital- or University-affiliated Clinic	7%
Public Community Health/Medical Clinic	56%
Native American Health Clinic	4%
Ethnic/Minority Service Organization	4%
Social Services Agency	0%
AIDS Service Organization	7%
Gay/Lesbian Service Organization	0%
Private Agency	0%
Correctional Facility	0%
Substance Abuse Agency	0%
Other	17%
Did not specify	9%

The average number of clients requesting HIV-related services over the course of a year per agency was 457.

The average percent of the total annual budget allocated for HIV-related services by the various agencies was 18%.

The average number of staff employed by the HIV-related agency was 42 people.

Agency directors were asked to provide their best estimate of the percentage of their staff that would fall into the categories below. The average percentage for these categories across all agencies is provided.

What percentage of agency staff are:	Average Percentage
Male	7%
Gay	4%
Lesbian	0.9%
Bi-Sexual	0.5%
Former drug-users	2.6%
NOT White/Caucasian	9%
Transgender	0%
Two-spirited	0.03%
Specially trained in HIV/AIDS prevention and/or related topic areas (e.g., drug users, MSM)	24%
Are involved in duties primarily related to HIV/AIDS prevention services	12%
Speak/read two or more languages	8.2%

Agency directors were also asked to provide their best estimate of the percentage of clients who would fall into categories below. The average percentage for these categories across all agencies is provided.

What percentage of your clients are:	Average Percentage
Male	33%
Under 18 Years of Age	19%
HIV Positive	5%
Contracted AIDS	2.8%
Intravenous drug-users	5.7%
Homosexual, bisexual, or two-spirited	13.7%
Live at or below the poverty level	50.8%
65 Years of Age or Older	5.5%
Visiting agency at least once a month on average	9%
Requiring transportation assistance to visit you	5.4%
Requiring financial assistance to use your services	18.4%
Homeless or live on the streets	0.8%
Regularly tested for HIV	17.2%
Requesting HIV/AIDS related information	32.3%
Transgender	0.25%
NOT White/Caucasian	22%
Non-English speaking	11.5%

Agency directors indicated the average number of agencies providing HIV-related services operating in their respective county was two.

The top five most common answers to the question (and the percentage of directors who mentioned this) about the most effective way of getting HIV/AIDS information out to special target groups are listed below.

1. Word of Mouth (30%)
2. Education of Local Social Groups/Organizations (7%)
3. Outreach Programs (7%)
4. Utilizing the local health department (7%)
5. Websites (6%)

### **Agency Responses to Short-Answer Questions**

The top five most common answers to the question (and the percentage of directors who mentioned this) about the most effective way of getting HIV/AIDS information out to the general public are listed below.

1. TV ads (37%)
2. Print literature (newspaper/magazine, brochures, pamphlets) (16%)
3. Word of Mouth (14%)
4. Websites/Internet (12%)
5. Radio ads (10%)

The top five most common answers to the question (and the percentage of directors who mentioned this) about the factors that prevent people from using HIV-related services in their area are listed below.

1. General fear of testing and negative stigma (29%)
2. Fear of being recognized in small community (25%)
3. Don't know services are available or where they are (24%)
4. Services are not viewed as confidential (12%)
5. General apathy; not motivated (8%)

When asked whether or not the state of Kansas was doing a good job in providing HIV-related prevention services, 72% answered "Yes".

The top five most common answers to the question (and the percentage of directors who mentioned this) about why (or why not) they feel the state of Kansas is doing in providing HIV-related services are listed below.

1. The KDHE and CPG are excellent supervising agencies (11%)
2. Need more money/funding (9%)
3. Need more programs/agencies (9%)
4. Provide free or low cost testing (6%)
5. Not providing sufficient resources to rural areas (4%)

The top five most common answers to the question (and the percentage of directors who mentioned this) about what improvements need to be made by the state in regard to HIV-related services are listed below.

1. Provide more funding to agencies (24%)

2. Not sure what solution is (13%)
3. More public service announcements and media exposure (11%)
4. Provide more outreach programs (11%)
5. Provide more education materials (11%)

The top five most common answers to the question (and the percentage of directors who mentioned this) about what can be done to reduce HIV-related risky behaviors and increase testing are listed below.

1. More education and awareness about HIV/AIDS (29%)
2. Provide HIV information in sex education classes (13%)
3. Provide more counseling and outreach programs (11%)
4. More information sent out through mass media (7%)
5. Increase community awareness and info about testing locations (7%)

The top five most common answers to the question (and the percentage of directors who mentioned this) about what are the main strategies used by the agency to reduce HIV and AIDS are listed below.

1. More education about HIV and related topics (49%)
2. Counseling target groups (20%)
3. Provide free condoms (12%)
4. Provide more testing (12%)
5. More safe sex, abstinence, and/or monogamy messages (12%)

The top five most common answers to the question (and the percentage of directors who mentioned this) about which underlying theory or approach do you use to combat HIV and AIDS is listed here.

1. No underlying theory used (45%)
2. Behavioral change theory (20%)
3. Use KDHE guidelines (10%)
4. Evidence-based interventions from CDC (5%)
5. Healthy belief model (5%)

## Client Demographics

There were 15 different Kansas counties represented across the client respondents and as listed below.

Butler	Crawford	Douglas	Ellis	Ellsworth
Geary	Grant	Harper	Meade	Reno
Riley	Saline	Sedgwick	Seward	Shawnee

Of the mail-out survey respondents, 44% were male, 44% were female and 12% did not specify their gender.

This page provides information on the age, religion, race, sexual orientation, education, average monthly household income, current employment status, and HIV/AIDS status of the client survey respondents.

Age	Percentage
Under 18-years-old	3%
18- to 19-years-old	9%
20- to 29-years-old	26%
30- to 39-years-old	18%
40- to 49-years-old	15%
50- to 59-years-old	15%
60- to 69-years-old	3%
Over 70-years-old	0%
Did not specify	11%

Race/Ethnicity	Percentage
Caucasian/White	56%
African-American/Black	12%
Hispanic/Latino	18%
Asian	0%
Native American	0%
Eskimo/Native Alaskan	0%
Mixed	0%
Other	3%
Did not specify	11%

Sexual Orientation	Percentage
Heterosexual	65%
Homosexual	24%
Bisexual	0%
Two-spirited	0%
Other	0%
Did not specify	11%

Religion	Percentage
Christian	23%
Catholic	18%
Lutheran	3%
Methodist	9%
Baptist	6%
Atheist	6%
Agnostic	6%
No religion	6%
Did not specify	23%

Education Level	Percentage
Did not finish High School	6%
High School Diploma or GED	23%
Some college or vo-tech training	38%
4-Year Bachelor's Degree	15%
Graduate Degree	3%
Did not specify	15%

Annual Income	Percentage
Less than \$10,000 per year	38%
\$10,000-19,999 per year	29%
\$20,000-29,999 per year	9%
\$30,000-39,999 per year	9%
\$40,000-49,999 per year	0%
\$50,000-59,999 per year	0%
\$60,000-69,999 per year	0%
\$70,000-79,999 per year	0%
\$80,000-99,999 per year	0%
Over \$100,000 per year	0%
Did not specify	14%

Employment Status	Percentage
Not working (not retired or disabled)	6%
Not working (but looking for work)	15%
Part-Time (<36 hours per week)	21%
Full-Time (36+ hours per week)	29%
Disabled	12%
Retired	3%
Volunteer	3%
Other	0%
Did not specify	11%

Household Status	Percentage
Live Alone	24%
Spouse/partner	12%
Children	6%
Parents	21%
Roommate	21%
Did not specify	16%

Partner Status	Percentage
Single	47%
Divorced or Separated	9%
Widowed	6%
Married	12%
Living Together	12%
Did not specify	14%

The client participants were asked to indicate whether they would answer yes or no to the following statements. The average percentage for those who said yes to each statement across all clients is provided.

Statement	Yes %
I sometimes use illegal drugs.	9%
I have had 6 or more different sex partners in the past year.	12%
I regularly practice safe sex (e.g., use condoms)	53%
I have a drinking problem.	0%
I have been tested for HIV/AIDS.	71%
I have been diagnosed as HIV+.	18%
I have contracted AIDS.	3%
I am a recovering alcoholic or drug user.	9%
I have access to a computer with internet access.	74%
I am homeless (live on the street).	0%
I sometimes receive money, drugs, food, or shelter from another to have sex with them.	0%
Most of my family supports my lifestyle?	62%

Clients indicated the average number of HIV-related services operating in their respective county they knew of was 1.6 (one or two).

### Client Responses to Short-Answer Questions

The top four most common answers to the question (and the percentage of client respondents who mentioned this) about where the client would refer a friend to get HIV testing are listed below.

1. County Health Department (47%)
2. A Local Clinic/Agency (12%)
3. University/College-affiliated agency (12%)
4. Specific named agency (e.g., Mexican-American Ministries) (9%)

When asked whether or not the state of Kansas was doing a good job in providing HIV-related prevention services, 60% answered “Yes.”

The top five most common answers to the question (and the percentage of client respondents who mentioned this) about which factors prevented people from using HIV-related services in their counties are listed below.

1. Fear and embarrassment of learning results (29%)
2. Don’t know about services or that they should be tested (21%)
3. Fear that others will find out (15%)
4. Concerned about confidentiality/privacy (12%)
5. Cost of services (6%)

The top five most common answers to the question (and the percentage of client respondents who mentioned this) about what the state of Kansas can do to improve HIV-related prevention services are listed below.

1. More advertising and announcements (29%)
2. Don't know what solution is (12%)
3. More clinics and outreach programs (9%)
4. Provide more free and low cost services and supplies (9%)
5. Provide more HIV information especially in sexual education classes (9%)

Of the client respondents, 82% were in favor of the mandatory HIV testing of inmates, while 3% would oppose this, and 15% did not answer.

The top five most common answers to the question (and the percentage of client respondents who mentioned this) about what can be done to reduce HIV-related risky behaviors and increase testing are listed below.

1. More education and awareness about HIV/AIDS and risky behaviors (18%)
2. Make HIV education mandatory to all (15%)
3. Better access to testing and free condoms/needles (15%)
4. Make testing a less negative experience (9%)
5. Provide more media public service announcements (9%)

### Gap Analysis on HIV Services and Information

The following questions were asked to both agencies and clients. Where appropriate, this allowed the research team to conduct a series of independent t-tests to determine whether there were significant differences (i.e., a gap) between the views of the agencies and the clients who utilized those agency services.

The top five most common answers (and percentage of clients or agencies who mentioned this) to what are the most important characteristics of an HIV-related services agency are listed below. These were open-ended and could be answered freely.

Rank	Client Characteristic	Percentage	Agency Characteristic	Percentage
1 <sup>st</sup>	Confidentiality	50%	Confidentiality	47%
2 <sup>nd</sup>	Friendly	29%	Professional Staff	22%
3 <sup>rd</sup>	Professional Staff	29%	Non-judgmental	16%
4 <sup>th</sup>	Knowledgeable	12%	Open-minded	14%
5 <sup>th</sup>	Good Case Management	9%	Friendly	10%

A total of 20 different HIV prevention agency characteristics were listed and both agency directors and client respondents were asked to rate their agency on the following scale:

**5 = Excellent      4 = Good      3 = Fair      2 = Poor      1 = Very Poor**

The table below lists the 20 characteristics and the average rating for both agency directors and clients. An independent t-test was then run to determine if there was a significant difference in the means between the agency and client raters. Where significant, the significance level is indicated by a *p* value where the smaller the *p* value, the greater the statistical difference between the two means.

Agency Characteristic	Average Agency Rating	Average Client Rating	<i>p</i> value
Quality of the HIV Prevention Services	3.94	3.79	
Friendliness and Courtesy of the Staff	4.50	4.56	
Available Parking	3.92	4.24	
Close to Public Transportation (e.g., bus)	3.15	3.36	
Near to majority of clients	3.67	3.85	
Child care services available	1.77	2.65	
Interpreter/Translation Services available	3.95	3.32	
Professional and Well-Trained Staff	4.49	4.53	
On-time with appointments and services	4.32	4.52	
Provide lots of HIV/AIDS information	4.04	4.18	
Provide HIV testing	4.58	4.35	
<b>Help clients get to the agency</b>	2.62	4.00	<i>p</i> < .01
<b>Maintain client confidentiality</b>	4.92	4.47	<i>p</i> < .01
Have a good reputation with the community	4.60	4.50	
<b>Advertise/Promote services well</b>	3.46	3.94	<i>p</i> < .07
Assist with case management issues	3.94	3.79	
<b>Provide support groups/meetings</b>	2.64	3.63	<i>p</i> < .06
Relate well to your clients	4.42	4.32	
A good variety of services available	4.29	4.45	
Services are free or at a low price	4.42	4.33	

A total of 30 different HIV Prevention services were listed and both agency directors and client respondents were asked to rate their agency’s services on the following scale:

**5 = Excellent      4 = Good      3 = Fair      2 = Poor      1 = Very Poor**

The table below lists the 30 services and the average rating for both agency directors and clients. An independent t-test was then run to determine if there was a significant difference in the means between the agency and client raters. Where significant, the significance level is indicated by a p value where the smaller the p value, the greater the statistical difference between the two means.

HIV Service	Average Agency Rating	Average Client Rating	p value
HIV Testing	4.57	4.25	
Counseling for HIV/AIDS	4.23	3.86	
Medical Services and Physical examinations	4.33	4.10	
Telephone Hotlines	3.20	3.07	
Home-based Services	2.83	2.25	
<b>Info on Soc Sec, Housing &amp; Discrimination</b>	3.92	2.93	<b>p &lt; .03</b>
Mobile Test Sites	3.25	2.85	
Dental Services	3.22	3.53	
Experimental Therapies	1.50	2.50	
Help with Insurance Issues	4.00	3.71	
Substance abuse services	4.00	3.15	
Mental health services	4.13	3.40	
HIV/AIDS education and training	4.03	3.76	
HIV/AIDS Literature/Brochures	4.11	4.22	
Free condom distribution	4.45	4.21	
Free syringe and needle distribution	1.00	1.58	
Clean needle exchange	2.00	2.27	
Street Outreach programs	3.83	3.08	
Safe Sex seminars	3.40	3.72	
Transportation Services	3.60	2.88	
Help with Legal Issues	3.50	3.06	
Help with Job Searches	3.67	2.69	
Food Bank / Meals delivered to client homes	3.88	2.50	
Client Support Groups	3.63	3.64	
Support Groups for partners, family, friends	3.75	3.00	
Help with Cost of Medications	4.33	3.89	
12-step Programs	4.33	3.09	
<b>Emergency Financial Help</b>	4.29	2.62	<b>p &lt; .05</b>
<b>Case Management</b>	4.60	3.35	<b>p &lt; .06</b>
Agency Websites	3.61	3.47	

For the 30 different HIV prevention services agencies were asked whether this service was currently provided to clients. Clients were asked whether they felt the same service was one they currently used.

The table below lists the 30 services followed by a column listing the percentage of agencies indicating this service was available; the second column indicates the percentage of clients who felt they use this service.

HIV Service	% of <b>Agencies</b> with this service	% of <b>Clients</b> who use this service
HIV Testing	92%	50%
Counseling for HIV/AIDS	82%	32%
Medical Services and Physical examinations	53%	56%
Telephone Hotlines	10%	15%
Home-based Services	8%	9%
Information on Social Security, Housing, and Discrimination	53%	29%
Mobile Test Sites	12%	15%
Dental Services	14%	27%
Experimental Therapies	2%	9%
Help with Insurance Issues	45%	32%
Substance abuse services	24%	12%
Mental health services	33%	15%
HIV/AIDS education and training	69%	29%
HIV/AIDS Literature/Brochures	90%	47%
Free condom distribution	78%	53%
Free syringe and needle distribution	0%	6%
Clean needle exchange	4%	9%
Street Outreach programs	10%	21%
Safe Sex seminars	16%	27%
Transportation Services	16%	21%
Help with Legal Issues	12%	18%
Help with Job Searches	12%	15%
Food Bank / Meals delivered to client homes	14%	24%
Client Support Groups	18%	27%
Support Groups for partners, family, friends	8%	15%
Help with Cost of Medications	14%	38%
12-step Programs	8%	15%
Emergency Financial Help	14%	21%
Case Management	24%	35%
Agency Websites	55%	27%

For the 30 different HIV prevention services agencies were asked whether they thought this would be a good service to offer in the future if they did not already offer it. Clients were asked whether they would like to see the same service offered in the future if it was not already available.

The table below lists the 30 services followed by a column listing the percentage of agencies indicating this service should be offered in the future; the second column indicates the percentage of clients who would like to see the service offered in the future.

HIV Service	% of Agencies which think service should be available	% of Clients who want service offered in the future
HIV Testing	10%	24%
Counseling for HIV/AIDS	12%	21%
Medical Services and Physical examinations	8%	15%
Telephone Hotlines	10%	18%
Home-based Services	4%	18%
Information on Social Security, Housing, and Discrimination	10%	24%
Mobile Test Sites	10%	21%
Dental Services	14%	24%
Experimental Therapies	4%	27%
Help with Insurance Issues	10%	24%
Substance abuse services	12%	30%
Mental health services	6%	23%
HIV/AIDS education and training	10%	24%
HIV/AIDS Literature/Brochures	10%	20%
Free condom distribution	10%	53%
Free syringe and needle distribution	8%	18%
Clean needle exchange	4%	21%
Street Outreach programs	10%	21%
Safe Sex seminars	18%	32%
Transportation Services	6%	24%
Help with Legal Issues	4%	26%
Help with Job Searches	4%	21%
Food Bank / Meals delivered to client homes	4%	9%
Client Support Groups	10%	27%
Support Groups for partners, family, friends	6%	32%
Help with Cost of Medications	6%	18%
12-step Programs	6%	15%
Emergency Financial Help	6%	21%
Case Management	2%	12%
Agency Websites	6%	21%

Agencies and clients were also asked which methods of communication they thought were most effective at delivering HIV information to the public. The table below lists the method followed by a column listing the percentage of agencies indicating this service would be effective; the second column indicates the percentage of clients who think the method is effective.

Communication Methods	% of <b>Agencies</b> which think it is effective	% of <b>Clients</b> who think it is effective
TV Ads	80%	74%
Computer Websites	82%	68%
Word of Mouth	82%	71%
Newspaper Ads	59%	65%
Health Clinics	80%	82%
Outreach Programs	59%	59%
Phone Hotlines	51%	53%
Radio Ads	58%	62%
Brochures/Pamphlets	80%	79%
Mail Ads	49%	58%
Magazine Ads	57%	62%
Doctor or Nurse	71%	70%
Seminars/Workshops	61%	62%
School Sex Education	81%	77%

Agencies were asked which methods of communication they used to deliver HIV information to the public. Client respondents were asked how they would prefer to receive HIV information. The table below lists the method followed by a column listing the percentage of agencies indicating they use this method; the second column indicates the percentage of clients who use and/or prefer this method.

Communication Methods	% of <b>Agencies</b> which use this method	% of <b>Clients</b> who use this method
TV Ads	6%	32%
Computer Websites	37%	38%
Word of Mouth	73%	56%
Newspaper Ads	55%	38%
Health Clinics	69%	62%
Outreach Programs	18%	21%
Phone Hotlines	14%	20%
Radio Ads	17%	24%
Brochures/Pamphlets	80%	53%
Mail Ads	37%	38%
Magazine Ads	22%	35%
Doctor or Nurse	45%	47%
Seminars/Workshops	16%	21%
School Sex Education	31%	35%

## **Mail-Out Survey Conclusions**

The mail-out survey was not perceived to be quite as effective as the focus groups due to the large numbers of clients who seemed unwilling or uninterested in completing and/or returning the surveys. However, while the response rates for clients was disappointingly low, it should be pointed out the agency director responses were quite high and much better than the 2002 Kansas Prevention Services Needs Assessment. Some type of additional incentive or different contact technique may need must be used in the future to enhance the number of clients who participate.

Nonetheless, the mail-out results provided some very interesting and useful findings. Below is a final summary of the main conclusions drawn from the mail-out surveys.

- The average agency is a local community/county health clinic with approximately 42 employees who see approximately 457 people a year for HIV-related services and devote almost 20% of their budget to HIV-services.
- The typical staff is predominantly female (males make up only 7% of the staff) and predominantly White/Caucasian. The staff probably needs additional training to better deliver HIV and AIDS related information as well as interact with minorities and HIV/AIDS patients and their family/friends/partners.
- The typical client is female, lives below the poverty level, is heterosexual, and approximately 25% of the time will require either financial assistance for services or transportation to the clinic. About one-third will request HIV/AIDS-related information, and about one-fifth will either be a minority or a minor. About 12% will not speak English.
- Both clients and agencies are generally unaware of all the HIV-related agencies, services, and resources available in their local area with clients only being able to name one or two locations on average; similarly, agency directors on average could only name one other agency beyond their own.
- Both agencies (72%) and clients (60%) felt the state of Kansas was doing a very good job of delivering HIV services.
- Agencies and clients felt confidentiality, fear, embarrassment, and worry over being recognized were still the main reasons why individuals did not get tested. However, a general lack of awareness about HIV services and where to be tested also seemed prominent.
- Interestingly, 82% of client respondent would be in favor of mandatory HIV testing for inmates.

- Both agencies and clients felt strongly that more funding, more public service announcements, more outreach/education, and more awareness are needed to improve the existing condition of HIV services in the state. It was also noted many agency directors and clients were unsure about what could be done to improve things.
- Perhaps most disturbing in the agency director responses was that nearly half did not feel they were basing their services on a particular HIV model, theory, or approach.
- The average client who returned the survey was 20- to 29-years old, Caucasian/White, heterosexual, professed to some type of Christian-based denomination, had a high school diploma and some college or vo-tech training, made less than \$20,000 a year but worked full time, was single, and lived alone. Both men and women were equally represented.
- The average client was also likely to regularly practice safe sex, have been tested for HIV, have a family supporting their lifestyle, and has access to the Internet.
- Both agencies and clients felt the most important characteristics to an HIV organization were confidentiality and a professional, friendly staff. These three were ranked in the top five by both groups. It is also important for an organization's staff to be non-judgmental, open-minded, knowledgeable about HIV/AIDS, and have sound case management skills.
- When both clients and agencies rated HIV prevention agency characteristics, there was a very strong positive consensus agencies were performing very well in most instances, with consistent ratings above 4.00. The top three ratings given by agency directors in order were:
  - maintain client confidentiality (4.92),
  - have a good reputation in the community (4.60),
  - and provide HIV testing services (4.58).

The top three ratings given by clients in order were:

- friendly and courteous staff (4.56),
  - professional/well-trained staff (4.53),
  - and on-time with appointments and services (4.52).
- Agency characteristics of concern (received ratings below a 3.00) were:
    - helping clients get to the agency,
    - providing support groups/meeting locations,
    - and whether childcare services were available (both groups rated this characteristic the lowest respectively).

- According to the gap analysis, there were four areas where the agency directors and clients had a significant difference in their opinions on HIV prevention agency characteristics:
  - helping clients get to the agency,
  - maintaining client confidentiality,
  - advertising/promoting services well,
  - and providing support group/meeting locations.

It should be noted clients gave higher ratings than the agency directors in all but one of those four differences.

- When both clients and agencies rated actual HIV services available, there was again a positive consensus that the agencies had good services. However, the clients clearly gave lower ratings than the agencies overall on almost all categories. The top three ratings given by agency directors in order were:
  - case management (4.60),
  - HIV testing (4.57),
  - and free condom distribution (4.45).The top three ratings by clients in order were:
  - HIV testing (4.25),
  - HIV/AIDS literature/brochures (4.22),
  - and free condom distribution (4.21).

- HIV services of concern were:
  - home-based services,
  - experimental therapies,
  - free syringe/needle distribution,
  - clean needle exchanges,
  - information on social security/housing/discrimination,
  - mobile testing sites,
  - transportation services,
  - help with legal issues,
  - help with job searches,
  - and emergency financial help.
- According to the gap analysis, there were three areas where the agency directors and clients had a significant difference in their opinions on HIV services:
  - information on social security, housing, and discrimination,
  - emergency financial help,
  - and case management.

Given agencies rated case management the highest service, it is important to note clients' ratings were more than a full point lower on the five point scale.

- When asked about which services were currently available, agencies rated in order these things as most common:
  - HIV testing,
  - providing HIV literature,
  - counseling for HIV/AIDS,
  - free condom distribution,
  - and HIV/AIDS education/training.

Client use of these services rated in order was:

- medical services and physical examinations,
  - free condom distribution,
  - HIV testing,
  - HIV literature,
  - and help with cost of medications.
- Most agencies felt the best services to add in the future were:
    - experimental therapies,
    - safe sex seminars,
    - and support groups.

Clients felt the best services to add would be:

- dental services,
  - additional help with medication costs,
  - help with legal issues,
  - providing financial support for emergencies,
  - helping with insurance issues,
  - more information on HIV,
  - as well information on discrimination, housing, and social security issues.
- Future services to be increased or offered in the future included:
    - safe sex seminars,
    - free condom distribution,
    - substance abuse services,
    - experimental therapies,
    - and support groups for family/friends/partners.
  - Both clients and agencies felt the most effective ways of communicating HIV information to the general public were:
    - TV ads,
    - computer websites,
    - word of mouth,
    - health clinics,
    - brochures/pamphlets,
    - and sex education in schools.

Mailing information to people and phone hotlines were the least effective ways identified.

- When asked which communication methods they actually used, both agencies and clients rated word of mouth, brochures/pamphlets, and health clinics as the highest utilized.



## STUDY RECOMMENDATIONS

It should be noted the results from both the focus group and the mail-out surveys were once again positive about the state of HIV prevention services in Kansas. Ratings from clients tended to be lower than in the 2002 Prevention Services Needs Assessment. However, there were also fewer client respondents and a lower response rate so the sampling error is higher. Nonetheless, there was nothing uncovered suggesting there were any major deficiencies or serious problems with the quality of the agencies and services. This is encouraging news.

However, it should also be noted focus group participants seemed to be less knowledgeable about HIV/AIDS in general as well as HIV prevention services compared to their 2002 peers. Nonetheless, many of the results from the 2002 needs assessment were quite similar to the 2010 needs assessment suggesting strong longitudinal support for the findings from both studies. While applicable eight years later, there are still areas for improvement. Based on the accumulated findings of this needs assessment, the following recommendations are put forth.

- Clearly, many agency directors are operating without a sound understanding of the underlying model, theory, or rationale for HIV services and support. While such models may exist (e.g., behavioral change theory, CDC guidelines, etc.), nearly half of agency directors in this study were unaware of the foundational system driving the process. A comprehensive plan needs to be developed and/or better communicated underscoring the predominant model/theory that HIV services and behavioral change interventions are being derived from. Agencies must understand the “why” of what they are doing to be more effective in their duties.
- The best and most effective HIV-related clinics, programs, and agencies should be identified and used as models for improving existing agencies and also used as the template for any new HIV-related agencies and services in Kansas. Greater networking and inter-agency cooperation would also make services more efficient and cost effective.
- Many state constituents would like see more advertising/announcements related to HIV and AIDS prevention/information but would also like to see the messages be more realistic, graphic, include pertinent statistics, and feature consequences to engaging in unprotected sex and/or contracting HIV/AIDS.
- More education about HIV and AIDS is needed in schools. Many individuals in the focus groups believed a smaller percentage of attention was being focused on HIV/AIDS compared to other STDs compared to when they were in school.

- Each city/town and/or county should create a comprehensive resource listing of HIV/AIDS services and agencies in their area and have it available to residents at no cost to them. This could take the form of a booklet, website, and/or single yellow pages ad (preferably all three). Billboards could be added in the larger cities (Topeka, Wichita, and Kansas City). Booklets could be distributed through schools, annual county fairs/events/celebrations, libraries, churches, health clinics, and hospitals and/or doctor offices. These resources should include information on where to go, who to contact, and what services are available. Booklets and websites should include information on what to do if a person tests positive for HIV/AIDS. Spanish versions must also be made available.
- The hiring – and subsequent training – staff to work at HIV-prevention facilities needs to include measures addressing confidentiality, professionalism, friendliness, open-mindedness, and nonjudgmental methods of dealing with clients given the importance of these traits to clients and agency directors alike. More staff members need to be trained to deal with HIV/AIDS clients and become better educated about HIV/AIDS in general. Staff should also be used in outreach programs to bring their knowledge, expertise, and experience to community groups and events. Additionally, where possible, they should be paired with good speakers who have dealt with HIV/AIDS personally.
- Similarly, more training and education must go into ensuring the strictest confidentiality measures and protocols are followed for testing, counseling, and treatment of HIV/AIDS. The consequences of developing a negative reputation for not maintaining privacy was strongly born out in the focus groups and mail-out surveys.
- Both focus group participants and mail-out survey respondents expressed desires for more support groups associated with HIV prevention, AIDS, and safe sex to be held by related organizations and agencies. Support groups including family, friends, and partners were also mentioned by many. These support groups could help promote HIV prevention practices and services as well as help educate and inform clients and increase public awareness.
- Future research on HIV prevention services should consider expanding the role of the focus groups and perhaps giving them a smaller version of the mail-out survey in addition to the focus group questions. Another option would be to have mail-out surveys for clients sent out prior to focus groups being conducted in that city. Participants could then return the survey when they come in to do the focus group (and receive an incentive/freebie). This could improve both focus group numbers and the number of people participating in the research altogether. It would also reduce return postage costs.

- The Kansas government must make HIV and AIDS a visible state priority and take a more predominant role in making people aware of the issues. Advocates (e.g., celebrities, politicians, financial boosters) must be identified in promoting the HIV/AIDS message at the state level even if national efforts wane. Prominent television announcements using known role models, while expensive, can generate considerable momentum for creating and sustaining an HIV agenda. Continued levels of funding are needed ensure the excellent HIV services system is maintained primarily through additional training for staff and available resources like condoms and information.



## **APPENDICES**



**APPENDIX A**  
**Project Work Plan**



## **PROJECT WORK PLAN**

### **Timeline, Objectives, and Tasks**

#### **August 2010**

- a) Finalized signing of grant.
- b) Discussed via e-mail and phone with appropriate Kansas State Department of Health and Environment, HIV/STD Section, (KDHE) members and the Kansas HIV Prevention Community Planning Group (CPG) members to jointly outline and detail the research design, work plan, and overall strategy for conducting the Needs Assessment follow-up from 2002 study. Reviewed the focus group questions and survey questions and made mild modifications from 2002 study. It was determined who the appropriate focus groups and survey participants would be.
- c) Communicated and coordinated with all appropriate Jones Institute for Educational Excellence personnel on research plan and time line.
- d) Began meeting with focus groups.

#### **September 2010**

- a) Began constructing statistical database for data entry.
- b) Received IRB approval for collecting data from ESU.
- c) Continued meeting with focus groups.

#### **October 2010**

- a) Continued meeting with focus groups and finished preparing the mail-out survey instruments and statistical database template.
- b) KDHE contact provided mailing list for participating agencies.
- c) Prepared mail-out cover letter and informed consent sheet, contacted KDHE about e-mail lead, and prepped mail-out materials.
- d) Disseminated surveys to prevention agencies, clients of prevention agencies.
- e) Finished remaining focus groups.

#### **November 2010**

- a) Planned to conduct another 1-2 focus groups (but did not happen due to scheduling conflicts).
- b) Received and entered mail-out survey data into statistical database as it arrived.

#### **December 2010**

- a) Planned to conduct 14<sup>th</sup> focus group in mid-December but was not able to get it scheduled. Two month due date for final report began.
- b) Collected all remaining survey data and entered into the statistical database.
- c) Cleaned the data to insure validity and reliability; began conducting primary

analyses.

- d) Began preparing basic and preliminary sections of first draft of the final report including qualitative data from the focus groups.

### **January 2011**

- a) Began generating basic demographic information and regional information using quantitative data.
- b) Generated initial tables, graphs, and break-out discussions on relevant analyses and include in report draft; began adding relevant appendices.
- c) Started gap analysis by identifying which segments of the affected population were not receiving prevention services and which services/programs are rated as most beneficial; added intervention strategy recommendations.
- d) Began exploring any identifiable trends and examined exploratory analyses.

### **February 2011**

- a) Finished all data analyses. Begin to pull all quantitative and qualitative data together into comprehensive evaluation. Generated recommendations on changes on existing programs/strategies, and how affected Kansas population can be better served.
- b) Finished first draft of Needs Assessment report.
- c) Will finish second draft of Needs Assessment report pending KDHE and CPG feedback to see what else needs to be added, revised, or modified in report.
- d) Will generate final draft of the Needs Assessment report. Proof everything with Publications Director at Jones Institute for Educational Excellence.
- e) Prepare for professional development, printing, and presentation of report.
- f) Submit final report (one print and one electronic copy) to KDHE and CPG before end of first week in March.

### **March 2011**

- a) Make final presentation to KDHE and CPG groups.
- b) Conclude contract.

**APPENDIX B**

**Focus Group Questions**



## **FOCUS GROUP QUESTIONS**

1. What messages about HIV prevention are common in your community?
2. What messages about HIV prevention are missing in your community?
3. What is the best way to share HIV prevention messages in your community?
4. What HIV service providers are well known and trusted by the community? Why?
5. What agencies or clinics are avoided by the community for HIV services? Why?
6. What puts people you know at risk for HIV?
7. How can people reduce their chances of contracting HIV and/or get tested if they think they are at risk for HIV?
8. What prevents people from reducing their chances of contracting HIV?
9. Why do you believe people do NOT get tested for HIV?
10. What can your local agencies do to encourage testing?
11. How can the state of Kansas and your local community better provide HIV/AIDS prevention services?



**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. 9<sup>th</sup> grade
  - c. 10<sup>th</sup> grade
  - d. 11<sup>th</sup> grade
  - e. 12<sup>th</sup> 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. yes, I am diagnosed with AIDS.
- c. No, I am not diagnosed with either HIV or AIDS.

### Informed Consent Form

The Department of Psychology, Art Therapy, Rehabilitation, and Mental Health Counseling 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. If you agree to it, the session may be audio-taped. At no time will anyone on the audiotapes be identified. The focus group session should 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**

### **Agency and Client Surveys and Cover Letters**



**Agency Cover Letter**

Dear Agency Director,

You are being asked to help provide data for the 2010 Kansas HIV/AIDS Needs Assessment Study sponsored by the Kansas Department of Health and Environment and Kansas Community Planning Group, and conducted by the Jones Institute for Educational Excellence at Emporia State University.

We need your help in two ways. First, enclosed with this cover letter you will find a Needs Assessment Survey (Agency). We would like the Director of this Agency/Program/Organization to fill out the survey and mail it to us in the postage paid, return envelope **by Nov. 1, 2010.**

Second, we would like to ask you to please distribute the 5 enclosed sealed envelopes to 5 different clients (NOT employees) who utilize some aspect of your HIV/AIDS prevention services (e.g., testing, counseling, information, support groups). Handing them out to clients when they visit your agency is fine. Please do not open the envelopes; the client can do this in private. You can tell them that it is an HIV/AIDS Needs Assessment for the state of Kansas and that their comments will help to improve the quality of those services. The survey is completely anonymous and confidential. All completed surveys received by Nov. 1 will be entered into drawings for \$300 worth of Wal-Mart gift certificates. There is a cover sheet in the sealed envelopes for the client that describes what they need to do. Some of the sealed envelopes may be coded as “Spanish” and contain Spanish versions of the survey; please give these to the appropriate Spanish-speaking clients.

If any of your clients need assistance in completing the survey please have them call us toll-free at the Jones Institute for Educational Excellence at (877) 378-5433. For any additional questions or concerns, you may contact me, Dr. Brian W. Schrader, at (620) 341-5818.

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

Sincerely,

Brian W. Schrader, Ph.D., Needs Assessment Researcher

-----  
cut off this slip, fill it out, and mail it in with your survey to be entered in our gift certificate drawings; the slip will be separated from your survey to preserve confidentiality as soon as we receive them

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**2010 HIV/AIDS Kansas Needs Assessment Survey (Agency)**

Please write down the name and address of this organization/agency/program.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 Website URL: \_\_\_\_\_ Fax: \_\_\_\_\_

**ORGANIZATION / AGENCY / PROGRAM CHARACTERISTICS**

For each item, circle the number that best describes your agency using the following scale:

**5 = Excellent      4 = Good      3 = Fair      2 = Poor      1 = Very Poor**

You may also circle N/A if you don't know the answer or it doesn't apply to you.

1) Quality of the HIV Prevention Services	5	4	3	2	1	N/A
2) Friendliness and Courtesy of the Staff	5	4	3	2	1	N/A
3) Available Parking	5	4	3	2	1	N/A
4) Close to Public Transportation (e.g., bus)	5	4	3	2	1	N/A
5) Near to majority of clients	5	4	3	2	1	N/A
6) Child care services available	5	4	3	2	1	N/A
7) Interpreter/Translation Services available	5	4	3	2	1	N/A
8) Professional and Well-Trained Staff	5	4	3	2	1	N/A
9) On-time with appointments and services	5	4	3	2	1	N/A
10) Provide lots of HIV/AIDS information	5	4	3	2	1	N/A
11) Provide HIV testing	5	4	3	2	1	N/A
12) Help clients get to the agency	5	4	3	2	1	N/A
13) Maintain client confidentiality	5	4	3	2	1	N/A
14) Have a good reputation with the community	5	4	3	2	1	N/A
15) Advertise/Promote services well	5	4	3	2	1	N/A
16) Assist with case management issues	5	4	3	2	1	N/A
17) Provide support groups/meetings	5	4	3	2	1	N/A
18) Relate well to your clients	5	4	3	2	1	N/A
19) A good variety of services available	5	4	3	2	1	N/A
20) Services are free or at a low price	5	4	3	2	1	N/A

21) What THREE characteristics do you feel are most important in providing quality HIV-prevention services to your clients?

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

**HIV SERVICES**

For each HIV Service listed below, circle Y (YES) or N (NO) if your agency currently provides it AND if Yes, how you would rate the current service on the scale below:

**5 = Excellent      4 = Good      3 = Fair      2 = Poor      1 = Very Poor**

Also, circle Y (YES) or N (NO) in the last column if you think this service needs to be offered by the agency in the future.

22) HIV SERVICE	Provide Service Now	R	A	T	I	N	G	Need this in future
HIV Testing	Y N	5	4	3	2	1	N/A	Y N
Counseling for HIV/AIDS	Y N	5	4	3	2	1	N/A	Y N
Medical Services and Physical examinations	Y N	5	4	3	2	1	N/A	Y N
Telephone Hotlines	Y N	5	4	3	2	1	N/A	Y N
Home-based Services	Y N	5	4	3	2	1	N/A	Y N
Information on Social Security, Housing, and Discrimination	Y N	5	4	3	2	1	N/A	Y N
Mobile Test Sites	Y N	5	4	3	2	1	N/A	Y N
Dental Services	Y N	5	4	3	2	1	N/A	Y N
Experimental Therapies	Y N	5	4	3	2	1	N/A	Y N
Help with Insurance Issues	Y N	5	4	3	2	1	N/A	Y N
Substance abuse services	Y N	5	4	3	2	1	N/A	Y N
Mental health services	Y N	5	4	3	2	1	N/A	Y N
HIV/AIDS education and training	Y N	5	4	3	2	1	N/A	Y N
HIV/AIDS Literature/Brochures	Y N	5	4	3	2	1	N/A	Y N
Free condom distribution	Y N	5	4	3	2	1	N/A	Y N
Free syringe and needle distribution	Y N	5	4	3	2	1	N/A	Y N
Clean needle exchange	Y N	5	4	3	2	1	N/A	Y N
Street Outreach programs	Y N	5	4	3	2	1	N/A	Y N
Safe Sex seminars	Y N	5	4	3	2	1	N/A	Y N
Transportation Services	Y N	5	4	3	2	1	N/A	Y N
Help with Legal Issues	Y N	5	4	3	2	1	N/A	Y N

**HIV SERVICES (continued)**

For each HIV Service listed below, circle Y (YES) or N (NO) if your agency currently provides it AND if Yes, how you would rate the current service on the scale below:

**5 = Excellent      4 = Good      3 = Fair      2 = Poor      1 = Very Poor**

Also, circle Y (YES) or N (NO) in the last column if you think this service needs to be offered by the agency in the future.

23) HIV SERVICE	Provide Service Now	R	A	T	I	N	G	Need this in future
Help with Job Searches	Y N	5	4	3	2	1	N/A	Y N
Food Bank / Meals delivered to client homes	Y N	5	4	3	2	1	N/A	Y N
Client Support Groups	Y N	5	4	3	2	1	N/A	Y N
Support Groups for partners, family, friends	Y N	5	4	3	2	1	N/A	Y N
Help with Cost of Medications	Y N	5	4	3	2	1	N/A	Y N
12-step Programs	Y N	5	4	3	2	1	N/A	Y N
Emergency Financial Help	Y N	5	4	3	2	1	N/A	Y N
Case Management	Y N	5	4	3	2	1	N/A	Y N
Agency Websites	Y N	5	4	3	2	1	N/A	Y N

**HIV/AIDS INFORMATION**

Which of the methods below do you think is optimal for effectively getting HIV and AIDS information to your clients and the public? Circle Y (YES) if it's an effective method or N (NO) if it's not effective. Also, circle Y (YES) or N (NO) if your agency uses this method to provide HIV/AIDS information to clients/public.

24) METHOD	Effective Method	You use this method	METHOD	Effective Method	You use this method
TV Ads	Y N	Y N	Radio Ads	Y N	Y N
Computer Websites	Y N	Y N	Brochures / Pamphlets	Y N	Y N
Word of Mouth	Y N	Y N	Mail Ads	Y N	Y N
Newspaper Ads	Y N	Y N	Magazine Ads	Y N	Y N
Health Clinic	Y N	Y N	Doctor or Nurse	Y N	Y N
Outreach Programs	Y N	Y N	Seminars / Workshops	Y N	Y N
Phone Hotlines	Y N	Y N	School Sex Education	Y N	Y N

SHORT ANSWER INFORMATION

25) How many different agencies/program/organizations do you know of that provide HIV-prevention services in your county? \_\_\_\_\_

26) What do you find to be the most effective way of getting HIV and AIDS information to at-risk target groups (e.g., MSMs, drug-users)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27) What do you find to be the most effective way of getting HIV and AIDS information to the general public? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

28) What factors prevent people from using HIV-prevention services in your area?

\_\_\_\_\_  
\_\_\_\_\_

29) Do you feel the state of Kansas does a good job in providing HIV-prevention services? Why or Why Not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30) What needs to be done to improve HIV-prevention services in the state? What needs are NOT being met? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31) What can be done to reduce people engaging in risky behavior that can lead to contracting HIV and increase their desire to get tested? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32) What is your main prevention strategy in reducing HIV/AIDS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33) Do you base your services on a known theory or approach to combating HIV and AIDS? If so, which one? \_\_\_\_\_

CLIENT INFORMATION

34) How many different clients do you provide HIV/AIDS-related services for during a given year? \_\_\_\_\_

35) What percentage of your total annual budget is devoted to HIV/AIDS-related services?  
\_\_\_\_\_

For each question, please indicate what percentage (0-100%) of your total **clients** would meet the listed criteria to the best of your ability

What percentage of your total clients:	Percentage (0-100%)
36) are Male	
37) are Under 18 Years of Age	
38) are HIV Positive	
39) have Contracted AIDS	
40) are Intravenous drug-users	
41) are Homosexual, bisexual, or two-spirited	
42) live at or below the poverty level	
43) are 65 Years of Age or Older	
44) visit your agency at least once a month on average	
45) require transportation assistance to visit you	
46) require financial assistance to use your services	
47) are homeless or live on the streets	
48) regularly get tested for HIV	
49) request HIV/AIDS related information	
50) are transgender	
51) are NOT White/Caucasian	
52) are non-English speaking	

53) Which of the following would best describe your agency/organization/program?

<input type="checkbox"/> Hospital/University-affiliated clinic/agency	<input type="checkbox"/> Social Services agency
<input type="checkbox"/> Public Community Health/Medical Clinic	<input type="checkbox"/> AIDS Service organization
<input type="checkbox"/> Native American Health Clinic	<input type="checkbox"/> Gay/Lesbian Service org.
<input type="checkbox"/> Ethnic/Minority Services organization	<input type="checkbox"/> Private Agency
<input type="checkbox"/> Other (please specify) _____	

STAFF INFORMATION

54) How many total staff does your agency/organization/program have? \_\_\_\_\_

For each question, please indicate what percentage (0-100%) of your total **staff** would meet the listed criteria to the best of your ability

What percentage of your total staff are:	Percentage (0-100%)
55) Male	
56) Gay	
57) Lesbian	
58) Bi-Sexual	
59) Former drug-users	
60) <u>Not</u> White/Caucasian	
61) Transgender	
62) Two-spirited	
63) Specially trained in HIV/AIDS prevention and/or related topic areas (e.g., drug users, homosexuality)	
64) Are involved in duties primarily related to HIV/AIDS prevention services	
65) Speaks and reads two or more languages	

Thank you very much for participating in this survey!

### Client Cover Letter (English)

Dear Recipient,

You are being asked to participate in the 2010 Kansas HIV/AIDS Needs Assessment Study sponsored by the Kansas Department of Health and Environment, and conducted by the Jones Institute for Educational Excellence at Emporia State University. The study requests that you complete the enclosed HIV/AIDS Needs Assessment Survey. One of the participating agencies has provided this survey to you at random. No personal information has or will be given out about you; the survey is completely anonymous and confidential. It should not take more than a few minutes for you to complete this survey. After completing the survey, please mail it back in the provided, postage paid return envelope. By completing the survey and mailing it back to us, you are agreeing to participate in this research and we appreciate your involvement.

Your confidential views, opinions, and information are VERY IMPORTANT in helping to improve HIV/AIDS Prevention Services around Kansas in the upcoming year. If you need assistance in completing the survey please call the Jones Institute for Educational Excellence toll-free at (877) 378-5433. For any additional questions or concerns, you may contact Dr. Brian W. Schrader at (620) 341-5818.

As a way of saying “Thank You” for participating in the study, everyone who returns a completed survey by Nov. 1, 2010 will be entered into three separate drawings, each for \$100 worth of Wal-Mart gift certificates. Just cut off the slip of paper below with your name and an address where we can mail the certificate if you win and include it in the postage paid return envelope. Please be assured your certificate slip will be separated from the survey as soon as we receive it, as your confidentiality is important to us! Winners will receive their prize in the mail.

Thank you for participating!

Brian W. Schrader, Ph.D., Needs Assessment Researcher

-----  
cut off this slip, fill it out, and mail it in with your survey to be entered in our gift certificate drawings; the slip will be separated from your survey to preserve confidentiality as soon as we receive them

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2010 HIV/AIDS Kansas Needs Assessment Survey (Client)**

*All responses will be kept confidential and anonymous.*

Please write down the name of the organization/agency/program that gave you this survey, their address, and the city where the organization/agency/program is located.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**ORGANIZATION / AGENCY / PROGRAM CHARACTERISTICS**

For each item, circle the number that best describes the agency that you listed above using the following scale:

**5 = Excellent      4 = Good      3 = Fair      2 = Poor      1 = Very Poor**

You may also circle **N/A** if you don't know the answer or it doesn't apply to you.

1) Quality of the HIV Prevention Services	5	4	3	2	1	N/A
2) Friendliness and Courtesy of the Staff	5	4	3	2	1	N/A
3) Available Parking	5	4	3	2	1	N/A
4) Close to Public Transportation (e.g., bus)	5	4	3	2	1	N/A
5) Near to where you live	5	4	3	2	1	N/A
6) Child care services available	5	4	3	2	1	N/A
7) Interpreter/Translation Services available	5	4	3	2	1	N/A
8) Professional and Well-Trained Staff	5	4	3	2	1	N/A
9) On-time with appointments and services	5	4	3	2	1	N/A
10) Provide lots of HIV/AIDS information	5	4	3	2	1	N/A
11) Provide HIV testing	5	4	3	2	1	N/A
12) Help clients get to the agency	5	4	3	2	1	N/A
13) Good confidentiality; you can trust them	5	4	3	2	1	N/A
14) Have a good reputation with the community	5	4	3	2	1	N/A
15) Advertise/Promote their services well	5	4	3	2	1	N/A
16) Assist with case management issues	5	4	3	2	1	N/A
17) Provide support groups/meetings	5	4	3	2	1	N/A
18) Relate well to their clients	5	4	3	2	1	N/A
19) A good variety of services available	5	4	3	2	1	N/A
20) Services are free or at a low price	5	4	3	2	1	N/A

21) What **THREE** characteristics are most important to you with an agency that provides HIV/AIDS Services?

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

**HIV SERVICES**

For each HIV Service listed below, circle Y (YES) or N (NO) if you use it now AND if Yes, how you would rate the current service on the scale below:

**5 = Excellent      4 = Good      3 = Fair      2 = Poor      1 = Very Poor**

Also, circle Y (YES) or N (NO) in the last column if you'd like the service to be offered by the agency in the future.

22) HIV SERVICE	I use it now	R	A	T	I	N	G	I'd like it to be offered
HIV Testing	Y N	5	4	3	2	1	N/A	Y N
Counseling for HIV/AIDS	Y N	5	4	3	2	1	N/A	Y N
Medical Services and Physical examinations	Y N	5	4	3	2	1	N/A	Y N
Telephone Hotlines	Y N	5	4	3	2	1	N/A	Y N
Home-based Services	Y N	5	4	3	2	1	N/A	Y N
Information on Social Security, Housing, and Discrimination	Y N	5	4	3	2	1	N/A	Y N
Mobile Test Sites	Y N	5	4	3	2	1	N/A	Y N
Dental Services	Y N	5	4	3	2	1	N/A	Y N
Experimental Therapies	Y N	5	4	3	2	1	N/A	Y N
Help with Insurance Issues	Y N	5	4	3	2	1	N/A	Y N
Substance abuse services	Y N	5	4	3	2	1	N/A	Y N
Mental health services	Y N	5	4	3	2	1	N/A	Y N
HIV/AIDS education and training	Y N	5	4	3	2	1	N/A	Y N
HIV/AIDS Literature/Brochures	Y N	5	4	3	2	1	N/A	Y N
Free condom distribution	Y N	5	4	3	2	1	N/A	Y N
Free syringe and needle distribution	Y N	5	4	3	2	1	N/A	Y N
Clean needle exchange	Y N	5	4	3	2	1	N/A	Y N
Street Outreach programs	Y N	5	4	3	2	1	N/A	Y N
Safe Sex seminars	Y N	5	4	3	2	1	N/A	Y N
Transportation Services	Y N	5	4	3	2	1	N/A	Y N
Help with Legal Issues	Y N	5	4	3	2	1	N/A	Y N

**HIV SERVICES (continued)**

For each HIV Service listed below, circle Y (YES) or N (NO) if you use it now AND if Yes, how you would rate the current service on the scale below:

**5 = Excellent      4 = Good      3 = Fair      2 = Poor      1 = Very Poor**

Also, circle Y (YES) or N (NO) in the last column if you'd like the service to be offered by the agency in the future.

23) HIV SERVICE	I use it now	R	A	T	I	N	G	I'd like it to be offered
Help with Job Searches	Y N	5	4	3	2	1	N/A	Y N
Food Bank / Meals delivered to home	Y N	5	4	3	2	1	N/A	Y N
Support Groups for me	Y N	5	4	3	2	1	N/A	Y N
Support Groups for partners, family, friends	Y N	5	4	3	2	1	N/A	Y N
Help with Cost of Medications	Y N	5	4	3	2	1	N/A	Y N
12-step Programs	Y N	5	4	3	2	1	N/A	Y N
Emergency Financial Help	Y N	5	4	3	2	1	N/A	Y N
Case Management	Y N	5	4	3	2	1	N/A	Y N
Agency Websites	Y N	5	4	3	2	1	N/A	Y N

**HIV/AIDS INFORMATION**

Which of the methods below will best provide information about HIV and AIDS to the public? Circle Y (YES) if it's an effective method or N (NO) if it's not effective.

Also, circle Y (YES) or N (NO) if YOU like to learn new information about HIV and AIDS through this method

24) METHOD	Effective Method	You use this method	METHOD	Effective Method	You use this method
TV Ads	Y N	Y N	Radio Ads	Y N	Y N
Computer Websites	Y N	Y N	Brochures / Pamphlets	Y N	Y N
Word of Mouth	Y N	Y N	Mail Ads	Y N	Y N
Newspaper Ads	Y N	Y N	Magazine Ads	Y N	Y N
Health Clinic	Y N	Y N	Doctor or Nurse	Y N	Y N
Outreach Programs	Y N	Y N	Seminars / Workshops	Y N	Y N
Phone Hotlines	Y N	Y N	School Sex Education	Y N	Y N

SHORT ANSWER INFORMATION

25) How many different agencies/program/organizations do you know of that provide HIV-prevention services in your county? \_\_\_\_\_

26) If a friend needed to get tested for HIV, where would you tell them to go?  
\_\_\_\_\_

27) Do you feel the state of Kansas does a good job in providing HIV-prevention services? \_\_\_\_\_

28) What factors prevent people from using HIV-prevention services in their county?  
\_\_\_\_\_  
\_\_\_\_\_

29) What can the state of Kansas do to improve their HIV-prevention services?  
\_\_\_\_\_  
\_\_\_\_\_

30) Would you support the mandatory HIV testing of prison inmates? \_\_\_\_\_

31) What can be done to reduce people engaging in risky behavior that can lead to contracting HIV and increase their desire to get tested? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32) What county do you live in? \_\_\_\_\_

33) What is your religious affiliation? \_\_\_\_\_

DEMOGRAPHIC INFORMATION

For each question, please circle the one best answer.

<b>34)</b> What is your gender?	<i>Male</i>	<i>Female</i>	<i>Transgender</i>		
<b>35)</b> What is your age?	<i>Under 18</i>	<i>18-19</i>	<i>20-29</i>	<i>30-39</i>	<i>40-49</i>
	<i>50-59</i>	<i>60-69</i>	<i>Over 70</i>		
<b>36)</b> What is your race or ethnic background?	<i>Caucasian/White</i>	<i>African-American</i>	<i>Hispanic/Latino</i>	<i>Asian</i>	<i>Native American</i>
	<i>Eskimo/Native Alaskan</i>	<i>Mixed</i>	<i>Other</i>		
<b>37)</b> What is your sexual orientation?	<i>Heterosexual (straight)</i>	<i>Homosexual (gay/lesbian)</i>	<i>Bi-Sexual</i>	<i>Two-spirited</i>	<i>Other</i>
<b>38)</b> What is your highest level of education?	<i>Did not graduate high school</i>	<i>High school diploma or GED</i>	<i>Some college or vocational training</i>	<i>4-Year Bachelor's Degree</i>	<i>Graduate Degree (Master's or Ph.D.)</i>
<b>39)</b> What is your current annual gross income?	<i>Less than \$10,000 a year</i>	<i>\$10,000-\$19,999 a year</i>	<i>\$20,000-\$29,999 a year</i>	<i>\$30,000-\$39,999 a year</i>	<i>\$40,000-\$49,999 a year</i>
	<i>\$50,000-\$59,999 a year</i>	<i>\$60,000-\$69,999 a year</i>	<i>\$70,000-\$79,999 a year</i>	<i>\$80,000-\$99,999 a year</i>	<i>Over \$100,000 a year</i>
<b>40)</b> What is your employment status?	<i>Not working (not retired or disabled)</i>	<i>Not working (but looking for work)</i>	<i>Part-Time &lt; 36 hours per week</i>	<i>Full-Time 36+ hours per week</i>	<i>Disabled</i>
	<i>Retired</i>	<i>Volunteer</i>	<i>Other</i>		
<b>41)</b> What is your partner status?	<i>Single</i>	<i>Divorced or Separated</i>	<i>Widowed</i>	<i>Married</i>	<i>Living Together</i>
<b>42)</b> Who lives in your household? <i>(circle all that apply)</i>	<i>I live alone</i>	<i>Spouse/partner</i>	<i>Children</i>	<i>Parents</i>	<i>Roommate</i>

**STATUS INFORMATION**

For each statement, circle YES or NO.

43) I sometimes use illegal drugs.	YES	NO
44) I have had 6 or more different sex partners in the past year.	YES	NO
45) I regularly practice safe sex (e.g., use condoms)	YES	NO
46) I have a drinking problem.	YES	NO
47) I have been tested for HIV/AIDS.	YES	NO
48) I have been diagnosed as HIV+.	YES	NO
49) I have contracted AIDS.	YES	NO
50) I am a recovering alcoholic or drug user.	YES	NO
51) I have access to a computer with internet access.	YES	NO
52) I am homeless (live on the street).	YES	NO
53) I sometimes receive money, drugs, food, or shelter from another to have sex with them.	YES	NO
54) Most of my family supports my lifestyle?	YES	NO

Thank you very much for participating in this survey!

Your responses will be very useful in improving HIV-prevention services!

### Client Cover Letter (Spanish)

Estimado participante,

Le estamos pidiendo que participe en una encuesta sobre el estudio y la educacion del SIDA/VIH en Kansas para el año 2010, patrocinado por el departamento de salubridad del estado de Kansas, y es conducido por el Instituto “Jones Educational Excellence” de la Universidad de Emporia. Este estudio requiere de llenar esta encuesta sobre la educacion del SIDA/VIH. Una de las agencias participantes nos ha pregrapado esta encuesta para el que quiera participar. Ninguna informacion personal ha sido o sera dada; esta encuesta sera totalmente anonima y confidencial. No se tardara mas de unos cuanots minutos en llenarla. Al terminar de llenar esta encuesta, por favor de regresarla en el sobre con timbre ya pagado. Completando esta encuesta y regresandola, usted esta de acuerdo en participar en este estudio y agradecemos mucho su ayuda y colaboracion.

Su punto de vista, opiniones, e informacion son totalmente confidenciales y son MUY IMPORTANTE para la ayuda a mejorar el Servicio Educacional para la prevencion del SIDA/VIH que hay alrededor del estado de Kansas este proximo año. Si necesitas ayuda para llenar la encuesta por favor localizar al Instituto “Jones Educational Excellence” al telefono (877) 378-5433. Para otras preguntas o interes puede hablar con el Dr. Brian W. Schrader al telefono (620) 341-5818.

Una forma de agradecerle por participar en este estudio, es cada persona que regrese esta encuesta para el 1 de Noviembre, del 2010 participaran en tres rifas, regalando en cada una certificados de Wal-Mart por \$100 dolares. Nadamas corte el papel de abajo (cupon) y ponga su nombre y direccion donde le podremos mandar su certificado si gana, incluyalo en el sobre junto con la encuesta en el sobre con el timbre ya pagado. Le aseguramos que el cupon sera separado de la encuesta tan pronto como la recibamos, pues su confianza es muy importante para nosotros. Los ganadores recibiran su premio por correo.

Muchas gracias por participar!

Brian W. Schrader, Ph.D., Needs Assessment Researcher

-----  
Cortar este cupon, llenarlo, y mandarlo junto con su encuesta para entrar a las rifas de los certificados, este cupon sera separado de su encuesta para cuidar su confianza tan pronto como la recibamos

Nombre: \_\_\_\_\_

Direccion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Encuesta para el Estudio de la Educacion del SIDA/VIH Kansas 2010**

*Todas las respuestas seran mantenidas anonimas y confidenciales.*

Por favor de escribir el nombre de la orgaizacion/agencia/programa que le dio esta encuesta, la direccion y la ciudad donde esta organizacion/agencia/programa se encuentra.

Nombre: \_\_\_\_\_

Direccion: \_\_\_\_\_ Ciudad: \_\_\_\_\_

**CARACTERISTICAS DE LA ORGANIZACION/ AGENCIA/ PORGRAMA**

Para cada pregunta circule el numero que mejor describa la agencia que nombro arriba usando la siguiente escala:

**5 = Excelente      4 = Buena      3 = Mas o Menos      2 = Mal      1 = Muy Mal**

Tambien puede circular N/A (No Aplicable) si no sabe la respuesta, o la pregunta no aplica.

1) Calidad de los Servicios a Prevencion del VIH	5	4	3	2	1	N/A
2) Amabilidad y Cortecia de los Trabajadores	5	4	3	2	1	N/A
3) Estacionamiento Disponible	5	4	3	2	1	N/A
4) Trasportacion Publica al Alcance	5	4	3	2	1	N/A
5) Cerca de donde usted vive	5	4	3	2	1	N/A
6) Cuidado de ninos disponible	5	4	3	2	1	N/A
7) Servicios de Interprete/Traductor disponibles	5	4	3	2	1	N/A
8) Trabajadores Profecionales y bien Entrenados	5	4	3	2	1	N/A
9) Servicios y Citas puntuales	5	4	3	2	1	N/A
10) Proveen mucha Informacion del SIDA/VIH	5	4	3	2	1	N/A
11) Proveen exámenes para el VIH	5	4	3	2	1	N/A
12) Ayuda a los pacientes para llegar a su agencia	5	4	3	2	1	N/A
13) Confidenciales y les tiene Confianza	5	4	3	2	1	N/A
14) Tiene Buena reputacion en la comunidad	5	4	3	2	1	N/A
15) Buena Promocion de los servicios	5	4	3	2	1	N/A
16) Asisten con casos de la Gerencia	5	4	3	2	1	N/A
17) Proveen con grupos y juntas de apoyo	5	4	3	2	1	N/A
18) Se Llevan bien con otros	5	4	3	2	1	N/A
19) Buena variedad de servicios accesibles	5	4	3	2	1	N/A
20) Servicios gratuitos o a bajo precio	5	4	3	2	1	N/A

21) Cual TRES características son las mas importantes para usted de la agencia que proporciona los Servicios del SIDA/VIH?

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

**SERVICIOS DEL VIH**

Para cada Servicio del VIH nombrado abajo, circule S (SI) o N (No) si lo esta usando ahora Y si SI, como clasificaria los servicios actuales en la siguiente escala:

**5 = Excelente      4 = Bien      3 = Mas o Menos      2 = Mal      1 = Muy Mal**

Tambien, circule S (SI) o N (NO) en la ultima columna si le gustaria que ofrezcan estos servicios en un futuro en su agencia.

22) SERVICIOS DEL VIH	Lo uso ahora	CLA	SI	FI	CA	CI	ON	Quisiera que fuera ofrecido
Examen del VIH	Y N	5	4	3	2	1	N/A	Y N
Consejos sel SIDA/VIH	Y N	5	4	3	2	1	N/A	Y N
Servicios Medicos y esaminaciones Fisicas	Y N	5	4	3	2	1	N/A	Y N
Telefono las 24 horas	Y N	5	4	3	2	1	N/A	Y N
Servicios basados en el hogar	Y N	5	4	3	2	1	N/A	Y N
Informacion de la Seguridad Social, y la Discriminacion	Y N	5	4	3	2	1	N/A	Y N
Sitios de Pruebas Movibles	Y N	5	4	3	2	1	N/A	Y N
Servicios Dentales	Y N	5	4	3	2	1	N/A	Y N
Terapias Experimentales	Y N	5	4	3	2	1	N/A	Y N
Ayuda con casos de Aseguranza	Y N	5	4	3	2	1	N/A	Y N
Servicio en abuso de sustancias	Y N	5	4	3	2	1	N/A	Y N
Servicios de ayuda mental	Y N	5	4	3	2	1	N/A	Y N
Buena educacion del SIDA/VIH	Y N	5	4	3	2	1	N/A	Y N
Lecturas y Folletos del SIDA/VIH	Y N	5	4	3	2	1	N/A	Y N
Condomes gratis	Y N	5	4	3	2	1	N/A	Y N
Distribucion gratis de jeringas y abujas	Y N	5	4	3	2	1	N/A	Y N
Cambio de abujas	Y N	5	4	3	2	1	N/A	Y N
Programas excedibles a la calle	Y N	5	4	3	2	1	N/A	Y N
Seminarios sobre el sexo	Y N	5	4	3	2	1	N/A	Y N
Servicios de transporte	Y N	5	4	3	2	1	N/A	Y N
Ayuda en casos Legales	Y N	5	4	3	2	1	N/A	Y N

**SERVICIOS DEL VIH (continuacion)**

Para cada Servicio del VIH nombrado abajo, circule S (SI) o N (No) si lo esta usando ahora Y si SI, como clasificaria los servicios actuales en la siguiente escala:

**5 = Excelente      4 = Bien      3 = Mas o Menos      2 = Mal      1 = Muy Mal**

Tambien, circule S (SI) o N (NO) en la ultima columna si te gustaria que ofrezcan estos servicios en un futuro en tu agencia.

23)SERVICIO DEL VIH	Lo uso ahora	CLA	SI	FI	CA	CI	ON	Quisiera que fuera
Ayuda en busqueda de Trabajo	Y N	5	4	3	2	1	N/A	Y N
Alimentos llevados a casa	Y N	5	4	3	2	1	N/A	Y N
Grupos de ayuda para mi	Y N	5	4	3	2	1	N/A	Y N
Grupos de ayuda para mis familiares y amigos	Y N	5	4	3	2	1	N/A	Y N
Ayuda con el costo de Medicamentos	Y N	5	4	3	2	1	N/A	Y N
Programa de 12-pasos	Y N	5	4	3	2	1	N/A	Y N
Ayuda Financiera para Casos de Emergencia	Y N	5	4	3	2	1	N/A	Y N
Supervicion de casos	Y N	5	4	3	2	1	N/A	Y N
Websites de la Agencia	Y N	5	4	3	2	1	N/A	Y N

**INFORMACION DEL SIDA/VIH**

Cual de los metodos de abajo es el mejor para dar mas informacion sobre el VIH y el SIDA al publico? Circule S (SI) si es un metodo eficaz o N (NO) si el metodo no es eficaz. Tambien, circule S (SI) o N (NO) si te gustaria saber nueva informacion sobre el VIH y el SIDA atravez de este metodo.

24) METODO	Metodo Eficaz	Si uso este metodo	METODO	Metodo eficaz	Si uso este metodo
<i>Comerciales en la TV</i>	Y N	Y N	<i>Anuncios por el radio</i>	Y N	Y N
<i>Direcciones electronicas</i>	Y N	Y N	<i>Folletos</i>	Y N	Y N
<i>Boca en boca</i>	Y N	Y N	<i>Por correo</i>	Y N	Y N
<i>Anuncios en los Periodico</i>	Y N	Y N	<i>Anuncios el Revistas</i>	Y N	Y N
<i>El la clinica Medica</i>	Y N	Y N	<i>Doctor o enfermera</i>	Y N	Y N
<i>Programas al alcance</i>	Y N	Y N	<i>Seminarios o talleres</i>	Y N	Y N
<i>Telefono las 24 horas</i>	Y N	Y N	<i>Educacion del Sexo</i>	Y N	Y N

PREGUNTAS

25) Cuantas diferentes agencias/ programas/ organizaciones conoce que proporcione los servicios para la prevencion del VIH en su condado? \_\_\_\_\_

26) Si un amigo necesitara hacerse un examen del VIH, donde le diria que fuera?  
\_\_\_\_\_

27) Usted siente que el estado de Kansas hace un buen trabajo en el abastecimiento de los servicios para la prevencion del VIH? \_\_\_\_\_

28) Que factores evitan que la gente use servicios de la prevencion del VIH en su condado?  
\_\_\_\_\_  
\_\_\_\_\_

29) Que puede hacer el estado de Kansas para mejorar sus servicios para la prevencion del VIH?  
\_\_\_\_\_  
\_\_\_\_\_

30) Usted apoyaria la prueba obligatoria del VIH para los internos en prision?  
\_\_\_\_\_

31) Que se puede hacer para reducir el comportamiento aventurado de la gente que conduce a contraer VIH y aumentar su deseo de examinarse? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32) En que condado vive usted? \_\_\_\_\_

33) Cual es su afiliacion religiosa? \_\_\_\_\_

INFORMACION DEMOGRAFICA

Para cada pregunta, por favor circule la mayor respuesta.

<b>34)</b> Cual es su genero?	<i>Masculino</i>	<i>Femenino</i>	<i>Transexual</i>		
<b>35)</b> Cual es su edad?	<i>Menos de 18</i>	<i>18-19</i>	<i>20-29</i>	<i>30-39</i>	<i>40-49</i>
	<i>50-59</i>	<i>60-69</i>	<i>Mas de 70</i>		
<b>36)</b> Cual es su nacionalidad ?	<i>Caucasian/ Blanco</i>	<i>Africano- Americano</i>	<i>Hispano/ Latino</i>	<i>Asiatico</i>	<i>Nativo Americano</i>
	<i>Eskimo/Nativo Alaskan</i>	<i>Mexclado</i>	<i>Otro</i>		
<b>37)</b> Cual es su orientacion sexual?	<i>Heterosexual</i>	<i>Homosexual (gay/lesbiana)</i>	<i>Bi-Sexual</i>	<i>Dos-espíritus</i>	<i>Otro</i>
<b>38)</b> Cual es su nivel de educacion mas alta?	<i>No termine la preparatoria</i>	<i>Diploma de la preparatoria o GED</i>	<i>Algo de Universidad o educacion vocacional</i>	<i>4-Anos en licenciatura</i>	<i>Estudiante Graduado (Master's o Ph.D.)</i>
<b>39)</b> Cual es su ganancia actual?	<i>Menos de \$10,000 al año</i>	<i>\$10,000-\$19,999 al año</i>	<i>\$20,000-\$29,999 al año</i>	<i>\$30,000-\$39,999 al año</i>	<i>\$40,000-\$49,999 al año</i>
	<i>\$50,000-\$59,999 al año</i>	<i>\$60,000-\$69,999 al año</i>	<i>\$70,000-\$79,999 al año</i>	<i>\$80,000-\$99,999 al año</i>	<i>Mas de \$100,000 al año</i>
<b>40)</b> Cual es su estado de empleo	<i>Sin empleo (no jubilado, ni invalido)</i>	<i>Sin empleo (pero estoy buscando)</i>	<i>Part-Time &lt; 36 horas a la semana</i>	<i>Full-Time 36+ horas a la semana</i>	<i>Invalido</i>
	<i>Jubilado</i>	<i>Voluntario</i>	<i>Otro</i>		
<b>41)</b> Cual es el estado de su pareja?	<i>Soltero</i>	<i>Divorciado o Separado</i>	<i>Viudo</i>	<i>Casado</i>	<i>Viven juntos</i>
<b>42)</b> Quien vive en su casa? <i>(Circule todos los que aplican)</i>	<i>Vivo solo</i>	<i>Esposo/pareja</i>	<i>Hijos</i>	<i>Padres</i>	<i>Compañeros de cuartos</i>

**INFORMACION ESTATAL**

Para cada declaracion, circule SI o NO.

43) Deves en cuando uso drogas ilegales.	SI	NO
44) He tenido 6 o mas parejas sexuales diferentes en el ultimo año.	SI	NO
45) Practico regularmente el sexo seguro (ejemplo., uso condones)	SI	NO
46) Tengo problemas de abuso al tomar.	SI	NO
47) He estado examinado para el SIDA/VIH.	SI	NO
48) Me han diagnosticado con el VIH+.	SI	NO
49) He contraido el SIDA.	SI	NO
50) Soy un alcoholico o drogadicto en recuperacion	SI	NO
51) Tengo al alcance una computadora con Internet.	SI	NO
52) Estoy sin hogar (Vivo en las calles).	SI	NO
53) En veces recivo dinero, drogas, comida o techo a cambio de tener relaciones con otro.	SI	NO
54) La mayoría de mi familia apoya mi forma de vida?	SI	NO

Muchas gracias por participar en esta encuesta!

Sus respuestas seran muy utiles en mejorar los servicios para la prevencion del VIH!