

Area 9  
Palm Beach County  
HIV/AIDS Community Planning Partnership

HIV Prevention Survey of PLWH/A in Palm Beach County  
April 2005

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## 1. Introduction

In April 2003, the Centers for Disease Control and Prevention (CDC) announced that it was refocusing its HIV prevention efforts to address two nationwide trends, specifically, 1) an increase in behaviors that put people at risk of infection with HIV, and 2) an increase in the number of people diagnosed with syphilis and HIV.

To respond to these challenges, the CDC launched its *Advancing HIV Prevention (AIP) Initiative* which focuses efforts on counseling, testing, and referral for the estimated 180,000 to 280,000 persons who are unaware of their HIV infection as well as prevention services for people living with HIV/AIDS who are already receiving HIV related services.

*AIP* impacts HIV Prevention Community Planning because all HIV Prevention Community Planning Groups will be required to prioritize HIV-infected persons as its highest priority population for prevention services.

In order to keep its Partnership on the cutting edge of HIV prevention planning and maximize HIV prevention efforts in Palm Beach County, in December 2003, the Community Planning Partnership voted to amend its Prevention Plan to include the goals, objectives, and Procedural Guidance of CDC's CBO Program Announcement 04060 aimed at reducing HIV transmission by:

1. Increasing the proportion of individuals at high risk for HIV infection who receive appropriate prevention services.
2. Reducing barriers to early diagnosis of HIV infection.
3. Increasing the proportion of individuals at high risk for HIV infection who become aware of their serostatus.
4. Increasing access to quality HIV medical care and ongoing prevention services for individuals living with HIV.
5. Addressing high priorities identified by the state or local HIV prevention Community Planning Group (CPG).
6. Complementing HIV prevention activities and interventions supported by state and local health departments.

Detailed information about the program announcement is available on CDC's website at [http://www/cdc.gov/nchstp/od/program\\_announcement.htm](http://www/cdc.gov/nchstp/od/program_announcement.htm). The announcement specifies that the only interventions that will be funded are those described in the *Procedural Guidance*, available online at <http://www2a.cdc.gov/hivpra/documents/Attachments/CBOProcedures26Nov03FinalDraft.pdf>. Although some aspects of the interventions may be "adapted" or "tailored" to specific populations or locales, the core elements, must replicate the specific evidenced-based interventions in the *Guidance*.

The following table summarizes the populations and interventions included in the *Procedural Guidance*.

**Summary of Procedural Guidance for Prevention Priorities**

<b>Population</b>	<b>Strategies and Interventions</b>
<b>High Risk Individuals</b>	<b>Targeted outreach and health education and risk reduction</b>
	Procedural Guidance for Recruitment
	Popular Opinion Leader (POL) Program
	The Mpowerment Project
	Real AIDS Prevention Project (RAPP)
	Safety Counts Program
	The SISTA Project
	Many Men, Many Voices Program
	Community Promise Program
	<b>Targeted outreach and counseling, testing, and referral</b>
	Procedural Guidance for Implementation of Counseling, Testing, and Referral
	Procedural Guidance for Implementation of Rapid Testing in Non-Clinical Settings
	Procedural Guidance for Implementation of Routine Testing of Inmates in Correctional Facilities
	Procedural Guidance for Implementation of Universal HIV Testing of Pregnant Women
<b>PLWH and Persons with Negative or Unknown Serostatus at Very High Risk</b>	<b>Prevention for individuals living with HIV and their sex or drug using partners who are IV negative or unaware of their HIV status.</b>
	Procedural Guidance for Implementation of Prevention Case Management for Persons Living with HIV
	Procedural Guidance for Implementation of Integrating Prevention Services into Medical Care for People Living with HIV
	Procedural Guidance for Implementation of Teens Linked to Care
	Procedural Guidance for Implementation of Holistic Harm Reduction Program
	Procedural Guidance for Implementation of Healthy Relationships
	<b>Prevention for individuals at very high risk for HIV infection</b>
	VOICES/VOCES Program
	The SISTA Project
	Street Start Program
	Many Men, Many Voices Program
<b>Partner Counseling and Referral Services (PCRS)</b>	
Procedural Guidance for Implementation of Partner Counseling and Referral	

*Source: Procedural Guidance for Selected Strategies and Interventions for Community Based Organizations Funded Under Program Announcement 04064. Centers for Disease Control and Prevention, November 2003.*

It is the intent of this study to develop data specific to PLWH/A in Palm Beach County to facilitate the most effective and efficient implementation of the above referenced “Procedural Guidance for Prevention Priorities”.

## 2. Area 9's Ongoing Effort to Implement CDC's *Advancing HIV Prevention (AIP)* Initiative

In response to an ITN issued by the Department of Health, the Partnership developed a proposal which would provide information needed to develop programs to meet the AIP strategy of reducing "HIV transmission by increasing access to quality HIV medical care and ongoing prevention services for individuals living with HIV". The Department approved the proposal and this report summarizes the findings of the study. It is hoped that the findings will help the Partnership identify the HIV prevention needs of PLWH in Area 9 and develop programs and strategies to effectively meet these needs.

Area 9's CPP is comprised of individuals who have knowledge of, or are interested in HIV prevention, and includes members of the affected communities, service providers, and community leaders. Although not formally combined with patient care planning, the Partnership has a close working relationship with Palm Beach County's HIV CARE Council. Treasure Coast Health Council provides planning and staff support for the CPP and the CARE Council and several members of the CPP are also members of the CARE Council and/or one of the CARE Council's many committees. CARE Council members and CPP members have collaborated on the RARE Project and the Special Populations Study of Blacks in Palm Beach County. The Partnership's Lead Chair and Co-Chair are almost at the end of their two-year term. It is anticipated that new elections will be held in November 2005.

In addition to the Lead Chair and Co-Chair, the Executive Committee is comprised of the Secretary, the RMAC and the PIR Task Force (which is comprised of the Chairs of the Special Populations Committees). As anticipated, the entire membership, which serves as a "Planning Committee of the Whole" was involved in developing and implementing this project. The Project Workgroup (comprised of the Lead Chair, Co-Chair, and all interested members) provided detailed input to the development and implementation of the Project Outline (with tasks and timeframes). The Coordinator and Lead Chair (or Co-Chair, depending upon availability) modified the Outline as necessary to accommodate changing conditions, including an extraordinarily active and disruptive hurricane season.

The proposal for this project was developed during a meeting of CPP members on May 11, 2004. All CPP members were invited to participate and those who could not attend were encouraged to submit ideas via email. In light of CDC's commitment to prioritize HIV-infected persons as the highest priority population for prevention services and develop appropriate interventions for them, the Partnership proposed to conduct a study to improve its understanding of HIV prevention with PLWH in Palm Beach County.

The study consisted of 112 "exit interviews" with patients/clients of HIV/AIDS medical care and case management services in Palm Beach County (including the Health Department, Comprehensive AIDS Program (CAP), and Compass). The interviews solicited information related to HIV prevention issues and the sources of information regarding those messages. Also included were standard risk behavior questions. Some of the planning and implementation highlights include the following:

- Experienced interviewers, including those who received extensive training in data collection through the RARE project and the Special Project of National Significance (SPNS) *Care System Assessment Demonstration Project* being conducted in Palm Beach County, and other qualified individuals were recruited and trained for this study.
- Careful site selection ensured that all areas of the county in which services are provided (i.e. Riviera Beach, West Palm Beach, Belle Glade, and Delray Beach) were equitably represented in the study.
- Interviewers coordinated scheduling with providers to ensure that a pool of informed and willing respondents would be available at specific locations on specific dates within specific time ranges.
- Interviewers were provided with appropriate meeting rooms to ensure client privacy.
- Respondents were identified by interviewers who were stationed at provider locations at predetermined dates and times; or, were recruited by data collectors as they exited their medical or case management appointments.
- The interviews were conducted by trained interviewers in English, Spanish, or Creole as needed.
- Each respondents was provided with a \$10.00 gift card upon the completion of his or her interview.
- Staff compiled and analyzed the data and prepared this report of findings to be disseminated to the Partnership for use by the entire community.

It is hoped that the findings from this project will improve HIV prevention community planning by increasing knowledge and understanding of HIV Prevention needs of PLWH - another step towards prioritizing PLWH as the highest priority population for prevention services in Area 9.

### 3. Data Analysis and Findings

As this is an exploratory study, the data analysis for this report consists of frequencies and rates of response by all respondents for the various interview questions. Rather than focusing on specific providers or venues at which services were provided, this report focuses on the PLWH/A themselves – their HIV prevention interests and preferences as well as on the HIV prevention services to which they already have access. Additional analysis may be conducted in the future, depending on the available of resources.

A total of 112 respondents were interviewed immediately after they exited their medical and/or case management appointments. As the table below shows, a total of 52 (46.4%) respondents were medical clients; 45 (40.2%) were case management clients; and 14 (13.4%) had both medical and case management appointments on the day of the survey. Respondents who had medical appointments or medical and case management appointments were interviewed at one of the Palm Beach County Health Department Clinics (Riviera Beach, Delray Beach, or Belle Glade). Respondents who had case management appointments only were interviewed at one of the offices of Comprehensive AIDS Program (CAP) in Palm Springs, Riviera Beach, Belle Glade; or at Compass in West Palm Beach.

**Type of Services Received by Respondents On Day of Survey**

Service	Number	Percent
medical	52	46.4%
case management	45	40.2%
medical and case management	15	13.4%
Total	112	100.0%

Survey respondents from the eastern or western areas of the county were proportional to adult PLWHAs in the county. Of the 6,484 PLWHA in the county, 5,804 (89.5%) reside in the eastern part of the county and 678 (10.5%) live in the western communities in Belle Glade and surrounding communities.

**Comparison by Geographic Location of Adult PLWHAs in Palm Beach County through 2003 with Geographic Location of Survey Respondents**

Similarly, 99 (88.4%) of the survey respondents were interviewed in the eastern part of the county and 13 (11.6%) were interviewed in the western part of the county.

Area	Adult PLWH/A in Palm Beach County through 2003 (N=6,482)		Survey Respondents (N=112)	
	number	percent	number	percent
Western	678	10.5%	13	11.6%
Eastern	5,804	89.5%	99	88.4%
Total	6,482	100.0%	112	100.0%

As shown in the following table and chart, males were somewhat underrepresented and

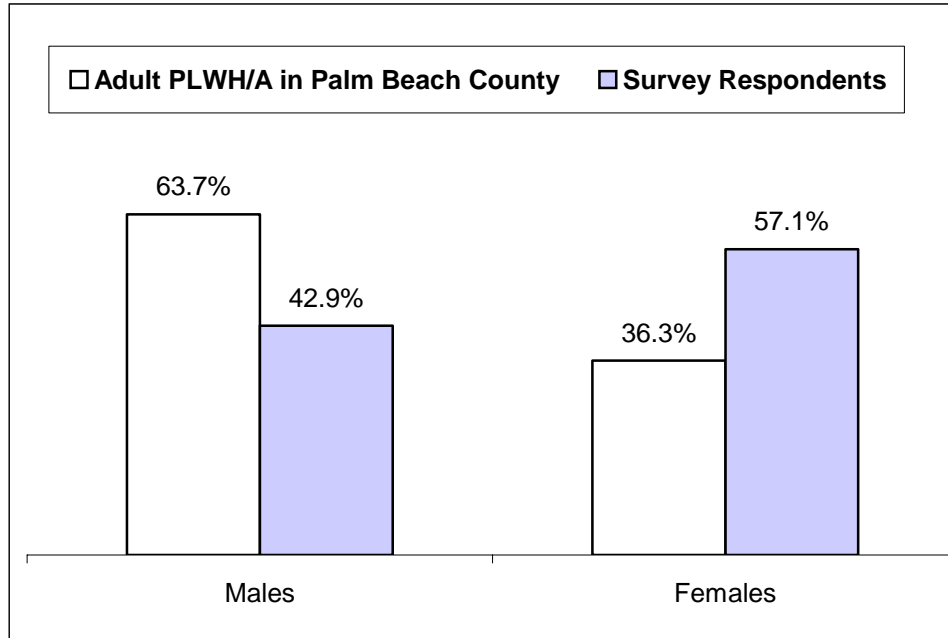
females were overrepresented in the survey sample compared to PLWH/A in Palm Beach County. All together, the sample included 48 (42.9%) males and 64 (57.1%) females.

**Comparison by Sex of Adult PLWHAs in Palm Beach County through 2003 with Sex of Survey Respondents**

Sex	Adult PLWH/A in Palm Beach County through 2003 (N=6,482)		Survey Respondents (N=112)	
	number	percent	number	percent
Males	4,127	63.7%	48	42.9%
Females	2,355	36.3%	64	57.1%
Total	6,482	100.0%	112	100.0%

Source: Florida Department of Health, Bureau of HIV/AIDS, 2003.

**Comparison by Sex of Adult PLWHAs in Palm Beach County through 2003 with Sex of Survey Respondents**



Source: Florida Department of Health, Bureau of HIV/AIDS, 2003.



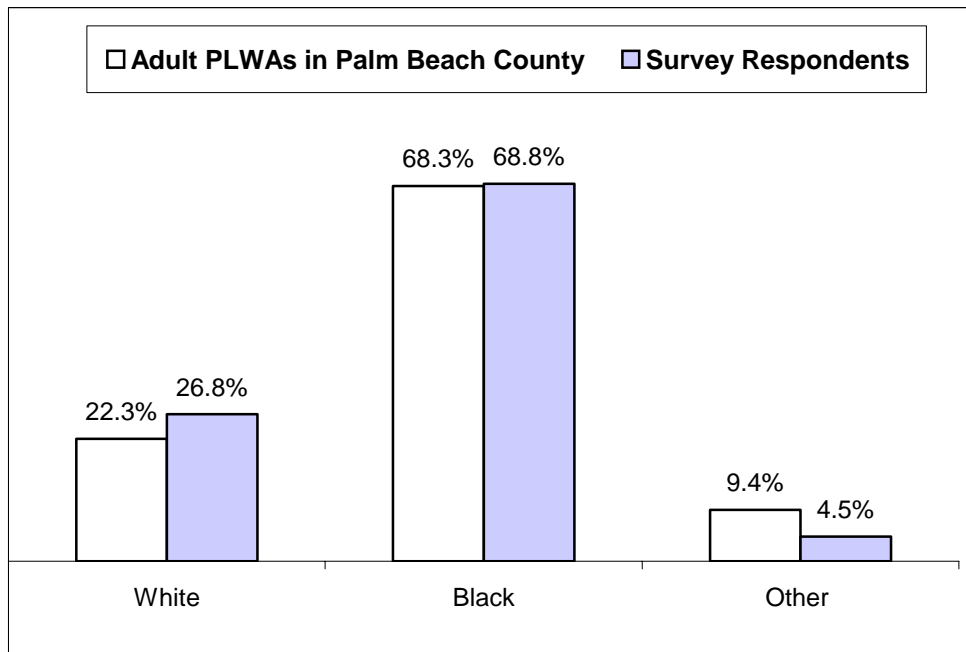
The proportion of Whites, Blacks, and Others among the survey respondents is similar to the proportion of White, Black, and Other adult PLWH/As in Palm Beach County. The largest category of survey respondents is Black (77, 68.8%) followed by White (30, 26.8%).

**Comparison by Race of Adult PLWHAs in Palm Beach County through 2003 with Race of Survey Respondents**

Race	Adult PLWH/A in Palm Beach County through 2003 (N=6,482)		Survey Respondents (N=112)	
	Number	Percent	Number	Percent
White	1,446	22.3%	30	26.8%
Black	4,429	68.3%	77	68.8%
Other	607	9.4%	5	4.5%
Total	6,482	100.0%	112	100.0%

Source: Florida Department of Health, Bureau of HIV/AIDS, 2003.

**Comparison by Race of Adult PLWHAs in Palm Beach County through 2003 with Race of Survey Respondents**



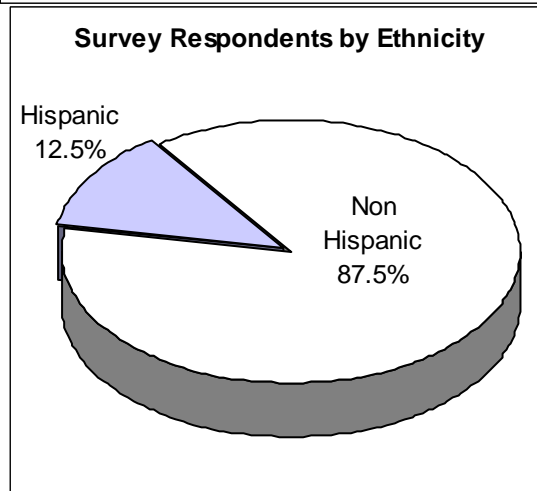
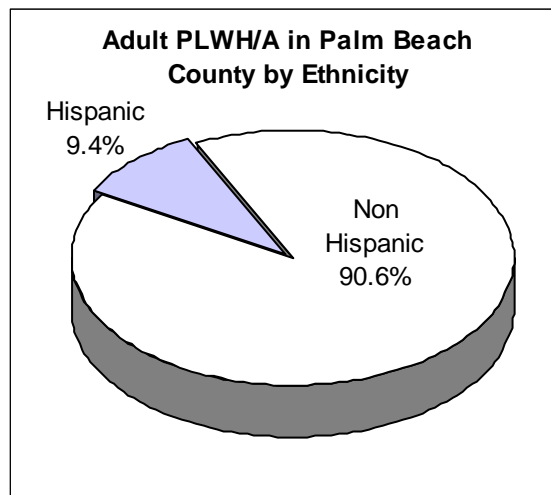
Source: Florida Department of Health, Bureau of HIV/AIDS, 2003.

Interviewers' diligence in outreach to the Hispanic population resulted in Hispanics being somewhat overrepresented among survey respondents in comparison to Non Hispanics. Hispanics accounted for 12.5% (14) of the survey respondents compared to 9.4% (607) of Adult PLWH/A in Palm Beach County.

**Comparison by Ethnicity of Adult PLWHAs in Palm Beach County through 2003 with Ethnicity of Survey Respondents**

Ethnicity	Adult PLWH/A in Palm Beach County through 2003 (N=6,482)		Survey Respondents (N=112)	
	number	percent	number	percent
Hispanic	607	9.4%	14	12.5%
Non Hispanic	5,875	90.6%	98	87.5%
Total	6,482	100.0%	112	100.0%

Source: Florida Department of Health, Bureau of HIV/AIDS, 2003.



All survey respondents were over the age of 18. The largest group (41, 36.6%) was in the 40-49 age range followed by 32 (28.6%) in the 50 – 59 age range. Thirty-three (29%) were under age 40 and 79 (70.5%) were 40 or older.

**Age Range of Survey Respondents**

age range	number	percent
20 - 24	2	1.8%
25 - 29	4	3.6%
30 - 39	27	24.1%
40 – 49	41	36.6%
50 - 59	32	28.6%
60+	6	5.4%
Total	112	100.0%

While 100 (89%) of respondents indicated they would prefer to receive HIV prevention information in English, 6 (5.4%) said they would prefer Spanish and 6 (5.4%) they would prefer Creole.

**Language in which respondents would prefer to receive prevention information**

language	survey respondents	
	number	percent
English	100	89.3%
Spanish	6	5.4%
Creole	6	5.4%
Total	112	100.0%

The next set of questions asked the respondents to rank how important various HIV prevention topics and issues are to them. In other sections of the survey, additional questions about these topics and issues were asked. Data summarizing responses to all these questions are displayed in similar tables and graphs as appropriate throughout the rest of the report.

As the table and graph on the next two pages shows, respondents thought that all the prevention topics and issues were either “somewhat important” (the shaded sections of the bar graph) or “very important” (the black sections of the bar graph).

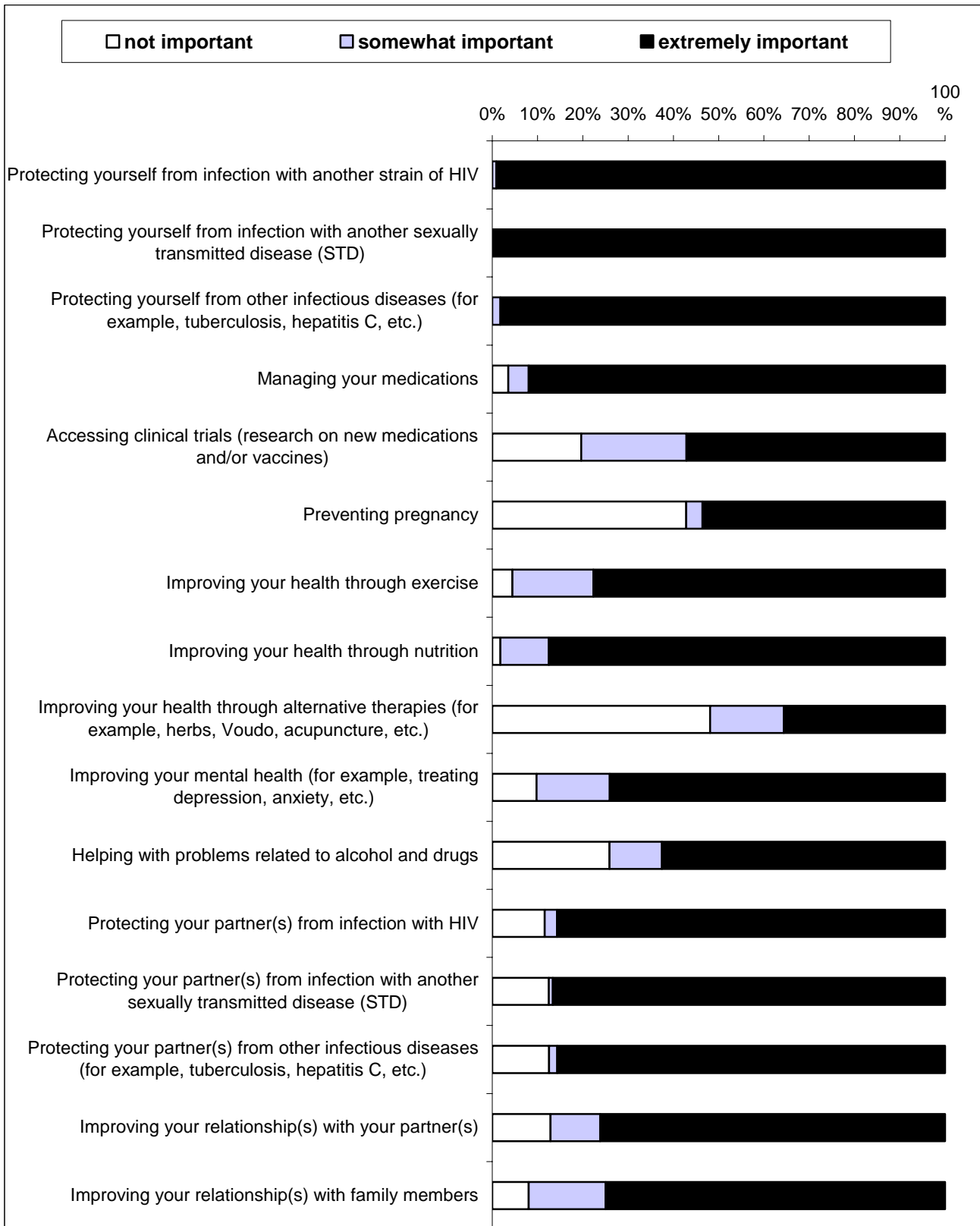
The three topics and issues that were most frequently identified as “somewhat important” or “very important” were:

- Protecting yourself from infection with another strain of HIV (somewhat important 1, 0.9%; very important 111, 99.1%)
- Protecting yourself from infection with another sexually transmitted disease (STD) (very important, 112, 100%)
- Protecting yourself from other infectious diseases (for example, tuberculosis, hepatitis C, etc.) (somewhat important, 2, 1.8%, very important 98.2%)

**Responses to, "Please indicate how important the following HIV prevention information is to you."**

HIV Prevention Topics and Issues	number and percent of respondents giving each response					
	not important or not applicable		somewhat important		extremely important	
	#	%	#	%	#	%
Protecting yourself from infection with another strain of HIV	0	0.0%	1	0.9%	111	99.1%
Protecting yourself from infection with another sexually transmitted disease (STD)	0	0.0%	0	0.0%	112	100.0%
Protecting yourself from other infectious diseases (for example, tuberculosis, hepatitis C, etc.)	0	0.0%	2	1.8%	110	98.2%
Managing your medications	4	3.6%	5	4.5%	103	92.0%
Accessing clinical trials (research on new medications and/or vaccines)	22	19.6%	26	23.2%	64	57.1%
Preventing pregnancy	48	42.9%	4	3.6%	60	53.6%
Improving your health through exercise	5	4.5%	20	17.9%	87	77.7%
Improving your health through nutrition	2	1.8%	12	10.7%	98	87.5%
Improving your health through alternative therapies (for example, herbs, Voodoo, acupuncture, etc.)	54	48.2%	18	16.3%	40	35.7%
Improving your mental health (for example, treating depression, anxiety, etc.)	11	9.8%	18	16.1%	83	74.1%
Helping with problems related to alcohol and drugs	29	25.9%	13	11.6%	70	62.5%
Protecting your partner(s) from infection with HIV	13	11.6%	3	2.7%	96	85.7%
Protecting your partner(s) from infection with another sexually transmitted disease (STD)	14	12.5%	1	0.9%	97	86.6%
Protecting your partner(s) from other infectious diseases (for example, tuberculosis, hepatitis C, etc.)	14	12.5%	2	1.8%	96	85.5%
Improving your relationship(s) with your partner(s)	14	12.5%	12	10.7%	83	74.1%
Improving your relationship(s) with family members	9	8.0%	19	17.0%	84	75.0%

Responses to, "Please indicate how important the following HIV prevention information is to you."



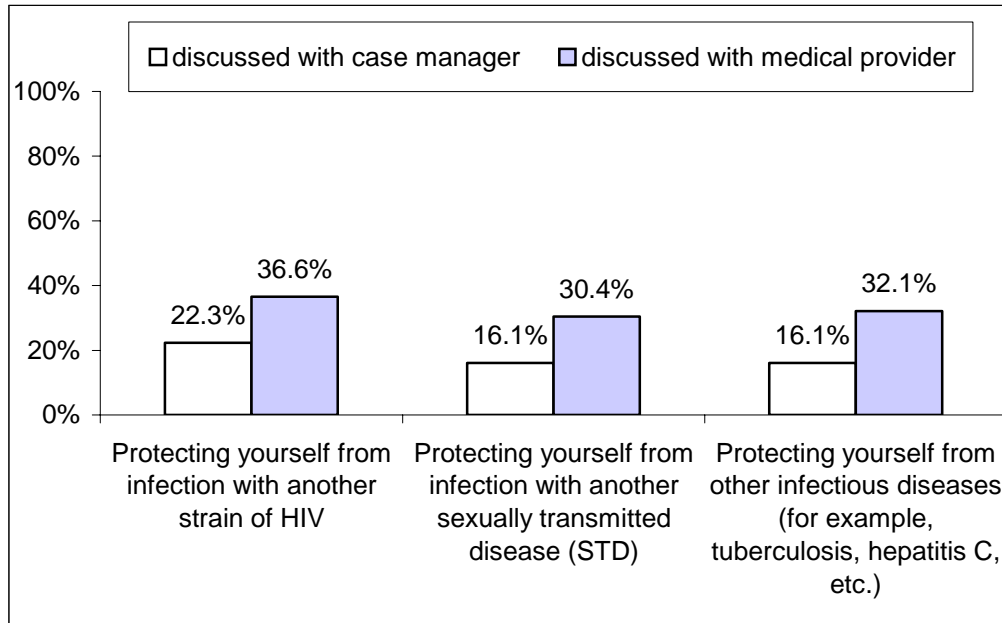
As shown in the following table and charts, a variety of HIV topics and issues were discussed that day and during the previous ninety days. Note that rates for “Discussed Today with...” are approximately half of the rates for “Discussed During the Past 90 Days with...” reflecting the rates of case management and medical clients in the sample of respondents.

**HIV prevention topics discussed during case management and/or medical visit today and if applicable, during the past 90 days**

HIV Prevention Issues	Discussed Today with...				Discussed During the Past 90 Days with...			
	...Case Manager		...Medical Provider		...Case Manager		...Medical Provider	
	#	%	#	%	#	%	#	%
Protecting yourself from infection with another strain of HIV	25	22.3%	41	36.6%	48	42.9%	66	58.9%
Protecting yourself from infection with another sexually transmitted disease (STD)	18	16.1%	34	30.4%	44	39.3%	68	60.7%
Protecting yourself from other infectious diseases (for example, tuberculosis, hepatitis C, etc.)	18	16.1%	36	32.1%	39	34.8%	70	62.5%
Managing your medications	23	20.5%	57	50.0%	47	42.0%	58	51.8%
Accessing clinical trials (research on new medications and/or vaccines)	8	7.1%	17	15.2%	25	22.3%	38	33.9%
Preventing pregnancy	4	3.6%	16	14.3%	16	14.3%	32	28.6%
Improving your health through exercise	15	13.4%	32	28.6%	35	31.3%	69	61.6%
Improving your health through nutrition	11	9.8%	35	31.3%	35	31.3%	67	59.8%
Improving your health through alternative therapies (for example, herbs, Voudo, acupuncture, etc.)	13	11.6%	11	9.8%	32	28.6%	30	26.8%
Improving your mental health (for example, treating depression, anxiety, etc.)	18	16.1%	24	21.4%	45	40.2%	59	52.7%
Helping with problems related to alcohol and drugs	14	12.5%	25	22.3%	36	32.1%	40	35.7%
Protecting your partner(s) from infection with HIV	14	12.5%	28	25.0%	42	37.5%	57	50.9%
Protecting your partner(s) from infection with another sexually transmitted disease (STD)	13	11.6%	26	23.2%	39	34.8%	56	50.0%
Protecting your partner(s) from other infectious diseases (for example, tuberculosis, hepatitis C, etc.)	14	12.5%	26	23.2%	41	36.6%	58	51.8%
Improving your relationship(s) with your partner(s)	13	11.6%	23	20.5%	41	36.6%	39	34.8%
Improving your relationship(s) with family members	10	8.9%	24	21.4%	43	38.4%	39	34.8%

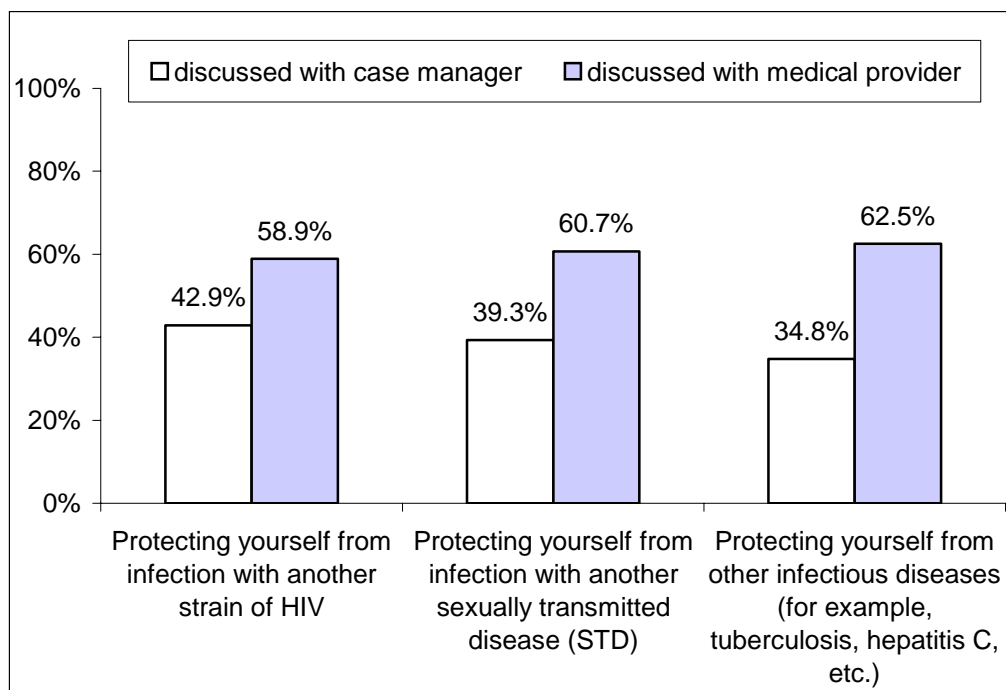
The graphs on this page show the frequency with which respondents reported that the three top HIV prevention topics and issues were discussed with case managers and/or medical providers.

**Respondents who indicated the three most frequently mentioned HIV prevention topics and issues were discussed today with case manager and/or medical provider**



Again, note that rates for “Discussed Today with...” are approximately half of the rates for “Discussed During the Past 90 Days with...” reflecting the ratio of case management to medical clients in the sample of respondents.

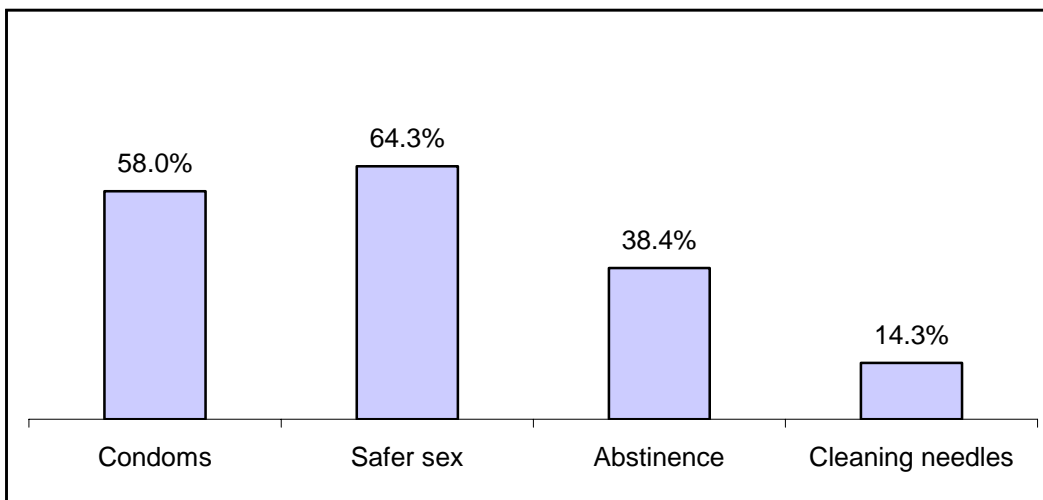
**Respondents who indicated the three most frequently mentioned HIV prevention topics and issues were discussed within the past 90 days with case manager and/or medical provider**



When respondents were asked about topics related to four specific HIV prevention methods, they indicated that “safer sex” was the most frequently discussed topic followed by “condoms”, “abstinence”, and “cleaning needles”.

**Some of the Topics Discussed During Case Management and/or Medical Visit on the Day of the Survey**

HIV Prevention Topics	Respondents	
	number	percent
Condoms	65	58.0%
Safer sex	72	64.3%
Abstinence	43	38.4%
Cleaning needles	16	14.3%



The table on the next page summarizes responses regarding the people from whom respondents currently receive or have received (within the last six months) prevention information and services and they ways in which the information has been disseminated.

The three most frequently mentioned people were:

- Physician
- Case manager
- Nurse

The three most frequently mentioned methods or media were:

- Individual face-to-face
- Brochures, pamphlets and other written materials
- Magazines

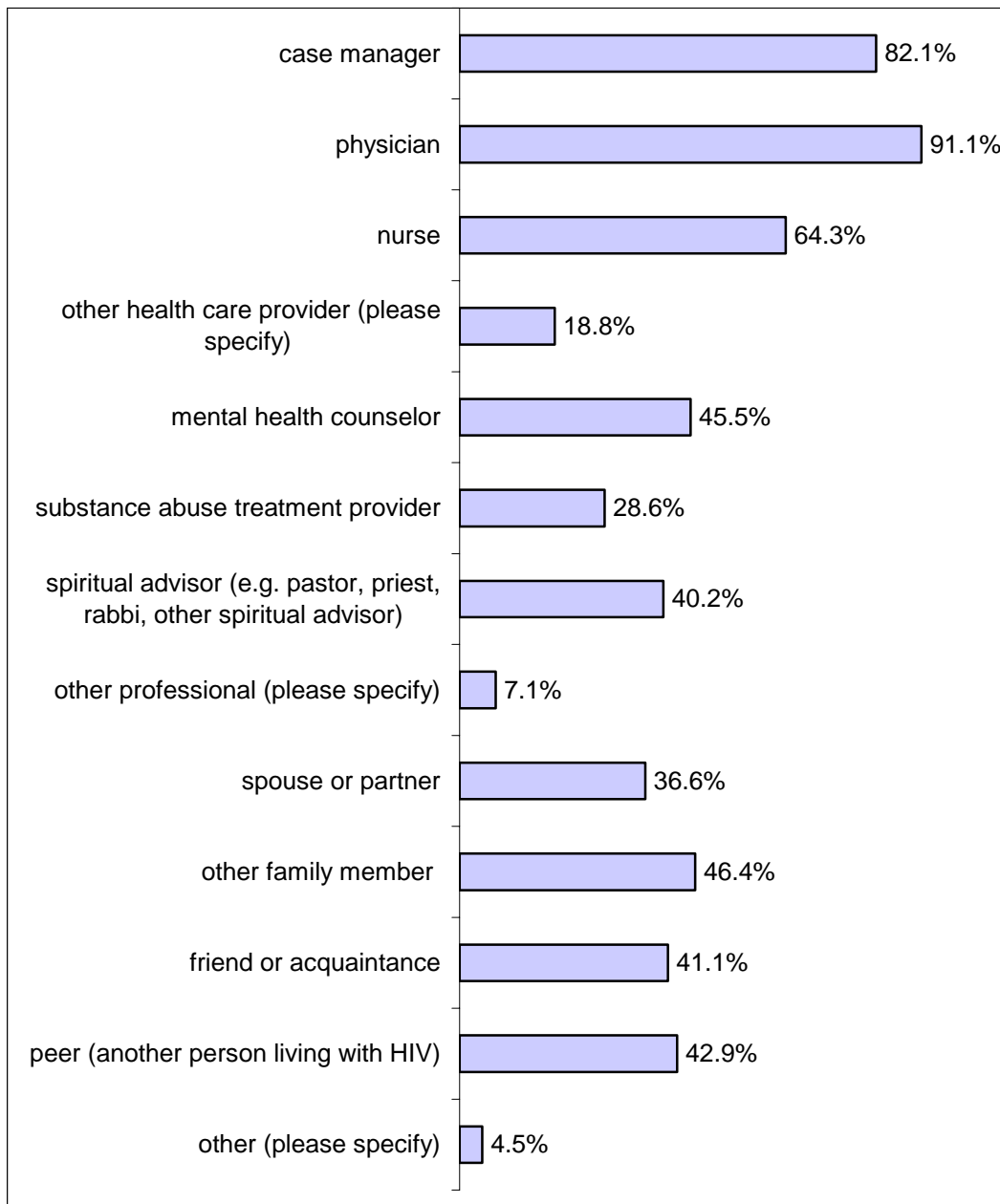


### HIV Prevention Providers, Methods, and Media

People who provide HIV prevention information or services	All people from whom respondents currently receive or have received (within the last 6 months) HIV prevention information and services.	
	survey respondents	
	number	percent
case manager	92	82.1%
physician	102	91.1%
nurse	72	64.3%
other health care provider (please specify)	21	18.8%
mental health counselor	51	45.5%
substance abuse treatment provider	32	28.6%
spiritual advisor (e.g. pastor, priest, rabbi, other spiritual advisor)	45	40.2%
other professional (please specify)	8	7.1%
spouse or partner	41	36.6%
other family member	52	46.4%
friend or acquaintance	46	41.1%
peer (another person living with HIV)	48	42.9%
other (please specify)	5	4.5%
Ways by which HIV prevention information or services are disseminated	All the ways by which respondents currently receive or have received (within the last 6 months) HIV prevention information and services.	
individual (face-to-face)	95	84.8%
group sessions	50	44.6%
brochures, pamphlets, other written materials	92	82.1%
videotapes	36	32.1%
television	65	58.0%
radio	40	35.7%
internet chat rooms	7	6.3%
internet websites	19	17.0%
magazines (e.g. Poz) (please specify) <u>Poz was the only magazine mentioned</u>	72	64.3%
discussions in your home or with your family	33	29.5%
other (please specify)	6	5.4%

Note: "Other" providers mentioned include support group, friends, educational workshop by drug company; "Other" methods mentioned include mail, discussions with friends, discussions with pastor, support groups.

**All people from whom respondents currently receive or have received (within the last six months) HIV prevention information and services**



Note: "Other" includes support group, friends, educational workshop by drug company, pastor.

As shown in the table below, the top three ways in which respondents currently receive or have received (within the last six months) HIV prevention information and services and the ways in which they would prefer to receive such services are the same:

- Individual (face to face)
- Brochures, pamphlets or other written material
- Magazines

**Current, Recent, and Preferred Ways of Receiving HIV Prevention and Information Services**

Top three ways in which respondents currently receive or have received (within the last 6 months) HIV prevention information and services.	Survey Respondents		Top three ways in which respondents would prefer to receive HIV prevention information and services	Survey Respondents	
	number	percent		number	percent
<b>First</b>					
individual (face to face)	95	84.8%	individual (face to face)	68	60.7%
			group sessions	11	9.8%
			television	8	7.1%
			pamphlets, other written materials	8	7.1%
			magazines	6	5.4%
<b>Second</b>					
brochures, pamphlets, other written materials	92	82.1%	group sessions	34	30.4%
			brochures, pamphlets, other written materials	27	24.1%
			magazines	15	13.4%
			individual (face to face)	11	9.8%
			television	9	8.0%
<b>Third</b>					
magazines	72	64.3%	magazines	29	25.9%
			brochures, pamphlets, other written materials	26	23.2%
			radio	11	9.8%
			group sessions	10	8.9%
			television	9	8.0%

As shown in the table below, the top three people from whom respondents currently receive or have received (within the last six months) HIV prevention information services and the people from whom they would prefer to receive such services are as follows:

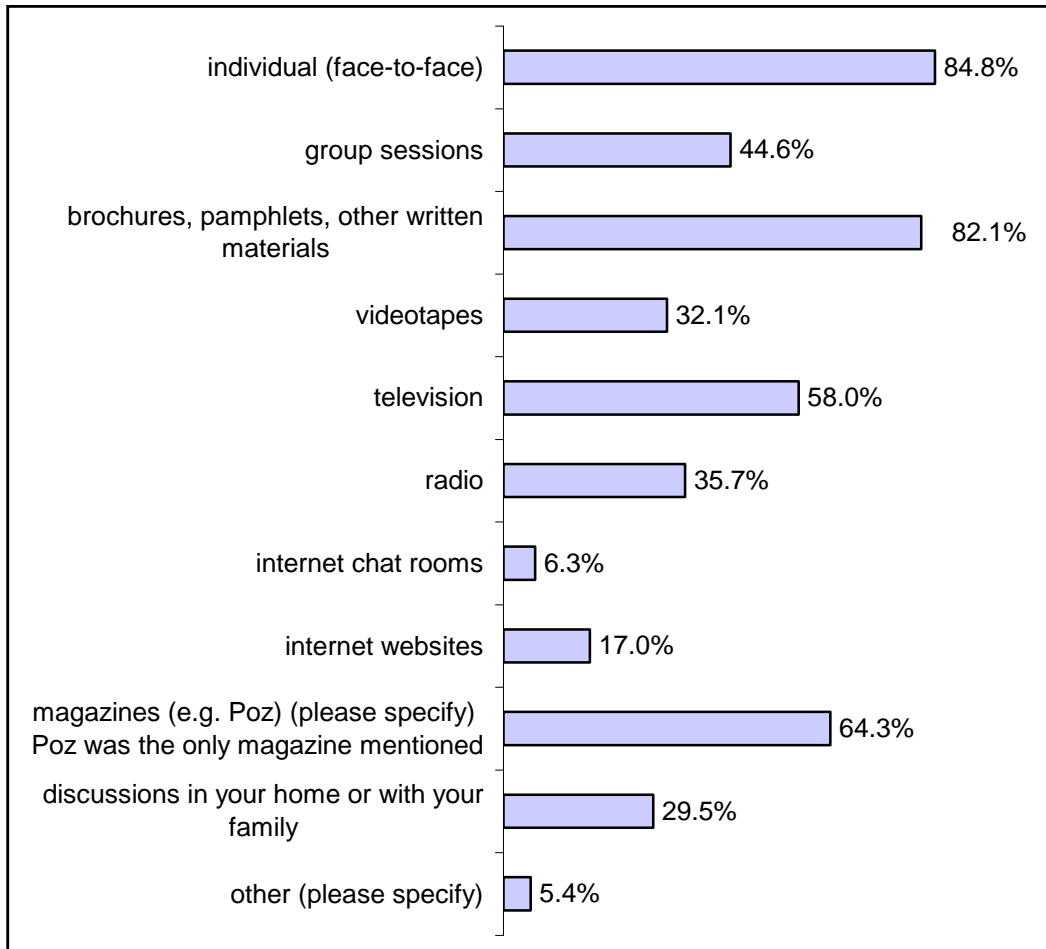
- Physician
- Case manager
- Nurse

**Current, Recent, and Preferred Providers of HIV Prevention and Information Services**

Top three people from whom respondents currently receive or have received (within the last 6 months) HIV prevention information and services.	Survey Respondents		Top three people from whom respondents would prefer to receive HIV prevention information and services.	Survey Respondents	
	Number	Percent		Number	Percent
<b>First</b>					
physician	102	91.1%	physician	56	50.0%
			case manager	36	32.1%
			spouse or partner	5	4.5%
			peer	4	3.6%
			nurse	3	2.7%
<b>Second</b>					
case manager	92	82.1%	physician	40	35.7%
			case manager	37	33.0%
			nurse	5	4.5%
			spouse or partner	5	4.5%
			spiritual advisor	4	3.6%
<b>Third</b>					
nurse	72	64.3%	nurse	24	21.4%
			case manager	17	15.2%
			other family member	16	14.3%
			physician	10	8.9%
			spiritual advisor	9	8.0%

Currently, and within the past six months, respondents indicated they received HIV prevention information through a broad range of media and venues.

**All the ways by which respondents currently receive or have received (within the last 6 months) HIV prevention information and services.**



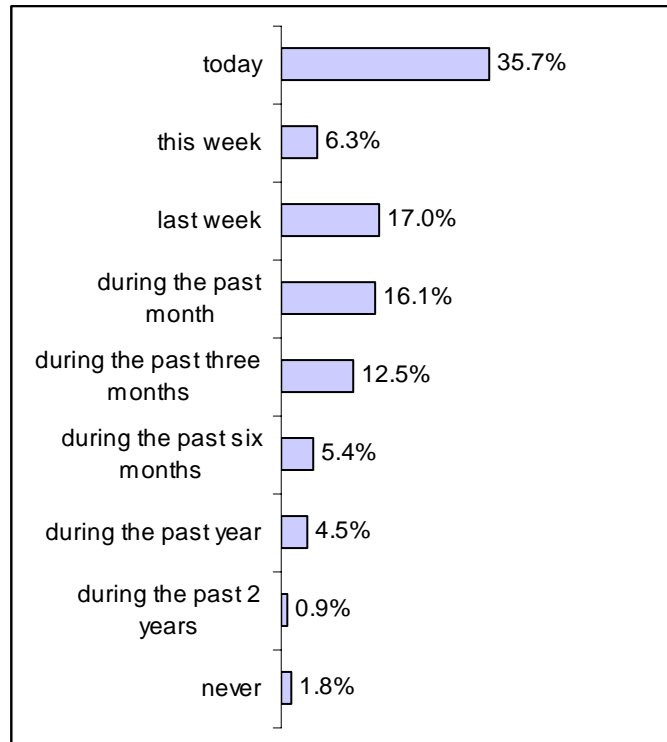
Note: Other includes mail, discussions with pastor, support groups, and discussions with friends.

Tables and graphs on the next two pages summarize responses regarding the how recent and how often respondents received HIV prevention information and services from their physician and case manager.

Notice that 50% of respondents said they receive HIV prevention information and services from their physician during every visit, compared with only 33% who said they receive such information from their case managers during every visit.

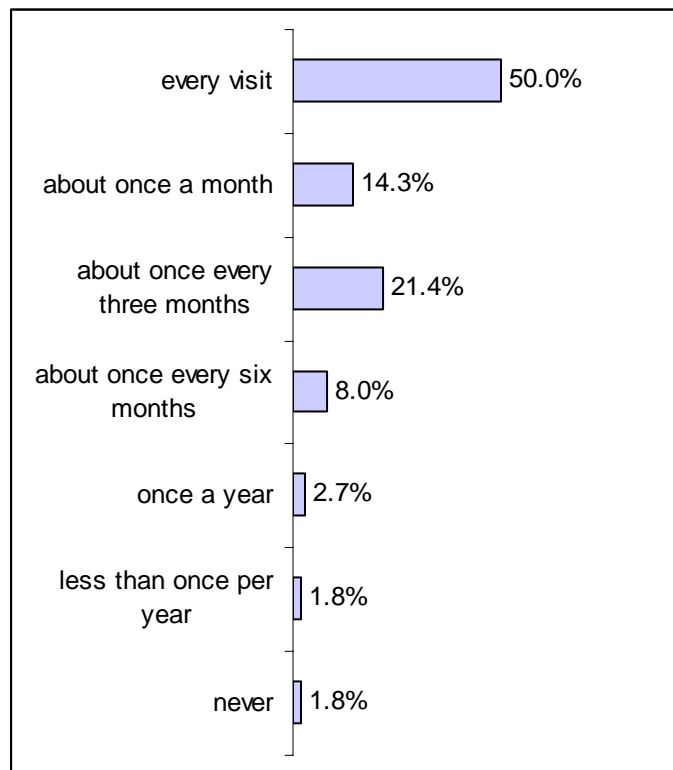
**Last time respondent and physician discussed HIV prevention**

Last Time?	survey respondents	
	#	%
today	40	35.7%
this week	7	6.3%
last week	19	17.0%
during the past month	18	16.1%
during the past three months	14	12.5%
during the past six months	6	5.4%
during the past year	5	4.5%
during the past 2 years	1	0.9%
never	2	1.8%



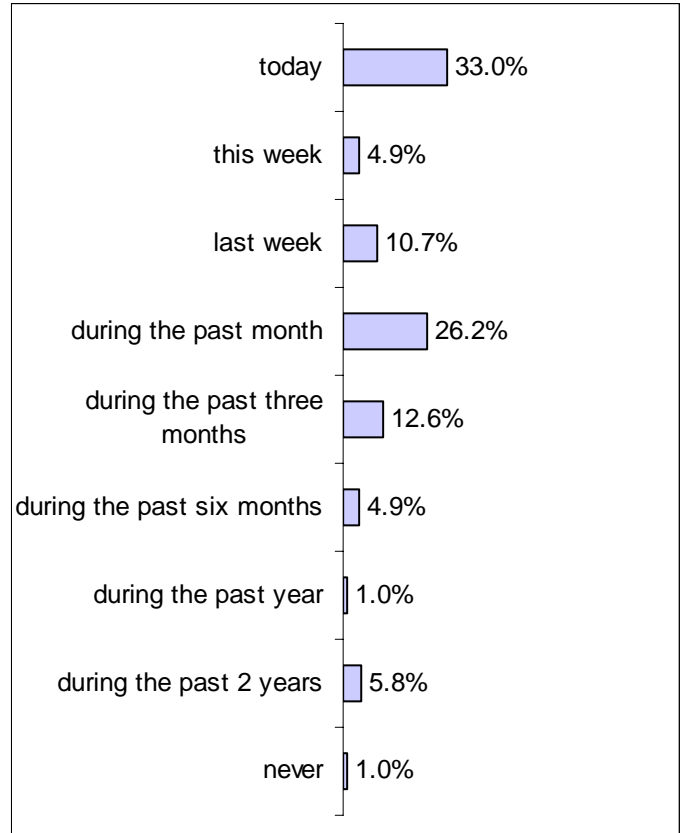
**About how often respondent and physician discuss HIV prevention**

How Often?	survey respondents	
	#	%
every visit	56	50.0%
about once a month	16	14.3%
every three months	24	21.4%
about once every six months	9	8.0%
once a year	3	2.7%
less than once per year	2	1.8%
never	2	1.8%



**Last time respondent and case manager discussed HIV prevention**

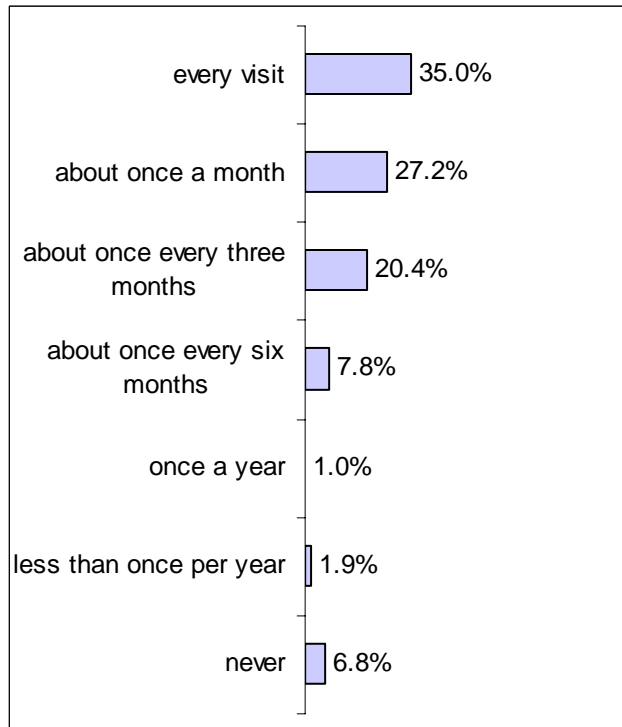
Last Time?	survey respondents		
	#	% (N=112)	% (n=103)
today	34	30.4%	33.0%
this week	5	4.5%	4.9%
last week	11	9.8%	10.7%
during the past month	27	24.1%	26.2%
during the past three months	13	11.6%	12.6%
during the past six months	5	4.5%	4.9%
during the past year	1	0.9%	1.0%
during the past 2 years	6	5.4%	5.8%
never	1	0.9%	1.0%



Because nine respondents indicated they do not have a case manager, rates for the graphs on this page were calculated based on n=103.

**About how often respondent and case manager discuss HIV prevention**

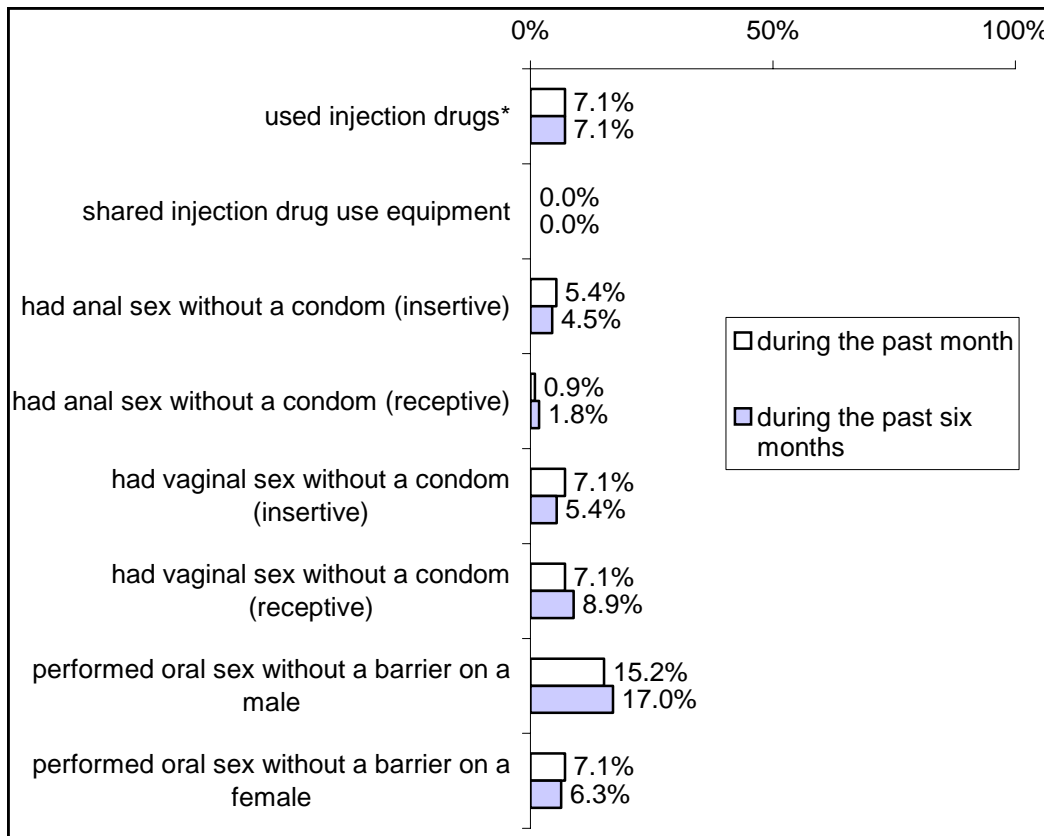
How Often?	survey respondents		
	#	% (N=112)	% (n=103)
every visit	36	32.1%	35.0%
about once a month	28	25.0%	27.2%
about once every three months	21	18.8%	20.4%
about once every six months	8	7.1%	7.8%
once a year	1	0.9%	1.0%
less than once per year	2	1.8%	1.9%
never	7	6.3%	6.8%



In the final set of questions, respondents were asked about their HIV risk behavior during the past month and during the past six months. The responses were very similar for both timeframes. The most frequent response was oral sex without a barrier on a male followed by vaginal sex without a condom (receptive), injection drug use, vaginal sex without a condom (insertive), oral sex without a barrier on a female, and anal sex without a condom (insertive).

**Risk Behavior Reported by Respondents**

Risk Behavior	during the past month		during the past six months	
	respondents			
	number	percent	number	percent
used injection drugs*	8	7.1%	8	7.1%
shared injection drug use equipment	0	0.0%	0	0.0%
had anal sex without a condom (insertive)	6	5.4%	5	4.5%
had anal sex without a condom (receptive)	1	0.9%	2	1.8%
had vaginal sex without a condom (insertive)	8	7.1%	7	5.4%
had vaginal sex without a condom (receptive)	8	7.1%	10	8.9%
performed oral sex without a barrier on a male	17	15.2%	19	17.0%
performed oral sex without a barrier on a female	8	7.1%	7	6.3%



\* one respondent indicated use of injection drugs as prescribed for diabetes.



#### 4. Highlights of Findings to Guide HIV Prevention Planning for PLWH/A in Palm Beach County

1. 89% of respondents would prefer to receive prevention information in English, while 5.4% would prefer Spanish, and 5.4% would prefer Creole.
2. The three topics and issues that were most frequently identified as “somewhat important” or “very important” were:
  - Protecting yourself from infection with another strain of HIV (somewhat important 1, 0.9%; very important 111, 99.1%)
  - Protecting yourself from infection with another sexually transmitted disease (STD) (very important, 112, 100%)
  - Protecting yourself from other infectious diseases (for example, tuberculosis, hepatitis C, etc.) (somewhat important, 2, 1.8%, very important 98.2%)
3. In addition to the three topics mentioned above, respondents indicated interest in a broad range of HIV prevention topics.
4. When respondents were asked about topics related to four specific HIV prevention methods, they indicated that “safer sex” was the most frequently discussed topic followed by “condoms”, “abstinence”, and “cleaning needles”.
5. The three most frequently mentioned people from whom respondents receive and want to receive HIV prevention information were:
  - Physician
  - Case manager
  - Nurse
6. The three most frequently mentioned methods or media by which respondents receive and want to receive HIV prevention information were:
  - Individual face-to-face
  - Brochures, pamphlets and other written materials
  - Magazines
7. 35% of respondents indicated their physician discussed HIV prevention the day of the survey and 33% said their case manager did so.
8. 50% of respondents said they receive HIV prevention information and services from their physician during every visit, compared with only 33% who said they receive such information from their case managers during every visit.
9. Up to 15.2% of respondents reported engaging in some type of risk behavior during the past month; 17% of respondents had engaged in some type of risk behavior during the past six months.
10. Multivariate analyses (e.g., regarding particular populations, providers, prevention topics, etc.) may be conducted in the future depending on available resources.

## 5. Evaluation

After the completion of each survey, the interviewer gave the respondent a Client Satisfaction Survey to complete in private and mail directly (in a stamped, pre-addressed envelope) to the CPP Coordinator. The results of the 62 surveys that were returned are as follows:

### Customer Satisfaction Survey Questions, Responses and Comments

Questions		I agree	I disagree
1.	The person who conducted the survey treated me with respect.	62	0
2.	I understood the purpose of the survey.	62	0
3.	The survey asked questions that were important to me.	62	0
4.	The length of time it took to complete the survey was just about right (neither too long nor too short).	62	0
5.	The incentive (\$10.00 gift card) was appropriate.	61	1
6.	I would be willing to participate in other surveys similar in this one.	62	0

#### Comments:

Thank you for consider me in this survey.  
 The interviewer did a very good job.  
 Need more people in the community doing things like this.  
 You're doing the right thing.  
 I think that the CAP association is doing the best they can do and can do better.  
 I think that this survey should be done all over the world. It's very interesting.  
 It's a nice thing you're doing.  
 Good but need more money for time.  
 I will like to said thank you to all those persons working on the good health of all of us.  
 I was surprised (about the \$10.00 gift card).  
 Everyone was so nice. I felt very comfortable. Thank you.  
 Maybe have studies geared just toward men or women. Sometimes we have different issues.  
 Thank you very much for the gift card.  
 Just thanks for every thing. God Bless.  
 Good.  
 I thank you for the ten dollar food voucher.  
 It was great. Thank you.  
 Thanks very much for the kindness. I do hope every survey will help. Its needed.  
 Keep doing this.  
 Thank you.  
 Thank you.  
 Thank you.  
 The lady did the survey was very nice. Thank you.  
 This survey was very important to me.

## Appendix



*Palm Beach County HIV/AIDS  
Community Planning Partnership*  
c/o Treasure Coast Health Council  
4152 West Blue Heron Blvd, Suite 229  
Riviera Beach, FL 33404  
(561) 844-4220, Ext. 27  
Fax: (561) 844-3310



**HIV PREVENTION WITH PLWH/A IN PALM BEACH COUNTY**  
**SURVEY OF CLIENTS/PATIENTS 18 YEARS OR OLDER**  
**FEBRUARY 4, 2005**

Date \_\_\_\_\_

Time \_\_\_\_\_

Name of interviewer (please print clearly and sign name)

\_\_\_\_\_

Venue (i.e. provider and location) \_\_\_\_\_

What services were accessed today (check off)

- Medical
- Case Management

Survey # \_\_\_\_\_

## *Introduction*

1. This survey is funded by the Florida Department of Health and administered by the Palm Beach County HIV/AIDS Community Planning Partnership and the Treasure Coast Health Council.
2. This survey is strictly voluntary. Please do not write your name anywhere on this survey.
3. We are conducting this survey at several locations. Please complete only one survey.
4. It will take about 15-20 minutes to complete this survey, if you are willing to do so.
5. The purpose of this survey is to collect information that will enable us to plan, fund, and provide more effective HIV Prevention Services to all PLWH/A in Palm Beach County.
6. Completion of this survey is strictly voluntary. If you choose not to complete the survey, it will not adversely affect the services that you receive in any way whatsoever.
7. Your responses will not affect the services you receive in any way.
8. All information collected through this survey is completely anonymous and your name will not appear on any of the survey documents or in any reports related to this study.
9. All data will be aggregated and no individual data or identifying data will be included in the report.
10. The data from all surveys will be analyzed and a summarized in a report. After review and approval by the Florida Department of Health, the report will be made available to the public.
11. The interviewer will ask for some personal background information to help in planning services that respond to your needs. This personal information will never be used to identify you as an individual.
12. Please take the time to answer all questions based on your experience, knowledge, and needs. There are no “right” or “wrong” answers. If you do not understand a question, please ask the interviewer to explain it more clearly. If you have any questions before, during, or after the survey, please feel free to ask the interviewer.
13. As a token of our appreciation, the interviewer will give you a \$10.00 gift certificate after you complete the entire survey.

*A. Information about you*

1. Please check one.  1 Male  2 Female  3 Transgender  4 Other
2. Please check one.  1 Black  2 White  3 Other (please specify) \_\_\_\_\_
3. How old are you? Please check one.
- 1 18 - 19
- 2 20 - 24
- 3 25 - 29
- 4 30 - 39
- 5 40 - 49
- 6 50 - 59
- 7 60+
4. Please check one.  1 Hispanic  2 Non-Hispanic
5. In what language would you prefer to receive HIV prevention information?
- Please check one.  1 English  2 Spanish  3 Creole  4 Other (please specify)\_
- \_\_\_\_\_

*B. Please indicate how important the following HIV prevention information is to you.*

6. Protecting yourself from infection with another strain of HIV
- 1 not important 2 somewhat important 3 extremely important 4 n/a
7. Protecting yourself from infection with another sexually transmitted disease (STD)
- 1 not important 2 somewhat important 3 extremely important 4 n/a
8. Protecting yourself from other infectious diseases (for example, tuberculosis, hepatitis C, etc.)
- 1 not important 2 somewhat important 3 extremely important 4 n/a
9. Managing your medications
- 1 not important 2 somewhat important 3 extremely important 4 n/a
10. Accessing clinical trials (research on new medications and/or vaccines)
- 1 not important 2 somewhat important 3 extremely important 4 n/a
11. Preventing pregnancy
- 1 not important 2 somewhat important 3 extremely important 4 n/a
12. Improving your health through exercise
- 1 not important 2 somewhat important 3 extremely important 4 n/a
13. Improving your health through nutrition

1 not important    2 somewhat important    3 extremely important    4 n/a

14. Improving your health through alternative therapies (for example, herbs, Voodoo, acupuncture, etc.)

1 not important    2 somewhat important    3 extremely important    4 n/a

15. Improving your mental health (for example, treating depression, anxiety, etc.)

1 not important    2 somewhat important    3 extremely important    4 n/a

16. Helping with problems related to alcohol and drugs

1 not important    2 somewhat important    3 extremely important    4 n/a

17. Protecting your partner(s) from infection with HIV

1 not important    2 somewhat important    3 extremely important    4 n/a

18. Protecting your partner(s) from infection with another sexually transmitted disease (STD)

1 not important    2 somewhat important    3 extremely important    4 n/a

19. Protecting your partner(s) from other infectious diseases (for example, tuberculosis, hepatitis C, etc.)

1 not important    2 somewhat important    3 extremely important    4 n/a

20. Improving your relationship(s) with your partner(s)

1 not important    2 somewhat important    3 extremely important    4 n/a

21. Improving your relationship(s) with family members

1 not important    2 somewhat important    3 extremely important    4 n/a

*C. Please check all the topics discussed during your visit today and, if applicable, during the past 90 days.*

<i>HIV prevention topics and issues</i>	<i>Discussed Today with...</i>		<i>Discussed During the Past 90 Days with...</i>	
	<i>...Case Manager</i>	<i>...Medical Provider</i>	<i>...Case Manager</i>	<i>...Medical Provider</i>
Protecting yourself from infection with another strain of HIV	22	23	24	25
Protecting yourself from infection with another sexually transmitted disease (STD)	26	27	28	29
Protecting yourself from other infectious diseases (for example, tuberculosis, hepatitis C, etc.)	30	31	32	33
Managing your medications	34	35	36	37
Accessing clinical trials (research on new medications and/or vaccines)	38	39	40	41
Preventing pregnancy	42	43	44	45
Improving your health through exercise	46	47	48	49
Improving your health through nutrition	50	51	52	53
Improving your health through alternative therapies (for example, herbs, Voudo, acupuncture, etc.)	54	55	56	57
Improving your mental health (for example, treating depression, anxiety, etc.)	58	59	60	61
Helping with problems related to alcohol and drugs	62	63	64	65
Protecting your partner(s) from infection with HIV	66	67	68	69
Protecting your partner(s) from infection with another sexually transmitted disease (STD)	70	71	72	73
Protecting your partner(s) from other infectious diseases (for example, tuberculosis, hepatitis C, etc.)	74	75	76	77
Improving your relationship(s) with your partner(s)	78	79	80	81
Improving your relationship(s) with family members	82	83	84	85



*D. Were any of these topics discussed during your visit here today?*

86. Condoms     1 yes     2 no

87. Safer sex     1 yes     2 no

88. Abstinence     1 yes     2 no

89. Cleaning needles     1 yes     2 no

<i>E. Here's a list of people who provide HIV prevention information or services</i>	<i>Please check all the people from whom you currently receive or have received (within the last 6 months) HIV prevention information and services.</i>		<i>Please rank the top three people from whom you would prefer to receive HIV prevention information and services.</i>	
case manager	90		103	
physician	91		104	
nurse	92		105	
other health care provider (please specify)	93		106	
mental health counselor	94		107	
substance abuse treatment provider	95		108	
spiritual advisor (e.g. pastor, priest, rabbi, other spiritual advisor)	96		109	
other professional (please specify)	97		110	
spouse or partner	98		111	
other family member	99		112	
friend or acquaintance	100		113	
peer (another person living with HIV)	101		114	
other (please specify)	102		115	
<i>G. Here's a list of ways people may get HIV prevention information or services.</i>	<i>Please check all the ways you currently receive or have received (within the last 6 months) HIV prevention information and services.</i>		<i>Please rank the top three methods by which you would prefer to receive HIV prevention information and services.</i>	
individual (face-to-face)	116		127	
group sessions	117		128	
brochures, pamphlets, other written materials	118		129	
videotapes	119		130	
television	120		131	
radio	121		132	
internet chat rooms	122		133	
internet websites	123		134	
magazines (e.g. Poz) (please specify) _____	124		135	
discussions in your home or with your family	125		136	
other (please specify)	126		137	

*F. When was the last time you and your physician discussed HIV prevention?*

138.  I don't have a physician

Please check one only

139.  today

140.  this week

141.  last week

142.  during the past month

143.  during the past three months

144.  during the past six months

145.  during the past year

146.  during the past 2 years

147.  never

148.  other (please specify)\_\_\_\_\_

*G. About how often do you and your physician discuss HIV prevention?*

149.  I don't have a physician.

Please check only one

150.  every visit

151.  about once a month

152.  about once every three months

153.  about once every six months

154.  once a year

155.  less than once per year

156.  never

157.  other (please specify)\_\_\_\_\_

*H. When was the last time you and your case manager discussed HIV prevention?*

158.  I don't have a case manager.

Please check one only

159.  today

160.  this week

161.  last week

162.  during the past month

163.  during the past three months

164.  during the past six months

165.  during the past year

166.  more than a year ago

167.  never

168.  other (please specify) \_\_\_\_\_

*I. About how often do you and your case manager discuss HIV prevention?*

169.  I don't have a case manager.

Please check one only

170.  every visit

171.  about once a month

172.  about once every three months

173.  about once every six months

174.  once a year

175.  less than once per year

176.  never

177.  other (please specify)

*J. During the past month and during the past six months have you...*

<i>Please Check All That Apply</i>	<i>During the Past Month</i>	<i>During the Past Six Months</i>
used injection drugs	178	179
shared injection drug use equipment	180	181
had anal sex without a condom (insertive)	182	183
had anal sex without a condom (receptive)	184	185
had vaginal sex without a condom (insertive)	186	187
had vaginal sex without a condom (receptive)	188	189
performed oral sex without a barrier on a male	190	191
performed oral sex without a barrier on a female	192	193

***Thank you for taking the time to help us with this important project. Your answers will provide valuable information for the planning and delivery of vital services to our community.***

## *Notes to the Interviewer*

### **Introduction:**

There are a number of advantages in having a questionnaire administered by an interviewer rather than self-administered the respondent. Most importantly, interview surveys give higher response rates than mail or phone surveys. Second, respondents seem more reluctant to turn down interviewers. Third, interviewers can answer questions for respondents, probe for answers and clarify confusing matters, thereby obtaining relevant responses. Finally, interviewers can observe behavior and pace the questioning if the respondent becomes tired or upset.

### **General Guidelines for Interviewing:**

#### 1. Try to have fun.

Relax and enjoy yourself. This is an opportunity to forget about your worries for a while and concentrate on someone else. Take a couple of deep breaths and “meet the respondents where they are”.

#### 2. Have a pleasant and appropriate appearance and demeanor.

Dress in a fashion similar to those you’re interviewing. If unsure how you should dress, dress modestly. Your demeanor should be pleasant and communicate a genuine interest in getting to know the respondent. Relax and be friendly.

#### 3. Read the statement of Anonymity and Informed Consent

All survey material is strictly anonymous. No names will be used in gathering or reporting the information.

The statement of informed consent at the beginning of the survey packet must be read aloud to each and every study participant. The completed survey document is verification that informed consent has been obtained.

#### 4. Become thoroughly familiar with the Survey

Study the survey carefully - maybe five or six times. Practice by reading aloud. The goal is to be able to read the survey without error and without stumbling over words. Think of yourself as an actor studying lines for a play. Also, be prepared to give guidance when a respondent doesn’t understand a particular question.

#### 5. Read the wording of each question exactly

Be careful with your wording even when clarifying questions or probing for answers so that your wording doesn’t distort the answer. In other words, try not to “lead the witness”.

#### 6. Record each response exactly

Record answers (e.g. to details about “other” responses” as they are stated by the respondent). Please do not summarize, paraphrase or correct bad grammar.

7. Probe for responses when necessary

Sometimes respondents will respond to a question with an obviously inappropriate answer.

This might simply indicate they misunderstood the question. You may have to repeat the question or rephrase the question and check to make sure the respondent understands. If a respondent answers “Other” to any question, please ask them to be specific.

8. Coordinate efforts to make sure the situation is well controlled.

Whenever more than one interviewer is involved in a survey (e.g. with the help of a translator), it is essential that efforts be carefully coordinated and controlled to ensure that everyone is working from the same page.

<p style="text-align: center;"><b><i>How to Make Sure You Get Paid</i></b></p>
--------------------------------------------------------------------------------

**In order to be paid, interviewers must follow these procedures for each survey.**

1. **Before the respondent leaves, you must validate each survey** by reviewing the entire survey (including the cover page) for missing information, unanswered questions, or inappropriate responses. If you find any, re-ask the question or probe for clarification in order to complete that item.
2. Give the stamped envelope (addressed to Treasure Coast Health Council) containing the incentive and the evaluation form to the respondent. Explain the evaluation form to the respondent and ask him (or her) to complete the form and mail it directly to Treasure Coast Health Council in the stamped pre-addressed envelope provided.
3. Return each completed survey, with all the required information described above, to Barbara Feeney, CPP Coordinator.

## *Client Satisfaction Survey*

Please indicate whether you agree or disagree with the following statements by checking the appropriate box. Please do not write your name of this anonymous survey.

1. The person who conducted the survey treated me with respect.  
 I agree  
 I disagree
2. I understood the purpose of the survey.  
 I agree  
 I disagree
3. The survey asked questions that were important to me.  
 I agree  
 I disagree
4. The length of time it took to complete the survey was just about tight (neither too long nor too short).  
 I agree  
 I disagree
5. The incentive (\$10.00 gift card) was appropriate.  
 I agree  
 I disagree
6. I would be willing to participate in other surveys similar in this one.  
 I agree  
 I disagree

Do you have additional comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return this survey  
in the attached pre-addressed and pre-stamped envelope.*

***Thank You  
for your assistance with this important project.***