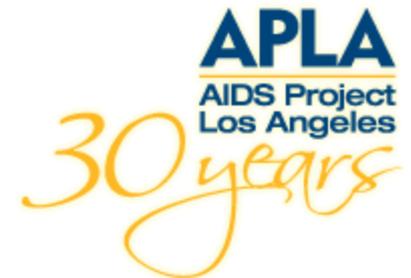


Developing a Community Assessment for Condom Distribution

**Presented by:
Shared Action
Texas DSHS**



Acknowledgements

- AIDS Project Los Angeles
- Center for HIV Identification, Prevention, and Treatment Services—UCLA
- The Centers for Disease Control and Prevention
- Texas DSHS

Agenda

- I. Introduction
- II. Community Assessments for Condom Distribution
- III. The Three A's of Condom Distribution
- IV. Developing Community Assessment Questions
- V. Q&A

Introduction



Community Assessment

- A **community assessment** is a survey or series of interviews/focus groups designed to gain information on a specific topic or issue
- Your community assessment will provide you vital information that can be used to improve your condom distribution efforts.

Why Develop a Community Assessment?



Community Assessment

- Community assessments provide **vital** information to guide your program
- A successful community assessment will help make your condom distribution *proactive*, rather than *reactive* to issues that arise

Community Assessment Roadmap

I. Develop community assessment



II. Gather community assessment data



III. Analyze community assessment data



IV. Improve condom distribution program with results

Community Assessment Roadmap

I. Develop community assessment



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IV. Improve condom distribution program with results

Developing a Community Assessment

- Focus on **The Three A's of Condom Distribution**
- Surveys are the fastest method for gathering information
 - Interviews or Focus Groups may work as well depending on your population

The Three A's of Condom Distribution

Availability

Accessibility

Acceptability

Condom Availability

- Condoms are available in the environment where members of the target population are found
- The logic: People can't use condoms if they are not available
 - Examples: Pharmacies, condom dispensing machines, outreach workers, offices of agencies used by target populations, “drop spots”

Condom Availability Topics

- Where does your population engage in high risk behaviors?
- Where would your population like to access free condoms?

Condom Accessibility

- Unrestricted access to condoms that are available in the environment
- The logic: Even if condoms are available within the environment, people may not acquire them because of barriers
 - Examples: Free condoms for low income people
 - Available in private locations
 - Conveniently located in multiple places

Condom Accessibility Topics

- Where would your population feel **safe** in accessing free condoms?
- How would your population prefer to receive condoms? (packaging)

Condom Acceptability

- Norms within a community support the use of condoms and the type are acceptable to community members
- The logic: If community norms do not support condom use or the type of the condoms are not acceptable, people may not use them
 - Examples: Support of condom use by opinion leaders and public figures
 - Condoms and other products are of the type that are popular with the community

Condom Acceptability

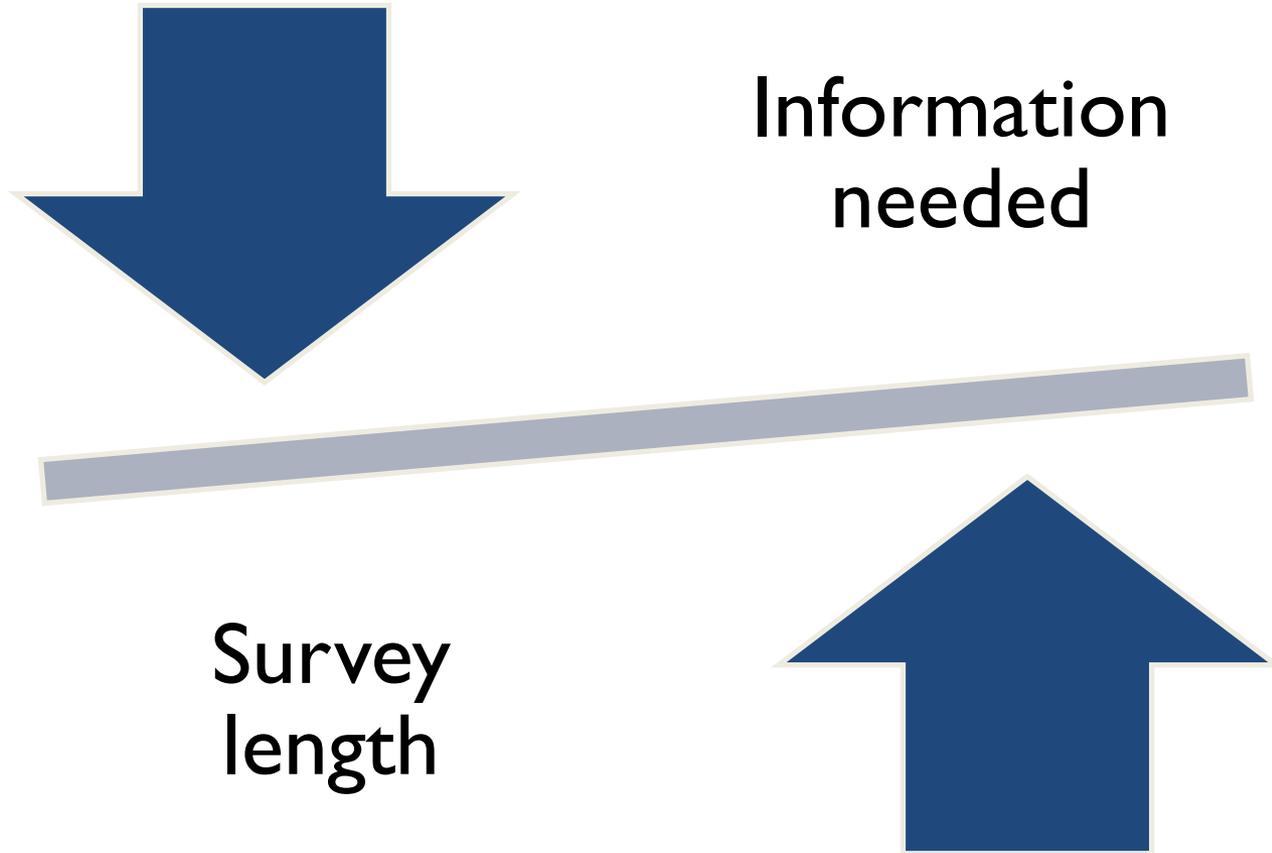
- Condom acceptability can be assessed and modified using customer-oriented marketing approaches.
- Condoms may be more acceptable if they are more attractive, larger, smaller, tighter, more slick, less slick, textured, smooth, or colored.

Condom Acceptability Topics

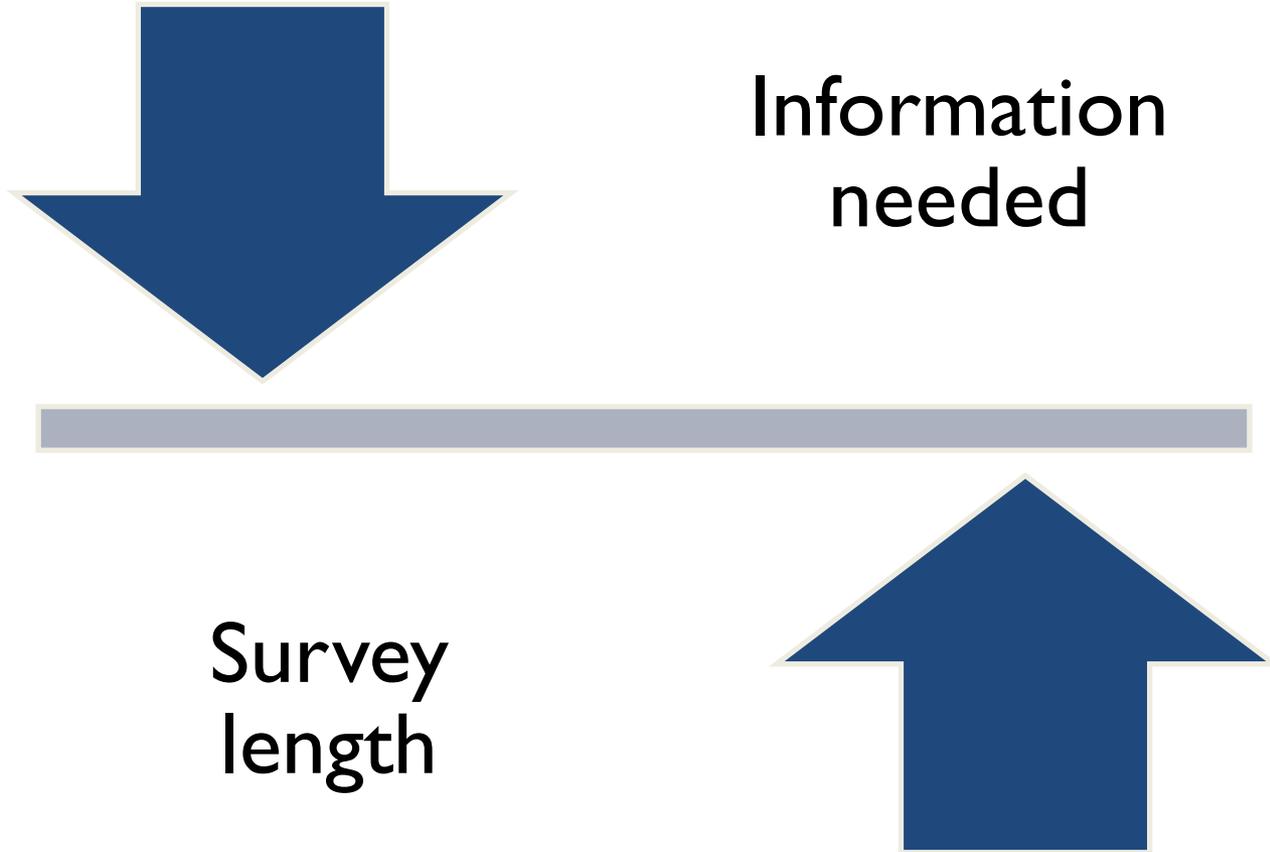
- What barriers prevent your population from taking condoms?
- What barriers prevent your population from using condoms?

	Individual	Organizational	Environmental
Availability	Condom machines, condom bowls, providing condoms at a cost, providing coupons for condoms	100% condom use policies (e.g., in brothels); making condoms available in prisons	Increasing federal funds for making condoms available
Acceptability	Distributing promotional items (e.g., flyers promoting condom use to teenagers)	Television programming; PSAs; media campaigns; community mobilization	Social marketing campaigns that target the norm or the product
Accessibility	Massive distribution of free condoms	Expanding publicly funded condom distribution centers / posts; producing female condoms	Policy change

Designing a Solid Survey



Designing a Solid Survey



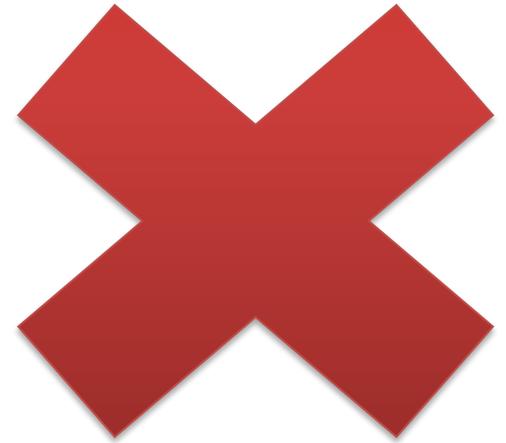
1

Rule 1

Choose **simple** over
specialized words

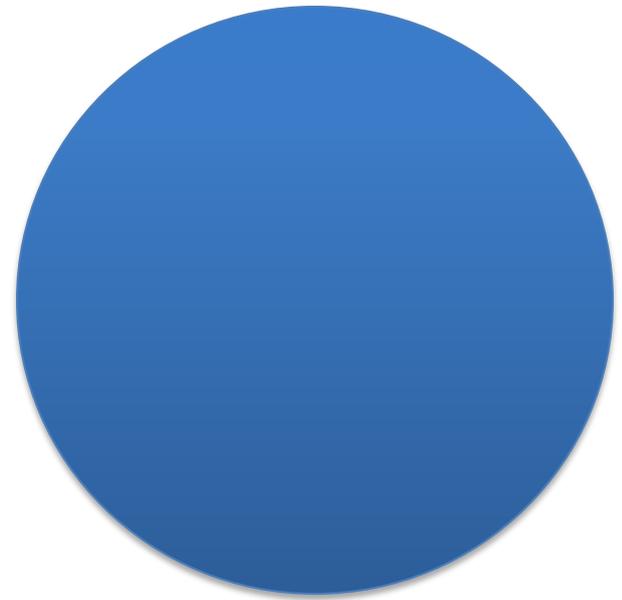
1

“When was the last
time you accessed
care?”



1

“When was the last time you went to see the doctor about your HIV status?”



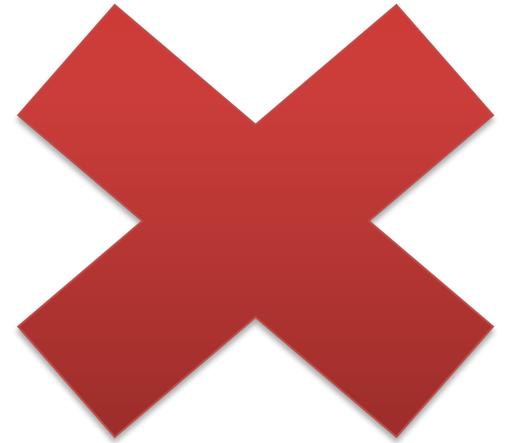
2

Rule 2

Choose **as few**
words as possible
to pose the
question

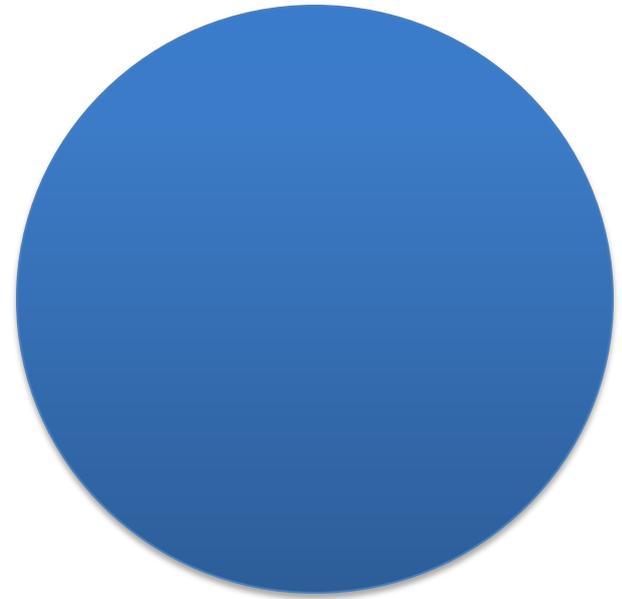
2

“Did you eat any
kind of food before
your visit today?”



2

“Have you eaten
today?”



3

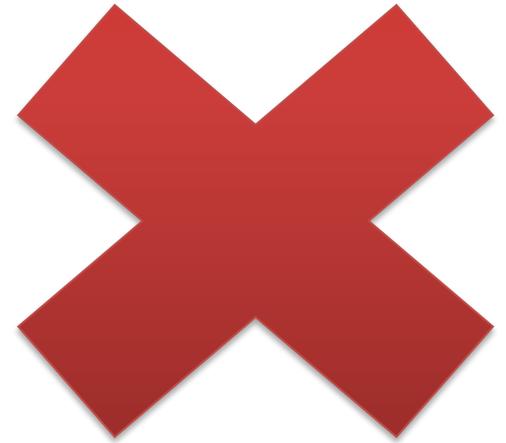
Rule 3

Use **complete sentences** to ask questions

3

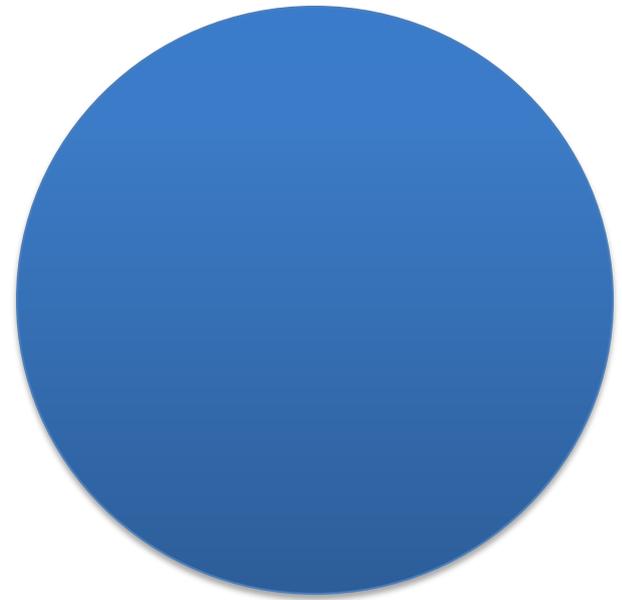
“Number of times
you’ve been tested:

”



3

“How many
times have you
been tested for
HIV/AIDS?”



4

Rule 4

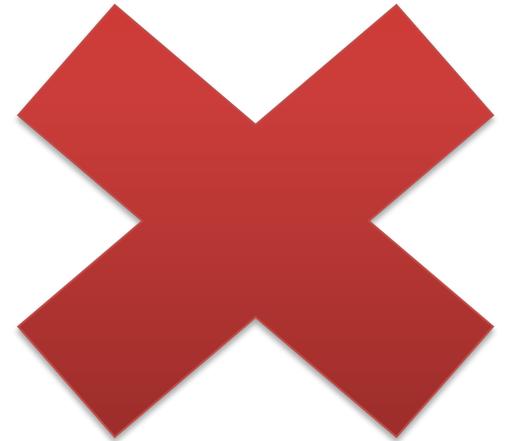
Be **precise** with
what you ask for

4 “How often do you get tested for HIV/AIDS every year?”

-Never

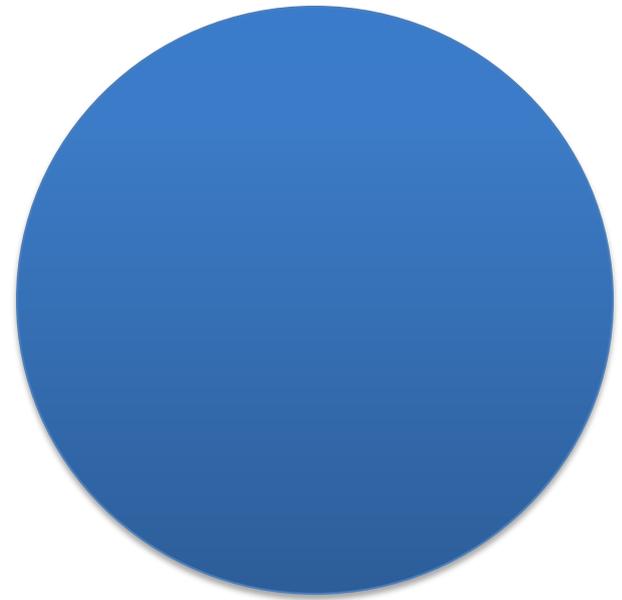
-Rarely

-Sometimes”



4 “How often do you get tested for HIV/AIDS every year?”

- Not at all
- 1-2 times
- 3+ times”



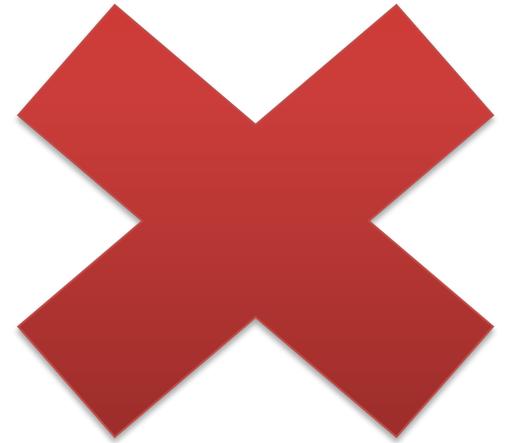
5

Rule 5

Don't ask for **too**
specific information
beyond the
respondent's ability
to answer

5

“In the last year, about how many times have you been to a bar?”



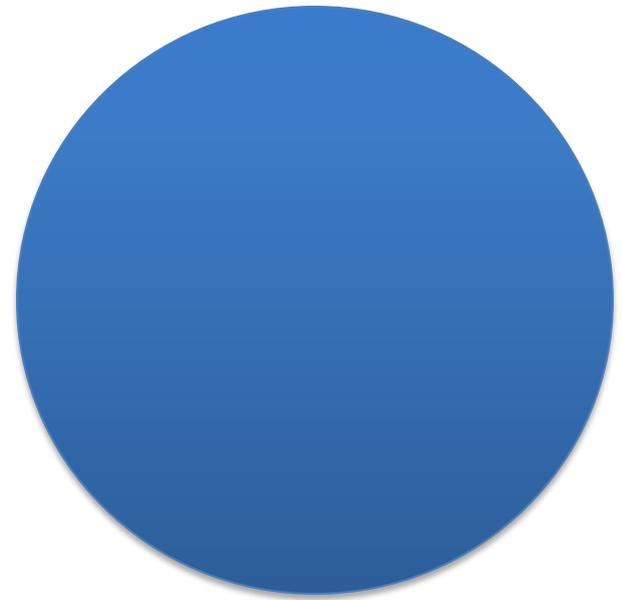
5

“In the last year, about how many times have you been to a bar?”

1-20

21-100

100+



6

Rule 6

Use an equal number
of positive and
negative categories for
scalar questions

6 “How satisfied are you with our clinic’s cleanliness?”

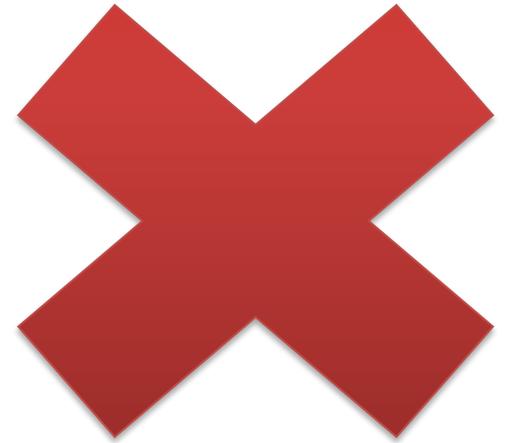
Completely satisfied

Mostly satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Dissatisfied



6 “How satisfied are you with our clinic’s cleanliness?”

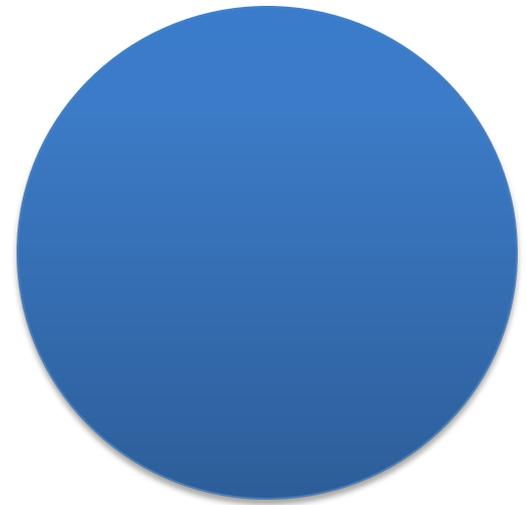
Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied



7

Rule 7

Distinguish

undecided from

neutral

by placement at the

end of the scale

7 “How satisfied are you with our clinic’s cleanliness?”

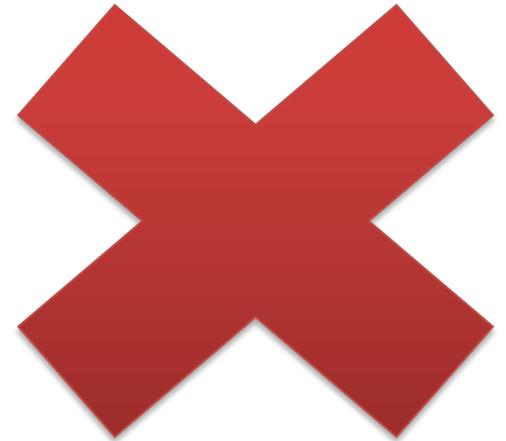
Very satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied



7 “How satisfied are you with our clinic’s cleanliness?”

Very satisfied

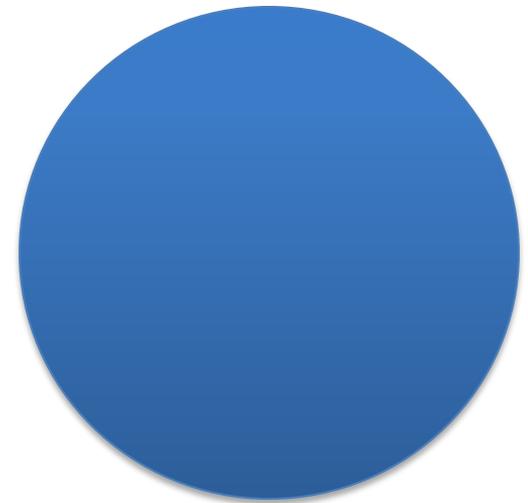
Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

Undecided/No opinion



8

Rule 8

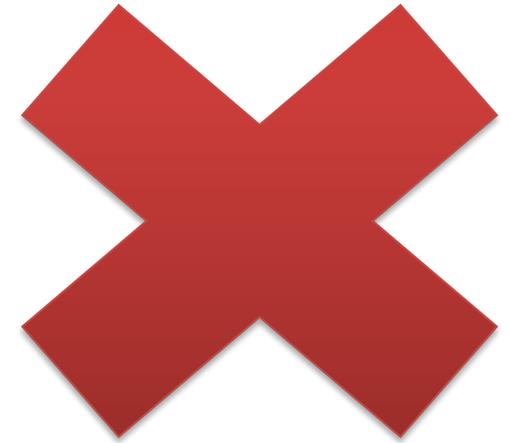
Avoid bias from
unequal
comparisons

8

“Which of the following testing methods do you prefer?”

-The incredibly fast 1-minute rapid test

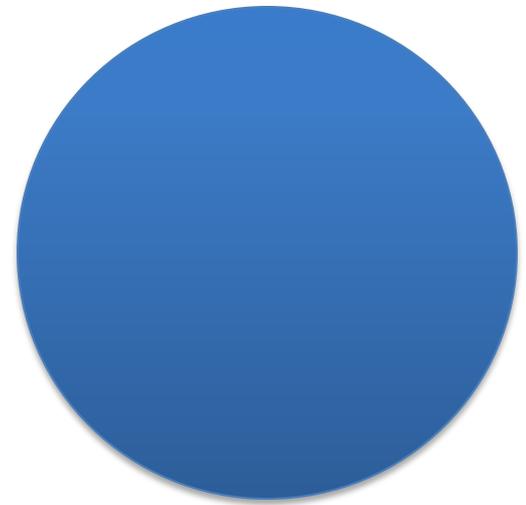
-The slower 30-minute HIV test



8

“Which of the following testing methods do you prefer?”

- The 1-minute rapid test
- The 30-minute HIV test



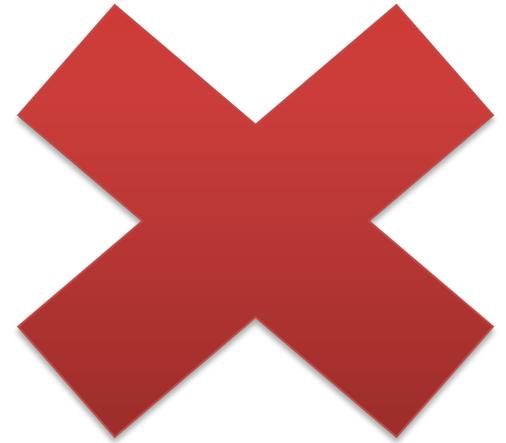
9

Rule 9

State **both sides of the
attitude scale** in the
question stems

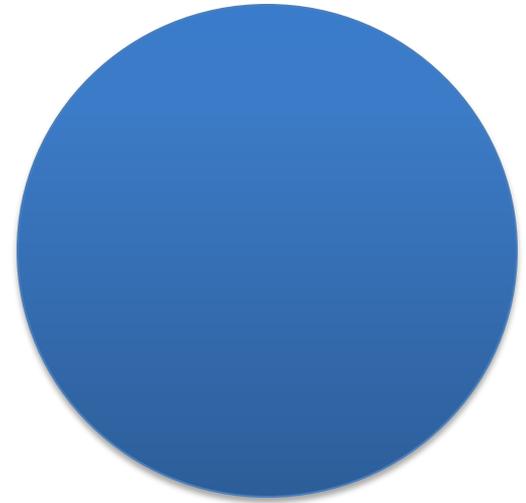
9

“How much do you agree with \$0.10 condoms being sold at bars?”



9

“How much do you agree or disagree with \$0.10 condoms being sold at bars?”



Rule 10

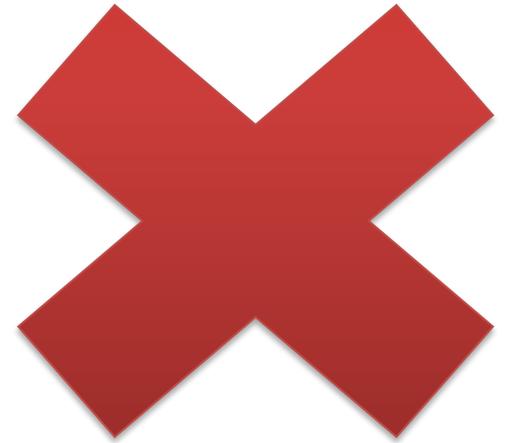
Eliminate check-all-
that-apply questions
to reduce primacy
effects

10 “Which of the following clinics would you like to see offer reduced cost treatment?”

Pommoa Clinic

Rochester Hospital

LA Clinic



10 “To what extent would you like to see the following clinics offer reduced cost treatment?”

Pommoa Clinic

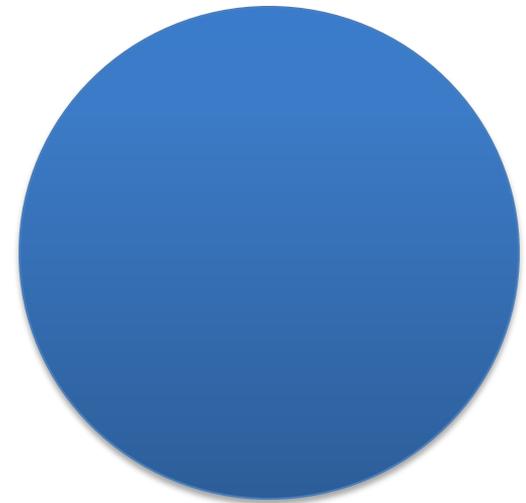
[Very Great] [To Some Extent] [A Small Extent]
[Not At All]

Rochester Hospital

[Very Great] [To Some Extent] [A Small Extent]
[Not At All]

LA Clinic

[Very Great] [To Some Extent] [A Small Extent]
[Not At All]



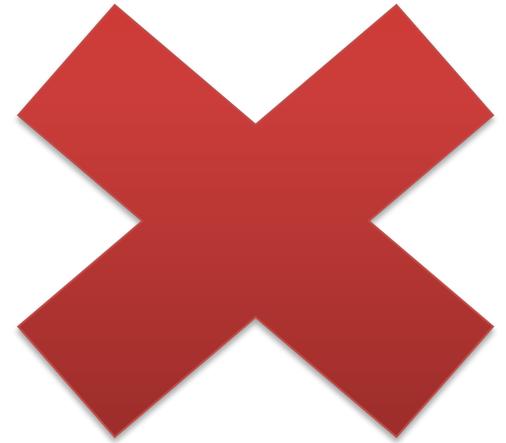
Rule 11

Develop **mutually
exclusive** response
categories

11 “From which of these sources did you first see our awareness ad?”

Driving on the 101 near Wilshire Square

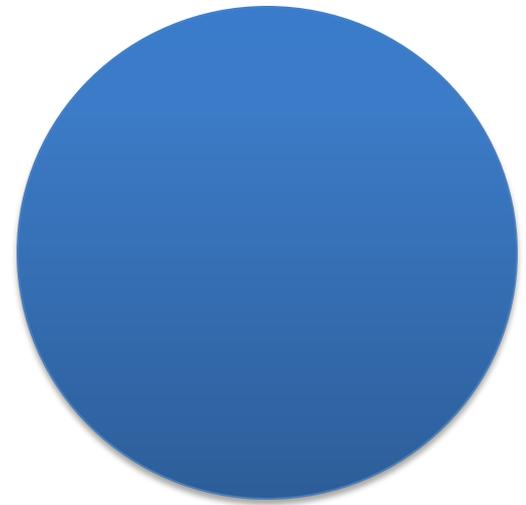
Walking down Western ave.



11 “From which of these sources
did you first see our
awareness ad?”

Near Wilshire Square

Near Western ave.

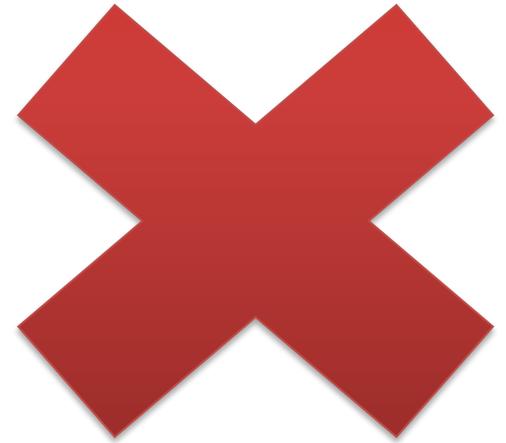


Rule 12

Use **cognitive design techniques** to improve recall

12

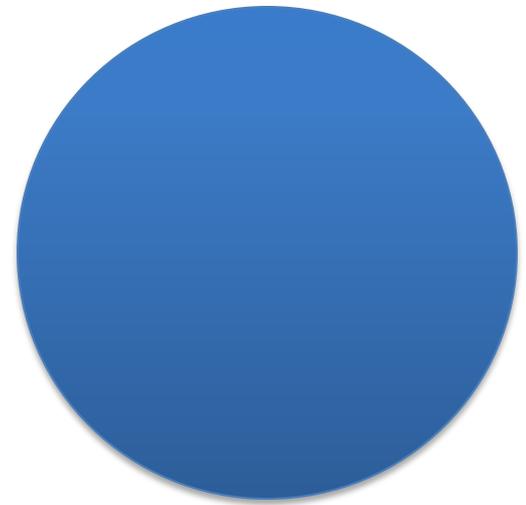
“Think about the most recent time you came to our clinic to get tested. During this last test, how anxious were you to see your results?”



12 “1.) When was the last time you came to get tested?”

“2.) What were your reasons for getting tested?”

“3.) How anxious were you to receive your results?”



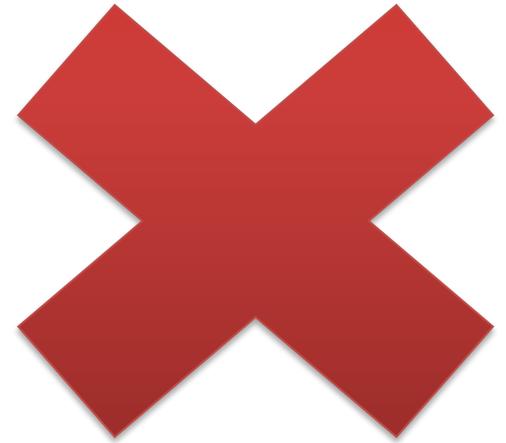
13

Rule 13

Provide appropriate
time referents

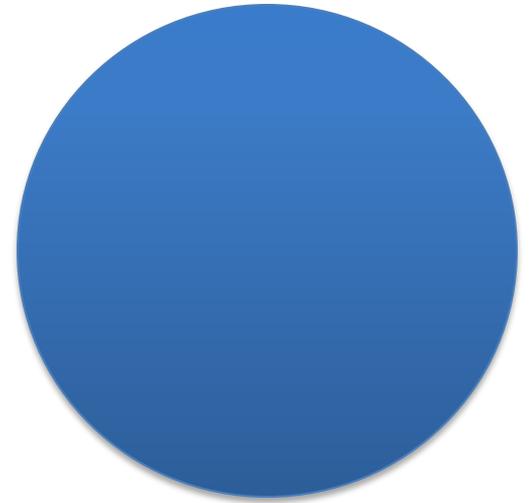
13

“How many times have you been tested in the last three years?”



13

“How many times have you been tested in the last six months?”



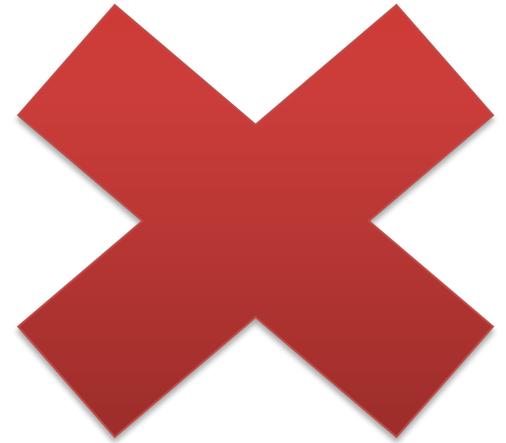
14

Rule 14

Be sure each question
is **technically accurate**

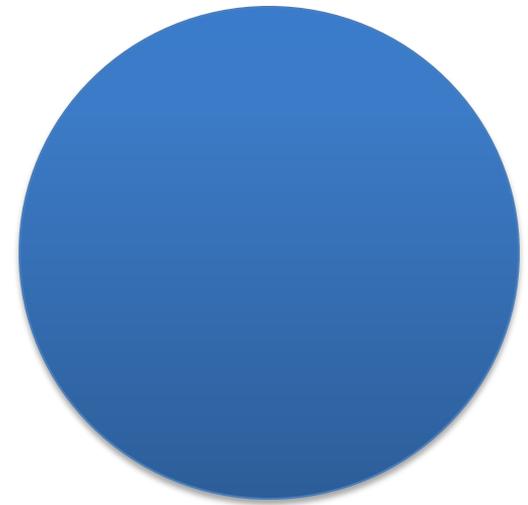
14

“Should we look into preventing the spread of HIV through being scratched?”



14

“Should we look into preventing the spread of orally transmitted HIV?”



15

Rule 15

Choose question wordings
so that comparisons can be
made with previously
collected data

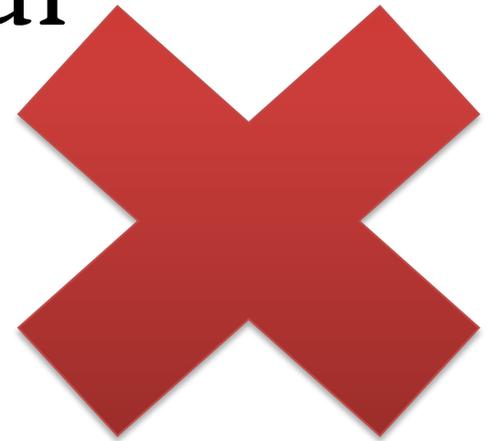
15

Survey 1

“How often do you come to our prevention clinic?”

Survey 2

“How often do you get tested at our prevention clinic?”



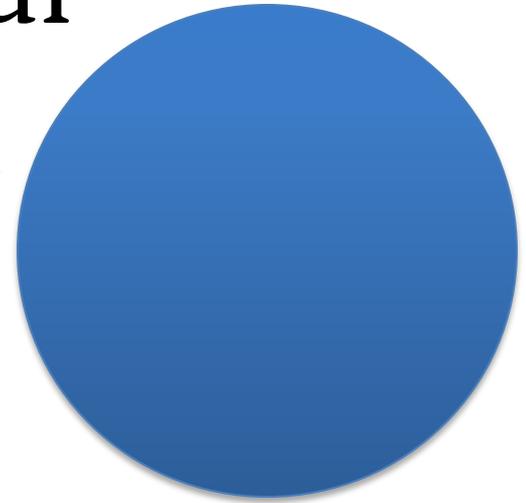
15

Survey 1

“How often do you get tested at our prevention clinic?”

Survey 2

“How often do you get tested at our prevention clinic?”

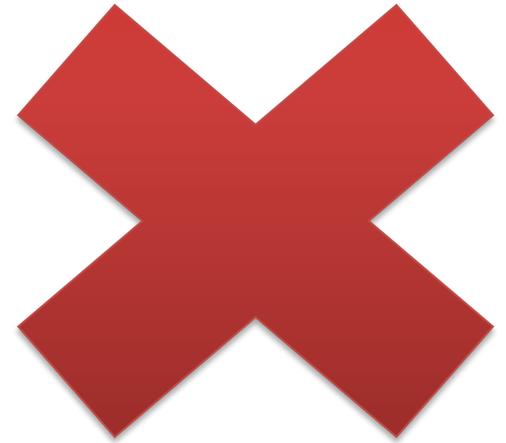


Rule 16

Avoid asking
respondents to say
yes in order to mean
no

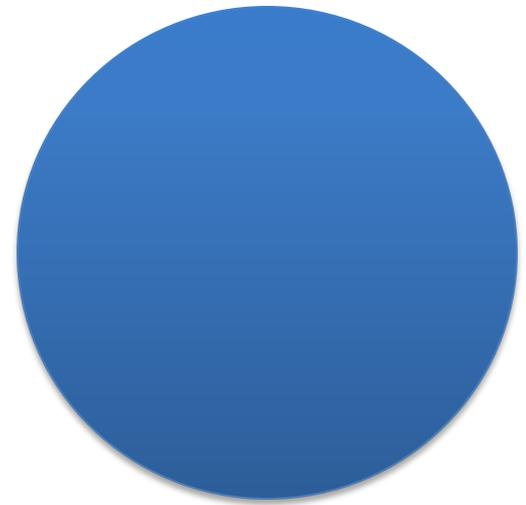
16

“Isn’t it great that Obamacare will provide new health care options for you?”



16

“How do you feel about
Obamacare providing new
healthcare options for people
living with HIV/AIDS?”



Rule 17

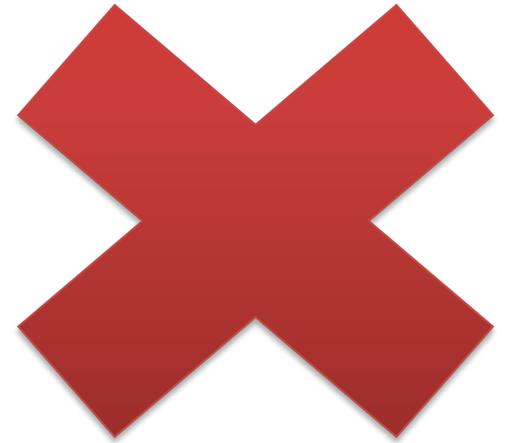
Avoid

double-barreled

questions

17

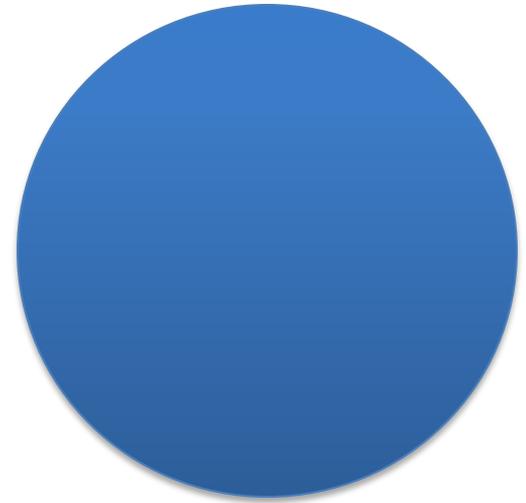
“When going to work and coming home from work, how often do you see informational advertisements about condoms?”



17

“When going to work, how often do you see informational advertisements about condoms?”

“When coming home from work, how often do you see informational advertisements about condoms?”

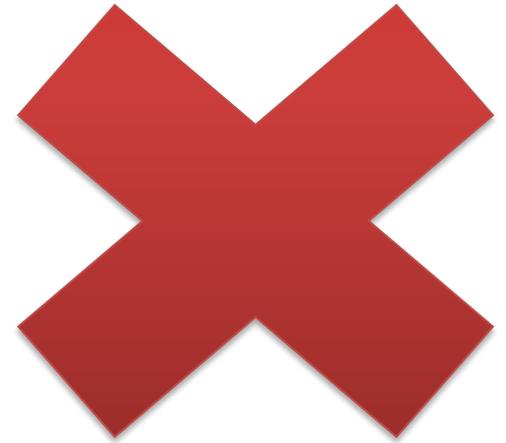


Rule 18

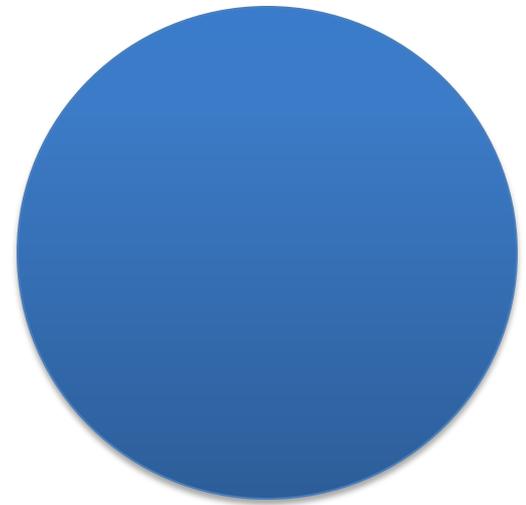
Soften the impact of
potentially
objectionable
questions

18

“Have you ever knowingly
put someone who is HIV
negative at risk with
unprotected sex?”



18 “Have you ever had unprotected sex with someone who is HIV negative?”

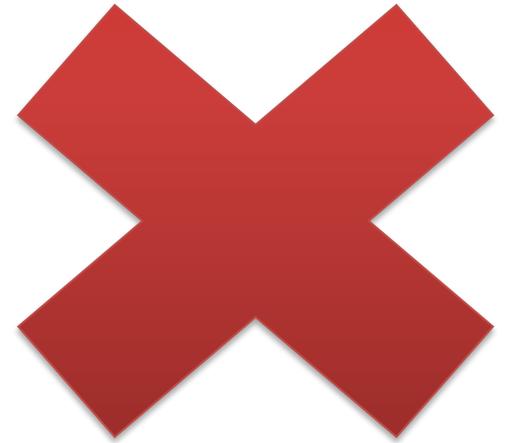


Rule 19

Avoid asking
respondents to
make **unnecessary**
calculations

19

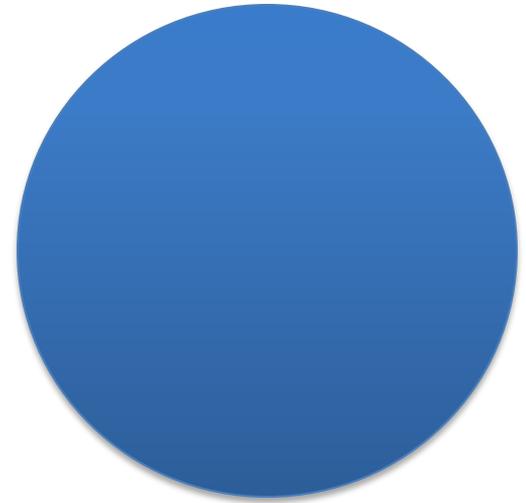
“What percent of times in the last month that you went to a bar did you have sex?”



19

“How many times in the last month did you go to a bar?”

“In how many of those nights did you have sex?”



Community Assessment Roadmap

I. Develop community assessment



II. Gather community assessment data



III. Analyze community assessment data



IV. Improve condom distribution program with results

Gathering Community Assessments

- **Plan for:**

- Target # of participants in your assessment
- Who will be gathering the data?
- What locations will you be gathering data at?
- How long will you be gathering data?

- **Caution:**

- Using condoms as an incentive to take the survey may lead to barriers in accessibility

Community Assessment Roadmap

I. Develop community assessment



II. Gather community assessment data



III. Analyze community assessment data



IV. Improve condom distribution program with results

Analyzing Community Assessments

- When developing your community assessment, you should **have an idea of the information you want:**
 - Types of condoms preferred?
 - Locations frequented?
 - Demographics of each location?
 - Barriers to condom use?
 - Barriers to condom accessibility?

Community Assessment Roadmap

I. Develop community assessment



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III. Analyze community assessment data



IV. Improve condom distribution program with results

Utilizing Community Assessment Data

- Community assessment results give us a chance to look at and refine our activities:
 - If you're working on Accessibility, but there are barriers to Acceptability, how will you address them?
 - Collaborate!
 - What are the locations with high-risk individuals?
 - How will you most effectively distribute condoms at these places?



Q & A

Q&A

Q: “How often should we conduct a community assessment?”

A: Bi-annually or annually is best. This is depending on your agency’s other programs (sometimes community assessments are done for several different programs at the same time) and the changes you see in your community.

Q&A

Q: “How many sites should we gather community assessment data at?”

A: Ideally, as many as you can. If you need to lower the amount of sites visited, identify which sites host the most high risk activity and make sure you at least go to those sites.

Q&A

Q: “How long should our community assessment be? Should it be on a sheet of paper?”

A: If you use paper surveys, try to keep the survey no longer than **one sheet (front and back)**. **Some agencies have been creative with their surveys and have placed them on bar napkins or half-sheets of paper attached to each condom.**

Q&A

Q: “What should we focus our community assessment on? Do we just need to collect information on one of the three A’s?”

A: You want to include information gathering for at least the one A you are funded for. However, the best practice is to include questions for all three A’s.

Q&A

Q: “Where can I go for additional assistance with our community assessment?”

A: Your program consultant is a great resource for information on conducting community assessments. They will be able to assist and guide you to additional sources of assistance, such as CBA.