Developing a Community Assessment for Condom Distribution

Presented by:
Shared Action
Texas DSHS
Acknowledgements

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

Information needed

Survey length
Designing a Solid Survey

Information needed

Survey length
Rule 1

Choose simple over specialized words
“When was the last time you accessed care?”
“When was the last time you went to see the doctor about your HIV status?”
Rule 2

Choose as few words as possible to pose the question
“Did you eat any kind of food before your visit today?”
“Have you eaten today?”
Use complete sentences to ask questions.
“Number of times you’ve been tested: _______”
How many times have you been tested for HIV/AIDS?
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”
Rule 5

Don’t ask for too specific information beyond the respondent’s ability to answer
In the last year, about how many times have you been to a bar?
“In the last year, about how many times have you been to a bar?”

1-20
21-100
100+
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
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
“How satisfied are you with our clinic’s cleanliness?

Very satisfied
Somewhat satisfied
Neither satisfied nor dissatisfied
Somewhat dissatisfied
Very dissatisfied
Undecided/No opinion
Rule 8

Avoid bias from unequal comparisons
"Which of the following testing methods do you prefer?"

- The incredibly fast 1-minute rapid test
- The slower 30-minute HIV test
“Which of the following testing methods do you prefer?”

- The 1-minute rapid test
- The 30-minute HIV test
Rule 9

State both sides of the attitude scale in the question stems
“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
“Which of the following clinics would you like to see offer reduced cost treatment?”

- [ ] Pommoa Clinic
- [ ] Rochester Hospital
- [ ] LA Clinic
“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
“From which of these sources did you first see our awareness ad?”

[ ] Driving on the 101 near Wilshire Square
[ ] Walking down Western ave.
“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
“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?”
“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?”
Rule 13

Provide appropriate time referents
“How many times have you been tested in the last three years?”
“How many times have you been tested in the last six months?”
Rule 14

Be sure each question is technically accurate
“Should we look into preventing the spread of HIV through being scratched?”
“Should we look into preventing the spread of orally transmitted HIV?”
Rule 15

Choose question wordings so that comparisons can be made with previously collected data.
Survey 1
“How often do you come to our prevention clinic?”

Survey 2
“How often do you get tested at our prevention clinic?”
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.
“Isn’t it great that Obamacare will provide new health care options for you?”
“How do you feel about Obamacare providing new healthcare options for people living with HIV/AIDS?”
Rule 17

Avoid double-barreled questions
“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
“Have you ever knowingly put someone who is HIV negative at risk with unprotected sex?”
“Have you ever had unprotected sex with someone who is HIV negative?”
Rule 19

Avoid asking respondents to make unnecessary calculations
“What percent of times in the last month that you went to a bar did you have sex?”
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

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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
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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?
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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.