



**NOTE: Because of the nature of online surveying, the question numbers on this hardcopy survey may not match, exactly, the question numbers on the online survey.**

## **National HIV Prevention Program Inventory**

The following online survey, the National HIV Prevention Program Inventory, is a joint project of NASTAD and the Henry J. Kaiser Family Foundation (KFF). The survey will help NASTAD and KFF better understand HIV prevention programs and services in order to present a comprehensive picture of the current state of HIV prevention in the U.S.

The National HIV Prevention Program Inventory will form the basis of a report highlighting HIV prevention efforts in the United States. The report will be released publicly in summer 2008 and will include state-specific information as well as aggregated information on the topics addressed in this inventory. This year's survey will also serve as a baseline from which trends can be identified over time.

Questions in the survey address several components of HIV prevention programs, including, surveillance, funding and resource allocation, community planning, HIV testing, partner services, health education and risk reduction, public information and social marketing, integration and program collaboration, as well as specific challenges health departments currently face in implementing prevention programs and those anticipated for the future. The survey instrument was developed by staff at NASTAD and KFF and with significant input by the NASTAD Prevention Advisory Committee (PAC).

This online survey is password protected. Your assigned password is the name of your jurisdiction in all lower case letters with no spaces and no punctuation. The survey has been organized into sections that can be completed by the most appropriate individual in the HIV prevention program. The survey has been set up to allow individuals to stop, save, and return to the survey at their convenience. The survey can also be reviewed before data are submitted, if necessary.

If you have questions regarding the survey or the National HIV Prevention Program Inventory project please contact Connie M. Jorstad ([cjorstad@NASTAD.org](mailto:cjorstad@NASTAD.org) or by phone at 202-434-7128).



## National HIV Prevention Program Inventory

### **GENERAL INFORMATION**

Jurisdiction's name

Name of jurisdiction's contact person for this survey

Phone number

Email address                      URL for jurisdiction's health department HIV/AIDS program website

1. Which of the following programs fall under the purview of your jurisdiction's AIDS director (the chief health agency official responsible for implementing a jurisdiction's comprehensive HIV/AIDS program); that is the AIDS director manages / directs / oversees, directly or indirectly, which of the following programs? (Check all that apply.)

- HIV prevention
- HIV testing
- HIV/AIDS care and treatment
- HIV/AIDS surveillance
- Viral hepatitis services
- Viral hepatitis surveillance
- STD services
- STD surveillance
- TB services
- TB surveillance
- Immunization program
- Refugee health program
- Reproductive health program
- Other (please describe:            )

### **HIV PREVENTION FUNDING AND RESOURCE ALLOCATION**

*Questions in this section address sources and amounts of HIV prevention funding, past funding amounts, and allocation of HIV prevention funds*

*The questions in this section ask about funding for your jurisdiction's HIV prevention program only (the first program in the list in question 1). The questions may require information from multiple sources.*

2. Which of the following best describes your jurisdiction's fiscal year (FY)? **[CHECK ONE]**

- January -December
- April - March
- July – June
- October – September
- Other (please describe:            )

*Recognizing the variety of ways in which jurisdictions define budget periods/fiscal years, the following questions ask for data to be reported for your HIV prevention*

program's fiscal year, as defined by your jurisdiction, i.e., information for 2007 should be reported based on how your jurisdiction's defines FY 2007.

3. Please indicate if your health department HIV prevention program receives HIV prevention funding from the following sources. For each source for which your health department HIV prevention program receives funding, please provide the dollar amount for FY 2007.

Funding source	Receive funding from this source? <b>[CHECK ONE]</b>	Dollar amount (FY 2007)
CDC/DHAP 04012	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A	\$
CDC/DHAP 07768	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A	\$
CDC/other (list all that apply: )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A	\$
Other federal agency support (list all that apply )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A	\$
State appropriated funds for HIV/AIDS prevention through an "earmark" or other designated mechanisms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A	\$
<i>Directly-funded cities only:</i> State pass-through funds (i.e., CDC funds granted to your state that are then passed on to your city)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A	\$
Industry, private sector, foundations and/or other (list all that apply: )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A	\$
<b>Total FY 2007 HIV Prevention Funding from all sources</b>		\$

4. To better understand funding trends over time, please provide the total dollar amount of your health's department HIV prevention budget from all funding sources for the following budget years.

- \$ 2006
- \$ 2005
- \$ 2004

5. Using the total FY2007 HIV prevention funding amount from question 3 of this survey, estimate the dollar amount from all funding sources currently allocated to each of the following HIV prevention activities in your jurisdiction. Include funding that is allocated internally (remains within the health department) and externally (is granted or contracted out to external entities to complete work on behalf of the health department, e.g., local health departments, community based organizations).

Prevention activities	Estimated dollar amount (FY 2007)
Program administration	\$ <input type="checkbox"/> N/A
Community planning	\$ <input type="checkbox"/> N/A
HIV testing (CTR and screening)	\$ <input type="checkbox"/> N/A
Partner services (PCRS)	\$ <input type="checkbox"/> N/A
Health education / risk reduction (including prevention with positives)	\$ <input type="checkbox"/> N/A
Capacity building / training / technical assistance	\$ <input type="checkbox"/> N/A
Public information / social marketing / media	\$ <input type="checkbox"/> N/A
Evaluation / quality assurance	\$ <input type="checkbox"/> N/A
Perinatal transmission programming	\$ <input type="checkbox"/> N/A
STD prevention services	\$ <input type="checkbox"/> N/A
HIV laboratory support	\$ <input type="checkbox"/> N/A
Other (please describe: )	\$ <input type="checkbox"/> N/A
<b>Total FY 2007 HIV Prevention Funding (This amount should match the total in question 3.)</b>	\$

6. Using the total FY 2007 HIV prevention funding amount from question 3 in the *HIV PREVENTION FUNDING* section of this survey, estimate the dollar amount from all funding sources currently allocated internally (remains within the health department) and the dollar amounts currently allocated externally (granted out to external entities) by your HIV prevention program. For external allocation, please estimate the dollar amount that is allocated to the specific types of external entities in column one.

Venue	Estimated dollar amount (FY 2007)
Total internal allocation	\$
Total external allocation (sum of venues below)	\$
CBOs / NGOs	\$
Local health departments	\$
Other public agencies*	\$
Other external allocation	\$

(please describe: )	
Other allocation (please describe: )	
<b>Total FY 2007 HIV Prevention Funding (This amount should match the total in question 3.)</b>	\$

\*Including corrections, mental health programs, substance abuse treatment programs, etc.

### **HIV PREVENTION COMMUNITY PLANNING**

*Questions in this section address structures of community planning, size of community planning group, frequency of meetings, and development of the comprehensive plan*

7. What is the current HIV prevention community planning structure in your jurisdiction? **[CHECK ONE]**

- Directly-funded city prevention planning group
- Directly-funded city *combined* prevention-care planning group
- State prevention planning group
- State prevention planning group consisting of members from regional / local planning groups
- Regional / local prevention planning groups
- State *combined* prevention-care planning group
- State *combined* prevention-care planning group, with regional / local groups feeding into this state group
- Regional *combined* prevention-care planning groups
- Other (please describe: )

8. How many voting members (i.e., members able to vote for concurrence) are on the HIV prevention community planning group in your jurisdiction, including any currently vacant seats?

9. How often does the HIV prevention community planning group meet in your jurisdiction? **[CHECK ONE]**

- Monthly  Bi-monthly  Quarterly  Other (please describe: )

10. How often does the HIV prevention community planning group develop a new *Comprehensive HIV Prevention Plan* in your jurisdiction? **[CHECK ONE]**

- Every year  Every 2 years  Every 3 years  Every 4 years  Every 5 years
- Other (please describe: )

11. If available, please indicate the URL for your jurisdiction's *Comprehensive HIV Prevention Plan*. If your comprehensive plan is not available online, please send an electronic copy to Connie Jorstad at [cjorstad@nastad.org](mailto:cjorstad@nastad.org).

12. Is your jurisdiction's *Comprehensive HIV Prevention Plan* integrated with a care plan? **[CHECK ONE]**

- Yes  No

### **HIV TESTING**

*Questions in this section address issues around anonymous HIV testing, settings in which HIV testing takes place, and settings in which routine HIV testing / HIV screening takes place*

13. Does your jurisdiction have a legal requirement prohibiting anonymous HIV testing? **[CHECK ONE]**

Yes  No

14. Does your jurisdiction have a legal requirement to offer anonymous HIV testing?

Yes  No **[CHECK ONE]**

15a. Does your jurisdiction currently offer anonymous HIV testing?

Yes  No **[CHECK ONE]**

15b. If yes, what percentage of your 2006 HIV tests was anonymous?

16. Of all health department-supported HIV testing that takes place in your jurisdiction, please estimate the percentage of tests conducted in the following settings.

% Community-based settings (e.g., CBOs, mobile vans, etc.)

% Health-department-operated clinical settings including state and local health departments (e.g., STD clinics, TB clinics, etc.)

% Non-health-department-operated clinical settings (e.g., emergency departments, urgent care clinics, etc.)

% Other (please describe: \_\_\_\_\_)

17a. In February / March 2007, NASTAD released the *Assessment of Efforts to Implement HIV Screening in Health Care Settings*. Has your jurisdiction made any changes to specific statutes and / or regulations to support implementation of routine HIV testing / screening in health care settings (regardless of whether these changes reflect the CDC *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*) since February 2007? Routine HIV testing / HIV screening is defined as "Voluntary HIV testing performed for all patients in a setting unless the patient specifically declines HIV testing, i.e., 'opt out' testing."

Yes  No **[CHECK ONE; IF YES, THE GOTO 17B; IF NO THEN GOTO 17C]**

17b. Briefly describe the changes that were made.

17c. Does your jurisdiction plan to pursue legislative or regulatory changes to enable implementation of routine HIV testing / screening in health care settings (regardless of whether these changes reflect the CDC *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*) in the future?

Yes  No  Don't know **[CHECK ONE; IF YES THEN GOTO 17D IF**

**NO OR DON'T KNOW GOTO 18]**

17d. Briefly describe the changes you are planning to pursue and the estimated timeline for these changes.

17e. Does your jurisdiction have routine HIV testing / HIV screening for newborns?

Yes  No  Don't know

17f. Does your jurisdiction have routine HIV testing / HIV screening for pregnant women?

Yes  No  Don't know

17g. Does your jurisdiction have routine HIV testing / HIV screening for adults and adolescents?

Yes  No  Don't know

18. Please indicate if your jurisdiction has expanded, maintained, initiated or ended implementation of routine HIV testing/screening in the following health care settings (regardless of whether these changes reflect the CDC *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*) since February 2007.

Setting <b>[CHECK ONLY ONE BOX PER ROW]</b>	Expanded routine HIV testing/ screening since February 2007	Maintained routine HIV testing/ screening since February 2007	Initiated routine HIV testing/ screening since February 2007	Ended HIV routine HIV testing/ screening since February 2007	Have never implemented routine HIV testing/ screening in this setting
Sexually transmitted disease clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community health clinics (e.g., federally qualified health clinics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal / obstetrical clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor and delivery departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital emergency departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hospital inpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TB clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe: )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HIV PARTNER SERVICES (formerly " Partner Counseling and Referral Services")**

Questions in this section address who administers conducts the elements of HIV partner services and use of surveillance data in conducting HIV partner services

19a. Under which program's(s') purview is HIV Partner Services in your jurisdiction?

- HIV / AIDS program
- STD program
- Combined HIV/STD programs
- State disease surveillance
- Other (please describe: )
- Partner Services are not conducted by the state / directly-funded city health department **[IF THEN GOTO 19B]**

19b. If HIV Partner Services are not conducted by the state / directly-funded city health department, who conducts HIV Partner Services in your jurisdiction?

20a. Does your jurisdiction have statutes and / or regulations in place that prohibit CBOs / NGOs from conducting the following elements of HIV Partner Services?

20b. Partner Elicitation  Yes  No  Don't know **[IF NO THEN GOTO 20C IF YES OR DON'T KNOW GOTO 20D]**

20c. Do CBOs / NGOs in your jurisdiction currently conduct Partner Elicitation?  Yes  No  Don't know

20d. Partner Notification  Yes  No  Don't know **[IF NO THEN GOTO 20E IF YES OR DON'T KNOW THEN GOTO 20F]**

20e. Do CBOs / NGOs in your jurisdiction currently conduct Partner Notification?  Yes  No  Don't know

20f. Partner Counseling  Yes  No  Don't know **[IF NO THEN GOTO 20G IF YES OR DON'T KNOW THEN GOTO 21A]**

20g. Do CBOs / NGOs in your jurisdiction currently conduct Partner Counseling?  Yes  No  Don't know

21a. Does your jurisdiction have statutes and / or regulations in place that prohibit physicians and other clinicians from conducting the following elements of HIV Partner Services?

21b. Partner Elicitation  Yes  No  Don't know **[IF NO THEN GOTO 21C IF YES OR DON'T KNOW GOTO 21D]**

21c. Do physicians and other clinicians in your jurisdiction currently conduct Partner Elicitation?  
 Yes  No  Don't know

21d. Partner Notification  Yes  No  Don't know **[IF NO THEN GOTO 21E IF YES OR DON'T KNOW THEN GOTO 21F]**

21e. Do physicians and other clinicians in your jurisdiction currently conduct Partner Notification?  
 Yes  No  Don't know

21f. Partner Counseling  Yes  No  Don't know **[IF NO THEN GOTO 21G IF YES OR DON'T KNOW THEN 22]**

21g. Do physicians and other clinicians in your jurisdiction currently conduct Partner Counseling?  
 Yes  No  Don't know

22. Does your jurisdiction's HIV Partner Services program use HIV/AIDS surveillance data to conduct HIV Partner Services? **[CHECK ONE]**  
 Yes  No  Don't know

23. If no, does your jurisdiction have statutes and / or regulations in place that prohibit the use of HIV/AIDS surveillance data for Partner Services?  
 Yes  No  Don't know **[CHECK ONE]**

24. If yes, does your jurisdiction have statutes and / or regulations in place that mandate / allow the use of HIV/AIDS surveillance data for HIV Partner Services?  
 Yes  No  Don't know **[CHECK ONE]**

### **HEALTH EDUCATION / RISK REDUCTION**

*Questions in this section address the use of interventions from the DEBI or REP, the use of adapted or tailored DEBIs, and use of other interventions including those that are locally-developed*

*Diffusion of Effective Behavioral Interventions (DEBI) and Replicating Effective Programs (REP)*

25a. Is your jurisdiction currently funding any of the HIV prevention interventions from CDC's DEBI or REP projects? **[IF YES THEN GOTO 25B IF NO THEN 25D]**  
 Yes  No

25b. Please list the DEBI or REP interventions currently being funded.

25c. Has your jurisdiction adapted and / or tailored any HIV prevention interventions from CDC's DEBI or REP projects?

Yes  No

25d. If no, what are the reasons for not funding interventions from DEBI or REP? Check all that apply. **[CHECK ALL THAT APPLY]**

- Funding
- Access to training
- Availability of training
- Grantee capacity to implement interventions
- Expertise to adapt / tailor interventions
- The interventions are not appropriate for meeting the needs of the priority population(s)
- There are no interventions available for the priority population(s)
- Other (please describe: \_\_\_\_\_)

*Non-DEBI/REP Interventions*

26. Which of the following non-DEBI/REP HIV prevention interventions is your jurisdiction currently funding? **[CHECK ALL THAT APPLY]**

- Interventions from the CDC's *Compendium of HIV Prevention Interventions with Evidence of Effectiveness*
- Interventions from the National Institutes of Health's HIV/AIDS Prevention Program Archive (HAPPA)
- Other locally-developed ("home-grown") interventions
- Other (please describe: \_\_\_\_\_)

27a. Of the funded non-DEBI/REP HIV prevention interventions, does your jurisdiction evaluate the effectiveness of these interventions locally (i.e., outcome evaluation is conducted by the health department, a community partner, a university, etc.)? **[IF YES THEN GOTO 27B IF NO THEN GOTO 28A]**

Yes  No

27b. If your jurisdiction funds and evaluates a non-DEBI/REP HIV prevention intervention, may we contact you to learn more?  Yes  No

***OTHER HIV PREVENTION STRATEGIES***

*Questions in this section address needle / syringe exchange programs, drug substitution programs, non-occupational post-exposure prophylaxis programs, male circumcision programs, and other HIV prevention programs*

28a. Does your health department currently operate a needle / syringe access program(s)?

Yes  No  Don't know **[IF YES THEN 28B IF NO OR DON'T KNOW THEN 29A]**

28b. Which entity administers the program? **[CHECK ALL THAT APPLY]**

- Health department HIV/AIDS program
- Other health department program (non-HIV/AIDS)
- Other (please describe: \_\_\_\_\_)

28c. Which entity funds the program? **[CHECK ALL THAT APPLY]**

- Health department HIV/AIDS program
- Other health department program (non-HIV/AIDS)
- Other (please describe: \_\_\_\_\_)

28d. Are there other ways in which the health department HIV/AIDS program supports this program (e.g., provide training or staffing)?  
 Yes  No **[IF YES THEN GOTO 28E]**

28e. Please describe briefly

29a. Does your health department currently operate a drug substitution (e.g., methadone) program(s)?  
 Yes  No  Don't know **[IF YES THEN 29B IF NO OR DON'T KNOW THEN 30A]**

29b. Which entity administers the program? **[CHECK ALL THAT APPLY]**  
 Health department HIV/AIDS program  
 Other health department program (non-HIV/AIDS)  
 Other (please describe: \_\_\_\_\_)

29c. Which entity funds the program? **[CHECK ALL THAT APPLY]**  
 Health department HIV/AIDS program  
 Other health department program (non-HIV/AIDS)  
 Other (please describe: \_\_\_\_\_)

29d. Are there other ways in which the health department HIV/AIDS program supports this program (e.g., provide training or staffing)?  
 Yes  No **[IF YES THEN GOTO 29E IF NO THEN GOTO 30A]**

29e. Please describe briefly

30a. Does your health department currently operate a non-occupational post-exposure prophylaxis program(s)?  
 Yes  No  Don't know **[IF YES THEN 30B IF NO OR DON'T KNOW THEN 31A]**

30b. Which entity administers the program? **[CHECK ALL THAT APPLY]**  
 Health department HIV/AIDS program  
 Other health department program (non-HIV/AIDS)  
 Other (please describe: \_\_\_\_\_)

30c. Which entity funds the program? **[CHECK ALL THAT APPLY]**  
 Health department HIV/AIDS program  
 Other health department program (non-HIV/AIDS)  
 Other (please describe: \_\_\_\_\_)

30d. Are there other ways in which the health department HIV/AIDS program supports this program (e.g., provide training or staffing)?  
 Yes  No **[IF YES THEN GOTO 30E IF NO THEN GOTO 31A]**

30e. If yes, please describe briefly

31a. Does your health department currently operate a male circumcision promotion program(s)?  
 Yes  No  Don't know **[IF YES THEN GOTO 31B IF NO THEN GOTO 32A]**

31b. Which entity administers the program? **[CHECK ALL THAT APPLY]**

- Health department HIV/AIDS program
- Other health department program (non-HIV/AIDS)
- Other (please describe: \_\_\_\_\_)

31c. Which entity funds the program? **[CHECK ALL THAT APPLY]**

- Health department HIV/AIDS program
- Other health department program (non-HIV/AIDS)
- Other (please describe: \_\_\_\_\_)

31d. Are there other ways in which the health department HIV/AIDS program supports this program (e.g., provide training or staffing)?

- Yes  No **[IF YES THEN GO TO 31E IF NO THEN GOTO 32A]**

31e. Please describe briefly

32a. Does your health department currently operate any other innovative HIV prevention strategies not already addressed in the previous questions?

- Yes  No  Don't know **[IF YES THEN GOTO 32B IF NO OR DON'T KNOW THEN GOTO 33A]**

32b. Please describe

32c. Which entity administers the program? **[CHECK ALL THAT APPLY]**

- Health department HIV/AIDS program
- Other health department program (non-HIV/AIDS)
- Other (please describe: \_\_\_\_\_)

32d. Which entity funds the program? **[CHECK ALL THAT APPLY]**

- Health department HIV/AIDS program
- Other health department program (non-HIV/AIDS)
- Other (please describe: \_\_\_\_\_)

32e. Are there other ways in which the health department HIV/AIDS program supports this program (e.g., provide training or staffing)?

- Yes  No **[IF YES THEN GOTO 32F IF NO THEN GOTO 33A]**

32f. Please describe briefly

### **PUBLIC INFORMATION / SOCIAL MARKETING / MEDIA**

*Questions in this section address use of public information media campaigns, media space used, media platforms used, resources to which people were directed, messaging themes, and target audiences*

*"Public information media campaigns" on HIV/AIDS refer to activities conducted with a media outlet via the purchase or donation of media space for public service announcements (PSAs) or other special media programming through any platform / distribution channel, e.g., television, radio, outdoor (billboards, bus shelters, etc.), print (newspaper, magazine, etc.), or online. For the following questions, please include campaigns that are funded by the health department but are conducted by other entities, e.g., local health departments or CBOs*

33a. Does your health department current conduct or fund any public information media campaign(s) on HIV/AIDS? **[IF YES THEN GOTO 33B IF NO GOTO 33C]**

- Yes
- No

33b. How many?

33c. Has your health department ever conducted / funded a public information media campaign on HIV/AIDS? **[IF YES THEN GOTO 34 IF NO GOTO 33D]**

- Yes
- No

33d. Which of the following reasons best describe why you have not conducted / funded any public information media campaigns? **[CHECK ALL THAT APPLY]**

- Lack of financial resources
- Lack of staffing and / or expertise
- Other (Please describe: \_\_\_\_\_ )

**[GOTO 44]**

*The following questions apply to all of the campaigns identified above.*

34. How did you secure your media space? Was it purchased, donated, a combination of purchased / donated (e.g., a match, where the media outlet matches space to what you purchase), or secured in some other way? **[CHECK ALL THAT APPLY]**

- Purchased
- Donated
- Combination such as a match (media outlet matches space to what you purchase)
- Other (Please describe: \_\_\_\_\_ )

35. On what media platforms did you run the campaign(s)? Check all that apply. **[CHECK ALL THAT APPLY]**

- Television
- Radio
- Outdoor (billboards, bus shelters, etc.)
- Print (newspaper, magazine, etc.)
- Online
- Other (Please describe: \_\_\_\_\_ )

36. To what resources did your campaign(s) drive people? Check all that apply.

- Hotline (number: \_\_\_\_\_ )
- Website (URL: \_\_\_\_\_ )
- SMS or text messaging service (number: \_\_\_\_\_ )
- Other (please describe: \_\_\_\_\_ )

37. What is the messaging theme(s) of your campaign(s)? Check all that apply.

**[CHECK ALL THAT APPLY]**

- General Awareness
- Testing (know your status)
- Condom use

- Delay of sexual debut
- Abstinence
- Stigma and discrimination
- Substance use / abuse and HIV risk
- Other (please describe: \_\_\_\_\_ )

38. Who is the target audience(s) for your campaign(s)? Check all that apply.

**[CHECK ALL THAT APPLY]**

- General public
- Young people
- MSM
- Transgender persons
- Pregnant women
- African Americans
- Latinos
- Asian / Pacific Islander / Native Hawaiian
- American Indian / Alaskan Native
- Other (please describe: \_\_\_\_\_ )

39. Would you be interested in receiving rights-free PSAs that could be edited and localized for your markets and resources?

- Yes
- No

**INTEGRATION**

*Questions in this section address the integration activities that take place between the HIV prevention program and other HIV / viral hepatitis / STD / TB health department programs, and the levels of integration at the client level in health care and community-based settings*

*Integration means organizing and blending inter-related health issues, separate activities, and services in order to maximize public health impact through new and established linkages between programs to facilitate comprehensive delivery of services.*

40. Please indicate the activities that take place between your jurisdiction's HIV prevention program and the programs listed in the first column. **[CHECK ALL THAT APPLY]**

Programs	None	AIDS director oversees staff	AIDS director oversees budget	Inter-program meetings are held	Programs collaborate on projects (content and/or funding)	Services are integrated on the client-level	Other (Please describe: _____ )
HIV Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS Care and Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Viral Hepatitis Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viral Hepatitis Surveillance							
STD Program (excluding Partner Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STD Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TB Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TB Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refugee Health Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive Health Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please describe: )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*As you complete the next two questions, please use the following definitions when asked to select the appropriate level of integration.*

**No integration** of services at the client level: Clients are provided a single prevention service (e.g., HIV testing without STD screening) at the point of access, with or without a referral to other services.

**Limited integration** of services at the client level: HIV testing is provided along with health information and referrals to other non-HIV services like STD, viral hepatitis and TB.

**Expanded integration** of services at the client level: Services are integrated across HIV, viral hepatitis, STD and TB for certain populations based on risk assessment.

**Comprehensive integration of services at the client level:** Services are integrated across HIV, viral hepatitis, STD and TB and include other services like reproductive health, substance abuse, mental health, etc. for certain populations based on risk assessment.

41. Generally, which of the above definitions best describes the level of integration in health care settings (e.g., STD clinics, TB clinics, etc.) between your jurisdiction's HIV prevention program and your jurisdiction's STD program? **[CHECK ONE]**

- No integration
- Limited integration
- Expanded integration
- Comprehensive integration

42. Generally, which of the above definitions best describes the level of integration in health care settings (e.g., STD clinics, TB clinics, etc.) between your jurisdiction's HIV prevention program and your jurisdiction's viral hepatitis program? **[CHECK ONE]**

- No integration
- Limited integration
- Expanded integration
- Comprehensive integration

43. Generally, which of the above definitions best describes the level of integration in health care settings (e.g., STD clinics, TB clinics, etc.) between your jurisdiction's HIV prevention program and your jurisdiction's TB program? **[CHECK ONE]**

- No integration
- Limited integration
- Expanded integration
- Comprehensive integration

44. Generally, which of the above definitions best describes the level of integration in community-based settings (e.g., CBOs) between HIV prevention and your jurisdiction's STD program? **[CHECK ONE]**

- No integration
- Limited integration
- Expanded integration
- Comprehensive integration

45. Generally, which of the above definitions best describes the level of integration in community-based settings (e.g., CBOs) between HIV prevention and your jurisdiction's viral hepatitis program? **[CHECK ONE]**

- No integration
- Limited integration
- Expanded integration
- Comprehensive integration

46. Generally, which of the above definitions best describes the level of integration in community-based settings (e.g., CBOs) between HIV prevention and your jurisdiction's TB program? **[CHECK ONE]**

- No integration
- Limited integration
- Expanded integration

Comprehensive integration

**COLLABORATION AND COORDINATION**

*Questions in this section address the relationships between the HIV prevention program and other programs and external partners*

47. Indicate the relationship between your jurisdiction's HIV prevention program and the programs and external partners listed in column one. Check the boxes that apply. *As you complete this question, please use the following definitions.*

- o Cooperation: Fully autonomous entities share information to allow each to independently maximize its effectiveness, in awareness of the other's activities and goals.
- o Coordination: Fully autonomous entities willingly align activities, sponsor particular events, or deliver targeted services in support of compatible goals.
- o Collaboration: Entities actively share decision-making, planning efforts and resources to achieve common goals. Accountability and rewards are shared. Each relinquishes some degree of autonomy to achieve a jointly determined purpose.

Programs and External Partners	Cooperation	Coordination	Collaboration	None
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office of minority health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civic organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe: )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe: )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48a. Has your jurisdiction's HIV prevention program developed any relationships with other programs and / or external partners in an effort to specifically address racial and ethnic health disparities?  Yes  No **[IF YES THEN GOTO 48B IF NO THEN GOTO 53]**

48b. Please describe:

49. Has your jurisdiction declined funds dedicated for abstinence-only-until-marriage education programs?  Yes  No

**CHALLENGES AND THE FUTURE OF HIV PREVENTION**

*Questions in this section address the many challenges faced by HIV prevention programs and the impact of those challenges on delivery of HIV prevention services, the scaling up and / or back of HIV prevention program areas, and future funding needs*

50a. In your jurisdiction, do you face challenges in implementing your HIV prevention program?  Yes  No **[IF YES THEN GOTO 50B IF NO THEN GOTO 53]**

50b. Please select the challenges you currently face. **[CHECK ALL THAT APPLY]**

- Workforce
- Training and capacity building for community / clinical partners
- Capacity of community / clinical partners to provide services
- Capacity of community / clinical partners to access target population
- Funding
- Data collection and reporting requirements
- Policies (e.g., the presence or absence of a policy)
- Availability of materials (e.g., condoms, HIV testing kits)
- Availability of prevention services
- Other (please describe: )

50c. Of the challenges selected above, please rank the top three. **[RANK TOP 3]**

- Workforce

- Training and capacity building for community / clinical partners
- Capacity of community / clinical partners to provide services
- Capacity of community / clinical partners to access target population
- Funding
- Data collection and reporting requirements
- Policies (e.g., the presence or absence of a policy)
- Availability of materials (e.g., condoms, HIV testing kits)
- Availability of prevention services
- Other (please describe: \_\_\_\_\_)

51a. Related to the **FIRST ranked** challenge identified above, which of the following consequences have you experienced in the past year? Please select all that apply.

**[CHECK ALL THAT APPLY]**

- Clients seeking prevention services are turned away
- Clients are not able to be proactively recruited into prevention programs
- Clients are not able to be retained in prevention programs
- Appropriate prevention interventions are not available for high-risk populations
- Partners of known HIV-positive individuals are not being notified
- Targeted high-risk individuals are not being tested
- Opt-out testing programs are not able to be initiated
- Opt-out testing programs are not able to be maintained
- HIV testing kits / materials are not readily available
- Condoms are not readily available to all who want them
- Sterile injection equipment is not readily available to all who want it
- Cannot provide funding for needle and syringe access programs
- Treatment for STDs is not readily available to all who need it
- Relationships with non-traditional partners (e.g., emergency department doctors, business, civic organizations) have not been established
- Resources are diverted from actual programming to meet the needs of other requirements (e.g., PEMS, opt-out testing)
- Fewer community-based partners (e.g., CBOs) are in existence
- Fewer community-based partners (e.g., CBOs) are currently funded
- Inability to fill prevention staff positions due to lack of resources
- Inability to fill prevention staff positions due to lack of qualified technical expertise
- Inability to fill prevention staff positions due to hiring freezes or other administrative policies
- Other (please describe: \_\_\_\_\_)

51b. Related to the **SECOND ranked** challenge identified above, which of the following consequences have you experienced in the past year? Please select all that apply. **[CHECK ALL THAT APPLY]**

- Clients seeking prevention services are turned away
- Clients are not able to be proactively recruited into prevention programs
- Clients are not able to be retained in prevention programs
- Appropriate prevention interventions are not available for high-risk populations
- Partners of known HIV-positive individuals are not being notified
- Targeted high-risk individuals are not being tested
- Opt-out testing programs are not able to be initiated
- Opt-out testing programs are not able to be maintained
- HIV testing kits / materials are not readily available
- Condoms are not readily available to all who want them
- Sterile injection equipment is not readily available to all who want it

- Cannot provide funding for needle and syringe access programs
- Treatment for STDs is not readily available to all who need it
- Relationships with non-traditional partners (e.g., emergency department doctors, business, civic organizations) have not been established
- Resources are diverted from actual programming to meet the needs of other requirements (e.g., PEMS, opt-out testing)
- Fewer community-based partners (e.g., CBOs) are in existence
- Fewer community-based partners (e.g., CBOs) are currently funded
- Inability to fill prevention staff positions due to lack of resources
- Inability to fill prevention staff positions due to lack of qualified technical expertise
- Inability to fill prevention staff positions due to hiring freezes or other administrative policies
- Other (please describe: \_\_\_\_\_ )

51c. Related to the **THIRD ranked** challenge identified above, which of the following consequences have you experienced in the past year? Please select all that apply.

**[CHECK ALL THAT APPLY]**

- Clients seeking prevention services are turned away
- Clients are not able to be proactively recruited into prevention programs
- Clients are not able to be retained in prevention programs
- Appropriate prevention interventions are not available for high-risk populations
- Partners of known HIV-positive individuals are not being notified
- Targeted high-risk individuals are not being tested
- Opt-out testing programs are not able to be initiated
- Opt-out testing programs are not able to be maintained
- HIV testing kits / materials are not readily available
- Condoms are not readily available to all who want them
- Sterile injection equipment is not readily available to all who want it
- Cannot provide funding for needle and syringe access programs
- Treatment for STDs is not readily available to all who need it
- Relationships with non-traditional partners (e.g., emergency department doctors, business, civic organizations) have not been established
- Resources are diverted from actual programming to meet the needs of other requirements (e.g., PEMS, opt-out testing)
- Fewer community-based partners (e.g., CBOs) are in existence
- Fewer community-based partners (e.g., CBOs) are currently funded
- Inability to fill prevention staff positions due to lack of resources
- Inability to fill prevention staff positions due to lack of qualified technical expertise
- Inability to fill prevention staff positions due to hiring freezes or other administrative policies
- Other (please describe: \_\_\_\_\_ )

52. If your HIV prevention program has faced challenges, has your jurisdiction had to scale back any of the following program areas? Please select all that apply. *Scale back is defined as reducing resources, human and / or financial, to decrease emphasis on a particular strategy, service or activity.* **[CHECK ALL THAT APPLY]**

- Program administration
- Community planning
- Targeted HIV testing in community-based and other settings
- Targeted HIV testing in health care settings
- HIV screening in health care settings

- Partner services (PCRS)
- Health education / risk reduction (individual and group-level behavioral interventions)
- Health education / risk reduction (community level interventions)
- Condom distribution
- Prevention with positives programming
- Public information
- Social marketing
- Media
- Perinatal transmission programming
- Evaluation
- Quality assurance
- Capacity building / training / technical assistance
- HIV laboratory support
- HIV/AIDS surveillance
- STD prevention activities (non-treatment)
- STD screening and treatment
- Access to sterile injection equipment
- Drug substitution programs
- Non-occupational post-exposure prophylaxis
- Male circumcision promotion programs
- Comprehensive sexuality education
- Abstinence-only-until-marriage education
- HIV/AIDS care and treatment services
- Structural level interventions
- Other (please describe: \_\_\_\_\_ )

53. To better meet the needs of your jurisdiction's epidemic in the future, please select the top three areas that you would choose to scale up in your jurisdiction's HIV prevention program if sufficient resources (financial and human) were available. *Scale up is defined as increasing resources, human and / or financial, to enhance emphasis on a particular strategy, service or activity in order to achieve sufficient coverage, intensity, and duration to have optimal public health impact.* **[CHECK AND**

**RANK ONLY TOP 3]**

- Program administration
- Community planning
- Targeted HIV testing in community-based and other settings
- Targeted HIV testing in health care settings
- HIV screening in health care settings
- Partner services (PCRS)
- Health education / risk reduction (individual and group-level behavioral interventions)
- Health education / risk reduction (community level interventions)
- Condom distribution
- Prevention with positives programming
- Public information
- Social marketing
- Media
- Perinatal transmission programming
- Evaluation
- Quality assurance
- Capacity building / training / technical assistance
- HIV laboratory support

- HIV/AIDS surveillance
- STD prevention activities (non-treatment)
- STD screening and treatment
- Access to sterile injection equipment
- Drug substitution programs
- Non-occupational post-exposure prophylaxis
- Male circumcision promotion programs
- Comprehensive sexuality education
- Abstinence-only-until-marriage education
- HIV/AIDS care and treatment services
- Structural level interventions
- Other (please describe: \_\_\_\_\_ )

54. If no barrier(s) stood in your way, please select the top three areas that you would choose to scale back in your jurisdictions HIV prevention program in the future? Only select those areas that you are currently implementing, i.e., if you are not implementing "Media" you cannot scale it back. *Scale back is defined as reducing resources, human and / or financial, to decrease emphasis on a particular strategy, service or activity.*

- Program administration
- Community planning
- Targeted HIV testing in community-based and other settings
- Targeted HIV testing in health care settings
- HIV screening in health care settings
- Partner services (PCRS)
- Health education / risk reduction (individual and group-level behavioral interventions)
- Health education / risk reduction (community level interventions)
- Condom distribution
- Prevention with positives programming
- Public information
- Social marketing
- Media
- Perinatal transmission programming
- Evaluation
- Quality assurance
- Capacity building / training / technical assistance
- HIV laboratory support
- HIV/AIDS surveillance
- STD prevention activities (non-treatment)
- STD screening and treatment
- Access to sterile injection equipment
- Drug substitution programs
- Non-occupational post-exposure prophylaxis
- Male circumcision promotion programs
- Comprehensive sexuality education
- Abstinence-only-until-marriage education
- HIV/AIDS care and treatment services
- Structural level interventions
- Other (please describe: \_\_\_\_\_ )

55a. Has your jurisdiction conducted any sort of assessment of the future funding needs for your HIV prevention program?**[IF YES THEN GOTO 55B IF NO THEN GOTO END OF SURVEY]**

Yes  No

55b. If yes, based on your assessment, how much total funding will you need annually to:

\$           Maintain your current level of HIV prevention programming?

\$           Scale up your current level of HIV prevention programming to meet the actual needs of your current epidemic?

**Thank you for taking the time to complete this survey. If you have any questions regarding this survey or its purpose please contact Connie M. Jorstad at (202) 434-7128 or [cjorstad@NASTAD.org](mailto:cjorstad@NASTAD.org).**