

# GETTING TO ZERO: COMMUNITY ENGAGEMENT SURVEY RESULTS

AIDS FOUNDATION OF CHICAGO

June 15, 2018



# BACKGROUND: GTZ SURVEY

**The purpose of the GTZ Survey was to uncover common factors that have and/or will influence Getting- to- Zero in Illinois among Illinois-based HIV-AIDS consumers, providers, policymakers, researchers, and other stakeholders.**

**The survey was developed by the GTZ Task Force Research and Evaluation Committee and AIDS Foundation of Chicago staff.**



# BACKGROUND: GTZ SURVEY STRUCTURE AND ADMINISTRATION

## Getting to Zero- What will get Illinois to functional zero?

### Community Engagement Survey

We have convened a Getting to Zero task force to figure out what actions we need to take to get us to zero new HIV infections in Illinois. The task force wants your ideas about getting to zero in Illinois. We have identified three factors that have influenced the Getting to Zero work:

1. The Affordable Care Act which has resulted in 12,000 people living with HIV getting healthcare coverage in Illinois.
2. The power of pre-exposure prophylaxis (PrEP)- a prevention pill and program for HIV negative people that is up to 99% effective at preventing HIV infection when utilized consistently and correctly to prevent new infections.
3. HIV treatment improves the health of individuals who are HIV-positive and almost completely protects partners from HIV.

With these factors in mind, we believe it's time for an Illinois Getting to Zero plan. Getting to Zero means, zero new infections and zero people living with HIV who are not receiving treatment.

This is an ambitious goal, and we are hard at work to develop a five-year plan to dramatically impact the HIV epidemic.

This is where we need your ideas and support. Your input is so important to make sure this work is successful and that it makes a difference for people living with and vulnerable to HIV. Please take a few moments to complete this survey and help us in our effort to Getting to Zero. Thank you!

Questions? Contact Sara Semelka via e-mail at [ssemelka@aidschicago.org](mailto:ssemelka@aidschicago.org).

## SURVEY STRUCTURE

### 24 Total Questions

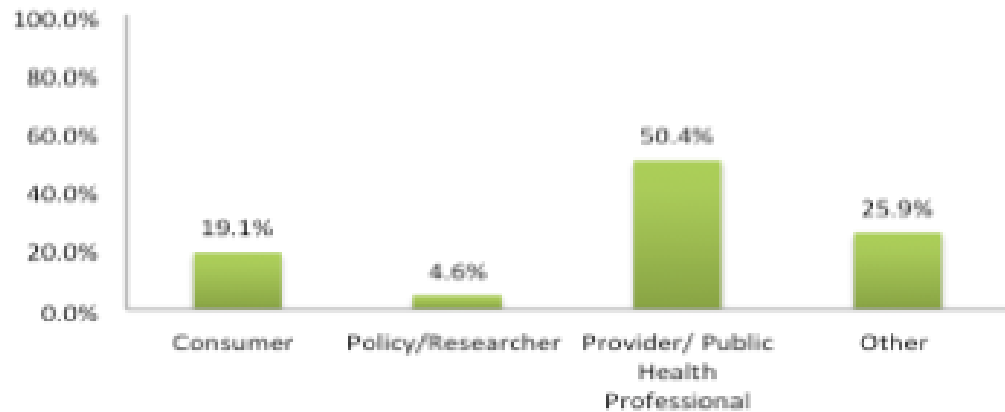
- 1 “Yes/No” screening questions
- 11 closed demographics questions
- 12 open-ended response questions

## SURVEY ADMINISTRATION

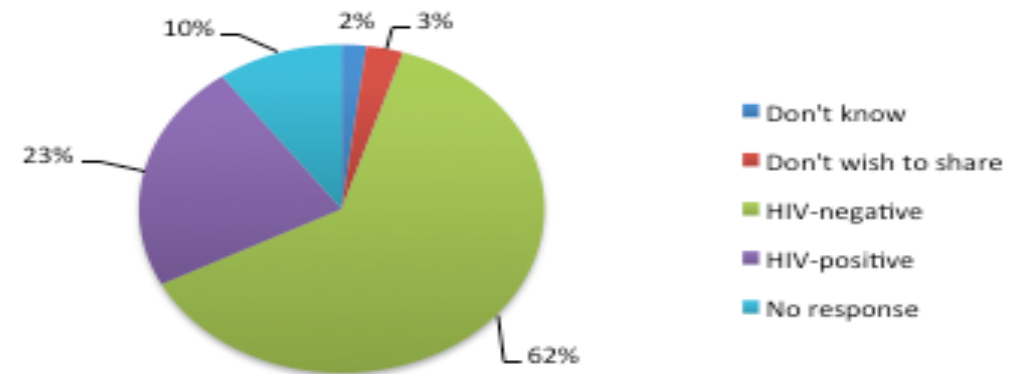
- On-line and paper-and-pencil distribution
- Field period: 11/14/18-05/02/18 (25 weeks)
- 408 total screened responses; Of these, 239 respondents provided qualitative data

# GTZ SURVEY DEMOGRAPHICS (N=408- ALL RESPONDENTS)

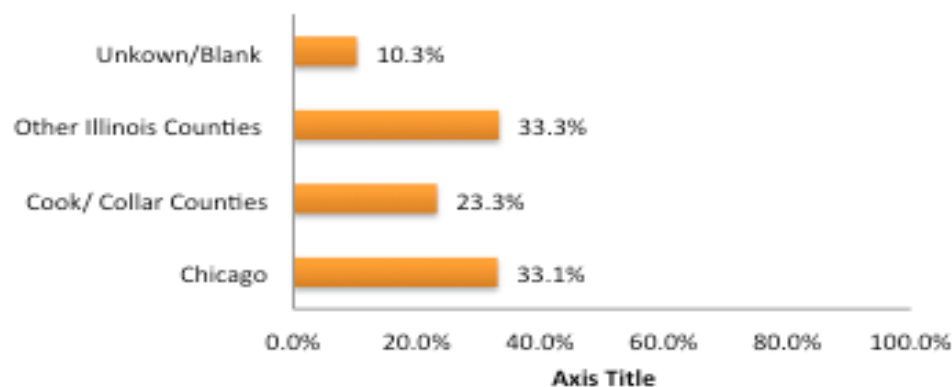
**Respondent Role**



**Respondent's HIV Status**

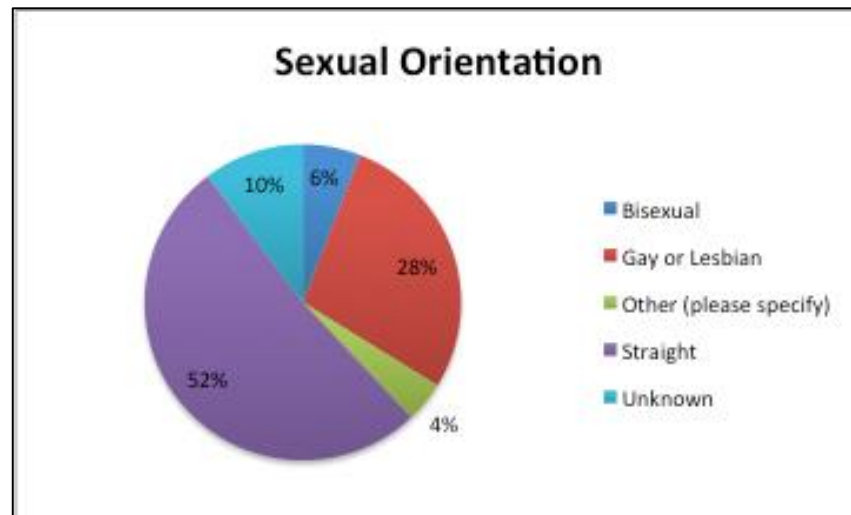
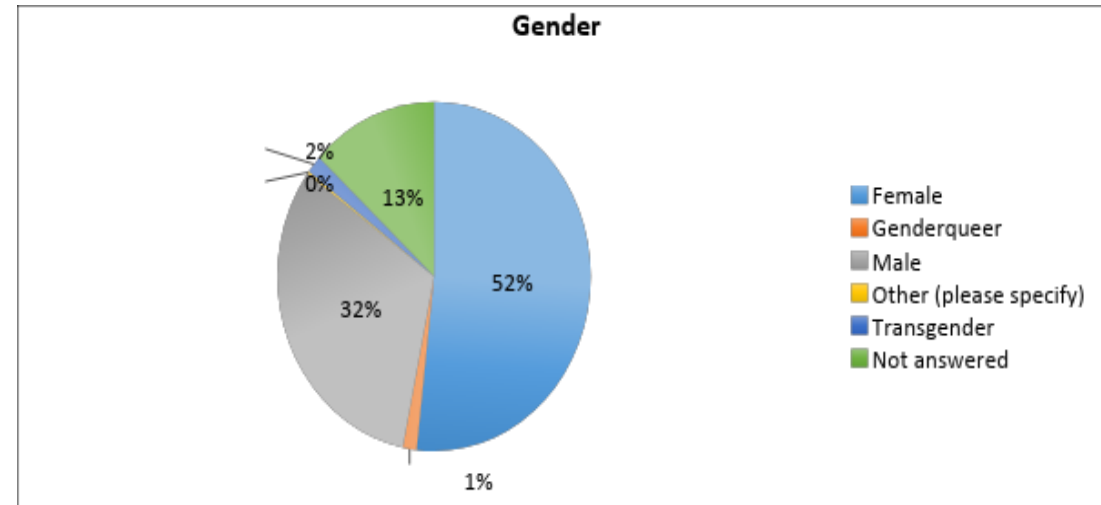
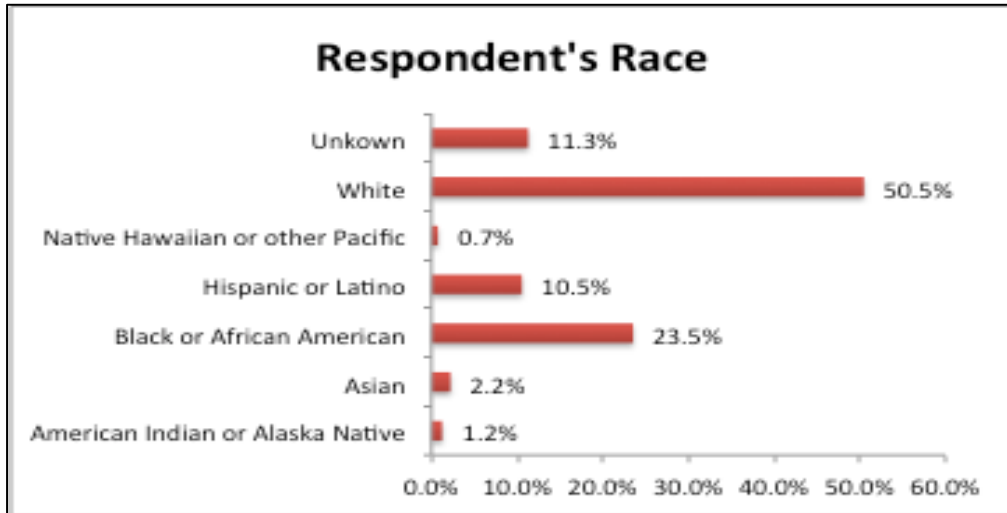


**Region**



- Survey respondents tended to be providers (50.4%) or consumers (19.4%).
- While most respondents were HIV- (62%), a high percentage (33%) reported not knowing or HIV+ status.
- Most respondents (56.4%) hailed from Chicago, Cook, or Collar counties.

# GTZ SURVEY DEMOGRAPHICS (N=408-ALL RESPONDENTS)



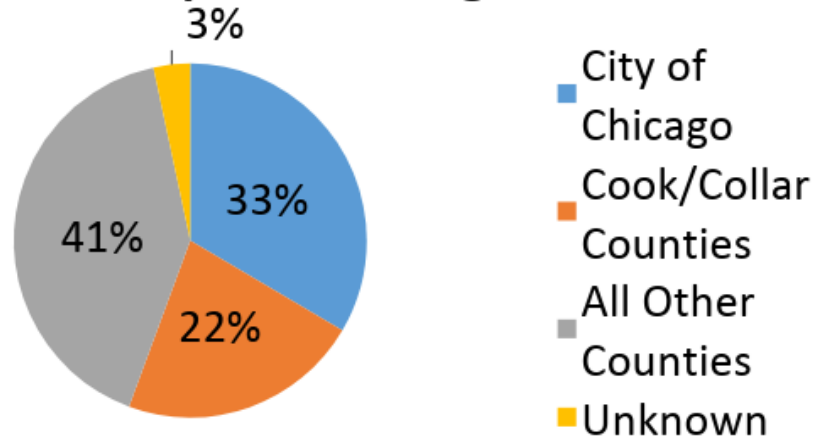
- The majority (74.0%) of survey respondents were White or African American.
- Almost 84% of respondents reported a gender of male or female.
- Just over half (52%) of respondents reported being straight, with 28% reported being gay/lesbian.



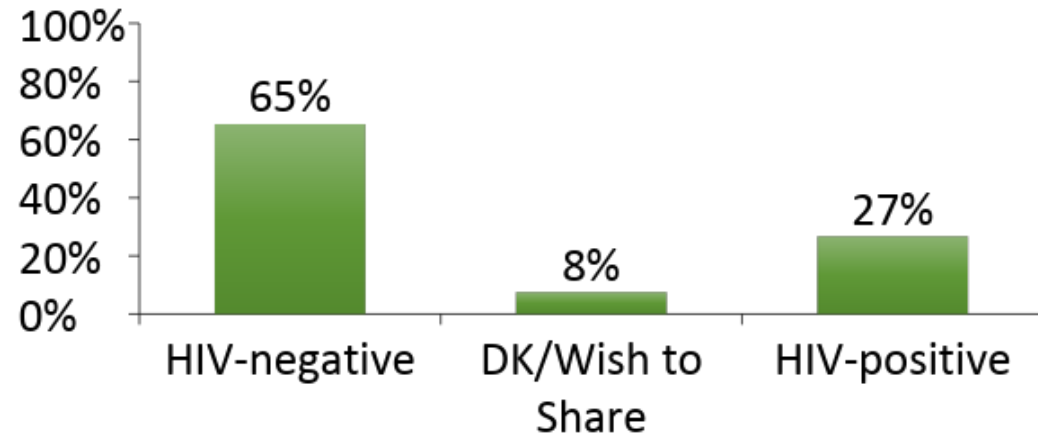
# GTZ SURVEY- QUALITATIVE DATA

## RESPONDENTS DEMOGRAPHICS (N=239)

**Respondent Region**

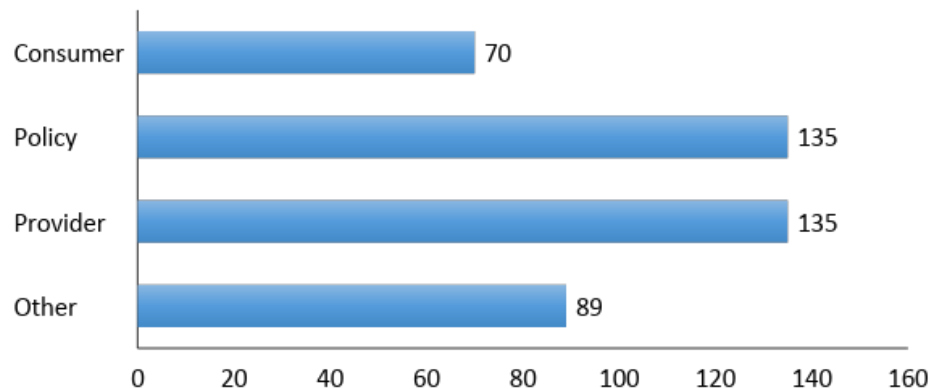


**Respondent's HIV Status**



**AVG AGE= 47.9**  
**Range = 19-77**

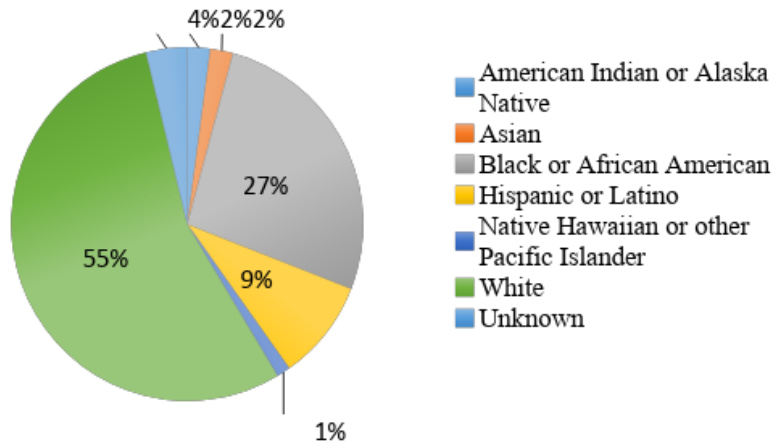
**Respondent Roles  
(Select all)**



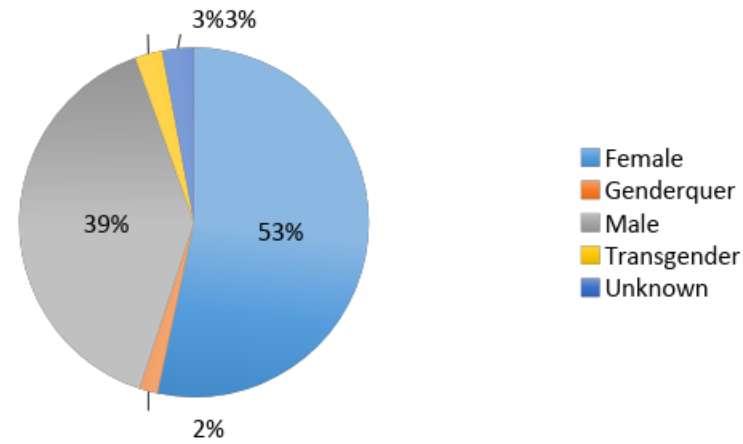
- Most survey respondents (41%) were from outside the Chicagoland region. Over a third (34%) of the respondents were Chicagoans.
- While most respondents were HIV- (65%).
- Survey respondents identified as providers and policy/research/public health professionals (n=135).

# GTZ SURVEY DEMOGRAPHICS (239 RESPONDENTS)

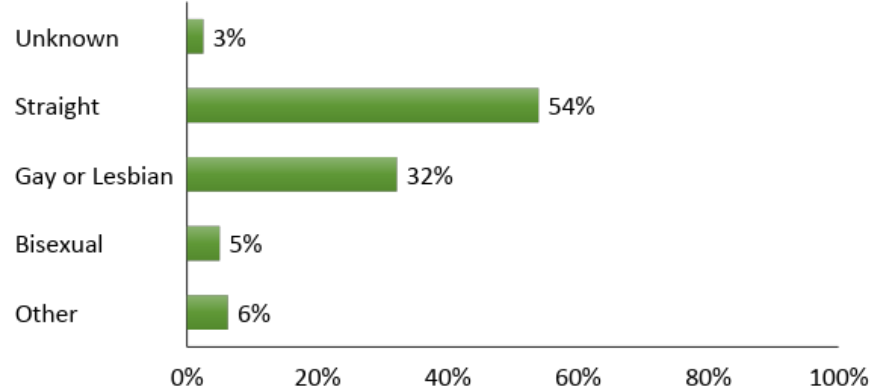
Respondent's Race/ Ethnicity



Respondent's Gender



Respondent's Sexual Orientation



- The majority (74.0%) of survey respondents were White or African American.
- Almost 94% of respondents reported a gender of male or female.
- Over half of the respondents identified as being Straight (54%); almost 1/3 (32%) reported being Gay/Lesbian.



# ANALYSIS OF OPEN-ENDED SURVEY DATA (N=239)





# GTZ SURVEY: ANALYSIS METHODS

**Analysis methods utilized Google Artificial Intelligence, MS Excel/SPSS, Wordle WordCloud, and SmartDraw Concept Mapping software.**

## **Methods:**

- **Descriptive Statistics of demographic survey questions**
  - Excel/SPSS: Identify and chart descriptive statistics
- **Qualitative Analysis and Visualization of open-ended survey questions**
  - Google AI:
    - Conducted Entity Analysis to Identify common themes;
    - Conducted Sentiment analysis to identify notable quotations by respondent sentiment.
  - Wordle: Identify common themes and create data visualization clouds.
  - SmartDraw: Create data visualization “concept maps” of qualitative themes and sub-themes.



# QUALTATIVE ANALYSIS RESULTS BY QUESTION



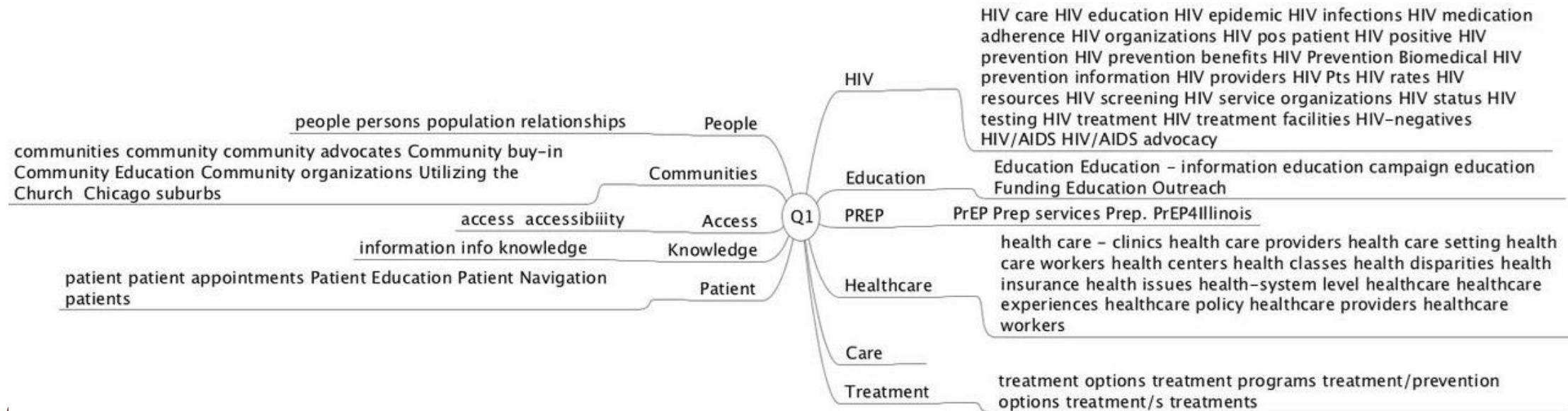
# GTZ SURVEY Q1: MOST IMPORTANT GTZ CONSIDERATION

**What do you think is the most important thing to consider to achieve the Getting to Zero goals, that is zero new infections and zero people living with HIV who are not receiving treatment?**



# Q1: MOST IMPORTANT GTZ CONSIDERATION THEMES

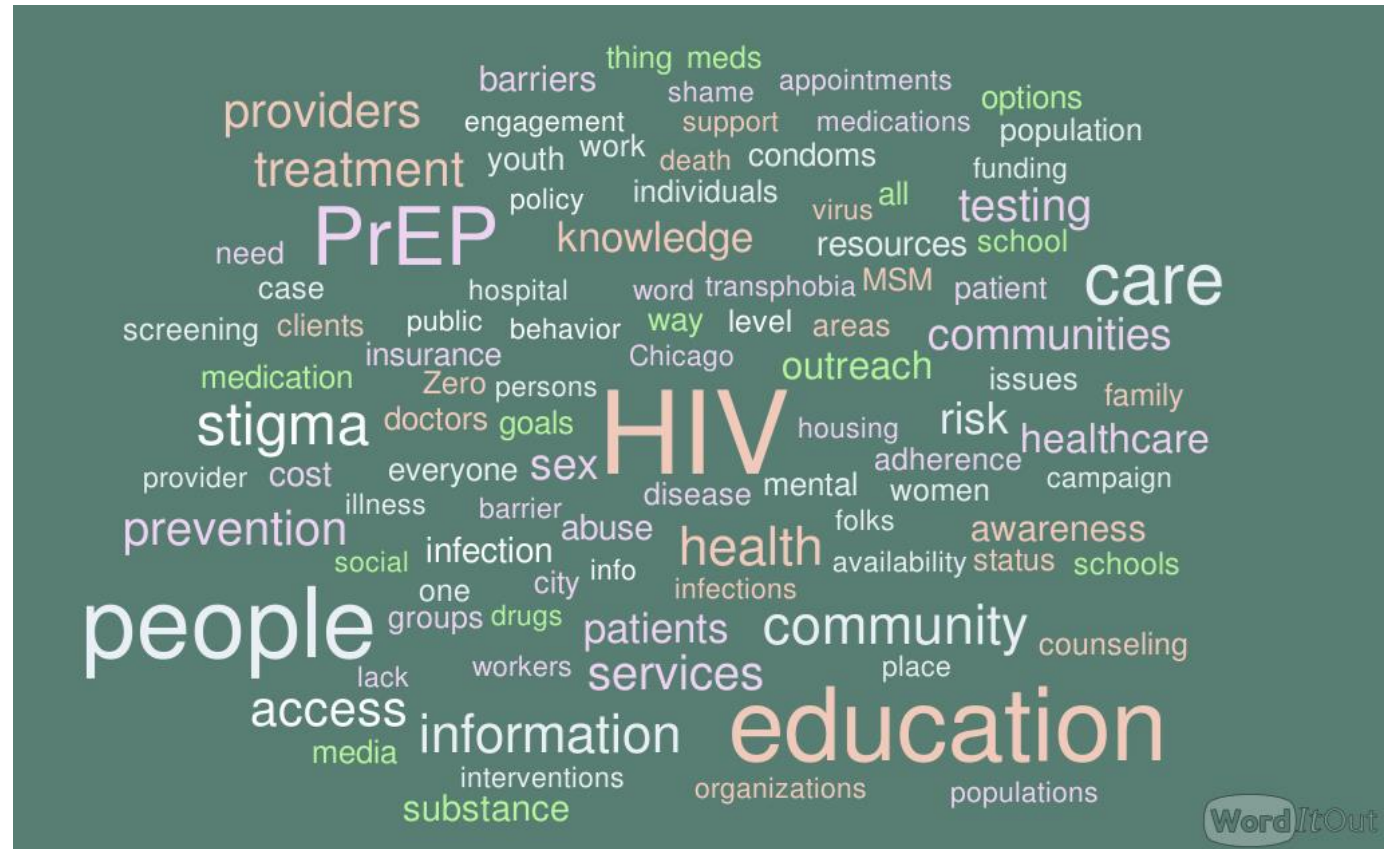
*Leveraged Qualitative Thematic Analysis to identify 11 key themes*



# Q1: MOST IMPORTANT GTZ CONSIDERATIONS THEME RANKS

*HIV, People, Education, and PrEP were the highest ranking themes*

Rank	Theme
101	HIV
88	people
75	ED
60	Prep
51	communities
34	healthcare
30	access/accessibility
30	care
29	knowledge/info
26	treatment
23	patient





# Q1: MOST IMPORTANT CONSIDERATION FOR GTZ BY ROLE

Q1:Top 3 Themes by Role				
Rank	Theme	Consumer	Policy	Provider
101	HIV	20%	19%	50%
88	people	28%	15%	48%
75	ED	20%	9%	60%
60	Prep	20%	15%	55%
51	communities	20%	20%	47%
34	healthcare	20%	23%	53%
30	access/accessibility	27%	20%	50%
30	care	7%	33%	43%
29	knowledge/info	32%	9%	42%
26	treatment	15%	23%	54%
23	patient	9%	22%	57%

The most important considerations for getting to zero varied by the respondent's role.

- Consumers chose Knowledge, People, and Access as their top themes.
- Policy professionals selected Care, Healthcare/Health system, and Treatment as their top considerations.
- Providers identified Education, Patients, and PrEP as their their top themes.



# Q1: MOST IMPORTANT GTZ CONSIDERATION BY REGION

Q1: Top 3 Themes by Region				
Rank	Theme	Chicago	Cook/Collar	Other
101	HIV	36%	12%	52%
88	people	38%	16%	48%
75	ED	24%	11%	65%
60	Prep	45%	13%	42%
51	communities	55%	12%	33%
34	healthcare	58%	15%	28%
30	access/accessibility	50%	10%	40%
30	care	40%	17%	43%
29	knowledge/info	28%	19%	53%
26	treatment	19%	15%	65%
23	patient	43%	9%	48%

Similarly, the top considerations for GTZ varied by the respondent's region.

- Chicago respondents selected Healthcare, Communities, and Access as their top considerations.
- Cook County and Collar community residents identified Knowledge, Care, and People as the top considerations for GTZ.
- Respondents outside the Chicagoland area noted that Education, Treatment, and Knowledge were their top considerations for GTZ.



# Q1: TOP GTZ CONSIDERATION BY HIV STATUS

Q1:Top 3 Themes by HIV Status				
Rank	Theme	HIV-	Unknown	HIV+
101	HIV	74%	4%	19%
88	people	78%	5%	17%
75	ED	81%	4%	15%
60	Prep	85%	2%	13%
51	communities	80%	0%	20%
34	healthcare	95%	3%	3%
30	access/accessibility	87%	7%	7%
30	care	80%	13%	7%
29	knowledge/info	72%	8%	21%
26	treatment	73%	8%	19%
23	patient	91%	0%	9%

There were some similarities in responses for top GTZ considerations by HIV status.

Knowledge and Treatment appeared as top considerations for those with unknown status and HIV+ status.

- HIV- respondents identified Healthcare, Patients, and Access as top GTZ considerations.
- HIV+ respondents noted Knowledge, Communities, and Treatment as their top GTZ considerations.
- Respondents with an unknown HIV Status cited Care, Knowledge, and Treatment as their top GTZ considerations.



# GTZ SURVEY Q1 SENTIMENT ANALYSIS

Positive	Negative
Helping people understand that PrEP is not to be used in place of condoms because the risk of other STI's is much greater.	The message is still stigmatized and socially unacceptable all over which keeps people from seeking treatment and risking death in smaller counties and communities.
Knowledge of safe practices (what they are) and where to go for help in executing them (e.g. free testing; free condoms; free needle sharing)	The hard work of actively identifying and addressing racism; sexism; homophobia; transphobia and other cultural biases held by specific staff members needs to be carried out.
Increasing supportive and independent housing options in a variety of neighborhoods for people living with HIV. (communities)	A lot of individuals are so afraid of HIV or even potentially being positive that they are unwilling to even get tested.



# Q2: GTZ-IL ACTION ITEMS

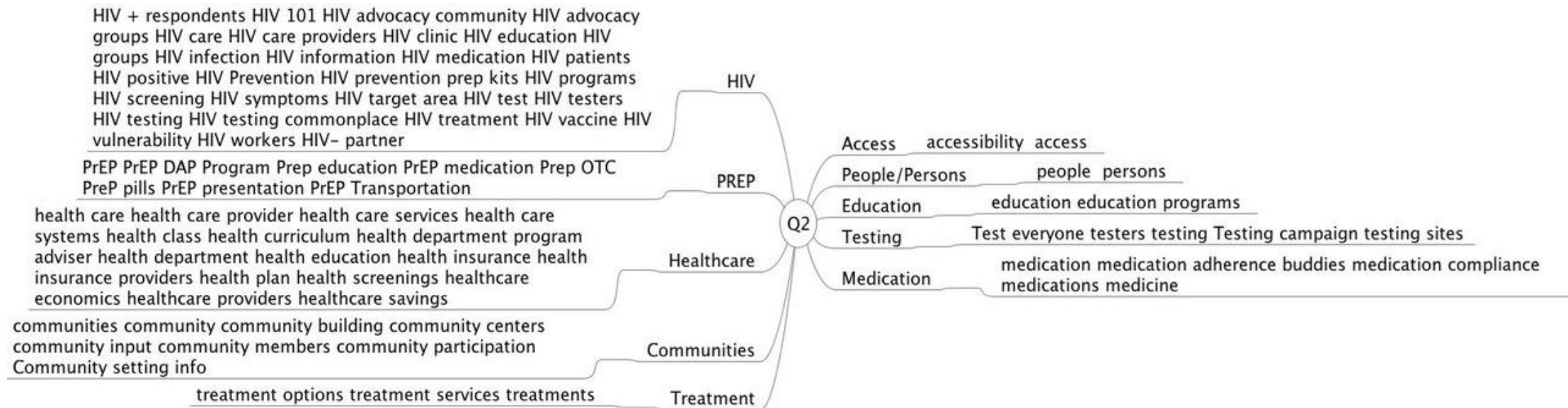
**If you could do anything to get us closer to zero in Illinois, and money and politics were not an issue, what would you do?**





# Q2: GTZ-IL ACTION ITEMS THEMES

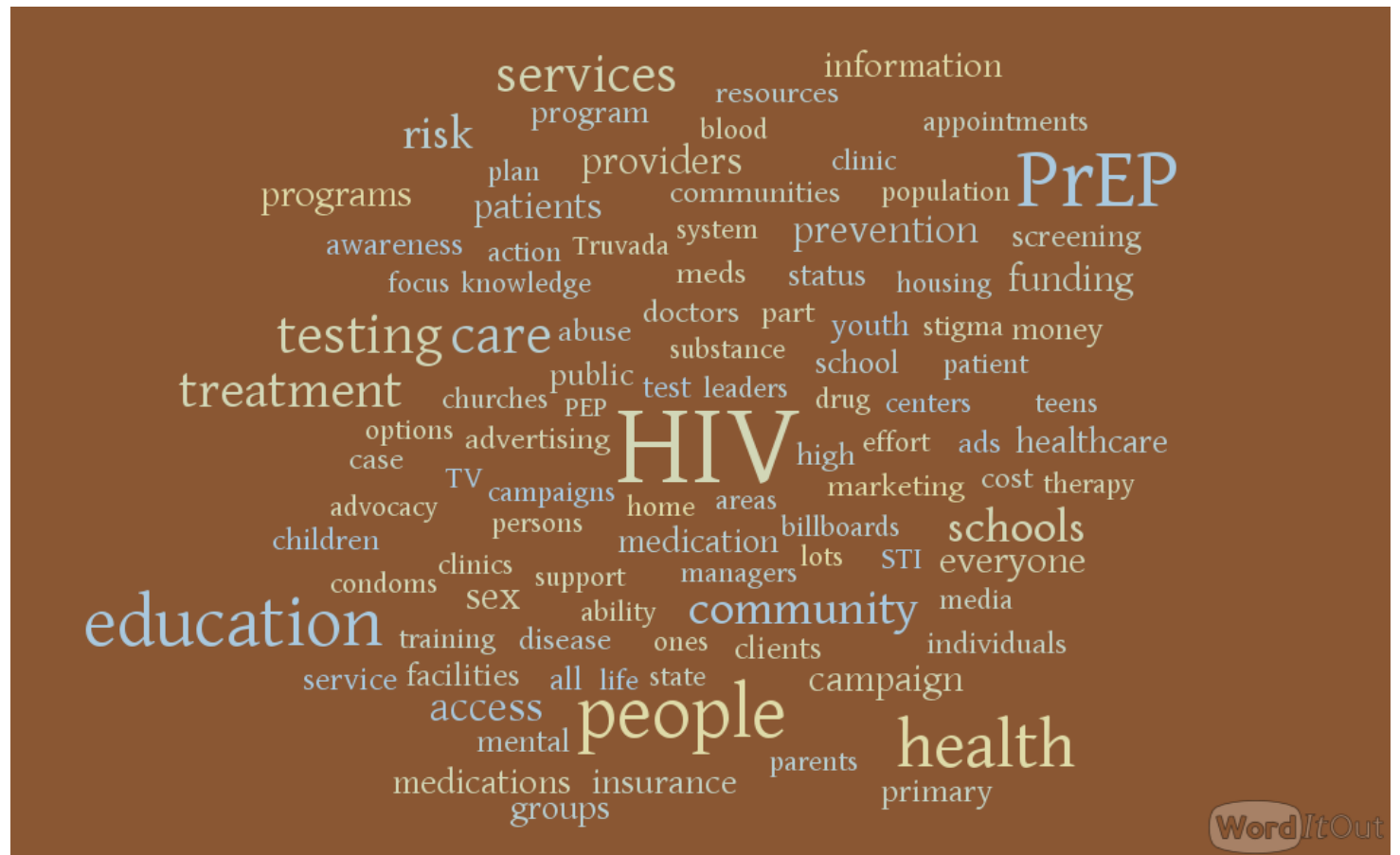
*Leveraged Qualitative Thematic Analysis to identify 10 key themes*



## Q2: GTZ IL ACTION ITEMS THEME RANKS

*HIV, People, PrEP and Education were the highest ranking themes*

Rank	Theme
99	HIV
60	people/persons
59	Prep
41	education
41	health/healthcare/ healthcare provider
28	testing
27	communities
27	medication
26	treatment
22	accessibility/ access
22	risk



# Q2: GTZ-IL ACTION ITEMS BY ROLE

Q2: Top 3 Themes by Role				
Rank	Theme	Consumers	Policy	Providers
99	HIV	14%	23%	51%
60	people/persons	22%	8%	47%
59	Prep	31%	12%	49%
41	education	15%	17%	59%
41	health/healthcare/ healthcare provider	20%	37%	39%
28	testing	32%	29%	29%
27	communities	22%	19%	48%
27	medication	17%	26%	30%
26	treatment	27%	23%	38%
22	accessibility/ access	14%	14%	59%
22	risk	20%	16%	60%

Respondents identified unique top action areas for GTZ in Illinois by their role.

- Consumers responded with Testing, PrEP, and Treatment as top action areas for Illinois GTZ.
- Policy professionals identified Healthcare/health systems , Testing, and Medication as top action areas.
- Providers cited Risk, Access, and Education as top action areas for Illinois GTZ.



# Q2: IL- GTZ ACTION ITEMS BY REGION

Q2: Top 3 by Region				
Value	Theme	Chicago	Cook/ Collar	Other
99	HIV	47%	12%	41%
60	people/persons	27%	18%	55%
59	Prep	39%	17%	44%
41	education	27%	17%	56%
41	health/healthcare/healthcare provider	60%	10%	31%
28	testing	34%	17%	48%
27	communities	44%	22%	33%
27	medication	52%	19%	30%
26	treatment	38%	12%	50%
22	accessibility/ access	45%	9%	45%
22	risk	20%	12%	68%

Respondents identified mostly unique top action areas for Illinois GTZ, but there were a couple of notable similarities by region.

- Chicago respondents identified Health, HIV, and Medication as top action areas for IL GTZ.
- Cook and Collar County residents cited Communities, Medication, and People as top action areas.
- Respondents not in Chicago or Cook County noted Risk, Education, and People as top action areas for GTZ.

Working with people and populations to influence perceptions and work was a top action area outside Chicago. Medication was a top action area within Chicago, Cook/Collar counties.



# Q2: GTZ-IL ACTION ITEMS BY HIV STATUS

Q2: Top3 by HIV Status				
Value	Theme	HIV -	Other	HIV+
99	HIV	75%	10%	15%
60	people/persons	68%	3%	28%
59	Prep	75%	5%	20%
41	education	95%	0%	5%
41	health/healthcare/ healthcare provider	98%	2%	0%
28	testing	68%	14%	18%
27	communities	74%	0%	26%
27	medication	74%	11%	15%
26	treatment	58%	15%	27%
22	accessibility/ access	82%	9%	9%
22	risk	79%	0%	21%

Action items for GTZ- IL were unique by respondent's HIV status.

- HIV- respondents identified Healthcare, Education, and Access as their top GTZ action items in Illinois.
- HIV+ respondents noted with Treatment, Testing, and Medication as their top GTZ action items.
- Respondents with an unknown HIV status cited about People, Communities, and PrEP as their top action items for Illinois GTZ.





# Q2: STRONG SENTIMENT ANALYSIS QUOTES FOR GTZ- IL ACTION ITEMS

Positive	Negative
Institute free _and_ effective mental health and addiction services.	Advertisement and bring cost down to zero.
There is a tremendous opportunity right now with a larger nationwide effort and momentum for this and we the HIV advocacy community should be a strong voice in this movement.	It seems odd to me that people aren't interested in learning about something they no little or nothing about; especially when that information could potentially keep people with HIV positive sex partners from becoming infected with the virus.
Release more funding to local health departments and CBO's to offer free HIV testing; make home testing affordable and widely available; and ensure that people living with HIV have full access to quality medical insurance and supportive care for physical and mental health.	Promote PrEP as a therapy for all people who are sexually active and not target specific audiences.



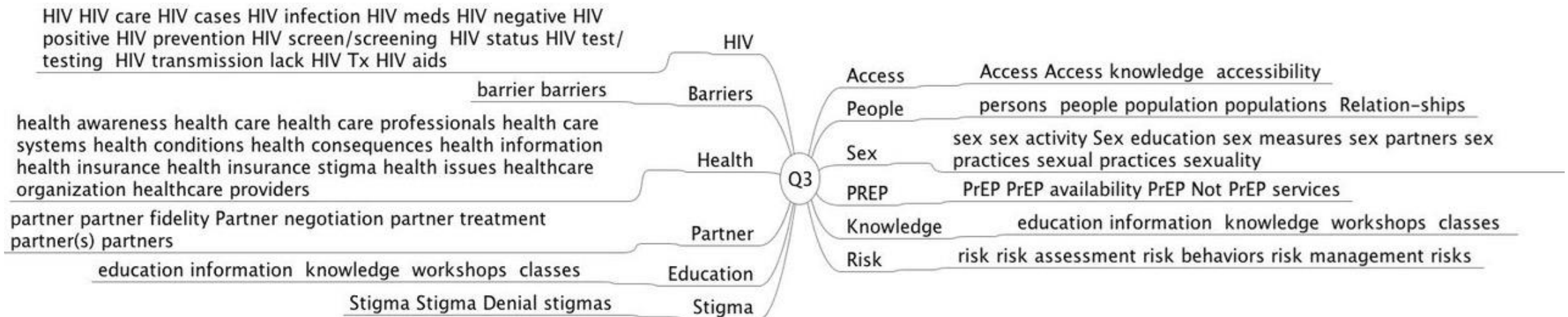
# **Q3: BARRIERS TO STAYING HIV-**

**What barriers do you see (or face yourself) in staying HIV-negative? How do these barriers affect your health or the health of people you know?**



# Q3: BARRIERS TO STAYING HIV- THEMES

*Leveraged Qualitative Thematic Analysis to identify 12 key themes*





# Q3: BARRIERS TO STAYING HIV- BY ROLE

Q3: Top 3 Themes by Role				
Rank	Theme	Consumer	Policy	Provider
63	HIV	24%	13%	54%
58	people	19%	10%	62%
45	barriers	16%	20%	51%
45	sex	26%	15%	44%
35	health	43%	5%	41%
34	Prep	35%	18%	42%
25	partner	16%	8%	60%
24	knowledge/info	15%	15%	50%
23	education	22%	13%	57%
23	risk	17%	26%	57%
21	stigma	19%	14%	52%
20	access/accessibility	20%	10%	55%

Although most respondents reported unique top barriers to staying HIV- by role, there were couple of similar barriers by role. Providers and policy professionals noted risk factors/ behaviors as a top barrier; while consumers and policy professionals noted that PrEP was a top barrier to staying HIV-.

- Consumers identified Health, PrEP, and Sex as top barriers to staying HIV-.
- Policy professionals reported Healthcare/Health, Testing, and Medication as top barriers to staying HIV-.
- Providers noted Risk, Access, and Education as top barriers to staying HIV-.





# Q3: BARRIERS TO STAYING HIV- BY REGION

Q3: Top 3 Themes by Region				
Rank	Theme	Chicago	Cook	Other
63	HIV	43%	11%	46%
58	people	38%	12%	50%
45	barriers	47%	24%	29%
35	sex	49%	9%	43%
35	health	57%	1%	24%
34	Prep	32%	6%	62%
25	partner	56%	16%	28%
24	knowledge/info	31%	15%	54%
23	education	26%	9%	65%
23	risk	43%	13%	43%
21	stigma	33%	14%	52%
20	access/accessibility	45%	20%	35%

Similarly, most respondents reported unique top barriers to staying HIV- by region, with one exception.

- Chicago respondents identified top barriers of Health,/ Healthcare, Partner(s), and Sex
- Cook County and Collar County residents noted multiple barriers, Access, and Partner(s).
- Respondents outside Chicagoland identified Education, PrEP, and Knowledge as top barriers.

Partners were noted as top barriers to staying HIV- across the Chicagoland region, including the city and Cook/ Collar counties,



# Q3: BARRIERS TO STAYING HIV- BY HIV STATUS

Q3: Top 3 by HIV Status				
Rank	Theme	HIV-	Other	HIV+
63	HIV	84%	0%	16%
58	people	86%	3%	10%
45	barriers	93%	2%	4%
35	sex	74%	3%	24%
35	health	92%	0%	8%
34	Prep	74%	3%	24%
25	partner	96%	0%	4%
24	knowledge/info	85%	0%	15%
23	education	74%	4%	22%
23	risk	87%	9%	4%
21	stigma	67%	5%	29%
20	access/accessibility	70%	10%	20%

Similarly, most respondents reported unique top barriers to staying HIV- by HIV status, with one exception.

- HIV- respondents identified Partners, Multiple barriers, and Health/Healthcare as top barriers to staying HIV-.
- HIV+ respondents noted Stigma, Sex, PrEP, and Education as top barriers to staying HIV-.
- Those with unknown HIV Status cited Access, Risk, and Stigma as their top barriers to staying negative.

Both HIV+ and Unknown status respondents identified Stigma as a top barrier to staying negative.



# Q3: BARRIERS TO STAYING HIV-SENTIMENT ANALYSIS

Positive	Negative
Easy quick assess to hiv testing	They are not aware of the numbers of HIV cases; basically they are not informed of the dangers of unprotected sex; especially the younger as well as the older Latino population.
having unprotected sex with people who are positive but unaware of their status therefore highly infectious	If they cannot even offer me a test; how comfortable do you think they are in asking about sexual; personal; and drug use behaviors that may be putting me at risk for HIV infection so that they can use that information to counsel me on risk/harm reduction methods and make appropriate referrals?
More sensitivity and services provided in non-judgmental culturally atmosphere.	Risky behaviors; not using condoms every time; persons who don't know/care about their HIV status; costs of treatments/prevention; lack of/poor knowledge; religious objections to education/treatment of school-aged minors; and GOP leadership that puts capitalist interests ahead of the welfare of the public.



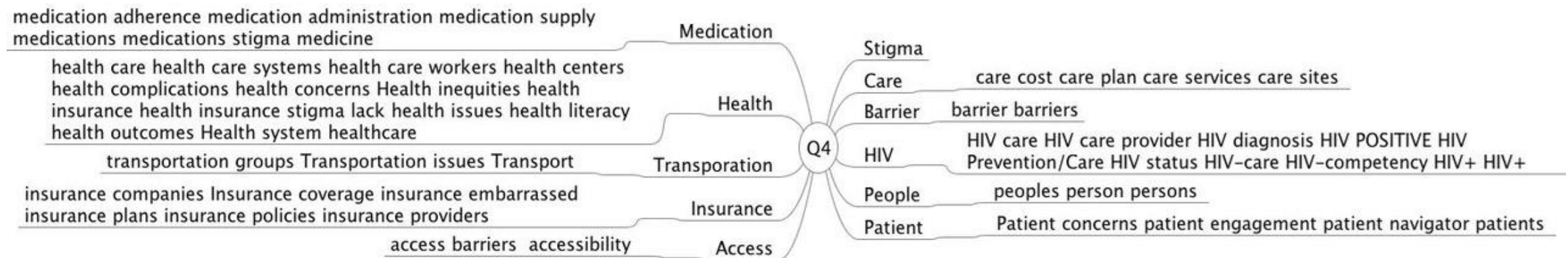
# Q4: BARRIERS TO CARE FOR HIV+ INDIVIDUALS

**What barriers do you see (or face yourself) in getting and staying in care if you are HIV-positive? How do these barriers affect your health or the health of people you know?**



# Q4: BARRIERS TO CARE FOR HIV+ INDIVIDUALS

*Leveraged Qualitative Thematic Analysis to identify 11 key themes*



# Q4: BARRIERS TO CARE FOR HIV+ INDIVIDUALS THEME RANKS

*Medication, Care, and Health were the highest ranking themes*

Rank	Theme
53	medication
45	care
38	health
36	barrier
36	transportation
35	HIV
27	insurance
24	people
23	access
20	patient
19	stigma





# Q4: BARRIERS TO CARE FOR HIV+ INDIVIDUALS BY ROLE

Q4: Top 3 Themes by Role				
Rank	Theme	Consumer	Policy	Provider
53	medication	29%	3%	56%
45	care	11%	24%	62%
38	health	20%	13%	37%
36	barrier	25%	14%	53%
36	transportation	25%	6%	50%
35	hiv	8%	16%	63%
27	insurance	28%	14%	45%
24	people	23%	9%	53%
23	access	30%	4%	57%
20	patient	10%	25%	65%
19	stigma	6%	5%	74%

While there were similarities noted in policy professionals and providers in care for HIV+ individuals, consumers identified unique barriers to care.

- Consumers identified Access, Medication, and Insurance as top barriers to care for HIV+ individuals.
- Policy professionals noted that Patients, Care, and HIV Issues were top barriers to care.
- Providers cited Stigma, Patients, and HIV Issues as top barriers to care.

Both policy professionals and providers noted that HIV Issues and Patients posed barriers to care for HIV+ individuals.



# Q4: BARRIERS TO CARE FOR HIV+ INDIVIDUALS BY REGION

Q4: Top 3 Themes by Region				
Rank	Theme	Chicago	Cook	Other
53	medication	50%	15%	35%
45	care	35%	11%	54%
38	health	50%	8%	42%
36	barrier	39%	17%	44%
36	transportation	17%	17%	64%
35	hiv	33%	31%	36%
27	insurance	31%	31%	45%
24	people	47%	12%	41%
23	access	52%	22%	26%
20	patient	35%	30%	35%
19	stigma	28%	26%	47%

Respondents identified unique top barriers to care for HIV positive individuals by region.

- Chicago respondents responded with Access, Medication, and Healthcare/Health as top barriers to care for HIV+ individuals.
- Cook County and Collar county residents noted HIV Issues, insurance, and patients as top barriers to care for HIV+ individuals.
- Respondents in Other Illinois counties identified Transportation, Care and Stigma(s) as top barriers to care for HIV+ individuals.



# Q4: TOP BARRIERS TO CARE FOR HIV+ INDIVIDUALS BY HIV STATUS

Q4: Top 3 Themes by HIV Status				
Rank	Theme	HIV-	Other	HIV+
53	medication	74%	3%	24%
45	care	91%	0%	9%
38	health	71%	3%	26%
36	barrier	75%	6%	19%
36	transportation	69%	25%	0%
35	hiv	88%	4%	9%
27	insurance	72%	0%	28%
24	people	71%	12%	18%
23	access	74%	4%	22%
20	patient	95%	0%	5%
19	stigma	84%	0%	16%

Respondents noted unique top barriers to care for HIV+ individuals by HIV status.

- HIV- respondents identified Patients, Care, and HIV Issues as top barriers to care for HIV+ individuals.
- HIV+ respondents noted that Insurance, Health/Healthcare and Medication were top barriers to care for HIV+ individuals.
- Unknown HIV Status respondents cited Transportation, People/Relationships, and multiple Barriers as top barriers to care for HIV+ individuals.



# Q4: BARRIERS TO CARE SENTIMENT ANALYSIS

Positive	Negative
TPQC (The Project of Quad Cities) does a great job of helping patient overcome these obstacles so they are able to focus on their goals	It's upsetting to take a pill everyday; it's upsetting to sit in a waiting room in the Infectious Disease department; it's upsetting to go to the pharmacy to pick up meds or to see them in the mail box.
Same barriers as always - transportation; jobs/time; knowledgeable compassionate providers	Risky behaviors; not using condoms every time; persons who don't know/care about their HIV status; costs of treatments/prevention; lack of/poor knowledge; religious objections to education/treatment of school-aged minors; and GOP leadership that puts capitalist interests ahead of the welfare of the public.
Consistent access to appointments; labs; medications.	Inadequate access to competent HIV care in areas where HIV is most prevalent.



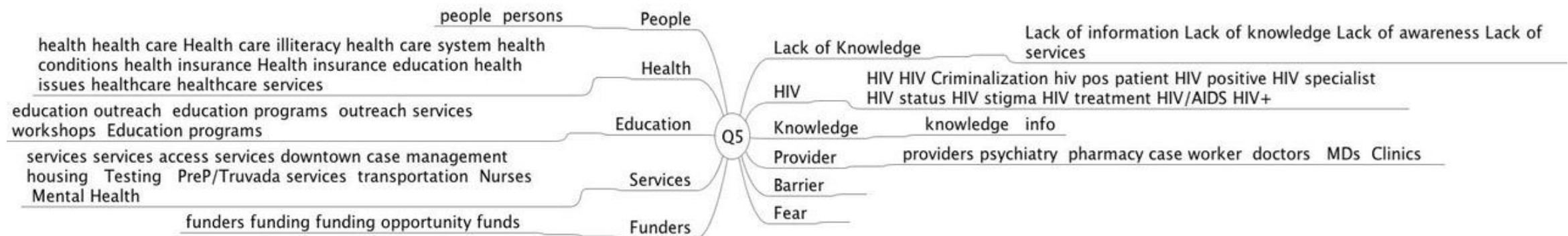
# **Q5: CAUSES OF BARRIERS TO CARE**

**What causes these barriers? Please be specific.**



# Q5: CAUSES OF BARRIERS TO CARE THEMES

*Leveraged Qualitative Thematic Analysis to identify 11 key themes*





# Q5: CAUSES OF BARRIERS TO CARE

## THEME RANKS

*Lack of Services/Knowledge/ Resources etc., People, and HIV were the highest ranking themes*

Rank	Theme
52	Lack of services/ knowledge etc.
41	People
32	HIV
24	Health
21	Info/Knowledge
20	Education
18	Provider
48	Services
16	Barrier
13	Funders
11	Fear



# Q5: CAUSES OF BARRIERS TO CARE BY ROLE

Q5: Top 3 Themes By Role				
Rank	Theme	Consumer	Policy	Provider
52	Lack of services/knowledge	27%	10%	56%
41	People	24%	7%	51%
32	HIV	42%	19%	32%
24	Health	17%	17%	46%
21	Info/Knowledge	43%	14%	24%
20	Education	20%	10%	60%
18	Provider	22%	33%	44%
48	Services	21%	17%	52%
16	Barrier	6%	13%	56%
13	Funders	15%	6%	50%
11	Fear	10%	0%	64%

With a couple of exceptions, respondents noted unique top barriers to care by their role.

- Consumers reported Info/Knowledge, HIV Issues, and Lack of Services/Knowledge/Resources as top causes of barriers to care.
- Policy professionals identified Providers, HIV Issues, and Healthcare/Health as top causes of barriers to care.
- Providers cited Fear, Education (lack of), Lack of services, and multiple barriers as top causes of barriers to care.

Both consumers and policy professionals identified HIV issues as barriers to care. Similarly, consumers and providers identified lack (of services, knowledge, resources, etc.) as a cause of barriers to care.



# Q5: TOP CAUSES FOR BARRIERS TO CARE BY REGION

Q5: Top 3 Themes by Region				
Rank	Theme	Chicago	Cook/Collar	Other
52	Lack	29%	17%	2%
41	People	24%	12%	19%
32	HIV	25%	13%	63%
24	Health	33%	34%	33%
21	Info/Knowledge	29%	0%	71%
20	Education	19%	10%	71%
18	Provider	11%	11%	28%
48	Services	21%	19%	60%
16	Barrier	50%	19%	31%
13	Funders	15%	8%	77%
11	Fear	35%	0%	65%

Both Chicago and Collar County respondents identified Health/ Healthcare and Multiple Barriers as top causes for barriers to care; respondents from outside Chicagoland and the City of Chicago identified Fear as a top cause for barriers to care.

- Chicago respondents identified Multiple Barriers, Fear, and Health/healthcare as top causes for barriers to care.
- Cook County and Collar community residents responded with Health/ Healthcare, Services, and Multiple Barriers as top causes for barriers to care.
- Respondents from outside of Chicagoland noted Funder(s)/costs, Information, Education, and Fear as top causes for barriers to care.



# Q5:TOP CAUSES FOR BARRIERS TO CARE BY HIV STATUS

Q5: Top 3 Themes by HIV Status				
Rank	Theme	HIV-	Other	HIV+
52	Lack	75%	2%	23%
41	People	58%	20%	22%
32	HIV	53%	16%	31%
24	Health	71%	16%	13%
21	Info/ Knowledge	62%	5%	33%
20	Education	71%	10%	19%
18	Provider	72%	17%	11%
48	Services	75%	6%	19%
16	Barrier	75%	19%	6%
13	Funders	77%	8%	15%
11	Fear	82%	0%	18%

With one exception, respondents identified unique causes for barriers to care by HIV status.

- HIV- respondents identified about Fear, Funders, and People as top causes for barriers to care.
- Unknown HIV status noted People, Multiple Barriers, and Providers as top causes for barriers to care.
- HIV+ status respondents cited Knowledge/Info (Lack), HIV Issues, and Lack of Knowledge/access/resources/services as top causes of barriers to care.

Both HIV- and Unknown HIV status individuals noted that People (unspecified relationships/public, etc.) was a top causes of barriers to care.



# Q5: CAUSES OF BARRIERS TO CARE

## SENTIMENT ANALYSIS

Positive	Negative
I say we continue our great work and save as many as possible then call each day a good day.	Overpriced uninsured medical care
Families; churches and whole communities stigmatize; label and purge people who struggle with mental illness; addiction and PLHIV.	Lack of education Too many patients/clients per clinician/case manager makes the providers need to limit the time spent with clients/patients in their appointments.
Various schools of thought about PrEP and prescribing; as well as; finding a provider who is comfortable and knowledgeable about HIV and living w/HIV.	A majority of the people are poor; have no access to healthcare services or dont care because they have other responsibilities that are more urgent or important.



# Q6: OTHER GTZ RECOMMENDATIONS\*

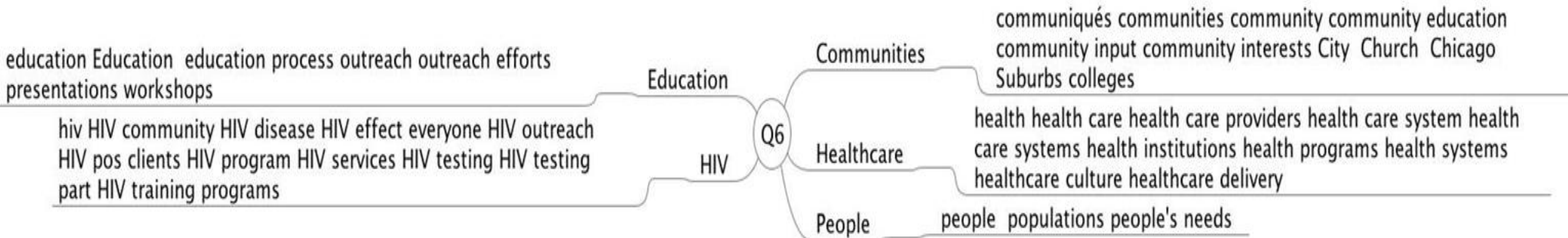
**What other recommendations do you have for getting us to zero?**

*\*Please note that Q6 contained 1/3 the identified themes of other questions. As a result, there are 5 differentiated Top Themes and no analysis provided by demographic categories of role, region, or HIV status for this question.*



# GTZ SURVEY Q6 THEMES

*Leveraged Qualitative Thematic Analysis to identify 5 key themes*



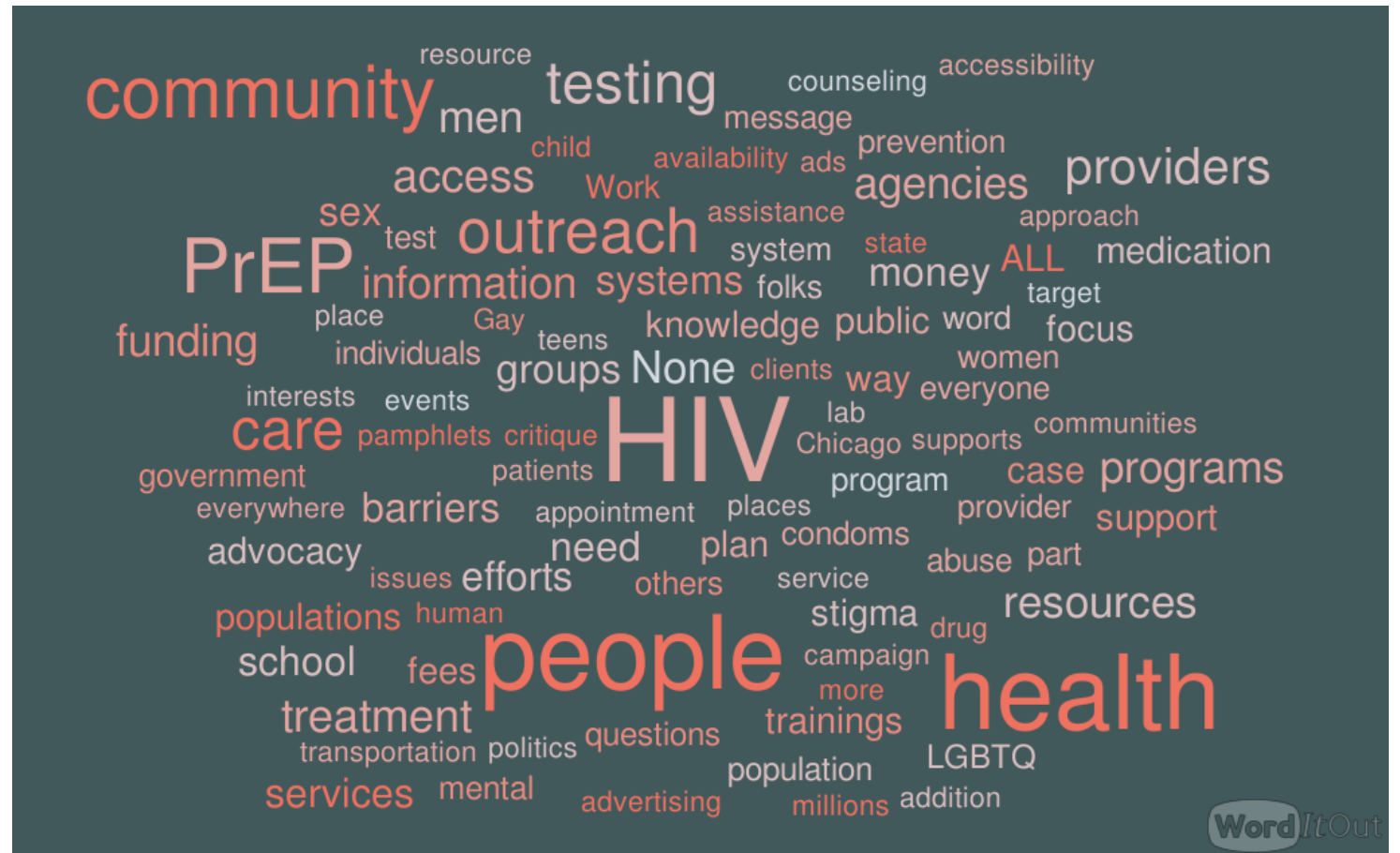


# GTZ SURVEY Q6 THEME RANKS

*Education, People, and HIV were the highest ranking themes*

Rank	Theme
33	Education
21	Health/healthcare
26	HIV
28	people
23	communities

*\*“Education” includes outreach, education, information systems, and workshops*



# GTZ SURVEY Q6 SENTIMENT ANALYSIS

Positive	Negative
Providing education and access to areas and groups of people who lack resources and information.	People does not trust the current presidential administration and feel discriminated and afraid; they do not trust anything related to the government.
Greater knowledge about the public health benefits of men who have an undetectable T4 cell count.	The electronic translators do NOT recognize the different African dialects and does not provide for all languages.
Chicago has a tremendous resource with many existing programs that need to be better resourced and strengthened such as the case management cooperative.	I want to stress that I believe a fundamental part of getting to zero is education.



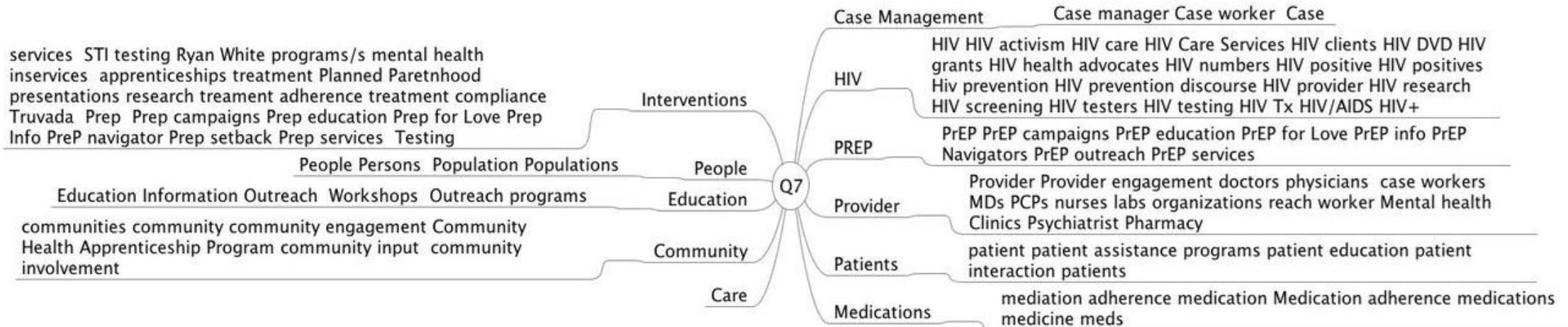
# Q7: MOST EFFECTIVE GTZ ACTIVITIES

What are you doing right now or do you see happening right now that you feel is most effective in getting us closer to zero?



# Q7: MOST EFFECTIVE GTZ ACTIVITIES THEMES

*Leveraged Qualitative Thematic Analysis to identify 11 key themes*





# Q7: MOST EFFECTIVE GTZ ACTIVITIES BY ROLE

Q7: Top 3 Themes by Role				
Rank	Theme	Consumer	Policy	Provider
99	Interventions/ Services	25%	19%	49%
61	HIV	16%	36%	38%
45	People	31%	16%	42%
42	PReP	25%	19%	48%
39	Education	24%	15%	59%
33	Providers	36%	21%	29%
27	Community	19%	33%	41%
25	Patients	0%	24%	76%
19	Care	11%	26%	53%
18	Medications	28%	17%	56%

With one exception, respondents identified distinct top most effective GTZ activities by their role.

- Consumers identified Providers, People, and Medications as the top most effective GTZ activities.
- Policy professionals noted that HIV-related activities, Community-centered, and Care activities were the top most effective GTZ activities.
- Providers cited Patient-activities, Education/outreach/workshops, and Medications.

Medications were noted as a top most effective GTZ activity by consumers and providers.



# Q7: MOST EFFECTIVE GTZ ACTIVITIES BY REGION

A couple of similarities were noted by region for most effective GTZ activities.

- Chicago respondents identified HIV issues, Interventions/ services, and community as the top most effective activities.
- Cook County and Collar residents noted that Patients, Medications, and Interventions were the top most effective GTZ activities.
- Respondents from other Illinois Counties cited Interventions/ services, Education, and Medications the top most effective GTZ activities.

All respondents identified interventions/services as top GTZ activities. Medication was identified as a top activity for residents outside Chicago.

Q7: Top 3 Themes by Region				
Rank	Theme	Chicago	Cook/ Collar	Other
99	Interventions/ Services	52%	16%	68%
61	HIV	57%	8%	34%
45	People	49%	7%	44%
42	PreP	38%	13%	52%
39	Education	20%	12%	68%
33	Providers	48%	9%	45%
27	Community	52%	11%	37%
25	Patients	36%	44%	20%
19	Care	37%	11%	53%
18	Medications	28%	17%	56%





# Q7: MOST EFFECTIVE GTZ ACTIVITIES BY HIV STATUS

Q7: Top 3 Themes by HIV Status				
Rank	Theme	HIV-	Other	HIV+
99	Interventions/ Services	52%	16%	68%
61	HIV	80%	5%	15%
45	People	49%	7%	44%
42	PreP	38%	13%	50%
39	Education	78%	2%	20%
33	Providers	48%	9%	45%
27	Community	85%	8%	7%
25	Patients	36%	44%	20%
19	Care	79%	11%	11%
18	Medications	44%	11%	44%



There were a couple of similarities across HIV status in the selection of the most effective GTZ activities.

- HIV- respondents identified HIV Issues, Care, and Community as the most effective GTZ activities.
- HIV- respondents noted Interventions/Services, PrEP, and Medications as the most effective GTZ activities.
- Unknown HIV Status cited Interventions/ Services, PrEP, and Medications as the most effective GTZ activities.

HIV+ and Unknown HIV status respondents identified Interventions/Services and PReP as the most effective GTZ activities.

# Q7: MOST EFFECTIVE GTZ ACTIVITIES

## SENTIMENT ANALYSIS

Positive	Negative
Compassionate care...treating everyone with respect; regardless of their status.	A lot of people still have unsafe sex.
At Chicago House; the newest program Community Health Apprenticeship Program; is doing an amazing job of educating those most impacted by HIV and creating HIV health advocates within their own communities.	Partnering with CDPH - integrating our hospital-data on care status of HIV positives with the CDPH data and narrowing down the roster of individuals who are HIV positive and out of care so we can better target our re-engagement efforts Designing new / innovative models of HIV care - for some individuals (see above) the rigid healthcare system does not work.
Working with our community partners to keep educating case managers and clients impacted by HIV.	I call out racism ; misinformation ; inequity immediately the moment I'm confronted with it.



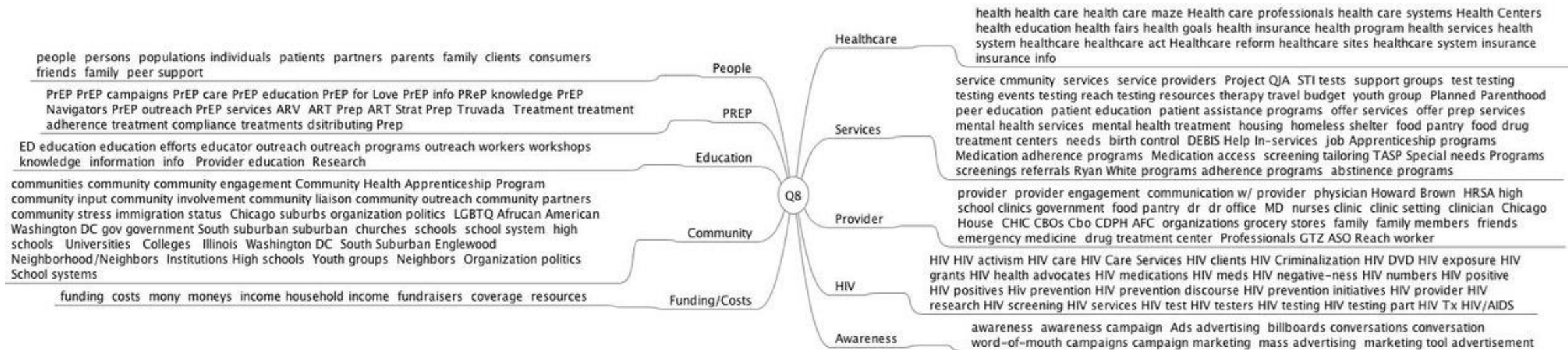
## **Q8: NOT EFFECTIVE GTZ ACTIVITIES**

**What are you doing right now or do you see happening right now that you feel is NOT effective in getting us closer to zero?**



# Q8: NOT EFFECTIVE GTZ ACTIVITIES THEMES

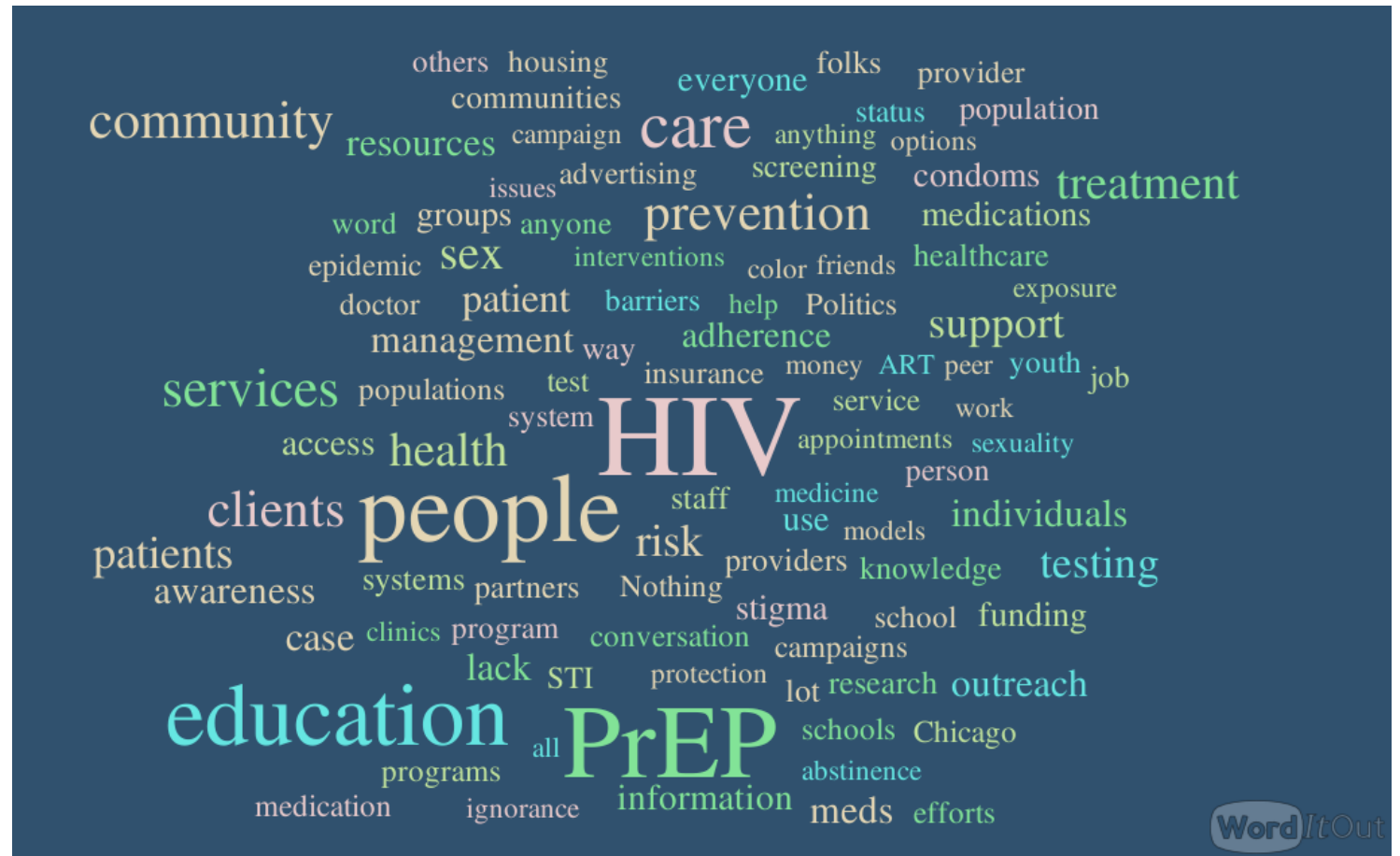
*Eleven top themes were identified using qualitative thematic analysis.*



## Q8: NOT EFFECTIVE GTZ ACTIVITIES

*Top ranking themes were people, services, and PReP/treatments.*

Rank	Theme
125	People
114	Services
95	PReP/ Treatment
92	Provider
88	Education
82	HIV
82	Community
40	Awareness
29	Funding/ Costs
28	Healthcare/ Health



# Q8: NOT EFFECTIVE GTZ ACTIVITIES BY ROLE

Q8: Top 3 Themes by Role				
Rank	Theme	Consumer	Policy	Provider
125	People	24%	18%	58%
114	Services	31%	20%	45%
97	PreP, ART, etc.	23%	15%	51%
92	Provider	22%	17%	53%
88	Education	32%	14%	50%
82	HIV	27%	30%	34%
82	Community	28%	32%	33%
40	Awareness	23%	25%	40%
29	Funding/ Costs	21%	21%	41%
28	Health/ Healthcare	21%	32%	43%

With the exception of one similarly identified activity, respondents identified unique non-effective GTZ activities by their role.

- Consumers identified work with Services/Interventions, Providers, Education, and Communities among non-effective GTZ activities.
- Policy professionals noted work with Communities, Awareness, and Healthcare as non-effective GTZ activities.
- Providers noted work with PreP/ Treatments, People, and Providers among non-effective GTZ activities.

Community was a top non-effective GTZ activity for both consumers and policy professionals.



# Q8: NON-EFFECTIVE GTZ ACTIVITIES BY REGION

Q8: Top 3 Themes by Region				
Rank	Theme	Chicago	Cook/ Collar Co.	Other
125	People	44%	14%	42%
114	Services	32%	23%	46%
97	PRoP, ART, etc.	35%	13%	52%
92	Provider	42%	16%	41%
88	Education	25%	16%	5%
82	HIV	55%	11%	34%
82	Community	49%	6%	45%
40	Awareness	43%	15%	42%
29	Funding/ Costs	45%	10%	45%
28	Health/ Healthcare	43%	39%	18%

There were notable regional similarities among identified non-effective activities.

- Chicago respondents noted HIV, Community, and Funding/Costs as top themes.
- In Cook and Collar Counties, Services, Awareness, and Health/Healthcare issues were the top concerns.
- Other counties in Illinois selected Services, PRoP, Community issues, and Funding/Costs as their top themes.

Services/Interventions were identified as non-effective outside of Chicago. In both Chicago and Other Illinois Counties Community and Funding/Costs were noted as non-effective GTZ activities.





# Q8: NOT EFFECTIVE GTZ ACTIVITIES BY HIV STATUS

Q8: Top 3 Themes HIV Status				
Rank	Theme	HIV-	Other	HIV+
125	People	69%	8%	23%
114	Services	76%	4%	20%
97	PReP, ART, etc.	85%	3%	12%
92	Provider	77%	5%	17%
88	Education	66%	4%	30%
82	HIV	72%	5%	23%
82	Community	76%	9%	16%
40	Awareness	88%	0%	12%
29	Funding/ Costs	83%	3%	14%
28	Health/ Healthcare	82%	11%	7%

**Work with Education and Services/Interventions were identified as non-effective GTZ activities for HIV- and unknown HIV status respondents.**

- **HIV+ respondents identified services, providers, education, and communities among their top non-effective GTZ activities.**
- **Unknown HIV status respondents noted HIV Issues, Awareness, and Healthcare as their top non-effective GTZ activities.**
- **HIV- respondents cited PReP/ Treatments, Services, and Education among their top non-effective GTZ activities.**



# Q8: NOT EFFECTIVE GTZ ACTIVITIES SENTIMENT ANALYSIS

Positive	Negative
Working with our community partners to keep educating case managers and clients impacted by HIV.	A lot of people still have unsafe sex.
Big testing events are great for raising support and awareness but I always think that if I were truly concerned about a possible exposure; the last place I want to get tested is in public where people are generally celebrating and having a good time.	They are in need of the same services and support for food; housing and transportation that the clients are and its shameful.
Structured linkage to care plan including extensive patient follow up.	Medical insurance is very bad right now and it is getting worst every year.



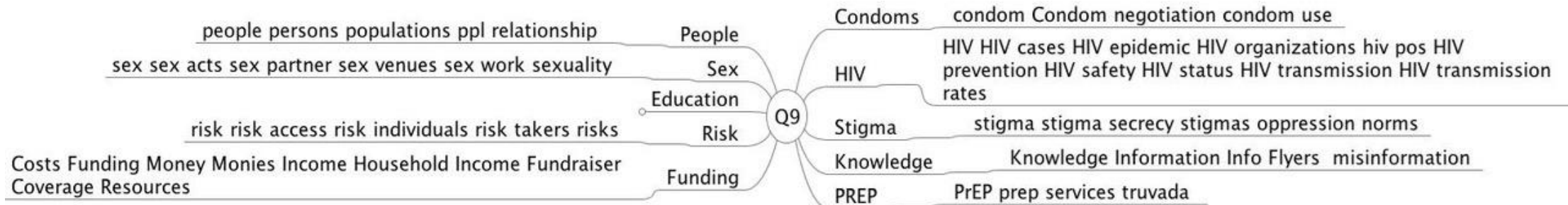
# Q9: WHY IS IT HARD TO PREVENT HIV TRANSMISSION?

**Given all we now know about HIV and how to prevent transmission, why do you think it's still so hard to prevent HIV (transmission)?**



# Q9: WHY IS IT SO HARD TO PREVENT HIV TRANSMISSION?

*Ten top themes were identified using qualitative thematic analysis.*





# Q9: WHY IS IT SO HARD TO PREVENT HIV TRANSMISSION BY ROLE

Q9: Top 3 Themes by Role				
Rank	Theme	Consumer	Policy	Provider
105	People	28%	9%	45%
40	HIV issues	23%	18%	43%
34	Stigma	24%	21%	50%
32	Sex	22%	22%	31%
29	Knowledge	23%	18%	43%
28	Education	14%	21%	61%
24	Funding	36%	12%	52%
19	Risk	21%	11%	68%
16	Condoms	38%	19%	38%
12	Prep	33%	0%	5%

There were thematic differences by role for a most of the top reasons why HIV prevention is difficult.

- Consumers cited funding, condoms, and PReP as the top reasons.
- Policy professionals noted stigmas, sex, and lack of education as the top reasons.
- Providers also indicated lack of education as a top reason for prevention of transmission. Funding and risk factors were also top concerns for providers.

Education (Lack of) was referenced by providers and policy professionals for why transmission prevention is difficult.



# Q9: WHY IS IT SO HARD TO PREVENT HIV TRANSMISSION BY REGION

Q9: Top 3 Roles by Region				
Rank	Theme	Chicago	Cook/Collar	Other
105	People	30%	18%	52%
40	HIV issues	33%	26%	41%
34	Stigma	26%	18%	56%
32	Sex	38%	9%	53%
29	Knowledge	34%	28%	38%
28	Education	21%	22%	57%
24	Funding	36%	20%	44%
19	Risk	37%	11%	53%
16	Condoms	31%	0%	69%
12	Prep	25%	33%	42%

There were notable differences by region regarding why HIV transmission prevention is so difficult.

- **Chicago respondents noted that sex, funding, and risk were the top reasons for transmission prevention difficulties.**
- **In Cook and Collar counties, HIV-related issues, knowledge, and PReP were cited as the top reasons for transmission prevention difficulties.**
- **In other Illinois counties, stigma, education, and condoms were considered the top reasons for transmission prevention difficulties.**



# Q9: TOP THREE THEMES BY HIV STATUS

Q9: Top 3 Themes by HIV Status				
Rank	Theme	HIV-	Other	HIV+
105	People	70%	5%	25%
40	HIV issues	83%	8%	9%
34	Stigma	79%	3%	18%
32	Sex	66%	9%	25%
29	Knowledge	79%	0%	21%
28	Education	79%	4%	18%
24	Funding	72%	16%	12%
19	Risk	84%	5%	11%
16	Condoms	69%	6%	25%
12	Prep	100%	0%	0%



**There were notable similarities in reasons for difficulties preventing HIV transmission by HIV status.**

- **Those with HIV- status and Unknown were both concerned with HIV-issues.**
- **Sex/ sexuality were among top reasons for those with HIV+ status and unknown status.**



# Q9: SENTIMENT ANALYSIS

Positive	Negative
Knowledge and information; availability of testing; and cost of PrEP.	People's personal denial that they are at risk and word of mouth spreading of misinformation.
People in general like quick fixes and do not like to take medications and have doctor visits on a regular basis unless that is absolutely necessary.	Lack of testing; poor adherence to ART; poor adherence to PrEP.
Increase awareness of HIV and PrEP; and fund GLBTQ programs to prevent HIV as well as support and social groups for this community.	Stigma; discrimination; and lack of education.



# Q10: INCREASING ACCESS TO PREP

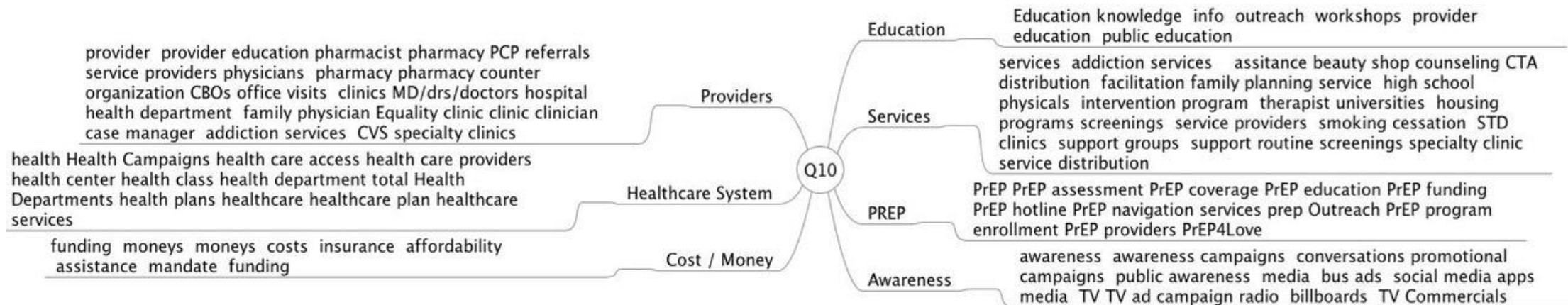
**What specific things would increase access to PReP, the HIV prevention pill and program?**

*\*About half of the respondents provided responses to this question compared to the other questions. As a result, seven (7) differentiated themes were uncovered rather than ten (10).*



# Q10: INCREASING ACCESS TO PREP

*Seven top themes were identified using qualitative thematic analysis.*





# Q10: INCREASING ACCRES TO PREP BY ROLE

Q10: Top 3 Themes by Role				
Rank	Theme	Consumer	Policy	Provider
98	Providers	18%	12%	58%
95	Services	18%	24%	47%
78	Healthcare System	24%	22%	46%
67	Prep	19%	10%	61%
51	Costs/ Money	27%	14%	47%
46	Awareness	22%	30%	26%
40	Education	20%	13%	53%

There were some similarities identifying what would increase access to PReP among consumers and policy professionals.

- Consumers and policy professionals selected “Healthcare System” issues and “Awareness”, including media campaigns, as activities that would increase access to PReP.
- Consumers also indicated “Costs/funding” as an activity for increasing access to PReP, while policy professionals selected “Services” as an additional activity for increasing PReP access.
- Providers noted different themes, including providers, PreP, and Education for increasing access to PReP.



# Q10: INCREASING ACCESS TO PREP BY REGION

Q10: Top 3 Themes by Region				
Rank	Theme	Chicago	Cook/ Collar	Other
98	Provider	80%	6%	14%
95	Services	32%	18%	51%
78	Healthcare	44%	19%	37%
67	Prep	27%	18%	55%
51	Costs	29%	24%	47%
46	Awareness	28%	15%	39%
40	Education	25%	20%	55%

There were some similarities in themes across regions.

- Chicago respondents identified Providers, Services, and Healthcare issues as top activities for increasing access to PReP.
- The Top 3 themes for Cook and Collar county respondents was healthcare, costs, and PReP services.
- The Top 3 themes for Other Illinois Counties were Services, PReP, and Education.

Education was a top activity for both Cook/Collar County and Other Illinois County residents. Healthcare Issues was identified by Chicago and Cook/Collar County residents as a top activity for increasing PReP access.



# Q10: INCREASING ACCESS TO PREP BY HIV STATUS

Q10: Top 3 Themes by HIV Status				
Rank	Theme	HIV-	Other	HIV+
98	Provider	80%	6%	14%
95	Services	82%	4%	12%
78	Healthcare	86%	3%	12%
67	PReP	82%	3%	13%
51	Costs	82%	0%	18%
46	Awareness	59%	13%	12%
40	Education	72%	8%	20%

- There was little differentiation between the Top 5 themes for HIV- respondents who cited Providers, Services, Healthcare, PReP, and Costs.
- Providers were identified as a Top 3 theme across all statuses. Education was cited among HIV+ and Other (Unknown or not wishing to disclose) status respondents.



# Q10: INCREASING ACCESS TO PREP SENTIMENT ANALYSIS

Positive	Negative
Awareness campaign; Providers to encourage treatment for partners of positives Health Departments counsel contacts Easy access to care Trained providers	Providers who aren't dismissive of patients requesting it; There are so many assistance and navigation programs available that unwilling and uneducated providers are the biggest barrier I can see to PrEP access.
Improved education for providers and patients; increased number of PrEP providers; free or low cost PrEP	I had a client try to get PrEP prior to becoming positive and was told it was not for him; it was for people at high risk; prostitutes; sex workers...two months later client was diagnosed with HIV.
Providing doctors; nurses; and other health care providers with the tools necessary to begin having conversations with their patients about these programs.	Making is a recommendation for all physicians to discuss with all sexually active patients/clients.





# Q11/Q12: WHAT ELSE SHOULD WE CONSIDER?

**Q11: What are we missing here? Is there something else we should be considering?\***

**Q12: Any final thoughts to share?\***



*\*These questions were analyzed together to find new GTZ suggestions not previously uncovered by other analysis.*

# GTZ SURVEY Q10-Q11 SENTIMENT ANALYSIS

Positive	Negative
Addiction needs to be treated intelligently.	Decriminalization of drugs and prostitutes to stop unsafe use
people who are both sexually vulnerable (eg transgender youth) and addicted to drugs are especially vulnerable partner HIV with drug campaigns with messages of self esteem you are worthwhile.	If I am hungry; in unstable housing; in an unsafe living environment; or dealing with other issues that take priority (childcare; transgender issues); I would find it difficult to address PrEP and my own health until those other needs were met.
I think the combination of PrEP and viral suppression are tremendously exciting as a means to end this epidemic.	I have heard horror stories from BYMSM about the callous and insensitive treatment received at local public health clinics.



# OVERALL FINDINGS

- The most frequently appearing themes for IL GTZ across all questions were people, HIV issues, PReP, treatments, access/accessibility, education, information/knowledge, healthcare/health, providers, and services.
- Differences by role were noted for top GTZ considerations (Q1), GTZ actions items (Q2), and prevention of HIV transmission (Q9).



# OVERALL FINDINGS

- Differences by region were noted for top considerations (Q1), barriers to care (Q4), non-effective activities for GTZ (Q8), and HIV transmission prevention (Q9).
- Differences by HIV status were noted for GTZ action items (Q2), and barriers to care (Q4).
- Similarities in top themes across role, region, and HIV status were noted in barriers to staying HIV- (Q3), barriers to care (Q5), most effective (Q7) and not effective(Q8) GTZ activities and PReP (Q10).



# RECOMMENDATIONS/ FUTURE DIRECTIONS

**Although distributed as a survey, the open-ended question do not offer quantitative analysis opportunities. Suggest development of a traditional closed-question survey to assess extent to which the themes impact respondents.**

**Analysis reveals key areas for focus of GTZ task force, as well as areas for potential collaboration across roles, region, and HIV status.(See Overall Findings.)**



**THANK YOU!**

**QUESTIONS? COMMENTS?**

