**APPENDIX A**

**Qualitative Interview Guides & Focus Group Discussion Guides**

PROJECT 1: TRANSforming the Carolinas (TTC)

PROJECT 2: Connecting resources for rural and urban sexual health: CRRUSH-Sacramento

PROJECT 3: Ending the HIV Epidemic: Integrated Technology Solutions

**PROJECT 1: TRANSforming the Carolinas (TTC)**

**Qualitative Interview Guide – Key Informants**

**Study Title:** Transforming the Carolinas: Preparing to End the Epidemic for

Transgender People of Color

**Principal Investigator:** Dr. Tonia Poteat, PhD, PA-C, MPH

**Background for interviewer:**

The goal of the interview is to identify key barriers and facilitators to HIV care and prevention service provision for transgender people of color and to acquire descriptions of existing or potential strategies to overcome the barriers.

The first few questions are designed to allow the key informant to describe who they are and their work with transgender people of color. Following these orientation questions, are a list of “grand tour” questions (in **BOLD**) designed to start the conversation. Beneath each grand tour question is a list of probes that may or may not be used to prompt key informants to continue their conversation. You do not need to use every probe in the guide; the probes are there to remind you to consider those dimensions when listening to the key informant.

We need to hear from the key informant as much as possible. It is important not to suggest answers or ask questions in a way that leads the interviewee to a particular answer. Please take notes during the interview and summarize your general impressions at the end of the interview.

**Please read text below to participant:**

The purpose of this interview is to learn about your views on key barriers and facilitators to HIV care and prevention services for transgender people of color. ***Such services include HIV testing, education, PrEP, treatment, other activities related to preventing HIV and supporting people living with HIV***. As we discussed during the consent process, I will be taking notes on what you say, and I would like to record the interview so that I can make sure that I don’t miss anything you say. Your name will not be recorded. The recording will not be shared with anyone outside of the study team and will be destroyed after the study is complete.

1. **Tell me about your role in HIV prevention and/or care?** 
   1. What kind of work (paid or volunteer) do you do related to HIV?
   2. How long have been engaged in HIV prevention and/or care?
   3. What are kind of activities do you do in support of HIV prevention and/or care?
      1. Have these activities changed over time? If so, how did they change?
      2. If they changed, what led to this change?
2. **Tell me about your work (volunteer or paid) with and/or for transgender people of color?**
   1. What kinds of activities do you do to support or provide services for transgender people of color, specifically? (e.g. lead support groups, peer counseling, faith services)
   2. How long have you been engaged in work with/for transgender people of color?
   3. How did you gain the skills you needed to effectively engage with trans people of color?
      1. What kinds of support or training have you had? How did this impact what you do?
      2. Has there been support/training you did not receive that would have been or would be helpful? Please describe.
3. **What are some of the challenges you have faced providing services and/or supporting transgender people of color? What about HIV specific services?**
   1. How did you respond to these challenges?
   2. What resources and/or knowledge would have been (or would be) helpful in responding to these challenges?
4. **Tell me about barriers to engaging in HIV treatment for transgender people of color.**
   1. Are there policies (that you are aware of) that get in the way of transgender people of color accessing HIV treatment? Please describe.
   2. Tell me about the availability of supportive HIV treatment providers for transgender people of color in your area? Please describe specific resources/settings.
   3. Has medical mistreatment played a role in transgender people of color accessing treatment for HIV?
      1. If no, please describe how medical providers have engendered trust with the community.
      2. If yes, please provide examples of how medical mistrust has played a role.
      3. If yes, what do you think needs to be done to address medical mistrust?
5. **Tell me about barriers to HIV prevention services for transgender people of color?**
   1. Are there policies (that you are aware of) that prevent transgender people of color from accessing HIV prevention services?
   2. Tell me about the availability of HIV prevention support for transgender people of color in your area?
   3. Has medical mistreatment played a role in transgender people of color accessing PrEP?
      1. If no, please describe how PrEP providers have engendered trust with the community.
      2. If yes, please provide examples of how medical mistrust has played a role.
      3. If yes, what do you think needs to be done to address medical mistrust?
6. **Tell me about existing strategies meant to help transgender people of color overcome barriers to HIV care and prevention services?** (e.g. social services, targeted initiatives)
   1. Are you aware of any such strategies?
      1. How effective are they at improving access to HIV care and prevention services for transgender people of color?
   2. Have you had any firsthand involvement with strategies meant to help transgender people of color overcome barriers?
      1. How were these strategies implemented?
      2. How effective were these strategies?
      3. What were the barriers to implementing these strategies?
      4. If there were barriers, how were they addressed?
      5. What do you feel could have been (could be) done more effectively?
7. **Do you think there are other ways to improve access to and uptake of HIV care and prevention services for transgender people of color that have not been tried already??**
   1. If so, please describe.
   2. Tell me about barriers to improving the provision of HIV care and prevention services for transgender people of color? (e.g. cost, human resources)
   3. What strengths of existing HIV care and prevention services do you feel are important to keep?
8. **What is the role of faith communities in HIV care/services, etc in your community? How has that impacted access and uptake by transgender people of color?**
9. **How do you feel social issues affect access to and uptake of HIV care and prevention services among transgender people of color? For example…**
   1. *PROBES:*
      1. Housing
      2. Employment
      3. Poverty
      4. Religion
      5. Racism
      6. Transphobia
      7. Stigma/Discrimination
10. **The next phase of our study is to conduct a survey with transgender people of color. We would like your ideas about the best ways to connect with transgender people of color about this research.**
    1. *PROBES:*
       1. How would you recommend recruiting trans people of color for the survey?
       2. What is the best way to advertise?
       3. What methods should we use?
       4. What venues/websites, etc. should we use?
       5. We are considering offering visa gift cards or e-gift cards. Which do you recommend?
       6. What challenges do you anticipate with recruitment?
       7. How would you overcome these challenges?
11. **Is there anything related to HIV prevention and care for transgender people of color that you would like to talk about that we have not already discussed?**

**PROJECT 2: Connecting resources for rural and urban sexual health: CRRUSH-Sacramento**

**Qualitative Interview Guide**

**Study Title:** Connecting resources for rural and urban sexual health: CRRUSH-

Sacramento

**Principal Investigator:** Kim Koester, PhD

*Note to Interviewers: Main gist of interview – we are a blank slate here when it comes to sexual health attitudes among young gay/bi-/MSM and transwomen in Sacramento. So we want to get the basics: what, where, why, how, who…We really want to know about challenges related to seeking SHS, attitudes about PrEP, what kind of health care delivery model fits for them – One Community Health FQHC vs. within Neighborhood Satellite clinic or Mobile Van or Telehealth Services such as Nurx*

**Introduction**

Just to briefly review, we are here today to talk about sexual health services for gay/bi-sexual/same gender loving men and other men who have sex with men as well as transwomen in Sacramento.

**To get started, please tell me a little bit about yourself.**

Potential Probes:

How long have you lived in Sacramento?

Where are you from originally?

Where are you currently living? Who do you live with?

How do you support yourself?

**Switching gears a little, I’d like to hear about your experiences with health and healthcare.**

*[Rationale: in CRUSH Oakland – we learned that people were patient naïve]*

**Tell me about your experiences with health care system. This could be going to a clinic or a doctor’s office or hospital or any other type of health care.**

Potential Probes:

What kind of things would bring you in to see a doctor?

Have you ever been hospitalized? Did you have to stay over-night?

Have you ever gone to the ER?

**Prior Experience Seeking Sexual Health Services**

Okay, now that I know a little bit about you, I wanted to talk about “sexual health services,”

Basically, we are talking about services, resources, or people to whom you have turned when you needed or wanted information or advice related to your sexual health. Does that make sense?

**Tell me a little bit about the kinds of services or advice you have received in the past that were related to sexual health. They can be things that occurred in Sacramento or elsewhere.**

Potential Probes:

* Tell me about your experience getting condoms and lube.
* ….accessing HIV testing
* ….accessing STI testing Or accessing STI treatment, if you ever needed it.
* experience accessing any other sexual health services (PEP, PrEP, reproductive health services)

**It would be helpful to hear about an experience in detail. Can you walk me through the last time you tested for HIV and/or STIs?**

Probe:

* Find out what prompted the visit
* Find out where they went and how they got there
* Find out what was appealing about that particular location
* Find out if they would go back to that location in the future

**Sexual Health Services in and around Sacramento County**

Now, I want to hear about the wider set of services that are available here in Sacramento County, regardless of whether you have used them or not.

**Where might one go for HIV testing? What about STI screening/treatment?**

**Where might one go for PrEP or PEP?**

**Let’s quickly go through these places and tell me your impressions of each one. If you have used a service before, tell me what you liked or disliked about it?**

**Self-Testing Attitudes –** *NOTE: We may have collected this info during screening, but if you have time and feel it fits in the flow of the interview, please include this prefacing that we want more details on their opinions:*

* What are your thoughts on home HIV test kits that can be purchased at a pharmacy or online ? These are like pregnancy test kits – people can test themselves in the private without going to a clinic or testing site.
* How about using an at-home STI kit?
* Would you use a an at-home STI testing kit?
  + What about a ‘self-rapid HIV test’ to find out your HIV status? Why or why not?
* One or more online companies are offering COVID-19 home test kits. What do you think about this option?

**PrEP Awareness and Attitudes**

Switching gears again, let’s talk about HIV pre-exposure prophylaxis – or PrEP. As you might remember from our earlier discussions on the phone and in the consent form, we are really interested in helping to make PrEP more easily available for people in Sacramento.

[*Note: This question may be optional, check screener to see if participant is aware of PrEP or you suspect they may not know about it*.]

**I’m curious, though, prior to us talking with you during the screening call, had you heard of PrEP?**

**If so, tell me what have heard about it?**

Probe:

* What have you heard about it in terms of how effective it is in preventing HIV?

**I’d like to hear about how you learned about PrEP.**

*[Intent: identify the message, messenger/channels of information, sequence of information]*

**I’d like to hear your opinion about PrEP: What do you think about the use of a (daily) pill to prevent HIV?**

Probe:

* Who or what would you say has been the most influential in helping to form your opinion about it?

**Who do you think would benefit from PrEP?**

**Would you consider using it for yourself?**

**Service Delivery Preferences/Attitudes:**

So, now transitioning to the heart of our questions, we want to focus on how to make PrEP and sexual health services easily accessible, (youth/gay/trans/queer) friendly, so that people can benefit the most from these services – we believe that sexual wellness is a human right and we want services to be tailored to the community and to be as user-friendly as possible.

This is the formative phase, we are trying to design the services and looking for input on what would work. I mentioned some of the things we have been thinking about, **what do you think would work to help us to achieve our goals of making PrEP and STI services easily available and community-friendly?**

[Note, interviewer can be thinking about which of the models their ideas most closely match]

Option A:

First, is we are working with Zero Together Coalition and the meetings are hosted by Once Community Health Center in downtown Sacramento. They offer PrEP and STI services now. We would like to make them more youth-focused and gay/queer/trans and clearly welcoming to people of color.

**So option A is to work to improve existing services within a community health center, located in downtown Sacramento.**

Option B:

Next, we are also thinking about using a Mobile Van which could be stationed in different neighborhoods where people could approach the mobile van to access PrEP, STI/HIV testing and treatment.

**So option B is to design a Mobile Van to be able to move the services to where services might be non-existent right now.**

Option C:

Next, would be to open a new clinic site – affiliated with One Community Health in a neighborhood in South Sacramento that does not currently have any sexual health services. This could be a storefront or like a community-based organization.

**Option C is to open a new sexual health clinic in a neighborhood that does not currently have any sexual health services.**

Option D:

Finally, the Option D would be to encourage individuals to seek out sexual health services and PrEP using online, telehealth services – this would be like a virtual clinic where almost everything would take place online (labs and/or prescription pick up could be exceptions).

**Option D is to encourage people to use online, virtual clinic service.**

What do you think of these different options?

What most appeals to you?

Probe

* + What is it about this option that appeals to you?

What does not appeal to you?

Probe

* + What is it about this option that does not appeal to you?

Do you think your friends would come to get services at [their preferred Option]? Why or why not?

We are wondering about how important it is to move sexual health services into neighborhood that are badly impacted by high rates of HIV and STIs. It seems like it would make sense to bring services to where there is a need, but that assumes people want to visit a sexual health clinic in their neighborhood. What do you think about the importance of having local services?

*[Intent: try to figure out if ppl will seek what might be considered stigmatizing services within their own neighborhood]*

**COVID-19**

**Before we end, I’d like to hear about how you’re doing given this unique time where so many people all around the world are sheltering in place because of COVID19.**

How have you been handling COVID19 and the shelter in place order we’re under?

What has this meant for you? (Probe: what changes have you made in your life since COVID19 came on the scene? What can you still do? …What are some things you aren’t able to do?)

So I can understand a little more about what you’re dealing with, can you tell me what your normal life looks like? (probes: What does a typical day look like? What is your normal living situation, social and work life? How would you have described your physical and emotional wellbeing before the shelter in place order?)

What about all the recent changes would you say worries you the most or is the hardest to deal with?

How does the situation we’re in raise needs or challenges that are unique to young men of color who have sex with other men/transwomen, or that transpopulations/guys like you are especially likely to confront?

**Wrap Up**

We’ve talked about a lot today. Is there any topic that you thought we would discuss that I didn’t ask you about?

Are there any final thoughts that you would like to share with me?

Do you have any questions for me?

What are your thoughts about this interview?

*STOP Audio-Recording*

*Thank interviewee for his/her time and for participating in the study.*

*Ask Preference for incentive: Venmo, Paypal or Amazon GC*

*& ask for username if Venmo/PayPal are requested*

**PROJECT 3: Ending the HIV Epidemic: Integrated Technology Solutions**

**Qualitative Interview Guide – Key Informants**

**Study Title:** Ending the HIV Epidemic: Integrated Technology Solutions

**Principal Investigator:** Lisa Hightow-Weidman, MD, MPH

**Background for interviewer:**

The goal of the interview is to identify key barriers and facilitators for engaging young men who have sex with men (YMSM)/transgender women (TGW) in HIV prevention services and to acquire descriptions of existing or potential strategies to overcome the barriers.

The first few questions are designed to allow the key informant to describe who they are and their work with YMSM/TGW. Following these orientation questions, are a list of “grand tour” questions (in **BOLD**) designed to start the conversation. Beneath each grand tour question is a list of probes that may or may not be used to prompt key informants to continue their conversation. You do not need to use every probe in the guide; the probes are there to remind you to consider those dimensions when listening to the key informant.

We need to hear from the key informant as much as possible. It is important not to suggest answers or ask leading questions. Please take notes during the interview and summarize your general impressions at the end of the interview.

**Please read text below to participant:**

The purpose of this interview is to learn about your views on key barriers and facilitators for engaging young men who have sex with men and transgender women in HIV prevention services. From your experience, we would like to hear descriptions of existing or potential strategies to overcome the barriers. Such services include HIV testing, education, PrEP, treatment, and other activities related to preventing HIV. As we discussed during the consent process, I will be taking notes on what you say, and I would like to record the interview so that I can make sure that I don’t miss anything you say. Your name will not be recorded. The recording will not be shared with anyone outside of the study team and will be destroyed after the study is complete.

1. **Tell me about your role regarding HIV care and/or HIV prevention services?**
   1. Describe your involvement. This could be professional work, volunteering or simply participating in communities that are impacted by HIV.
   2. How long have you been involved in this manner? How did you get involved?
   3. What are your day-to-day activities in this work?
      1. Have these activities changed over time? If so, how did they change?
2. **Tell me about your HIV-related work for YMSM/TGW?**
   1. What kinds of activities do you do to support or directly provide HIV care or prevention services for YMSM/TGW, specifically? (e.g. lead support groups, peer counseling)
   2. How do you recruit/reach/engage YMSM/TGW in the interest of HIV care or prevention service provision?
3. **What are some recent challenges you have faced in your work providing/supporting HIV care or prevention services for YMSM/TGW?**
   1. How did you respond to these challenges?
   2. Have these challenges changed over time?
   3. What do you think the challenges will be in the next 5 years?
4. **Tell me about barriers to that YMSM/TGW may have in accessing HIV prevention services?**
   1. What are the policies, such as health care insurance, that deter YMSM/TGW from accessing HIV prevention services?
      1. Policies can also include laws, health insurance, immigration, prescription costs
   2. What role do you think discrimination plays in these barriers?
      1. Racial, gender, sexuality, etc
   3. What role do you think HIV stigma plays in terms of YMSM/TGW accessing PrEP?
      1. This could include sexual health education of YMSM/TGW or the lack of STI knowledge/HIV stigma of the provider
5. **What are some existing strategies that your organization has implemented, or that are you aware of, which are meant to help YMSM/TGW overcome barriers to HIV care and prevention services?** (e.g. social services, targeted initiatives)
   1. How effective are these strategies at improving access to HIV care and prevention services for YMSM/TGW?
      1. How were these strategies implemented?
   2. Here are some strategies our team is working to develop. How impactful do you think these will be in the communities in which you work in terms of reducing barriers to HIV prevention and care services?
      1. Home-based HIV testing
      2. PrEP navigation/access through telemedicine (remote medical care through video or messaging)
      3. Medication adherence support for PrEP or ART via a smartphone app
6. **How do you feel social issues like stigma and discrimination affect how YMSM/TGW access or uptake of HIV prevention services?**
   1. How do you feel experiences with or feelings about stigma impact access to HIV prevention services for YMSM/TGW?
   2. How do you feel past experiences of medical mistreatment affect access to HIV prevention services for YMSM/TGW?
   3. How do you feel racism affects access and uptake of HIV prevention services for YMSM/TGW?
   4. How might we leverage what we know about stigma to more effectively recruit YMSM/YTG into research and prevention efforts?
7. **Is there anything related to the previous questions you would like to tell us that we have not already discussed?**

*Thank you for participating in this interview. The information you’ve provided has been very helpful.*

**PROJECT 3: Ending the HIV Epidemic: Integrated Technology Solutions**

**Focus Group Guide**

**Study Title:** Ending the HIV Epidemic: Integrated Technology Solutions

**Principal Investigator:** Lisa Hightow-Weidman, MD, MPH

**Informed Consent**

Thank you all for taking the time to participate in this discussion today! My name is Kate – I use she/her/hers pronouns and I work at UNC Chapel Hill with the End the Epidemic group. I will be facilitating our discussion today. Before we get started, I will walk through the Informed Consent process with you as a group. For those of you who are new to research, this is required part of participating in any study. The purpose is to make sure that you understand your rights as a study participant, to explain what the study includes, and any risks or benefits you can expect. If you have any questions as we’re going along, you can ask them directly, or send Lyd, Alyssa, or me an individual or group chat message. After we go over the consent process, I’ll go over some guidelines for the focus group, we’ll do some introductions and then we’ll dive in. We’ll be ending the discussion a little bit before 3pm so you’ll have a few minutes to complete the survey and be able to finish up by 3.

I will be sharing my screen as I review the consent form. Lyd is putting the link in the chat window. Please click into that now. You can also get to the consent form the webpage link that you received for today’s focus group. I will give you all a minute to get there.

**Review Consent form – wait at end for cue from Lyd**

**FG Guidelines**

Great! Now I’ll go through a few general guidelines for our discussion today. As we’ve mentioned, this conversation will focus on your thoughts and ideas about things that make HIV prevention difficult and other related topics. I have a few main questions written down to help us stay focused, but most importantly we are here to listen and to learn from you. You each bring a different set of experiences and unique perspective to this discussion, so please don’t hesitate to share your stories. We want to hear them. There are no right or wrong answers and it is ok if we disagree with each other.

We also want to create a safe space for a lively discussion. So in addition to encouraging you to share your opinions openly, we also want to support each other. What is said during this call, should not go beyond this call. Please be respectful of each other’s opinions and privacy. To help protect your privacy, we have asked you to create a nickname. You can use those nicknames when referring to yourself and others since we are audio recording this conversation.

And then lastly, I know we will have more to say than what we can fit in the next hour or so. To be respectful of your time, I may move us from one topic to the next so that we can end by 2:50. As the facilitator, it’s also my job to make sure that you all feel that you have had a chance to contribute- so I may gently interrupt or turn a question to you to start with so that everyone gets a chance to speak. You are always welcome to say “pass” or “let me think a minute”. You can also post any thoughts to me, Lyd, or Alyssa individually in the chat if you’re not comfortable sharing with the larger group – or if you are having trouble getting a turn to speak or with your audio connection. We would like you to be able to give your full attention to the next hour or so of discussion. Of course if there is an emergency, feel free to step away for a minute to take the call.

Lyd and Alyssa who you’ve all met will be helping out today. You can contact them with questions during or after today’s discussion if you have any questions about this study or other research projects that we are working on.

Any questions or comments?

Great – let’s start by getting to know each other a bit.

**Ice-breaker Questions:**

**If you were stuck on a desert island what one food would be stuck there with you and why?**

**Which actor would you want to play you in the movie about your life?**

**If you were a superhero what would your superpower be?**

**Part A. Recruitment campaign**

A picture containing text, mammal

Description automatically generatedNow let’s move on by sharing something that most people experience everyday – advertisements. We want to hear about one that caught your attention and inspired you to do something. Who will start us off with a

Now we want to hear what you think about some HIV prevention campaigns. What messages have you seen and heard about prevention?

As a reminder, we want your honest opinions, so if you love or hate these slogans, share your thoughts and let us know what evoked that reaction. Our team plans to work with a group of media-makers out of Chicago to develop the recruitment campaign for this project. I’m going to show you some examples from a PrEP campaign that they have developed along with some images that CDC has developed in the past.

Poll 1: Which of the following images do you feel like most draws your attention in a good way?

Response options: A B C D E

Poll 2: Which of the following images do you feel like most draws your attention in a good way?

Response options: A B C D E

Poll 3: Which of the following images do you feel like most draws your attention in a good way?

Response options: A B C D

Poll 4: Which of the following images do you feel like most draws your attention in a good way?

Response options: A B C D E

*Show a few ads from previous HIV campaigns – CDC,*

*(hand out print examples, show short video clip, etc.)*

* What do you like about these images? What do you dislike?
* Do you find these images relatable?
* How would a campaign like this be received by your community?
  + How relevant is the language?
  + Where should the campaign post the images to reach members of your community?

**PART B General discussion**

We are going to switch gears again, and now focus more on you and your community. Our group is trying to understand the type of HIV prevention that works. Even more so, we want to hear what is not working so we can try to fill those gaps with something you feel the community needs and even just wants.

1. **Community attitudes toward existing HIV prevention services** 
   1. What type of HIV prevention services exist in your community? (HIV testing, access to condoms & lube, educational resources, and self-testing)
   2. How do members of the community feel about their access to HIV prevention, such as PrEP?
      1. What are the barriers you have experienced in trying to access those services?
      2. Challenges that you have seen others experience in trying to gain information or services for HIV prevention?
   3. Where do you go to receive support and access to HIV prevention?
      1. How did you hear about these places?
      2. What makes you comfortable in those settings?
   4. What do think motivates you or others in your community to seek HIV prevention services?
      1. Probe across societal levels: individual (knowledge, skills, motivation), relationships (family, romantic), health systems, broader society
   5. What do you feel you could do to help change attitudes in the community? What would you like to see others do to change attitudes towards HIV prevention in the community

Poll #4: Have you ever considered starting PrEP or do you have experience taking PrEP?

Responses: A) Yes; B) No; C) What’s PrEP?

[Offer time to share with the group for those who are comfortable]

1. **Knowledge and attitudes toward biomedical and technological interventions**
   1. Focusing on Pre-Exposure Prophylaxis (PrEP)
      1. What are some of the messages you have seen or heard about PrEP?
         1. **Where:** online, within your social networks, out in public, from providers, etc.
      2. What do you think are the downsides of PrEP?
      3. What are the benefits of PrEP?
      4. For those with experience with PrEP, did it meet your expectations, why or why not?
      5. What are some things that get in the way of using PrEP?

Probe for: stigma, cost, cultural competence of providers

* + 1. What would make it more likely for young people to use it? E.g., factors that impact uptake of and adherence to PrEP

Probe on PrEP navigation: the content, timing and frequency of PrEP navigation session to ensure barriers and facilitators are being comprehensively addressed without being intrusive or creating an undue burden on participants’ time

* + 1. Telemedicine allows health care providers to evaluate, diagnose, and treat patients in remote locations using telecommunications technology, like video chat or messaging apps. Do you think YMSM/TGW would want to access PrEP through a remote provider/doctor vs going to a clinic or doctor’s office?

Probe: Why or why not?

Poll 5: How comfortable would you feel getting PrEP, HIV/STI test counseling or ART care management through telemedicine?

A: Totally Comfortable B: Somewhat Comfortable C. Somewhat Uncomfortable C. Not at all Comfortable

* 1. Test and Treat/Treatment for Prevention (TfP)

Probe on U=U. What messages have you seen or heard about U=U?

* + 1. How many know that positive folks who are undetectable are unlikely to pass on HIV to their sex partners?
  1. *HIV self-testing*
     1. *How many know that you can get an HIV test over the counter that you can take home and test yourself? How many have used it? How many are willing to use it?*

*Probe for: Oraquick (oral) vs Insti (finger prick), cost, type, & depth of instructions/materials*

* + 1. *What are the benefits/downsides of self-testing? What would increase use? Decrease use?*
    2. *Other home-based testing strategies (care kits)*

1. **Risk Perception and Health as a priority**

So we have focused a lot on HIV prevention – but I want to step back into the big picture perspective again and hear about your general health and self-care. There are a lot of ways we can take care of ourselves and then there are also a lot of things we are trying to managing. For example, how you practice mindfulness medication for your mental health while also making a dental appointment to take care of that cavity you know is growing from all of the candy we eat. Thus, for you – how do you prioritizes or rank those health needs?

* 1. How does HIV prevention and management fit in those priorities?
  2. How does taking care of your overall well being influence those HIV prevention methods?
  3. When you hear the word resilience – what do you think? What about empowerment?
  4. What could you/would you want to do to help change risk perception in the community?

**AT THE CLOSE OF THE FGD DISCUSSION**:

*Thank you for participating in today’s discussion. The information you’ve provided has been very helpful.*