People Living With or Affected By HIV/AIDS

Greensboro and High Point, Guilford County

An Action-Oriented Community Diagnosis:

Findings and Next Steps of Action

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WHEN

a Higher Ground compilation

When I die I would like to know
No more pain,
I would like to go to heaven.
I want to be old and gray,
The person I am from my inner soul,
The porch swing creaking in the breeze.
People will remember me.
I'll take my rest.

There will be laughter,
and strangers surrounding me,
birds flying around me, singing.
There will be glory and saxophones.
My story is not a tragedy, nay,
It is a heroic odyssey.
Because a part of you is a part of me.

I want the light,
Take the fears and failures.
It will be a glorious day.
When I die
It's a moon lit night.

I should have been dead a long time ago.

I have just started to learn these other words:
When I live.

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Executive Summary

Background

As of 2006, Guilford County has the third-highest Human Immunodeficiency Virus (HIV) prevalence in North Carolina, and the number of HIV-positive people in the county is expected to grow as effective treatments help HIV-positive people to live longer and potentially more productive lives.[1] The result is an increasing burden on the AIDS service organizations working to provide quality medical care as well as access to housing, employment, and psychosocial support in the Greensboro/High Point area. Given this situation, where should limited human and financial resources be targeted to best meet the needs of people living with HIV/AIDS?

In order to answer this question, a community assessment of people in Greensboro/High Point, NC living with or affected by HIV/AIDS was conducted from October 2007 to April 2008. The assessment was conducted by a team of five graduate students from the Department of Health Behavior and Health Education at the UNC-Chapel Hill School of Public Health, working under the guidance of two community preceptors, Ms. Debra Massey-Richardson and Mr. James McNair, of the Guilford Community AIDS Partnership. The assessment was carried out based on the Action-Oriented Community Diagnosis (AOCD) model of community assessment and engagement, which focuses on a wide variety of factors contributing to the health of a community, as well as the social environment which influence the perception of strengths and needs within a community. The goal of AOCD is to generate community ownership through a process of identifying priority issues and planning action steps for positive change.[2]

Methodology

The focus of this AOCD was people infected with or affected by HIV/AIDS (PLWHA) in Greensboro and High Point. These two metropolitan areas of Guilford County were chosen as

the focal points of this process because they share comparatively high levels of infection, a common network of service providers, and the potential for receiving common resources at the county level.[3] The following report describes the process of conducting the AOCD, which began with gathering secondary data to provide a contextual background on life in the community and on the local epidemiology of HIV/AIDS. Team members gained entrée into the community through guided "windshield tours" of Greensboro and High Point and by participating in numerous community events, including church services, AIDS fundraising events, support group meetings, and social events held at a local day center for PLWHA. Team members also made contact with 21 service providers and 36 PLWHA living and working in Greensboro and High Point through focus groups and individual interviews which focused on community strengths and priority needs, available community resources, and barriers to change. The results of this data collection were analyzed to identify overarching themes, which were then prioritized with the assistance of a planning committee comprised of local service providers and community members. Five highest-priority themes were presented at a community forum held at the Macedonia Family Resource Center in High Point on April 14, 2008. The primary goals of the forum were to celebrate the strengths of the PLWHA community, transition the student team out Greensboro and High Point, and transfer ownership of the process to the local community. Forum participants discussed the priority themes identified through the AOCD, and generated specific action steps to address each theme. Themes and action steps are listed below.

Priority Themes

Theme One: PLWHA have many basic, unmet needs, including food, housing and unemployment, which overshadow HIV/AIDS as a priority.

Action Steps:

- Talk with all major known service providers in addition to clients to determine what local resources are available to help meet basic needs such as food and housing
- Based on the results of this investigation, compile a comprehensive resource manual to serve as a guide for both PLWHA and service providers

Theme Two: Mental health and substance abuse issues complicate living with HIV/AIDS by making it difficult to seek treatment for HIV/AIDS, follow medical regimes, and locate adequate support and care.

Action Steps:

- Contact local organizations to assess the available mental health and substance abuse services in both Greensboro and High Point
- After a comprehensive list is generated, compile the information into a pamphlet that can be distributed to community members in a variety of venues such as churches, grocery stores, social services and the Department of Motor Vehicles
- Decrease the stigma associated with mental illness and addiction in addition to improving outreach efforts

Theme Three: The diversity of PLWHA, stigma surrounding the disease, and a lack of trust and dialogue between PLWHA all contribute to the absence of a cohesive community to provide support and engage in advocacy.

Action Steps:

- Discuss community strengthening and other needs with residents of Williams Delashment Crossing, a housing community for PLWHA
- Schedule a follow-up meeting on the topic of community strengthening, which may be held in the Williams Delashment Crossing housing community
- Hold a regular meeting of High Point service providers to combat the tendency of some service agencies to become isolated from the larger community

Theme Four: There is an uneven distribution between services available for people living with HIV/AIDS in Greensboro and High Point.

Action Steps:

- Contact churches to assist in meeting basic needs such as food and transportation
- Educate people about existing services by involving the local libraries

- Create a collaboration or directory of services useful to people living with HIV/AIDS, which would create unity among service providers and assist them in making referrals for clients who do not meet eligibility requirements for their services
- Contact service agencies such as clinics and hospitals about the costs to expand available care

Theme Five: Misconceptions about HIV/AIDS in the community at large, a lack of people living with HIV and AIDS who are open about their status, and a strong emphasis on conservative values contribute to intense social stigma against people living with HIV and AIDS.

Action Steps:

- Convene further meetings about HIV/AIDS-related stigma
- Each member of the group will invite one friend or colleague to the first follow-up meeting
- Create programs to reach youth at churches, YMCAs and Boys and Girls Clubs
- Distribute condoms
- Attend existing community events and pass out educational information and condoms
- Encourage PLWHA to be proactive in sharing their experiences with the wider community

Team Recommendations

The student team presents the following recommendations for improving the health and quality of life of people living with or affected by HIV/AIDS in Greensboro and High Point:

- Create a comprehensive and up-to-date directory of services for PLWHA
- Create a Higher Ground-style community center for PLWHA in High Point
- Where possible, centralize fringe medical services
- Increase cooperation with local governments
- Find venues to educate youth about HIV other than in schools
- Increase awareness among service providers, funders, and political leaders of the importance of HIV, mental health, and substance abuse issues
- Involve faith-based communities in awareness and education efforts
- Include more of a focus on community building activities
- Increase resources available for basic needs

The recommendations presented above are not comprehensive, and this document is intended as a starting point rather than a final report. Following sections include a detailed discussion of

background data on HIV/AIDS in Guilford County, an in-depth examination of prioritized themes and action steps generated through the AOCD, a description of the community forum, and an explanation of the methodology used to carry out the assessment. Materials used to conduct the assessment, as well as a resource guide and a discussion of non-prioritized themes identified through the assessment can all be found in the appendices following the end of the report. It is the hope of the AOCD team members that the community of services providers and PLWHA in Greensboro and High Point will find the information useful as a foundation for moving forward and taking positive action to continue improving the lives of those living with or affected by HIV/AIDS.

Introduction

There were 8,192 PLWHA living in Guilford County at the beginning of 2006, the third-highest prevalence of any county in North Carolina, and as more effective treatments help extend lives, the number of HIV-positive people is expected to grow.[1] While the advent of better treatments is certainly good news, the growing number of individuals with chronic HIV infection raises the question of how service organizations in the Greensboro/High Point area can best meet the expanding need for medical and social assistance with limited human and financial resources?

In order to answer this question, a community assessment of people in Greensboro/High Point, NC living with or affected by HIV/AIDS was conducted from October 2007 to April 2008 by a team of five graduate students from the Health Behavior and Health Education Department at the UNC-Chapel Hill School of Public Health. The assessment was carried out according to the Action-Oriented Community Diagnosis (AOCD) model of community assessment and engagement, which, while seeking to address specific health concerns, also focuses on the wider life of the community, examining in particular the social groupings which influence the perception of strengths and needs within a community.[2] The Greensboro/High Point AOCD examined the strengths and concerns of the community of people living with or affected by HIV/AIDS (PLWHA), including available services, social and economic forces influencing the community, and disparities and disconnects between different segments of the community. The process was carried out with an eye toward mobilizing community engagement to identify priority issues and plan action steps for positive change.[2] This assessment was conducted under the guidance of two community preceptors, Ms. Debra Massey-Richardson and Mr. James McNair, of the Guilford Community AIDS Partnership, who proved an invaluable resource to the team in offering insight, support, and an initial point of contact into the community of service providers and PLWHA in Greensboro and High Point.

The Greensboro/High Point AOCD began by gathering background data on the history, economics, culture and HIV/AIDS epidemiology of Guilford County in order to gain a better understanding of life in the local community. Important sources of background data included newspapers, magazines, websites, and local and county government offices. The team was also given access to the results of various previous assessments carried out among the PLWHA community in Guilford County. During this time, team members also worked to gain entrée into the community by attending various community events to publicize the AOCD while maintaining a structured record of team observations in the form of field notes. Team members also gathered primary data through focus groups and individual interviews with 21 service providers and 36 PLWHA living and working in Greensboro and High Point. The interviews focused on community strengths and priority needs, available community resources, and barriers to change. Data generated through the AOCD process were presented to community members at a community forum held in April 2008, with the intention of generating concrete action steps to improve the lives of PLWHA in Greensboro and High Point and of transferring control of the process to the local community.

Key to the AOCD process is correctly defining the community; this proved challenging for the student team, and has required some revision of both the AOCD process itself and the organization of this report. This assessment was initially intended to cover HIV-positive individuals living in Greensboro, but the geographic coverage of the assessment was expanded to include High Point because they share comparatively high levels of infection, a common network of service providers, and the potential for receiving common resources at the county level.[3] Through the course of interviews, it became clear that these two areas are in fact distinct communities, which happen to share common concerns, but the decision was made to include High Point in order to draw attention to what was viewed by many as an unequal distribution of resources between the two sites.

Defining a community of HIV-positive individuals was additionally complicated by the fact that, while there are clearly populations of HIV-positive individuals in Guilford County, no such visible community appears to exist, and team members felt there were ethical issues involved in limiting their assessment to only those individuals willing to openly and publicly identify themselves as HIV-positive. The decision was, therefore, made to redefine the community as *people living with or affected by HIV/AIDS*, which may include HIV-positive individuals, their friends and family, and many service providers.

One goal of primary data collection is typically to provide contrast between the perspectives of insiders, defined as community members, and outsiders, defined as service providers, and team members; however, in this case the overlap implied in the category PLWHA means that providing contrasting service provider and community member perspectives would in many cases be to force an artificial division where there in fact is none. The team has, therefore, chosen to present analysis of findings in a manner which synthesizes the opinions of service providers, community members, and team members, and highlights differences of opinion where they are found to legitimately exist.

What follows in this paper will be a discussion of the findings from analysis of background information and field observation, an in-depth presentation on the prioritized findings based on analysis of primary data, a report on the results of the community forum including a summary of discussion points and a list of action steps generated, a list of team recommendations for future action in this community and a detailed description of the methodology used to complete this assessment.

An Introduction to Greensboro and High Point

To inform the AOCD process and enhance the team's knowledge about Greensboro and High Point, the team collected and analyzed secondary data sources prior to beginning the process of primary data collection. Secondary data can be defined as information that has been originally gathered by someone other

than the student team.[4] For an AOCD, secondary data is especially important since the team is going into a community with which they may have had little prior exposure. This data can provide a backdrop to the history, culture, resources, demographics and previously identified concerns of a community.[5] In this case, the team used state disease surveillance reports, newspaper articles, previously conducted community diagnoses, and many more sources of secondary data. For a full list of the secondary data sources used for this AOCD and where to locate these sources, please see Appendix B-2. The section below serves to put into context the lives of individuals living with or affected by HIV/AIDS by providing background data on Greensboro and High Point, supplemented with team members' observations and community perspectives on life in this part of North Carolina.

Guilford County

Guilford County, located in North Carolina's Piedmont region, was founded in 1771 and named for England's first Earl of Guilford, Lord Francis North.$_3$ Quakers settled in Guilford County early on, greatly contributing to the tolerant and progressive nature of the county that endures today. The tradition of social growth and responsibility begun by the Quakers is evident through the historical milestones that have taken place in Guilford County, which was home to the region's first stop on the Underground Railroad, North Carolina's first and only publicly supported institution of higher learning for women (now co-educational and renamed the University of North Carolina at Greensboro), the State's first co-educational school, now Guilford College, and the birthplace of the modern civil rights movement.[6]

Guilford County today encompasses an area of 649 square miles and in 2006 had an estimated population of 451,905. The county has experienced rapid growth since 1990, with a population increase of 21.2% through 2006.[7] Greensboro and High Point, along with Winston-Salem and Burlington, comprise the Piedmont Triad, one of the principal transportation and manufacturing hubs in the southeastern United States as well as the nation's 30th largest metropolitan area.[3]

Greensboro

Greensboro, the seat of Guilford County, was founded in 1808 and named for Revolutionary War general Nathaniel Greene. Greensboro has a rich industrial history, particularly in textiles, insurance and transportation. The city also has a history of tolerance; Greensboro residents voted overwhelmingly against a state convention on secession at the start of the Civil War, as many residents were resoundingly anti-slavery. North Carolina ultimately became the last state to secede, and Greensboro served as the seat of the Confederate government briefly in April 1865. [9]

Three community leaders played highly influential roles in Greensboro's rapid growth in the late 19th century. Governor John Motley Morehead, known as the "father of modern North Carolina," turned his hometown into a transportation hub when he redirected an East-West rail line to the north so that it would pass through the city, earning Greensboro the nickname, "Gate City." Moses and Ceasar Cone were pioneers in the textile industry that would bring immense amounts of business, jobs, and national renown to the area. The two brothers completed the first textile-finishing plant in the South, Cone Mills, which eventually became one of the world's largest producers of corduroy and denim.[9] Moses Cone's wife Bertha later established a trust to create the Moses H. Cone Memorial Hospital, which has and continues to provide the majority of Greensboro's health care.[10]

Greensboro Today:

The city of Greensboro has changed enormously throughout the second half of the 20th century, and the city has found itself at the center of the race debate in America. In 1960, four African-American college freshmen asked to be served at a Woolworth's lunch counter in downtown Greensboro; when told that people of their race must sit at a separate counter they refused, and began a nearly six-month sit-in that effectively launched the modern civil rights movement.[11]

The city again found itself the focus of national attention on November 3, 1979, when a group of white supremacists affiliated with the Ku Klux Klan and the National Socialist (Nazi) Party of America attacked anti-Klan demonstrators of the predominantly black Communist Workers Party, killing five and seriously wounding at least 10. Media coverage of the event focused on the failure of the Greensboro Police Department to provide a deterrent force in protection of the demonstrators, and on the multiple acquittals of Nazi and Klan members by all-white juries, despite news footage of some of those members firing into the crowd.[12] Greensboro responded in 2003 to this event by establishing the Greensboro Truth and Reconciliation Commission to examine ""the context, causes, sequence and consequence of the events of November 3, 1979" for the purpose of healing transformation for the community."[12] The Commission published a report in 2006 documenting the event, reactions within the community and implication for future race relations. Although Greensboro has been instrumental in challenging existing racial disparities, there remains tension in the community surrounding issues of race relations and discrimination. [13]

Economy:

In the past two decades, the industrial environment in Greensboro has been characterized by economic growth and renewal. National and international corporations including FedEx, Kmart, and CIBA-GEIGY Corporation (now Novartis) have joined the city's more traditional textile and tobacco plants as part of an influx of new business spurred in part by the 1996 opening of Piedmont Triad International Airport. Unemployment began falling in the first decade of the 21st century, and the downtown business district, in decline for many years, has undergone a major renovation[14]

While the traditional furniture, textile, and tobacco industries still play a major role in Greensboro's economy, the city has been less affected than other parts of the Triad as jobs in those sectors have been lost to automation and overseas workers. Greensboro remains home to some 500 factories, but has diversified into other business sectors such as insurance, publishing, and electronics. The city has also looked to import

internationally based businesses; recent additions to the Greensboro business community have included Twinings Tea of England and Sweden's Volvo Truck Corp. [14]

Greensboro today has been called one of the South's up-and-coming centers for relocating businesses, noted for its livability and abundance of green spaces. In 2004, the Department of Energy (DOE) inducted Greensboro into the Clean Cities Hall of Fame.[15] Many residents interviewed for this AOCD described their city as a friendly, energetic and progressive place with many cultural and educational resources. These included the recently completed Center City Park, which has become a cultural meeting point for the downtown area that encourages participation by community members of all different backgrounds.[16] Other nearby attractions include the First Horizon Park, which opened in 2005 as the new home of the Class-A Greensboro Grasshoppers baseball team, numerous museums, and five major universities: the University of North Carolina at Greensboro, North Carolina Agricultural and Technical State University, Bennett College, Greensboro College, and Guilford College.[17]

Demographics: (See also Appendices B-5, B-7)

The estimated mid-year population of Greensboro in 2006 was 236,865, of whom 53.6% were non-Hispanic White. Black residents made up 37.4% of the population, slightly above the State average, while Hispanic residents accounted for 4.4%, slightly below the State average.[18] Rates of higher education in the city surpass those for both the State and nation, with 86.5% of the population ages 25 and older having completed high school or higher and 35.5 % having a bachelor's degree or higher.[18] In 2006, the national rate of high school completion or higher by people ages 25 and older was 84.1% and the rate of completion of a bachelor's degree or higher was 27.0%.[19] The rates of educational attainment for people 25 or older in North Carolina was 82% for high school or higher and 24.8% for bachelor's degree or higher.[20]

The median household income for Greensboro in 2006 was $41,657, compared to a state median income of $42,625. At that time, 17.2% of the population was living in poverty, though this number masks a

notable disproportion between White residents (10.6%) and lack residents (27.7%). The unemployment rate has been in decline since 2002; the overall rate as of 2006 was 5.9%, slightly below the State rate of 6.6%.[18] The largest portion of the workforce is in manufacturing, with 16.6% of the workforce, followed by health care and social assistance, with 12.0%, retail trade, with 9.3%, and finance and insurance, with 7.5%.[18]

High Point

High Point, incorporated in 1859, was so named because it was the highest point on the 1856 North Carolina Railroad between Charlotte and Goldsboro. Much of its early growth has been attributed to its central location as a transportation hub for shipping raw materials, such as cotton and lumber. Major industries in High Point were traditionally tobacco and textiles, which continue to support the area's economy today.[21]

The first furniture factory in High Point was opened in 1889, and the first formal Southern Furniture Market was held in 1909. By the 1960s, the High Point furniture market had become the dominant force in the American industry, leading some to label High Point "the furniture capital of the world."[22] This industry is the mainstay of High Point's economics and contributes many jobs and large amounts of revenue to the community.

High Point Today:

Many residents contacted through this assessment described High Point today as a slower-paced community where people know and care for one another, and where there is a great deal of concern and activism for helping the less fortunate. Residents also spoke of the lack of life in the downtown area, and said that while the city becomes very busy during the furniture market, the rest of the time, this is not the case. Some people indicated that they felt local leaders were more concerned with catering to the furniture industry than to their own constituents.

Geographically, High Point is unique in that it spans four different counties: Guilford, Randolph, Davidson and Forsyth. Though the majority of the city is located in Guilford County, the team found that many Guilford County services were not available for people living in High Point due to the spread over counties.[23] This topic will be revisited in the Key Findings section.

Demographics: (see also Appendices B-6, B-7)

The estimated population of High Point in July 2006 was 97,796, of whom 58.5% were non-Hispanic White, 31.8% were Black, and 4.9% were Hispanic. The percentage of residents with a 4-year college degree (19%) is greater than either the State or national percentages.[23] The estimated median household income in High Point in 2005 was $39,988, comparable to that for the State of $42,625. Roughly 15.3% of residents were living in poverty (8.4% for White Non-Hispanic residents, 25.9% for Black residents).[24] The unemployment rate was 9.3% as of 2006, above the State rate of 6.6%. The furniture industry continues to be the most common employer of men in High Point, while the health care industry is the most common employer of women.[24] In the High Point labor force, manufacturing was by far the most prominent industry, employing 25% of the working population in 2006. Other industries of importance were retail trade, with 10.8% of the labor force, health care and social assistance, with 10.5%, and finance and insurance, with 7.1% of the labor force.[24]

Economy:

In 2005, High Point leaders unveiled the slogan "North Carolina's International City" to highlight the approximately 70 international corporations with facilities in the city. The city has also worked to expand its economic base, diversifying into distribution and logistics, customer service and banking, manufacturing, photography, and pharmaceuticals.[23]

Although the spread of industry in High Point has expanded, the International Home Furnishings Market remains the centerpiece of the High Point economy, as well as the state's largest economic event.

Roughly 150,000 manufactures, exhibitors, designers and buyers attend the show each year, including 14,000 from 110 countries worldwide. The market is responsible for the creation of some 13,000 jobs, and contributes an estimated $1.14 billion to the city, regional and state economies each year.[22]

Although the furniture market plays a vital role in the economic, political, and cultural life of the city, some residents interviewed for this AOCD said that the importance the market plays in the local economy is evidenced by the attention and resources paid to the furniture distributors, while more local concerns are neglected. Team members noted the poor condition of many government and social service facilities in the city, especially when compared to the 188 buildings and 12 million square feet of show space allocated to the furniture market.[22]

The local economy has declined in recent years, as jobs in the furniture and hosiery industries have moved offshore to take advantage of lower wages. A number of residents implicated this trend in what they saw as High Point's social woes – undereducated locals traditionally employed in the furniture factories have found themselves unprepared to take advantage of new opportunities afforded by recent growth in the more service-oriented industries. One local service provider concluded that those unable to make a living through legitimate means might well turn to illegitimate means, and team members during their time in the city were shown numerous neighborhoods and street corners reputed to be centers of commercial sex work and drug use. It should be noted that the rates of violent and property crime have been steadily dropping in High Point over the last 8 years, despite remaining well above national averages. [23]

Health Care in Guilford County

There are several acute care hospitals within Guilford County, including High Point Regional Health System, which is located in High Point, and Moses Cone Health System and Kindred Hospital, which are located in Greensboro. The largest of these, Moses H. Cone Memorial Hospital, is also home to the county's primary Infectious Disease clinic. High Point Regional Health System includes High Point

Regional Hospital, a 384-bed medical and surgical facility.[3] Other important medical providers for this AOCD include the HealthServe clinic in Greensboro and the Community Clinic of High Point, both of which provide free HIV treatment services for patients living at or below the federal poverty level with no alternative source of payment. High Point Regional Hospital does not provide HIV treatment, driving HIV-positive individuals living in High Point to seek treatment at Moses Cone, Wake Forest University Baptist Medical Center in Winston-Salem, or the University of North Carolina Hospital at Chapel Hill.

Access to health care in Guilford County is slightly higher than that in the state overall; however, the trend in recent years has deviated from the U.S. Department of Health and Human Services' Healthy People 2010 goals. The percentage of adults in Guilford County with health insurance declined in recent years, from 88.6% in 2001 to 81.4% in 2005. The Guilford County Health Department estimates there are currently roughly 52,000 adults (19%) and 11,000 children (10%) without health insurance. Despite the figures concerning insurance, an estimated 80.8% of Guilford County adults reported having a regular health care provider in 2005, slightly better than the state average, but down from 88.8% in 2000. Additionally, significant disparities in health care treatment exist by race and income, with lower-income racial minorities reporting less access to care.[25]

There were 3,658 deaths in Guilford County in 2005, the most recent year for which complete figures are available.[26] Heart disease, cancer, chronic lower respiratory disease, and stroke were the leading causes of death, accounting for more than 50% of all deaths in the county. Death rates for most chronic diseases were higher among minorities than among Whites, though Guilford County is moving toward the Healthy People 2010 objectives in the area of chronic disease management. Progress has also been made in the prevention and treatment of HIV infection, but work remains to be done, and success has bred its own challenges in terms of caring for individuals living with HIV/AIDS.[25] For a ranked list of the leading causes of death in Guilford County among White and Non-White populations, see Appendix B-3.

HIV/AIDS in Greensboro and High Point

There were 8,192 documented individuals living with HIV/AIDS in North Carolina at the end of 2005, including 1,140 newly reported infections.[27] It must be acknowledged that these figures may not be representative of the true incidence and prevalence rates due to large percentages of individuals who are unaware of their HIV status. It has been estimated that nationwide, 25% of HIV-positive individuals have not been screened, and therefore are not aware of their status.[28]

North Carolina ranked 12th in the nation in terms of individuals living with HIV/AIDS and received $44,649,272 in federal AIDS funding in 2006, roughly ¾ of which was Ryan White funding meant specifically to provide care and treatment for PLWHA.[27] In cumulative cases reported through 2005, North Carolina ranked 14th in the nation, contributing 1.6% of the total cases. The state continues to be ranked among the highest tiered US states in terms of HIV death rates, with 4.7 deaths per 100,000 persons in 2004, compared to the national rate of 4.5 per 100,000 persons in the same year.[27] New cases of HIV in North Carolina represented 2.2% of all new cases in the nation in 2005.[27] Furthermore, the last several years have witnessed an increase in rates of syphilis infection statewide.[29] This rise in syphilis has signified an increase in HIV infection in the State.[30] At the same time, HIV infection in North Carolina appears to be moving into younger populations with higher rates of risk behavior, with a recent outbreak among African-American college students.[31]

The State trends and statistics are mirrored in Guilford County, which, with 1,472 confirmed cases of individuals living with HIV/AIDS as of 2006, has the third highest prevalence rate in the state.[1] The average rate of HIV infection per 100,000 population in Guilford County from 2000-2004 has remained relatively high at 29.6%, compared to a statewide rate for the same time period of 20.5%. The rate of primary and secondary syphilis during this time was 11.9%, again far exceeding the statewide rate of 3.7%.[25]

The manifestation of the HIV/AIDS epidemic in Guilford County reflects disparities in infection, with the virus having a disproportionate impact upon racial minorities. The latest available incidence rate among Whites is 13.5 per 100,000 population, while among minorities it is 71.8 per 100,000 persons. For more information on HIV incidence in Guilford County, see Appendix B-4.[25] Minorities comprise 38% of the total population of Guilford County, higher than the nation-wide percentage of 33%,[32] and economic data shows that minority individuals are much more likely to be living at or below the federal poverty line.[3]

Indeed, interviews conducted for this AOCD supported data regarding a disproportionate effect of the HIV epidemic on racial minorities, people of low socio-economic status, individuals without steady housing and individuals with long-standing mental health and/or substance abuse issues. The epidemic has also been relatively young, with new diagnoses by age group consistently showing that individuals age 30-39 years account for the largest number of new cases, followed by 20-29 year olds. (See Appendix B-4)[3] With people living longer under improved therapies, the total number of infected individuals in Greensboro and High Point is expected to continue to rise substantially.

It is clear to the members of the student team from interviews and field observations that much is already being done to address the HIV/AIDS epidemic in Greensboro and High Point. There are more than 40 government agencies and non-governmental organizations actively engaged in providing services to the community of PLWHA in Greensboro and High Point,[33] along with a small but active core of HIV-positive volunteers who share a tradition of support and community activism. However, as this report will discuss, HIV infection poses numerous issues to people living with HIV/AIDS as well as their caretakers, including but not limited to social stigma, employment, and housing discrimination and mental health concerns. As the epidemic grows, providers are finding themselves stretched financially and in terms of staffing to maintain care and support services at their current levels. A number of organizations have in recent years conducted their own needs assessments of the PLWHA community. The most recent of those, conducted in

2007 by the Central Carolina Health Network, identified a number of critical needs, including greater funding for HIV services, the creation of a local HIV care system, and an expansion of HIV testing and prevention education.[34] The next section of this report will build upon the previous work done in this area by delving further into the needs of service providers, explicitly considering the perspectives of PLWHA and taking into account the strengths and resources already available in the community.

Key Findings

This section includes priority themes that emerged from interviews, field observations, and the community forum. Ten thematic areas were identified based on in-depth key informant interviews and focus groups with 21 HIV/AIDS service providers and 36 PLWHA: basic needs of the HIV/AIDS community, the availability of funding and staffing, substance abuse, mental health issues, transportation, the lack of an identifiable community and community cohesiveness, the need for more outreach and testing, social stigma, the disparity between Greensboro and High Point, and strengths of the existing services in the community. Of these themes, five priority themes were selected for discussion at the community forum. The section below contains a discussion of each of the selected priority themes, including a synopsis of community member, service provider and team member perspectives. Because of the previously noted overlap between service provider and community member perspectives and student team observations, what is included should be read as a synthesis of the insider and outsider perspectives, with differences of opinion highlighted where they were found to exist. Each theme also includes a report on discussion from the community forum and a list of action steps generated at the forum. Themes not selected for discussion at the community forum are presented in Appendix E-1.

Community Strengths in Greensboro and High Point

Literature on the history of Guilford County often stress the role this geographic area has played as a center for progressive social values and movements, beginning with the early community of Quaker

settlers and continuing through to the launching of the modern civil rights movement.[9] It was clear to the team from discussions with service providers and PLWHA that this tradition lives on today in the more than 40 AIDS Service Organizations and other service providers active in the area, which were often noted as a major source of strength in the community. In fact, many PLWHA indicated that they relocated to the area specifically to take advantage of the available HIV/AIDS services.

"I think some of the strengths are that, as that, there's great local support for the HIV community. THP [Triad Health Project] *has shown that through its fundraisers. That there is a huge percentage of the cost of running the place that comes from the local community, which is just an amazing thing … There is a deep compassion that is very real that I see there. So that I think people don't come into this work lightly either and that passion and compassion is one of the great things that Greensboro offers."*

It was evident to team members from abundant community support for fundraising events like the Winter Walk for AIDS and Dining for Friends that this network of providers is reflective of a broader community concern for the needs and challenges of PLWHA. It was, however, of concern to team members that the strengths described by service providers focused largely on the availability and quality of services in the community. While providers spoke about the support and care that HIV-positive individuals showed one another, there was very little discussion of the ability of PLWHA to take positive action on their own behalf.

PLWHA, on the other hand, were quick to point to the small but growing group of outspoken HIV-positive individuals in the community as a source of strength. These men and women, the public face of HIV/AIDS in Guilford County, are willing to advocate on behalf of those infected with and affected by HIV/AIDS who may not be open about their status and to help educate the public to prevent further infections.

"The strength is we go out and educate people, the strength is that we care, the strength is that we're a bond - we're out there to let people know that this is real ... We're not out there to put fear; we're out there to make sure whatever you need - come to one of us. We'll direct you to who you need to go to. I work with a lot of community people in the same position I am, and it's so powerful, because everybody got their unique story, but we're dealing with the same issue."

In addition to being an important source of strength to other PLWHA, these outspoken activists were also a major resource for the AOCD team and served as the primary entry point into the community.

Finally, this assessment identified faith and faith-based organizations as a major source of strength for many PLWHA, for the emotional, spiritual, and material support they provide. Team members witnessed this support through the lunches provided at Higher Ground by local church groups, through interaction with members of local AIDS outreach ministries and through the many community members who spoke of their personal faith as a source of strength in dealing with their diagnoses. It is important, however, to note that as often as faith was mentioned as a source of strength in the community, conservative religious values were also noted as a potential barrier in that they can be used to justify further stigmatization of at-risk groups including gay men and drug users, and to limit open dialogue regarding safe sex.

"It's a hard thing, particularly when you're dealing with a faith community, in trying to help them see the difference between the individual and the illness. And to try and look beyond the behavior and look at the fact that the individual is dying of the illness. And so that's what I try to spend my time doing, to try to educate our faith community … I want them to counsel people themselves. Why can't they talk to you? If they go to your church, they need to talk to you."

Priority Theme One: Basic Needs

Theme Statement: PLWHA have many basic, unmet needs, including food, housing, and unemployment, which overshadow HIV/AIDS as a priority.

The team spoke with both community members and service providers who said HIV treatment and care is not always the most important thing a PLWHA has to do on any given day. PLWHA face many issues on a daily basis, which including arranging for food and rent and caring for family members. This situation is exacerbated by a lack of affordable housing and well-paying jobs, especially for individuals who are dealing with chronic health issues or who have recently been released from prison and are barred by Housing Authority policy from access to subsidized housing. Additionally, while a lack of adequate food,

housing and employment opportunity are themselves associated with poor health outcomes, they also make it increasingly difficult to seek out and adhere to HIV treatment programs.

"And as we're seeing clients come to us as I said earlier, with more complicated issues, HIV might be number 4 on their list of problems, today they might have nowhere to live, it's really hard to get someone to adhere to their medication if their worried about where they're going to sleep tonight."

"In the HIV community it is all about survival, social services, housing authority, THP, maybe Sickle Cell, NIA, the shelter, the courts, it's just, you just kind of keep your foot in the door about the different services you need because you kind of figure it out. I tell people all the time, work your own case, work your own case, because they make mistakes and you pay the price. If you need your rent paid, you need to think about it more than the people you are depending on to pay your rent because they aren't really concerned about your rent like you are. You just kind of go around in circles with benefits and getting things done."

There was consensus of opinion between service providers and community members regarding the importance of meeting the daily needs of PLWHA, but service providers often pointed out that many of the services available are focused primarily, if not exclusively, on providing medical care for HIV infection. Current federal government funding guidelines specify that much available funding be routed through medical service agencies, and make it difficult for this money to be rerouted to meet needs such as increased housing. In those cases where assistance is being provided for more basic needs, obtaining and adhering to HIV treatment is often a prerequisite for access to other assistance.

"What we find sometimes for clients is that they come in and it's …if they don't have a place to live, if they have no food, if they can't take care of their children, things like treating their HIV disease is not the most important. So it's trying to strike a balance, helping to get them to understand that they've got to be going to appointments to get these other things. Which is kind of a flip from how it used to be. We used to just accept that we've got to get all these little ducks in a row before they're going to go to the doctor. Now you've got to really work on both at the same time for them to be eligible for the other things."

From the perspective of the team members, the tendency to place priority on providing medical care first has resulted in a degree of tunnel vision. Organizations in principle acknowledged the importance of meeting people's basic needs, but in practice focused on providing their own very specific service while not fully considering how that service links into the larger needs of PLWHA.

The community forum discussion group on fulfilling basic needs was attended by nine people, though it became evident that some of the women who attended the group were more interested in discussing how to deal with issues relating to diagnosis and disclosure. After sorting through their feelings, the participants began to discuss the ways in which they are able to meet their basic needs and it quickly became obvious that although there are an abundance of service providers in Greensboro and High Point, it can still be difficult to find the appropriate organization to fulfill your specific needs. One service provider in the group reported that she often hears about new resources only when her own clients begin receiving new services. It was agreed that while there are ample agencies, it can be difficult to discern which agency to go to in different situations.

To that end, a number of action steps were created to help PLWHA identify available resources in the community:

- Talk with all major known providers in addition to clients to hear what groups are helping them meet their needs.
- Create a thorough resource manual be put together. It was agreed that an exhaustive manual would be necessary in order help both service providers as well as clients.

Priority Theme Two: Mental Health and Substance Abuse

Theme Statement: Mental health and substance abuse issues complicate living with HIV/AIDS by making it difficult to seek treatment for HIV/AIDS, follow medical regimes, and locate adequate support and care.

Mental illness and substance abuse issues were frequently referenced issues during interviews and focus group discussions; the call for greater access to mental health and substance abuse treatment services came largely from service providers, who very often listed these two issues as being among their top priorities. Providers spoke of the lack of available resources, the fragmentary nature of services which they said often provided inadequate support for too limited a period, and the difficulty faced by individuals with mental health or substance abuse issues in navigating complicated healthcare systems and adhering to

complicated treatment regimens. They reported that the situation has been further complicated by recent statewide reforms which have decentralized the system of services for mental health and substance abuse treatment, making access to those services increasingly difficult for precisely the individuals who most need them.

"I think that the mental health system in this state is broken. I don't see a quick fix to it. I think that accessing mental health services is deplorable in this community. I'm not sure that the mental health providers would agree with me, but people with HIV that I have seen in this community, many of them have significant mental health issues and I think that it's just too hard for them to get care."

"Ain't nothing gonna work for the substance user who's HIV positive until he addresses his substance abuse issue, that's what I try to tell people from my own experience. Because even you if you do go to the doctor and they give you these medicines you ain't gonna take it like you supposed to, you ain't gonna do the things you supposed to, to participate in your own health. If they give you 3 bag of medicine, you ain't gonna take 'em, I know people who chose to get high rather than take their medicine and end up dying."

Many PLWHA also spoke with great sincerity about the emotional difficulties that come with accepting an HIV-positive diagnosis, and with sharing that diagnosis with friends and family. Discussions about diagnosis and disclosure sometimes became highly emotional, and PLWHA stressed the need to be able to share their stories with other people who would understand their situation.

"You know when I first found out that I had it, it really, really, took a toll on me, I cried and cried, I cried away, I just didn't seem like I wanted to live and I started coming over here and talking with other women, with the same disease that I had and it kinda helped me … I could live years with this, you know, it's not that I'm gonna drop dead now, if I take care of myself I can live many years. So I feel a lot better since I've gone out with other women that have HIV."

The team felt, however, that while PLWHA recognized the impact of mental health and substance abuse issues on their lives, they did not often identify more services as a priority need, especially when compared to more immediately felt needs like food and shelter. One service provider acknowledged this different perspective, noting that from a PLWHA's perspective, finding housing or getting paid may well be the more important priority and that while dealing with mental health and substance abuse are top priority for service providers, "you've got to meet the clients where they're at." It was not surprising to team

members that PLWHA tended to assign a higher priority to their day-to-day needs; however, the team felt that the unique perspective of the service providers allowed them to better consider how greater support for mental health and substance abuse would impact PLWHA quality of life in the long term.

During the forum discussion, the participants highlighted the significant impact mental illness can have on the individual and the community at large, noting the negative influence on one's quality of life and self-esteem in addition to incarceration rates and cost to the health care system. A wide array of barriers on a personal level that prevent individuals from seeking care were identified, such as embarrassment and fear of being labeled "crazy" or "sick." Systemic issues such as cost of services, complex referral processes, inadequate transportation, and knowledge gaps regarding available services also preclude obtaining needed treatment.

Despite these challenges, the participants identified several action steps to address increasing awareness of and access to mental health and substance abuse services:

- Contact local organizations to assess the available services in both Greensboro and High Point.
- After a comprehensive list is generated, the information will be compiled into a pamphlet that can be distributed to community members in a variety of venues such as churches, grocery stores, social services, and the department of motor vehicles. The pamphlets will also be given to service providers to provide to clientele.
- Long-term goals of decreasing the stigma associated with mental illness and addiction in addition to improving outreach efforts were selected.
- One discussion group member will contact the group within the next week following the forum to pinpoint next steps.

Priority Theme Three: Lack of a coherent community

Theme Statement: The diversity of PLWHA, stigma surrounding the disease, and a lack of trust and dialogue between PLWHA all contribute to the absence of a cohesive community to provide support and engage in advocacy.

Many community members interviewed for this assessment spoke of AIDS as an "isolating illness" and talked about the great feelings of loneliness with which many of them said they dealt at least part of the

time. In fact, through their interactions with PLWHA, team members noted the distinct lack of a visible and overarching HIV-positive community – as many of those interviewed noted, infection remains a highly stigmatized condition connected in the public mind with stigmatized behaviors including drug abuse and homosexual sex, and many of those who are infected are neither encouraged nor supported in speaking out about their experiences. Team members were told that "the same three or four faces" always represent the community at public events, and the difficulty in making contact and building bonds of trust and support with other positive individuals is underscored by the fact that even at Higher Ground, the HIV day center, visitors are often reluctant to disclose their status. Many PLWHA expressed that they did not trust others to protect their confidentiality in the larger community.

"You would think that anybody with HIV would be able to relate with just anybody with HIV. Yet we still have a lot of persons that are in denial, we still have a lot of persons that are angry at the fact because they got it at no fault of their own and they don't want to have anything to do with the person that they blame for getting HIV. And pretty much they … [don't] want anything to do with a gay person that is infected with HIV or someone doing drugs because that is not how she got it and she wouldn't have identified with that group of people if she didn't get HIV, so she doesn't feel like she needs to identify with them because she has HIV."

Still, many PLWHA expressed strong desire for a greater feeling of belonging and support, as well as a greater voice for HIV-positive individuals, and many spoke powerfully about the positive impact on their lives when they realized that there were other people with whom they could share their experiences and support. They explained that a stronger community would give them a place to belong and would make them feel safer and more comfortable in speaking out and being visible members of the wider community.

"The more you live with the disease, the more you learn about yourself. And when you're around other people that's living with it, it makes it understandable. It helps you to cope with the situations that you are dealing with and its effects on your life. And how it affects what your dreams is or your goals is. Cause that's how you climb, through your dreams and goals."

Service providers also referred to small groups of PLWHA who provide friendship and support, but said that their clients often yearn for a greater feeling of connectedness. While it was acknowledged that there are "pockets of cohesiveness" at organizations like Higher Ground, in a wider sense the community

was characterized as being made up of people who have "fallen through the cracks in our society" and who tend to withdraw and stay on the fringes.

"There are separate niches to the community. There are the poverty-stricken homeless, who tend to congregate at THP. The gay community, who are more affluent. Positive heterosexuals tend to not become a part of the community."

During the community forum, participants spoke about feeling alone and lacking support. They noted numerous resources which could be used to provide and strengthen a sense of community; however, they also noted that merely the existence of resources is insufficient. People must be made aware of those resources and must be willing and able to use them. Participants expressed a desire for places where they would feel safe and where they would be able to access a network to share stories and resources, but they also listed numerous obstacles toward establishing such a network, including physical isolation and lack of access to transportation, a lack of family support, ignorance and fear surrounding HIV, and the existence of divisions within the population of HIV-positive individuals which makes it difficult to come together. It was also noted that some communities, which initially were very active in providing support and advocacy, have grown less so over time, as people have become less interested in participation; participants expressed that in order to build a community, people have to be willing to give as well as get.

Through the community forum, a number of action steps were identified in order to further the goal of strengthening the community of people infected with or affected by HIV/AIDS in Greensboro and High Point:

- Work together to discuss community strengthening and other needs with residents of Williams Delashment Crossing, a housing community for PLWHA.
- Schedule a follow-up meeting on this topic, which may be held at the Williams Delashment Crossing housing community.
- Hold a regular meeting of High Point service providers to combat the tendency of some service agencies to become isolated from the larger community.

Priority Theme Four: Needs in High Point

Theme Statement: There is an uneven distribution between services available for people living with HIV/AIDS in Greensboro and High Point.

The disparity between services in High Point and Greensboro was a frequently discussed topic in interviews with service providers and PLWHA. Service providers, by and large, believed that more resources were available in Greensboro than in High Point. It should be noted that many PLWHA in High Point indicated that they were able to access everything they needed and that the small size of the city made it easier to navigate than Greensboro. It was the opinion of both service providers and team members that this should not be construed to mean there is no issue with the distribution of resources, because it is possible that High Point community members take as a given that the services they do receive are the standard of care, and do not realize that the situation could in fact be improved. Team members felt strongly that highlighting the distribution of resources between the two communities could help those communities work together to improve services in High Point.

There was general agreement among service providers on differences in demographic make-up between the two cities, with the lack of a middle class in High Point cited as a cause of unwillingness to talk about HIV/AIDS in that setting. The lack of services in High Point was highlighted by the fact that the primary AIDS care provider in the city is the free community clinic, while the regional hospital in High Point does not provide services for PLWHA. During their initial tour of High Point, team members also noted both the lack of HIV-specific facilities like Higher Ground in Greensboro.

"High Point is another animal. I mean, to be part of the same county, it's just fascinating to me how very little there is in High Point for people with HIV, and how difficult it can be for the providers trying to serve them. I mean it's just like a different world, even though it's part of the same county."

While there was general agreement among service providers that rectifying the disparity between Greensboro and High Point needed to be made a priority, it did not appear to team members that any organization was aggressively pursuing this agenda. There was also disagreement regarding the source of

this disparity; while High Point providers tended to talk more about being a "step-sister" of Greensboro and the lack of attention on the part of Greensboro organizations to the needs in High Point, Greensboro service providers expressed frustration that efforts to expand and offer their services in High Point were not capitalized upon.

"Quite frankly I think some of the organizations in my observation - and again, this is a personal observation - are very Greensboro-centric … I think part of it is that's where the funding comes from, that's where the support comes from, and I understand that."

"I just think High Point, and just know there are some wonderful people working on this epidemic in High Point but, to make a broad general statement, that community is way, way behind in terms of dealing with the epidemic and there's so many more barriers, quite frankly I think a lot of people have their head in the sand in High Point, it's just, 'I don't wanna deal with it.'"

During the community forum discussion about the uneven distribution of services between Greensboro and High Point, several major barriers were considered. One obstacle to improving services in High Point was that the community of PLWHA has more pressing issues such as taking care of basic needs. Additionally, because of the stigma surrounding this issue, most people leave High Point and seek care in neighboring cities to avoid being associated with the disease. The lack of funding and transportation resources also was considered as a barrier to improving services and access to services. Without funding, existing services cannot be improved and new services cannot be created. In addition to the current funding restrictions discussed above, participants in this discussion group also talked about how the focus currently is on HIV/AIDS in Africa, which makes it difficult to secure money for services provided in the United States.

When considering resources to involve in trying to solve this problem, several sources were discussed. The group felt that there should be more involvement of churches, particularly in terms of getting more of the community to participate. Also, local community leaders, state and federal resources, and hospitals should also be included. Finally, to assist with meeting some of the basic needs of PLWHA, the

group felt that that housing subsidies such as those provided through Section 8 should be used to help increase the services in High Point.

After discussing the barriers and resources to improving provision of services in High Point, forum participants identified a number of action steps to begin addressing this issue:

- Contact churches to assist in meeting basic needs such as food and transportation.
- Educate people about existing services by involving the local libraries.
- Create a collaboration or directory of services useful to PLWHA as well as to service providers in making referral for clients who do not meet their eligibility requirements.
- Contact service agencies such as clinics and hospitals about the costs to expand care.

Priority Five: Stigma

Theme Statement: Misconceptions about HIV/AIDS in the community at large, a lack of people living with HIV and AIDS who are open about their status, and a strong emphasis on conservative values contribute to intense social stigma against people living with HIV and AIDS.

Both community members and service providers, who were interviewed, identified social stigma as a pervasive concern, which they attributed to lack of education in the overall community concerning HIV/AIDS and modes of transmission, and lack of representation of HIV-positive individuals who are open about their status. Stigma was identified as a driving force behind individuals maintaining the secrecy of their HIV status; many have had negative past experiences with disclosure or with maintaining anonymity within their professional and social circles for fear of rejection.

"You'd be surprised the number of people who are so ashamed of their HIV status that they choose not to get help, choose not to get into these support groups because they just don't want nobody to know, the stigma is still there."

Community members in interviews and focus groups recounted many experiences where their families, friends or employers could not handle news of their diagnosis and either outright rejected the individual or followed them around, sterilizing everything they had touched. Community members often claimed that they analyze how a person will react to their HIV status before becoming involved in even a

casual relationship, not bothering to become invested whatsoever if they believe the individual will stigmatize them. Even the few community members who speak publicly about their HIV-status indicated that they are selective with the social groups that they tell about their status, noting that they had entire circles in their lives that were still unaware of their HIV-infection.

"The stigma I think it's a lack of understanding of this disease and how it's transmitted. You know it's always been a different type of disease from the very beginning, in terms of, we talk about this all the time, if I came to you and said, oh I was just diagnosed with breast cancer, your reaction probably, immediately, even if you don't know me would be oh I'm so sorry, I hope things go well, what sort of treatment are you having? If you come to someone and say I've just been diagnosed with HIV, it's like, well, how'd you get it. You know nobody ever asks anybody how you got breast cancer, its just, there's often that element of judgment involved in an HIV diagnosis that somehow you are at fault for getting it."

One of these circles in which PLWHA often maintain secrecy about their status is faith-based communities. In interviews and focus groups, PLWHA spoke of the inability of some religious communities to "separate the sin from the sinner," and thus were only able to see modes of transmission of HIV/AIDS that are looked upon as sin, rather than individuals that they may have known for decades. It was noted by service providers and community members that because Greensboro and High Point are very faith-oriented cities, involving churches in advocacy and education could be an effective measure to work towards the reduction of social stigma. Team members attended a World AIDS Day service at a local church, and were surprised by the lack of discussion concerning HIV/AIDS, even in a progressive congregation. Service providers further suggested that PLWHA who are members of church congregations should be open about their HIV status to eliminate fear of rejection and decrease the stigma within faith-based communities. Community members agreed that disclosure in church settings could help decrease stigma, but found it an extremely difficult hurdle to disclose their status to a now-supportive community for fear of alienation. Team members observed the stigmatization of HIV/AIDS in the religious community first-hand at a World AIDS Day church service, meant to serve to educate the congregation about HIV/AIDS, in which the only mention of HIV/AIDS was concerning the moral implications of acts through

which HIV is transmitted. The team, as well as PLWHA who were in attendance, were shocked by the lack of open dialogue on the issue as well as the stigmatizing manner in which HIV/AIDS was presented. Unfortunately, this observation was only one of many that team members observed which reinforced the pervasiveness and serious impact of stigma towards PLWHA and HIV/AIDS in the community.

Both community members and service providers pointed to a lack of education about HIV/AIDS and sexual education in general as greatly contributing to intense social stigma against PLWHA. Current laws regarding sexual education in schools make it impossible to reach the youth population in the traditional manner. Interviewees expressed the need to devise other venues and methods to reach and educate youth, including providing education at already existing community events. It was suggested that bringing HIV/AIDS into a more public dialogue could make great strides towards the elimination of stigma towards PLWHA. Higher Ground was often mentioned as one of only a few places of refuge from stigma, since there is no clear delineation between PLWHA and volunteers and the staff has worked to develop an open, accepting and spiritual environment that put people at ease.

"Acceptance. There's still people who feel they're going to be contaminated by just being in the presence of those who have HIV/AIDS."

"This is a hard disease to - I mean, you think cancer and people say 'Cancer, ohhh,' but when it comes to HIV, the quickest way you can tell how many friends you have is tell them your status. I thought I had friends, but once they knew my status they were no longer there."

During the community forum, members of the breakout group on stigma were impressively candid and open about their experiences with stigma, what contributes to the stigma of HIV/AIDS and ways in which they may stigmatize others. The breakout group consisted of eight individuals, four PLWHA who spoke openly about their status, and four service providers. Although some group members recounted experiences of intense stigma, including isolation imposed by families who could not handle their diagnosis, having to leave employment because of the stigma experienced and the effects of hiding one's diagnosis to avoid rejection from new acquaintances as well as existing social connections. The importance of educating

the larger community about HIV/AIDS and PLWHA was noted as an extremely important step to decreasing stigma. There were numerous resources identified to help in decreasing stigma against PLWHA and to educate people about the disease, including Higher Ground, churches, the Boys and Girls Club and the YMCA as resources to reach the youth population, as well as existing community events related to HIV/AIDS. The group also identified quite a few challenges to decreasing stigma against PLWHA, most notably fear and a lack of education and awareness, conservative values in churches, people's unchanging attitudes, and the unwillingness of people to speak openly about both HIV/AIDS and of PLWHA to speak about their status.

A number of specific action steps were developed to work towards the reduction and elimination of social stigma towards PLWHA:

- Find venues other than schools to reach and educate the younger population, including the Boys and Girls Club, YMCA and churches.
- Pass out condoms at existing community events as well as to group members' current social networks.
- Share your story.
- Include oral sex in the definition of sex.
- Follow-up meeting of the same group.
- Bring at least one additional person to follow-up meetings on stigma.

Methodology

This section describes the methodology used by the AOCD team in assessing the strengths and priority needs of the communities of HIV-positive individuals living in Greensboro and High Point. Initial research on these communities was conducted through a review of available secondary data, after which primary data were gathered through direct interaction with service providers and community members. Below is a description of the process of gaining entrée into the communities, obtaining informed consent to recruit and interview individual key informants, conducting qualitative in-depth interviews and focus group discussions with key informants, analyzing data, using the results to plan the community forum, and the execution of the forum.

Gaining Entrée:

One of the defining characteristics of an Action-Oriented Community Diagnosis is the focus on the "social groupings in communities who influence the perception of needs."[2] It has been argued variously that researchers as outsiders are excluded from true knowledge of a community and that community members as insiders are too bound by group commitments to view their own situation objectively.[35] It is a hallmark of AOCD that team members negotiate between those insider and outsider perspectives by gaining entrée, a process of building and maintaining trust with a community which, according to Kaufmann, "is necessary to raise questions, seek answers and ultimately gain new knowledge toward a better understanding of how people live."[35]

The AOCD team made initial contact with the PLWHA communities in Greensboro and High Point during two windshield tours guided by preceptors and community informants. It was clear from these first tours that Greensboro and High Point are distinctly separate communities. Despite being served by the same network of providers, these two cities are facing different situations regarding HIV/AIDS and are doing so with a markedly uneven distribution of resources. While the windshield tour of Greensboro focused primarily on the recently renovated downtown business and government district and on the abundance of service providers, the tour of High Point focused almost entirely on neighborhoods and street corners known to be centers of commercial sex work and drug use. During the windshield tour of High Point, one of the preceptors made repeated and surprised comments about the previously unimagined differences between the two communities.

In order to gain entrée into the community, team members attended a number of events including church services, fundraising events, and support group meetings (See Appendix D-3 for complete listing). A key difficulty for team members in building a relationship with the PLWHA community was the large number of HIV-positive individuals in Greensboro and High Point who are, in fact, unaware of their

infection, and with a few, notable exceptions, those who are aware of their status do not attend community functions as openly positive individuals. Additionally, there were relatively few events in the Greensboro/High Point area held exclusively for PLWHA, with the exception of events like the aforementioned support group meetings. The team participated in these support groups on a limited basis to avoid interfering with service delivery schedules or discouraging positive individuals from attending needed services. The result was that the largely "invisible" PLWHA community in this area made it difficult for team members to identify appropriate events or locales to develop the relationships necessary to gain community member perspectives that accurately represent the population of PLWHA in Greensboro and High Point. Given this difficulty, one particularly important entry point was Higher Ground, a day center for HIV-positive individuals operated by Triad Health Project and one of the few locations where PLWHA hold regular gatherings for primarily social purposes. At Higher Ground, there is no delineation between volunteers and HIV-positive individuals utilizing the house's services, allowing team members to observe the community without compromising individuals' confidentiality and right to self-disclosure. No similar service, however, is presently available for PLWHA in High Point.

Secondary Data Collection:

Secondary data on the history, cultural life, economics, health and demographics of Greensboro and High Point were collected from a wide variety of sources, including newspapers, magazines, public documents, web sites and prior community needs assessments. The Internet was particularly useful in gathering up-to-date epidemiological data on HIV and other sexually transmitted infections in Guilford County. The data were reviewed and indexed by individual team members according to their general subject matter. The secondary data served to inform the entire process of AOCD by providing a background and basis for the student team's understanding of the community's history and social issues. A list of all secondary data sources is available in Appendix B-2.

Primary Data Collection:

The team collected primary data through participant observation, in-depth key informant interviews and focus group discussions. Participant observation was carried out during guided community tours facilitated by the preceptors and service providers intimately familiar with the areas, and through attendance at community events including fundraising drives, church services and meetings of support groups for individuals infected with or affected by HIV/AIDS. In all instances, advance permission to attend and/or participate in community events was secured through communication with relevant community gatekeepers. Detailed field observations were recorded in note form for each community event; these observations were used to inform planning of team activities, interview guides and aid in interpreting the findings, as well as the drafting of this report. In-depth interviews and focus group discussions were conducted with key informants, who were both service providers and members of the HIV-positive communities in Greensboro and High Point. A key informant for AOCD can be defined as an influential service provider or community member who are influential in the community and have an idea the activities and opinions of other members of the community.[36] In-depth key informant interview guides were developed based on previous AOCD interview guides and modified for acceptability and cultural appropriateness after pre-testing with community members and preceptors. The final interview guide was also used as the basis for designing a somewhat less-structured focus group discussion guide. All guides were submitted to the teaching team for final review and approval, and were modified according to their feedback prior to the start of data collection.

Over the course of this assessment, 21 service providers and 36 PLWHA were contacted through individual interviews and focus groups. Focus group discussions were an important data collection technique because of the highly stigmatized nature of the target population; many HIV-positive individuals, and especially those within the most marginalized sub-groups including homeless individuals, active substance users and non-English speakers, were unwilling to meet for one-on-one interviews but were

comfortable engaging in a group setting surrounded by their peers and held in a location with which they were already familiar.

Recruitment for interviews and focus group discussions was conducted with the assistance of the team's preceptors, service providers and the community of PLWHA in Greensboro and High Point. The team utilized a snowball approach, beginning with a list of Guilford County AIDS Partnership's partner organizations and asking each organization or individual reached to inform their network of service providers and/or community members about the project. Each participant was given a recruitment consent letter to provide to potential contacts, which explained briefly the purpose of the project and invited potential contacts to either contact the team directly or to empower another individual to provide us with contact information. In no case did members of the team request or accept unsolicited names or contact information for potential contacts without first having the person suggesting the future interviewee seek the consent of that contact.

Each interview was conducted by a pair of team members, one acting as interviewer and the other as note taker, with four exceptions where there was only one team member interviewing due to scheduling conflicts. Interviews lasted between 45 and 90 minutes; before each interview, participants were provided with an informational brochure outlining the procedures and goals of AOCD and any questions were answered by team members. In order to maintain full confidentiality, consent was given verbally and witnessed by a team member, who signed the consent document on behalf of the individual(s) being interviewed. Each interview was assigned a unique identifying code used to label all materials. All interviews were audio-recorded with the permission of the participants; these recordings were stored as digital files on a password-protected computer. Each interview was transcribed in full and paired with notes on that event; in order to ensure record redundancy, data collection files were stored in electronic format on a password-protected database separate from audio recordings, and in paper format in a locked filing cabinet

at the UNC School of Public Health. Names and contact information were only recorded for individuals indicating they wished to be contacted at a later date regarding the community forum; these records were stored in a password-protected database separate from other project materials, and no records were maintained linking interview data with names. All records of primary data were destroyed following the completion of data analysis.

Data Analysis:

Following data collection, analysis was conducted on all interview transcripts using ATLAS.ti software. First, notes from each data collection event were analyzed to identify main points. These points were then organized thematically into a series of codes and sub-codes. Groups of related codes were grouped according to larger categories, called domains. To ensure consistency of coding, a comprehensive codebook was developed and pilot-tested for inter-coder reliability by three coders working on a random selection of interview transcripts. After further refinement of the codebook to increase reliability, all interviews were coded and analyzed to identify major themes emerging from service providers and community members separately.

Structured team member notes based on field observations were also coded and analyzed based on the same codebook – the results of this analysis are used throughout this paper either to bolster service provider and community member perspectives or to offer an alternative viewpoint.

Limitations of Data Collection:

The data collected and analyzed for this project represents a wide range of opinions from a reasonably broad cross section of the community of individuals infected with or affected by HIV/AIDS in Greensboro and High Point; nevertheless, there are some notable limitations. The team utilized a snowball approach to recruitment; this approach seemed the most feasible option for reaching members of the community otherwise inaccessible to the team and served to protect the confidentiality of community

members concerning their HIV status. However, because the team's initial contacts were primarily through service providers, the majority of community contacts were likely to be those individuals who are already consumers of the services available in Greensboro and High Point. The team certainly has missed other, more underserved, segments of the HIV-positive population, and this report may not be representative of their needs or priorities. Analysis of the needs and of the community of PLWHA, who participate less in available services and do not openly identify as HIV-positive, would be potential topics for future assessment.

Community Forum

Planning Process

The community forum provides an opportunity for people to gather and celebrate the strengths of the community while seriously discussing challenges identified during the in-depth interviews and focus groups, and determining plausible solutions. The ultimate goal of the forum is to transfer ownership of the AOCD process from the student team to the community and ensure that the momentum generated during the forum continues, resulting in significant progress toward solutions for the community of PLWHA.

The forum is intended to be a collaboration among the student team, service providers, and the community. The team was therefore determined that community members and service providers play an active role in the forum planning process. Interested individuals identified during interviews were enlisted to serve as members of the Forum Planning Committee (FPC) to guide decisions on forum logistics and the selection of discussion themes. The FPC was comprised of nine individuals, including three community members, four service providers, and two students. The FPC held three meetings at the offices of the Guilford County AIDS Partnership (GCAP), one every two weeks for the month-and-a-half leading up to the forum.

During the first FPC meeting, the student team presented an overview of the AOCD process and identified the purpose of forum. The FPC spent the majority of the meeting deciding what would qualify as a successful forum. Because of the stigma facing PLWHA, the FPC decided that having a meeting focused on bringing the community together to address the local issues associated with HIV/AIDS was the first sign of progress. The FPC stressed that the forum be a safe place for open dialogue and a celebration of the strengths as well as recognition of the improvements needed to better support PLWHA. The acknowledgement that the issues confronting PLWHA impact the entire community led the FPC to determine it would be most beneficial to conduct a large – scale marketing campaign with the goal of reaching out to all those infected or affected by HIV/AIDS.

The second meeting focused on finalizing forum logistics, including identifying a forum name, location, date, and marketing strategy. To reflect the goal of increasing awareness of the current issues facing PLWHA in Greensboro and High Point, the FPC decided to name the forum "Inform 2 Reform: A Responsive Community Gathering to the Local HIV/AIDS Crisis." Because community attendance and participation were identified as key to forum success, the FPC strategized ways to ensure the active involvement of concerned citizens. Monday evenings were identified as most conducive for the schedules of community members and service providers. High Point was selected as the forum location because interviews revealed that High Point is often overlooked when large community events are held. Since the community assessment incorporated both Greensboro and High Point, the FPC decided that conducting the forum in High Point would increase attention to that area and potentially increase the participation of High Point residents whose voices are seldom heard. FPC members volunteered to distribute forum flyers and provided contacts at local media sources.

The key task during the third meeting was identifying the themes to be highlighted during the forum discussion groups. The student team presented the eight themes that emerged from the interviews and focus

groups and asked the FPC to select five themes, prioritizing the themes based on importance and changeability. Importance was defined as what the community would consider most important to the quality of life of PLWHA in Greensboro and High Point. Changeability was based on which themes could be addressed most realistically during the forum discussion groups. Significant discussion was generated by the four FPC members in attendance. Because theme identification was one of the key roles of the FPC, the group agreed to communicate with the remaining members via email to obtain their feedback. The input from the FPC was incorporated and used to finalize the final five themes, which are presented in detail in the Key Findings section.

Holding the Community Forum

The community forum was held on April 14, 2008 from 5-8 pm in the Macedonia Family Resource Center in High Point. This location was deliberately selected, despite the difficulty in transporting community members and services providers from Greensboro, in order to highlight what has been perceived as a relative lack of attention paid to the PLWHA community in High Point. To minimize difficulty in reaching the forum venue, transportation was provided by team members to and from the Resource Center, leaving at pre-arranged times from Higher Ground in Greensboro and the Triad Health Project office in High Point. At the close of the forum, High Point residents were returned to their homes, while Greensboro residents were returned to the centrally-located Greensboro Bus Depot and provided with a free single-fare ticket. The final count for forum attendance was 32; to avoid the appearance of stigma and discrimination, attendees were not asked to identify themselves as either positive or negative.

Upon arriving at the forum, attendees were provided with a program detailing the evening's schedule and a bag including educational materials, condoms and a resource list which included contact information for AIDS service organizations in the Triad area. Because many of the themes detailed

throughout this assessment have political roots, voter registration information was also made available at the check-in table.

Following dinner and an opportunity to socialize and enjoy artwork prepared by PLWHA from the Higher Ground day center, team member Leni Strauss welcomed guests to the forum and invited opening remarks from AOCD preceptors Debra Massey-Richardson and James McNeil of the Guilford Community AIDS Partnership. Team members Shantae Perkins and Matt Avery provided a brief overview of the AOCD process and goals, and members of the forum planning committee shared priority themes for the evening.

Forum guests participated in one of five 45-minute discussion groups, based on the priority themes. Each discussion group was facilitated by an AOCD team member with assistance from a volunteer note taker, and each facilitator used empowerment education techniques (SHOWED and ORID, the questions for each theme can be seen in Appendices E-3 through E-7) to examine their theme in detail. Participants were asked to respond to a verbal or visual trigger (such as a picture or a quotation) and to discuss how the trigger made them feel, what relevance it had to the identified theme and to the lives of people living with or affected by HIV/AIDS, the underlying causes of the priority theme, what resources were available to address those causes and what obstacles existed to addressing the themes. Discussion triggers and questions are available in Appendix E-3 through E-7. At the end of the discussion, each group generated specific action steps, listed in the key findings section, intended to address these themes, and identified volunteers willing to undertake to achieve the action steps. After the discussion was complete, each group also identified one member to report back on the discussion and action steps at the closing session.

At the close of the forum, participants were given an evaluation form to gather feedback and gauge community reactions to the AOCD findings; over 90% of those surveyed (N=27) agreed or strongly agreed that the forum was useful, allowed them to learn about issues facing PLWHA and helped to bring people

together. Respondents also agreed that the discussion of priority issues was straightforward and that their voices were heard. Positive comments about the forum included the chance to get together with other and different members of the community and to openly discuss issues of importance. (See Appendix E-14)

Limitations of this Community Assessment

While this report has focused primarily on the strengths of the team's community assessment process, it is important to note that there were several limitations to the process, which should be taken into account when interpreting the results.

First, as is noted above, the individuals interviewed through this process represent that community of PLWHA who were most accessible to team members, and their identified needs may not be representative of the needs of the entire population of HIV-positive individuals in Greensboro and High Point. PLWHA who were homeless, who had profound mental or substance abuse issues, or who faced linguistic or documentation difficulties, are likely to have had the greatest unmet needs and yet were among those least accessible to the student team.

Second, the necessity of defining the target community for this assessment as people living with or affected by HIV/AIDS blurs the traditionally sharp distinction between service provider and community member, meaning that in some cases it was difficult to provide contrasting perspectives for these two groups. Where possible the team has attempted to emphasize differences of opinion between service providers and HIV-positive individuals.

Finally, while the decision to include both Greensboro and High Point in the assessment was made in order to focus community attention on what service providers, community members, and the student team all considered an important problem, it also meant that the team had less time and fewer resources to devote to any one particular community. Additionally, while holding the community forum in High Point meant a much greater voice for members of this community, it also limited participation by community

members and service providers from Greensboro. This is particularly problematic because Greensboro is home to many of the resources which would be needed to address the issues detailed in this report.

Recommendations

Based on the results of information gathered from secondary sources, field observation and interaction with community members and service providers, as well as the discussions carried out through the community forum and the feelings and opinions of participants at that forum and on the community forum planning committee, the AOCD team presents the following recommendations for improving the health and quality of life of people living of affected by HIV/AIDS in Greensboro and High Point:

- Create a comprehensive and up-to-date directory of services for HIV/AIDS prevention and care, basic needs including housing, food and employment assistance, and support for substance abuse and mental health issues.
- Create a day center or recreational facility similar to that available in Greensboro to serve as a "safe place" and a community center for PLWHA in High Point.
- Where possible, centralize fringe medical services at the Moses Cone infectious disease clinic – PLWHA spoke of the disconnected nature of available services and indicated they would be more likely to access those services if they were centrally located.
- Increase cooperation with local governments – there appeared to be a disconnect between local AIDS service organizations and the county government, and many service providers spoke of a lack of recognition and support from the local government for the local AIDS crisis.
- Find venues to educate youth about HIV other than in schools.
- Increase awareness among service providers, funders and political leaders of the importance not just of HIV, but also of concomitant issues including mental health and substance abuse.
- Involve faith-based communities in awareness and education efforts. Increase dialogue in churches about risk behaviors in such a way as to increase awareness of risk while decreasing stigmatization of PLWHA.
- Include more of a focus on community building activities through existing services.
- Work within the constraints of current funding restrictions to increase resources available for basic needs beyond immediate medical care relating to HIV infection.

Conclusion

It has been the goal of the student team that this report demonstrate both the tremendous dedication and achievements of service providers and PLWHA in Greensboro and High Point, as well as the important

work that remains to be done. As life-prolonging treatments become more widely available, the problem of how to meet not only the medical needs but also the emotional, spiritual, and day-to-day material needs of people living with and affected by HIV/AIDS will only grow. It is not the intention of this report to provide concrete answers to these questions, but rather to suggest new avenues for investigation and new potential sources of strength and collaboration.

The student team has also aimed through this assessment to highlight the power of the community of PLWHA not only to voice their concerns but to act upon them. Community voices were heavily represented in selecting priority issues, and community members will be instrumental in addressing those issues, as was demonstrated through the enthusiasm of participants at the community forum. The goal now will be to harness that energy, and to maintain the momentum built through the AOCD process, rather than allowing it to die away.

If there is one overriding conclusion to be drawn from the team's efforts, it is that the challenges facing PLWHA are multifaceted, interrelated and deeply rooted in the political and social values of the day. No single individual or organization working alone will be effective in addressing them. It is the sincere hope of the student team that this process has provided a framework for service providers, along with members of both the Greensboro and High Point communities, to make the best use of their strengths and resources in meeting these challenges collectively.

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Table of Appendices

Appendix A-1. Recruitment Consent Form

Greensboro Community Diagnosis Team
University of North Carolina at Chapel Hill
School of Public Health
Department of Health Behavior and Health Education
Phone: (919) 962-0142
Fax: (919) 843-9137
Toll-free (866) 610-8273

Recruitment Consent Form

A team of students from the UNC School of Public Health is conducting a project to learn more about the strengths and needs of persons living with HIV/AIDS in Greensboro and High Point. They would be interested in contacting you to participate in an interview or focus group for their project. If you agree to be contacted by the team, you will be given more information about the project and have the opportunity to decide if you wish to participate in it or not. I will not know whether you decide to participate or not. Regardless of your decision, any services you may utilize will not be affected in any way. If you have any questions about the study, you may contact the team or their faculty advisor Eugenia Eng, DrPH.

Student Team C/O Theresa Falcon (919) 843-9147, ext. 3 or (866) 610-8273, ext. 3 (toll-free)	OR	Eugenia Eng (919) 966-3909, call collect if you wish UNC School of Public Health Dept of Health Behavior and Health Education Campus Box 7440 Chapel Hill, NC 27599-7440

May I have permission to give your name and contact information to them?

Appendix A-2. AOCD Fact Sheet

Information such as age and sex may be gathered during the interview. We will only use this information to help summarize the findings. We may use quotes when we present the findings, but we will not link your name or any identifying information to your responses and comments. All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed May 2008 when the project is over

Can you refuse or stop participation?

Yes. Taking part in this study is completely up to you. You have the right to refuse to answer any question or stop taking part in the interview at any time. During the interview you may ask the recording be stopped at any time.

Whether or not you take part in this study will not affect the services in the community or any relationship with UNC Chapel Hill.

who is leading this project and how can i get in touch with them?

This is a student project conducted under the supervision of our faculty advisor, Dr. Eugenia Eng. If you have any questions about this project, please contact us at (919) 966-3919, Ext 3 or toll-free at 866-610-8272. You may also contact Dr. Eng, collect if you wish, by phone at 919-966-3909.

UNC SCHOOL OF PUBLIC HEALTH

Thank You

PEOPLE LIVING

WITH

HIV/AIDS IN GREENSBORO

An AOCD Process

WHAT IS AOCD?

AOCD is an Action-Oriented Community Diagnosis. The purpose of an AOCD is to learn more about the strengths and needs of persons living with HIV/AIDS in Greensboro. We hope to do this by talking to you and other members of your community, in addition to service providers in the area.

Why are you participating in AOCD?

Someone in the community identified you as a person who can talk about the services being provided to people living with HIV/AIDS in Greensboro. We want to hear your thoughts and opinions about what life is like for people of this community.

What will you be asked to do?

You will be asked a series of questions. There are no wrong answers, just different opinions. We are looking for different points of view, so just say whatever is on your mind. If you do not feel comfortable answering a question or do not have an opinion, just let us know. We are interested in your perspective as a service provider or community member in Greensboro, so please keep that perspective in mind during the discussion.

We estimate that it will take 45 minutes to 1 hour of your time to complete the interview. Your participation in the interview will be one-time only.

During this discussion we are going to record what is said on paper. If you have no objections, we will also tape record the discussion to make sure we do not miss anything. Only our 5 group members will listen to the tape. You can ask for the recorder to be turned off at any time during the discussion.

What will you Get from Being in this project?

You will have the opportunity to share your thoughts about the future of People living with HIV/AIDS in Greensboro. We hope that the information we learn will be used to improve services for you and members of your community. You will not be paid for your participation.

What are the Risks and Costs of taking part in this project?

There are no known risks of participating in this project. You may feel uncomfortable talking about specific topics, such as problems or needs in your community. You can skip any questions that make you feel uncomfortable.

The only cost to you is the time spent participating in this interview.

Your Participation is voluntary and confidential

You do not have to participate in this project. Also you do not have to answer any questions asked during the interview. You are free to stop participating in this project at any time, for any reason.

All information that you provide will remain confidential. Your name will not linked to any of your responses. We will only use your name and address, if you provide it to us, to invite you to the community forum.

To protect your privacy, all of the information you provide will be stored with only an identification number, not your name. Every effort will be taken to protect the identity of the participants in this study, and only the members of this team will have access to the information you and others provide. However there is no guarantee that this information cannot be gotten by legal process or court order.

To ensure confidentiality, you can pick a made up name, if you wish, to use during the project so that no one could see your real name connected with the project.

Appendix A-3. Verbal Consent Witness Form

Greensboro AOCD
Documentation of Oral Consent

Participant ID: _____

Participant received the informational brochure and an oral explanation of the brochure's contents. Participant was given a chance to ask questions, and gave oral consent after the process was complete.

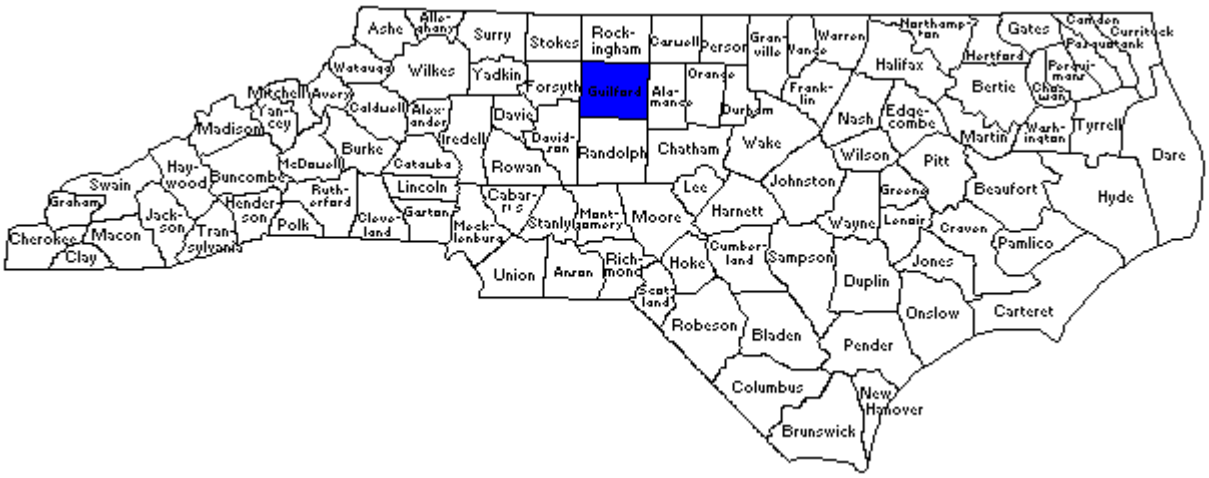
_____

Witness name Date

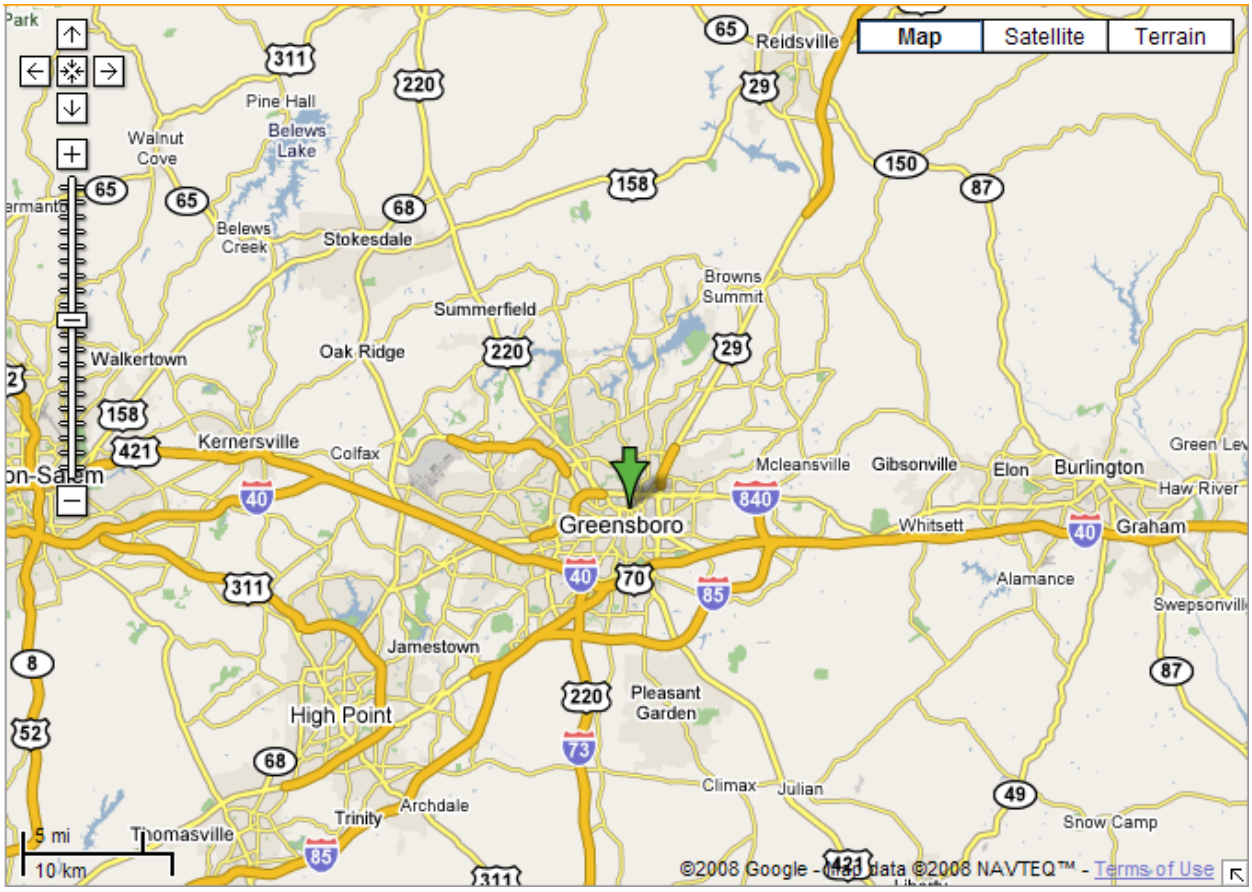
_____

Witness signature Date

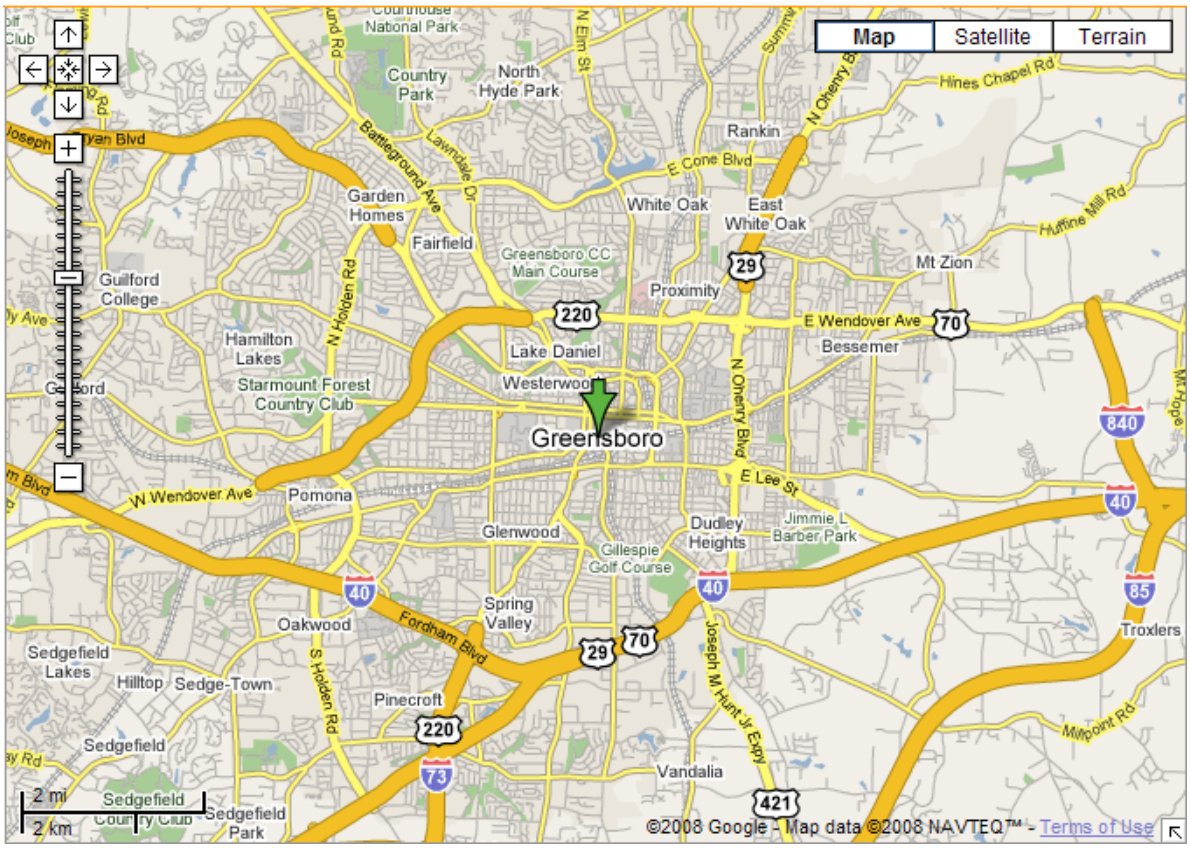
Appendix B-1. Maps of Guilford County



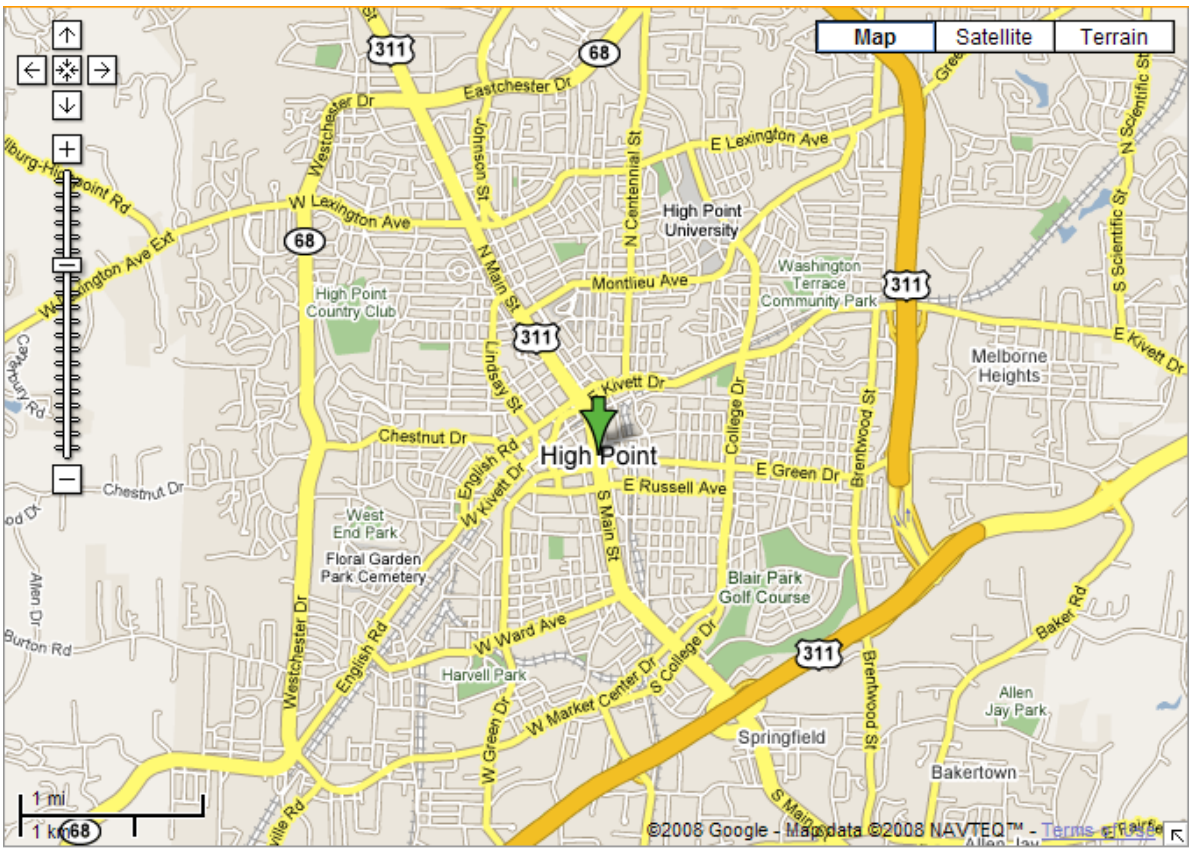
Map 1. Guilford County in North Carolina
Source: State Library of North Carolina and North Carolina State Archive



Map 2. Guilford County
Source: Google Maps



Map 3. Greensboro City Map
Source: Google Maps



Map 4. High Point City Map
Source: Google Maps

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Appendix B-2. List of Secondary Data Sources

General Health Information

Name of Source	Location (Website)	Key Points
Guilford County Public Health Department	http://www.guilfordhealth.org/	
Health Status of Guilford County Data Book 2007	http://www.co.guilford.nc.us/publichealth/divisions/?page_id=77	-basic summary of health stats by county
2005 Community Health Assessment	http://www.co.guilford.nc.us/publichealth/divisions/?page_id=133	
How Does Guilford County Measure Up?	http://www.co.guilford.nc.us/publichealth/divisions/wp-content/uploads/2006/12/2006final.pdf	-summary of health stats of Guilford county
HIV trends in North Carolina	http://www.epi.state.nc.us/epi/hiv/pdf/HealthDisparities.pdf	-HIV trends for the state health status
North Carolina HIV/STD Surveillance Report	http://www.epi.state.nc.us/epi/hiv/pdf/std06rpt.pdf	-HIV statistics by county and region health status
NC HIV surveillance	http://www.epi.state.nc.us/epi/hiv/surveillance.html	-state statistics
NC State Center for Health Stats	http://www.schs.state.nc.us/SCHS	
Healthy Carolinians	http://www.healthycarolinians.org	

Community History

Greensboro History	http://www.greensboronc.org/aboutgreensboro.cfm	
A Brief History of Greensboro	http://www.greensboro-nc.gov/CityGovernment/about/history.htm	
Greensboro: History	http://www.city-data.com/us-cities/The-South/Greensboro-History.html	
Greensboro 1960	http://www.historylearningsite.co.uk/greensboro_1960.htm	
Greensboro Sit-ins: Launch of a Civil Rights Movement	http://www.sitins.com/index.shtml	-a website about the sit-ins, with newspaper articles and audio clips from "key players"
The Greensboro Truth and Reconciliation Commission	http://www.greensborotrc.org/	- Describes issues re: race, violence, and steps to reconcile

Culture of Greensboro

Greensboro Facts	http://www.greensboronc.org/facts.cfm	
Core Values of Greensboro	http://www.greensboro-nc.gov/citygovernment/about/corevalues.htm	
City symbols	http://www.greensboro-nc.gov/citygovernment/about/symbols.htm	
Community Foundation of Greater Greensboro	http://www.cfgg.org/	-community funding source

General Stats/Demographics

Greensboro: Population Profile	http://www.city-data.com/us-cities/The-South/Greensboro-Population-Profile.html	-population stats about the City stats and demo
Greensboro, NC Community Profile	http://www.hometownlocator.com/City/Greensboro-North-Carolina.cfm	
Greensboro At A Glance	http://imagesgreensboro.com/facts_and_stats/Greensboro_At_A_Glance.php	

Local Newspapers/Maps

Greensboro News and Record	http://www.news-record.com/	
The Rhinoceros Times Newspaper	http://greensboro.rhinotimes.com/1homebody.lasso	
Map of Greensboro and Guilford County	www.greensboronc.org/downloads/areamap.pdf	
City map of Greensboro	http://www.maps.worldweb.com/GreensboroMap.html	

Access to Services

GCAP Website	http://www.gcap1.org/index.html	Preceptor's organization- funding source for HIV/AIDS service organizations. partners list, testing information, general statistics
Triad Health Project	http://www.triadhealthproject.com/	-Focused on HIV/AIDS prevention, education, and services.
Leadership Greensboro	http://www.greensborochamber.com/CH/LD/programs.htm	- Focuses on preparing citizens to assume responsible leadership roles that will strengthen the community
Social Security for People Living with HIV/AIDS	http://www.ssa.gov/pubs/10019.html	- Fact sheet on obtaining Social Security benefits
Greensboro Affordable Housing Webpage	http://www.greensboro-nc.gov/departments/hcd/housing/	-a list of all the affordable housing programs in the city

The Greensboro Transit Authority	http://www.greensboro-nc.gov/Departments/GDOT/divisions/gta/routes/	- Provides info on bus routes and fares in the Greensboro area
Greensboro: Resident's Guide to City Services	http://www.greensboro-nc.gov/Services/	- A comprehensive listing of the most commonly requested City and community services
Family Life Council	http://www.flcgso.com/	-programs for families in the Greensboro area
Hospice of Greensboro	http://www.hospicegso.org/	-hospice for persons with HIV/AIDS
Moses Cone Hospital System	http://www.mosescone.com/	-hospital system in Greensboro
HIV trends in North Carolina	http://www.epi.state.nc.us/epi/hiv/pdf/HealthDisparities.pdf	-HIV trends for the state health status
North Carolina HIV/STD Surveillance Report	http://www.epi.state.nc.us/epi/hiv/pdf/std06rpt.pdf	-HIV statistics by county and region health status

Education

Greensboro: Education and Research	http://www.city-data.com/us-cities/The-South/Greensboro-Education-and-Research.html	
Greensboro Public Schools	http://northcarolina.publicschoolsreport.com/schools/NC/Greensboro.html	-public schools report
Greensboro Public Schools	http://www.schoolsk-12.com/North-Carolina/Greensboro/schools.html	-public schools
University of North Carolina at Greensboro	www.uncg.edu	
Bennett College	www.bennett.edu	
Greensboro College	www.gborocollege.edu	
North Carolina A & T University	www.ncat.edu	

Federal, State and Local Resources

Greensboro Public Library	http://www.greensboro-nc.gov/departments/library	- Information on community resources and event

Greensboro: Economy	http://www.city-data.com/us-cities/The-South/Greensboro-Economy.html	-an economics overview (incl. major industries and the labor force)
Greensboro Chamber of Commerce	http://www.greensboro.org/	- Greensboro economic development and business directory
State Government of NC	http://www.ncgov.com	-Official State Gov. Website
Centers for Disease Control and Prevention	http://www.cdc.gov/hiv/default.htm	- Resource for statistics, prevention materials, CDC guideline updates, and information on trials.
State Library of NC	http://www.statelibrary.dcr.state.nc.us/	

Appendix B-3. Leading Causes of Death in Guilford County

Leading Causes of Death among Non-Whites in Guilford County 2006
Source: Guildford County Department of Public Health, 2008 Health Statistics Databook

Cause of Death	Number of Deaths	Rate per 100,000
Cancer	210	130.6
Heart Disease	207	128.7
Cerebrovascular Disease	70	43.5
Unintentional Injuries/Accidents	56	34.8
Motor Vehicle Injuries	23	14.3
Other Injuries	33	20.5
Diabetes Mellitus	41	25.5
Nephritis, other Chronic Kidney Disease	23	14.3
Chronic Lower Respiratory Disease	24	14.9
Homicide	23	14.3
Alzheimer's Disease	23	14.3
Pneumonia and Influenza	19	11.8
HIV Disease	17	10.6
Septicemia	17	10.6
Chronic Liver Disease and Cirrhosis	7	4.4
Suicide	8	5.0
Atherosclerosis	1	0.6

Leading Causes of Death among Whites in Guilford County 2006
Source: Guildford County Department of Public Health, 2008 Health Statistics Databook

Cause of Death	Number of Deaths	Rate per 100,000
Cancer	560	194.3
Heart Disease	523	181.4
Chronic Lower Respiratory Disease	173	60.0
Alzheimer's Disease	147	51.0
Cerebrovascular Disease	144	50.0
Unintentional Injuries/Accidents	118	40.9
Motor Vehicle Injuries	32	11.1
Other Injuries	86	29.8
Pneumonia and Influenza	81	28.1
Nephritis, other Chronic Kidney Disease	63	21.9
Diabetes Mellitus	51	17.7
Suicide	48	16.7
Septicemia	45	15.6
Chronic Liver Disease and Cirrhosis	35	12.1
Homicide	12	4.2
HIV Disease	5	1.7
Atherosclerosis	4	1.4

Appendix B-4. HIV Incidence in Guilford County

Guilford County New HIV Disease Cases Reported 2006
Source: Guildford County Department of Public Health, 2008 Health Statistics Databook

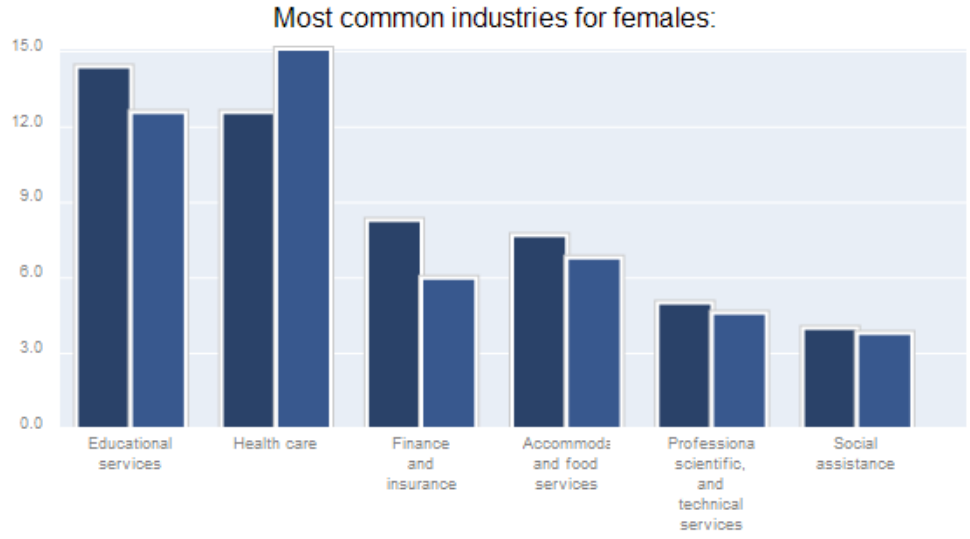
Age	Cases		Race/Ethnicity	Adult/Adolescent Cases	Pediatric Cases	Total Cases
Under 5	0		White (not Hispanic)	39	0	39
5-12	0		Black (not Hispanic)	103	0	103
13-19	07 (4.5%)		Other (incl. Hispanic)	12	0	12
20-29	42 (27.3%)		Unknown	0	0	0
30-39	46 (29.9%)		Total	154	0	154
40-49	42 (27.3%)					
Over 50	17 (11%)					
Unknown	0					
Total	154 (100%)					

Exposure Category	Adult/Adolescent Transmission Mode		
	Males	Females	Total
Men Who Have Sex with Men	63 (40.9%)	N/A	63 (40.9%)
Injecting Drug Use	1 (0.6%)	1 (0.6%)	2 (1.3%)
MSM/IDU	3 (1.9%)	N/A	3 (1.9%)
Heterosexual Contact	6 (3.9%)	3 (1.9%)	9 (5.8%)
Receipt of Blood, Components or Tissue	0 (0%)	1 (0.6%)	1 (0.6%)
Risk not reported, or other	42 (27.3%)	34 (22.1%)	76 (49.4%)
Total	115 (74.7%)	39 (25.3%)	154 (100%)

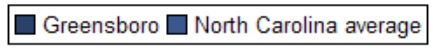
Incidence of HIV Disease among Whites & Non-Whites in Guilford County 1996-2006
Source: Guildford County Department of Public Health, 2008 Health Statistics Databook

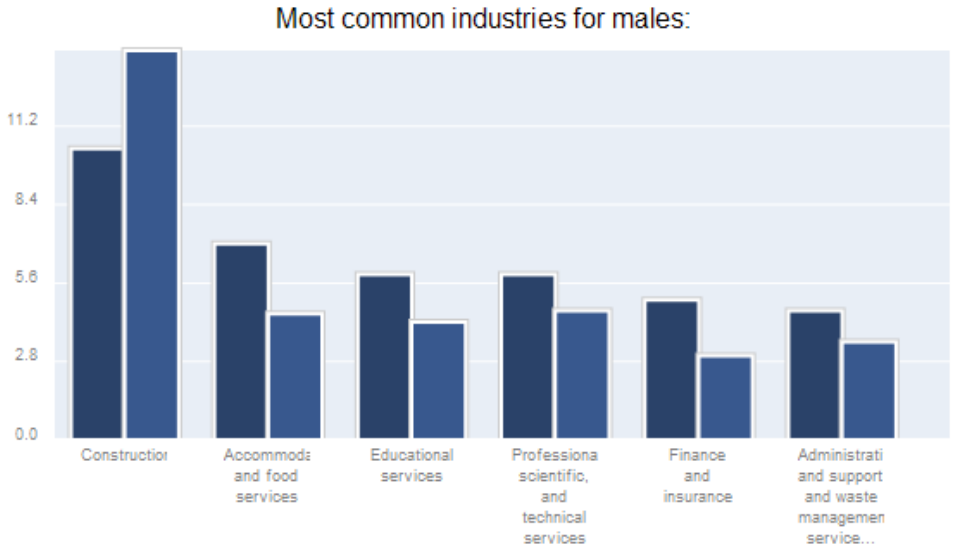
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Cases (White)	13	15	19	18	33	25	40	31	34	24	39
Rate/100,000 (White)	4.9	5.5	7.0	6.5	11.9	8.9	14.1	11.0	12.3	8.4	13.5
Cases (Non-White)	65	71	88	57	87	92	109	84	87	94	115
Rate/100,000 (Non-White)	59.2	63.3	77.0	48.9	58.2	64.1	73.6	57.4	56.8	60.4	71.8

Appendix B-5. Employment in Greensboro

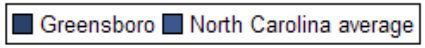


- Educational services (14%)
- Health care (13%)
- Finance and insurance (8%)
- Accommodation and food services (8%)
- Professional, scientific, and technical services (5%)
- Social assistance (4%)
- Administrative and support and waste management services (4%)





- Construction (10%)
- Accommodation and food services (7%)
- Educational services (6%)
- Professional, scientific, and technical services (6%)
- Finance and insurance (5%)
- Administrative and support and waste management services (5%)
- Health care (4%)



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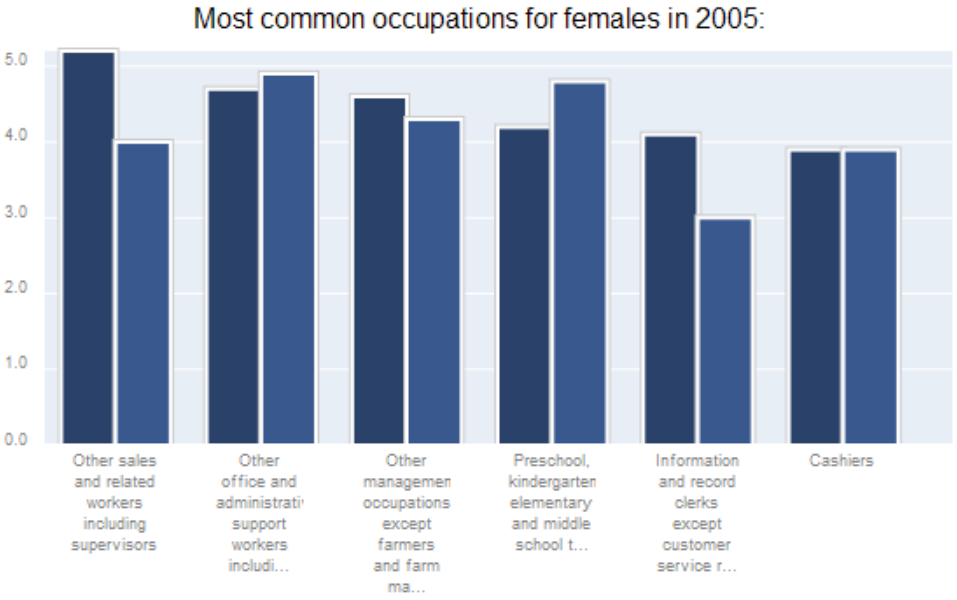
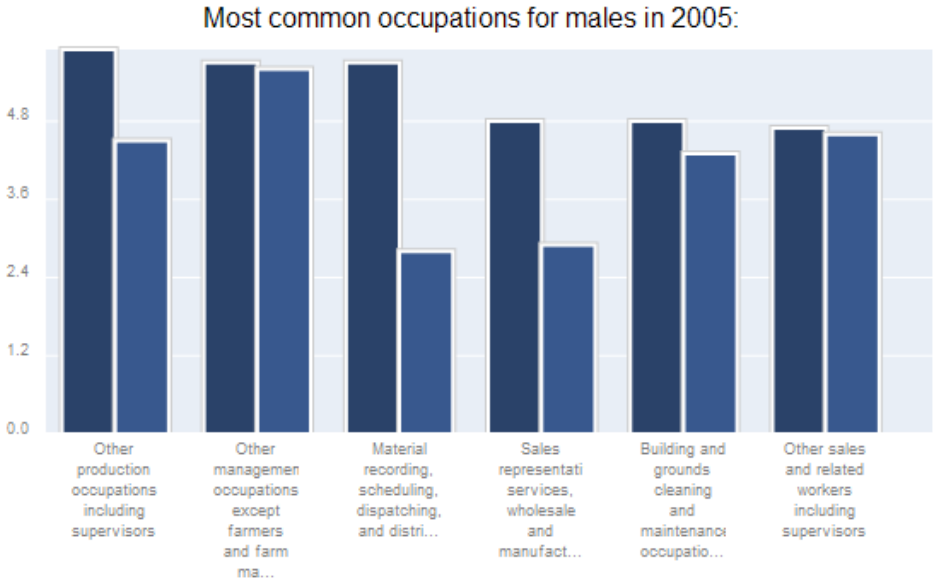


- Other sales and related workers including supervisors (5%)
- Other office and administrative support workers including supervisors (5%)
- Other management occupations except farmers and farm managers (5%)
- Preschool, kindergarten, elementary and middle school teachers (4%)
- Information and record clerks except customer service representatives (4%)
- Cashiers (4%)
- Building and grounds cleaning and maintenance occupations (4%)



- Other production occupations including supervisors (6%)
- Other management occupations except farmers and farm managers (6%)
- Material recording, scheduling, dispatching, and distributing workers (6%)
- Sales representatives, services, wholesale and manufacturing (5%)
- Building and grounds cleaning and maintenance occupations (5%)
- Other sales and related workers including supervisors (5%)
- Laborers and material movers, hand (5%)

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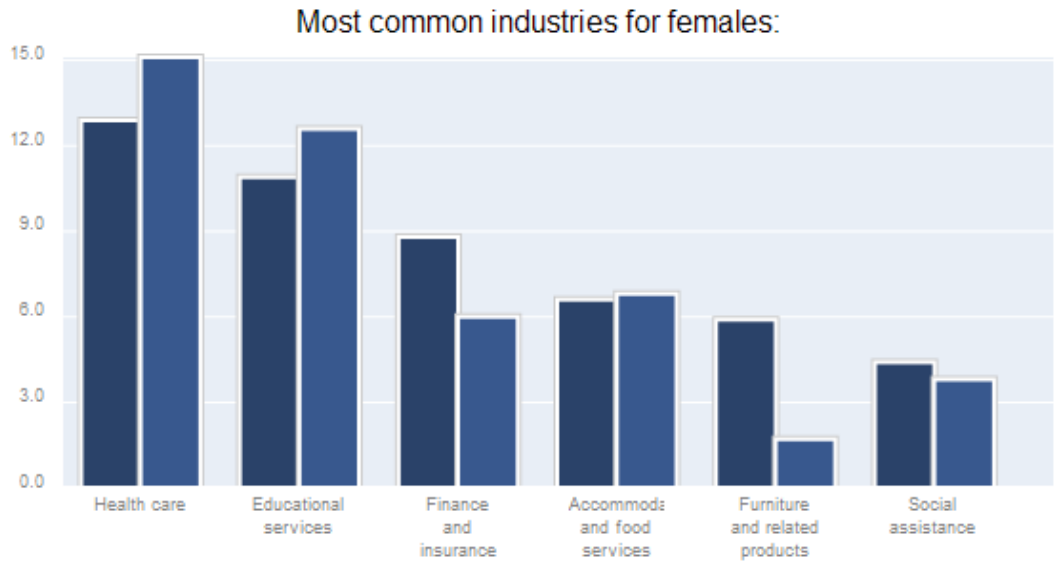
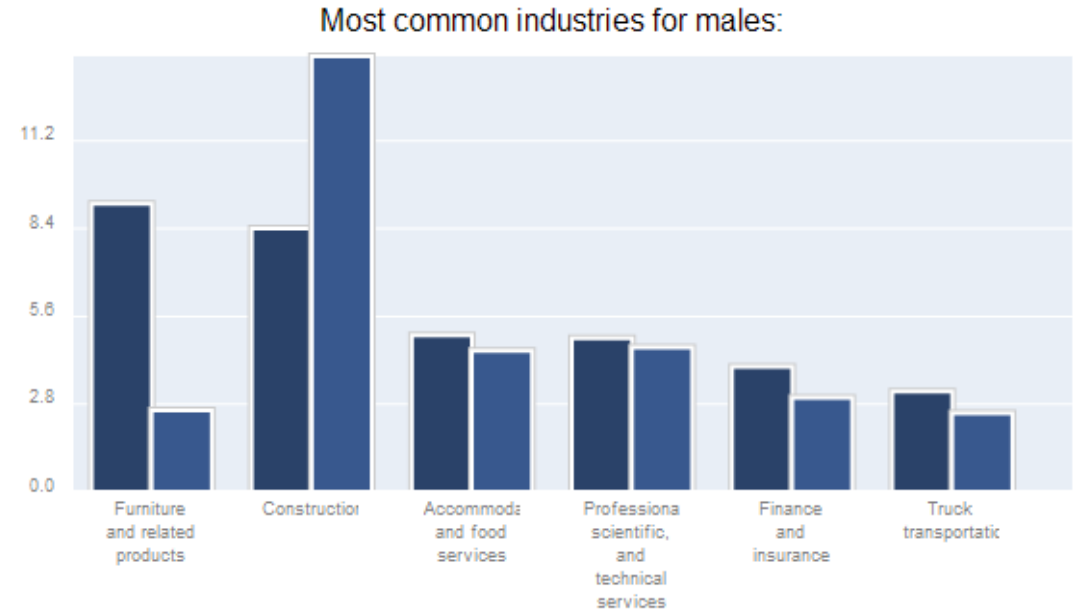
Appendix B-6. Employment in High Point



- Health care (13%)
- Educational services (11%)
- Finance and insurance (9%)
- Accommodation and food services (7%)
- Furniture and related products (6%)
- Social assistance (4%)
- Professional, scientific, and technical services (4%)

High Point North Carolina average



- Furniture and related products (9%)
- Construction (8%)
- Accommodation and food services (5%)
- Professional, scientific, and technical services (5%)
- Finance and insurance (4%)
- Truck transportation (3%)
- Educational services (3%)

High Point North Carolina average

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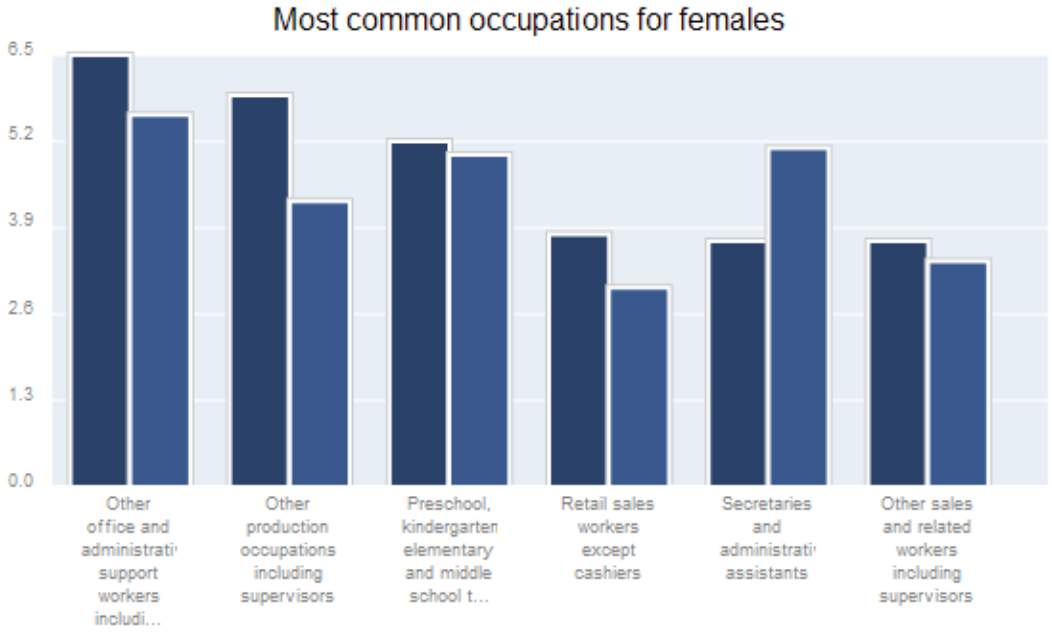

- Other office and administrative support workers including supervisors (7%)
- Other production occupations including supervisors (6%)
- Preschool, kindergarten, elementary and middle school teachers (5%)
- Retail sales workers except cashiers (4%)
- Secretaries and administrative assistants (4%)
- Other sales and related workers including supervisors (4%)
- Information and record clerks except customer service representatives (4%)

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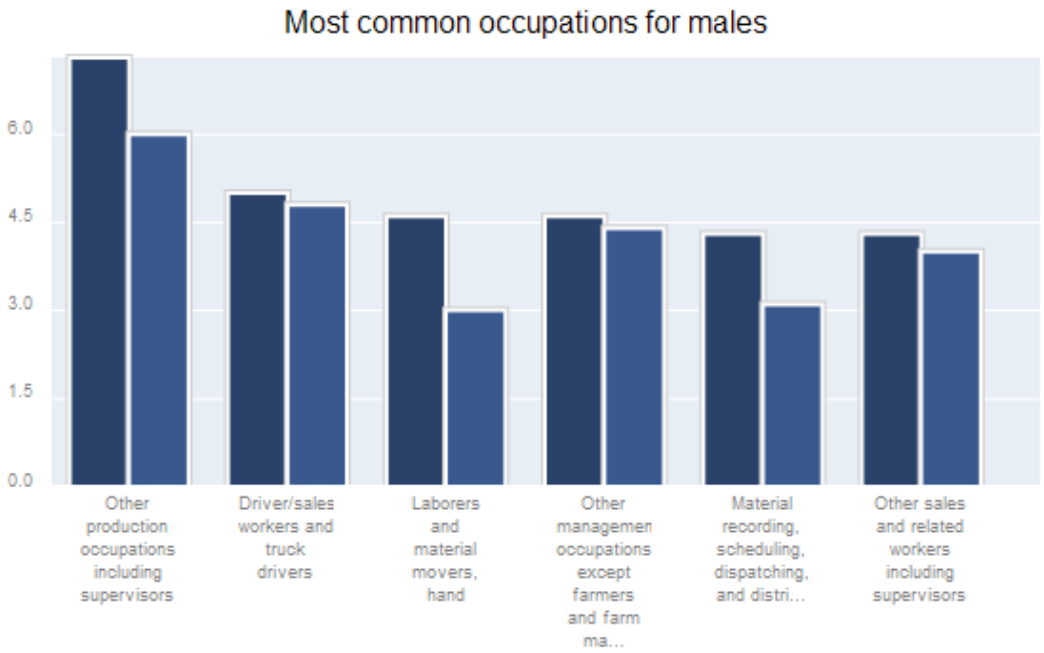

- Other production occupations including supervisors (7%)
- Driver/sales workers and truck drivers (5%)
- Laborers and material movers, hand (5%)
- Other management occupations except farmers and farm managers (5%)
- Material recording, scheduling, dispatching, and distributing workers (4%)
- Other sales and related workers including supervisors (4%)
- Sales representatives, services, wholesale and manufacturing (4%)

High Point North Carolina average

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Appendix B-7. Demographic Data for Greensboro/High Point
Sources: CityData.com; American Communities Survey 2006

	Greensboro	High Point	North Carolina	United States
Education				
More than High School	86.5%	77.2%	82%	84.1%
More than Bachelor's	35.5%	25.5%	24.8%	27.0%
Median Household Income	$41,657	$39,998	$42,652	$29,521
Total Living in Poverty	17.62%	15.3%	14.7%	13.3%
Whites	10.6%	27.7%		
Blacks	27.7%	25.9%		
Unemployment	5.9%	9.3%	6.6%	6.4%
Labor				
Manufacturing	16.6%	25.0%	7.00%	8.65%
Healthcare & Social Assistance	12.0%	10.5%	4.95%	4.80%
Retail Trade	9.3%	10.8%	8.84%	8.70%
Finance and Insurance	7.5%	7.1%	15.25%	13.82%

Appendix C-1. Community Member Interview Guide

Community Member Interview Guide

Introduction:
Hello. I really appreciate you taking time out of your schedule to do this interview with us today.

My name is _____, and I am going to be talking with you about your community. _____ will be taking notes and helping me during our discussion. We would like to take the next hour to discuss with you your role as a community member living with HIV/AIDS in addition to your opinions concerning the strengths you see in this community and some possible challenges that they face. We value any insights or opinions that you may have on this subject, so please feel free to say what's on your mind throughout our conversation. There is no right or wrong answer.

Your participation in this interview is entirely voluntary. Please feel free to stop the interview, or ask for clarification at any time. If you would like to skip a question, just let me know and we'll continue past it.

If it is all right with you, we'd like to tape record this conversation to be sure that we don't miss anything. As was stated in the informational brochure, our team will be the only people with access to these tapes, and they will be destroyed at the end of our project.

Do you have any questions for me before we begin?

Life in the Community
I am going to ask you a few questions about what life is like in Greensboro/High Point and how people are involved in the community.

1. What is it like to live in Greensboro/High Point?
    - Probes: ask the bulleted questions if these more specific questions are not answered in the response to the larger numbered questions.
    - Are people involved in the community? In organizations? Politics?
    - What are demographics of the community?
    - What are some strengths of the community? Areas that could be improved?

2. What is the community of People living with HIV/AIDS in Greensboro/High Point like?
    - Are people living with HIV/AIDS actively involved in the HIV/AIDS community?
    - How do they seek out the HIV/AIDS community? Why or why not? What keeps people from being actively engaged (e.g., views of community organizations, other community members, fear of stigmatization)?
    - What are people living with HIV/AIDS' social circles like? How does HIV/AIDS affect people's social lives?
    - How does living with HIV/AIDS affect community members' romantic lives?

- In your opinion, what influences the decision to share HIV status with others?
- How do people find out others' HIV status?
- What other communities that you identify with? Which community do you identify with most strongly/closely?

3. How would you describe people living with HIV/AIDS in Greensboro/High Point?
   - What do you think are common misconceptions about HIV/AIDS in Greensboro/High Point? How would you suggest correcting these misconceptions?
   - Are people generally knowledgeable about HIV/AIDS within Greensboro/High Point? What about within the community of People living with HIV/AIDS?
   - How do you think PLWHA are regarded within the overall Greensboro/High Point community?
   - Do you think people are generally open about their HIV status? What factors do people in Greensboro/High Point consider when deciding whether or not to be open about their HIV status?

3. Based on your knowledge, how are people living with HIV/AIDS involved in the Greensboro/High Point community?
   - How are PLWHA represented in the community?
   - How are community members involved in organizations specific to HIV/AIDS?
   - How are community members advocating for changes or improvements in the services provided to PLWHA?
   - How are PLWHA involved in other issues that affect the community?

4. How do persons across different groups (e.g. race/ethnicity, age, gender, SES, sexual orientation) interact within the PLWHA community? Why do you think these interactions do/do not happen?

5. How are churches or organized religion involved in the lives of people in the community? Are community members active in church (attend services, participate in church groups)?

6. Which other organizations in the community are people involved with? Which organizations?
   - Tell me about any particularly positive or negative experiences you have had with organizations in the community.

Now that we have gotten a picture of the community of PLWHA in Greensboro/High Point, I will ask you about the strengths and needs within this community.

Assets and Needs of the Community

7. What are the strengths of the community of people living with HIV/AIDS in Greensboro/High Point?
   - If they are having trouble thinking of responses, provide probes such as, health care, resources, agencies, social gatherings/support, and physical environment
8. What do you think are the major issues/needs community members face?

- Probes for if the respondent is having trouble providing responses: income, segregation, safety, housing, health, transportation, health insurance, and/or concerns with aging
- Make sure the following probes are addressed in the respondent's answer:
- Which needs do you feel are the most important for the community to address?
- Which needs that you feel have not been addressed sufficiently?
- What methods of change do you think would work within the community of PLWHA in Greensboro/High Point?

11. How are the health needs of people living with HIV/AIDS in Greensboro/High Point being addressed?

Now that we have discussed the assets and needs of the community, I will ask you more specifically about the availability and use of services in the community.
Service and Businesses

14. What services/programs do people living with HIV/AIDS use?
    - How do community members know what services are available to them? How do they learn about the available services?
    - What affects whether services that are available are being <u>used</u> by PLWHA in Greensboro/High Point?
        - If not, what could the organizations do to increase use?
    - Are the services accessible within the community or do residents have to travel outside the community?
    - How do people travel to service providers? Are most services located near public transportation?
    - What are the drawbacks or difficulties in accessing these services?
    - What are the criteria that community members have to meet to use the available services?

15. What services/programs do community members need?

I now have some questions about problem solving and decision making in your community.
Problem-Solving and Decision-Making

10. What do you hear people in your community talking about?
    - Where do people get their information about HIV/AIDS in the community? Available services? Events?

12. What kinds of community projects have been started during your time here? How would you explain their success or lack of it?

13. If you were going to try to solve a community problem, whom would you try to involve to make it a success?

9. What do you wish could happen for the community in the next 5-10 years?

Recommended Individuals to Interview

For the purpose of this project, we hope to speak with as many people from the community of people living with HIV/AIDS as possible. We would like to know your recommendations of people to interview.

16. Is there anyone else whom we should speak with about people living with HIV/AIDS (service providers, residents)?
    - Describe the specific person or organization
    - Why do you think their opinions and views would be helpful for us to hear?

17. Are you willing to get permission for us to contact them?

Recommendations for Community Forum

We will conduct a community forum this spring to share the information we have gathered and when the community will take ownership of the process. We hope that this will be a space in which service providers and community members can begin an honest dialogue regarding major themes, strengths, and concerns that surfaced during the assessment process.

18. We plan to conduct a forum this spring to share the information we have gathered with the community. Would it be ok for us to contact you at a later time to see if you are interested in being involved in the community forum? It would require at least one planning meeting in the spring of 2008.

19. Do you have any ideas regarding how to get people to attend (time, location, publicity)?

20. Who else do you think would be helpful in coordinating this forum?

Additional Information

21. Is there anything else you would like to share about the community?

Thank you so much for all of the information that you provided. We are very appreciative of your honest answers. If you have any additional information that you think of in the future that you'd like to share with us, please do not hesitate to email us at the email addresses that are located in this brochure that we'd like for you to take with you when you leave. We can also be reached via voicemail at 919-843-9137, option # 3. Please remember that any information you have provided us will be kept in the strictest confidence and you will not be linked with anything you have said in the interview or in following communications. We will not use any information that would connect you personally with the HIV/AIDS community.

Appendix C-2. Service Provider Interview Guide

Service Provider Interview Guide
Introduction:

Hello. I really appreciate you taking time out of your schedule to do this interview with us today.

My name is _____, and I'm going to be talking with you about the services that you provide in Greensboro. _____ will be taking notes and helping me during our discussion. It should only take about an hour to discuss with you what roles your group/organization has in the community. During this time, I'd also like to have a conversation with you about your opinions concerning the strengths you see among People living with HIV/AIDS in Greensboro, as well as some possible challenges that they face. Before we begin, I need you to sign a consent form, which gives you more information about the assessment process as well as the interview. *Note: Give interviewee consent form, go over key points re: confidentiality, etc., have them read and sign).* Thank you.

We value any insights or opinions that you may have on this subject, so please feel free to say what's on your mind throughout our conversation. There are no right or wrong answers. Your participation in this interview is entirely voluntary. Please feel free to stop the interview, or ask for clarification at any time. If you would like to skip a question, just let me know and we'll continue past it.

If it is all right with you, we'd like to tape record this conversation to be sure that we don't miss anything. As was stated in the consent form, our team will be the only people listening to these tapes, and they will be destroyed at the end of our project.

Do you have any questions for me before we begin?

Orientation to the Community

1. Do you live in Greensboro? How long have you lived here? What is it like to live/work in Greensboro?

Roles and Responsibilities of Service Provider
(Skip #2 if able to locate information on the provider's agency or organization)

2. What is your agency's role in the community?
   - What services does your agency provide?
     In what ways is your agency funded?
3. What is your role in the agency?
   - How long have you worked in this community?
   - Why did you or the founder of the agency choose to work in this area?

Life in the Community

4. How would you describe the community of People living with HIV/AIDS in Greensboro?
    - In what ways is there is a cohesive community in Greensboro among People living with HIV/AIDS?
    - What are the demographics of the HIV/AIDS community that you serve?
    - What do you think are common misconceptions about HIV/AIDS in Greensboro? How would you suggest correcting these misconceptions?
    - Are people generally knowledgeable about HIV/AIDS within Greensboro? What about within the community of People living with HIV/AIDS?
    - How do you think PLWHA are regarded within the overall Greensboro community?
    - What is your sense of the unemployment among this community? What factors do you think contribute to this?
    - How are they involved in:
        - the community
        - organizations,
        - politics, and/or advocacy efforts in Greensboro?

5. Which members of the community (in terms of age, race/ethnicity, gender, sexuality, income) are most served by your organization?
    - How do they know about your services?
    - How do you track who uses your services?
    - Are there any criteria that individuals have to meet to be eligible for services?

6. How do you think the services that you provide could be better utilized by the community?

7. Who in the HIV/AIDS community is in the most need for your agency's services?
    - If any, which members of the community are not using your agency's services? Why?
        - Are the services reaching the individuals they were intended for?
        - Are the community members who are not using your agency's services receiving services elsewhere? If so, where? If not, what do you think would persuade them to utilize the available services?

8. What responsibilities do you feel you personally have to the community?
    - What about as a representative of a service organization?

9. What are your biggest barriers/challenges in your role as a service provider to people living with HIV/AIDS in Greensboro?

10. What other agencies in the community specifically provide services to People living with HIV/AIDS?
    - Are you currently working with or have you previously collaborated with any of these agencies? If so, how and with whom?
    - Which other agencies not previously mentioned does your agency collaborate with? In what ways?
    - Are there any agencies that you would like to see your agency collaborate with in the future? If so, which? And why?

Assets and Needs Found in the Community

11. What are some of the strengths of the HIV/AIDS community (resources, agencies, human interactions, and physical environment)?

12. What do you think are the major issues/problems/challenges community members face (e.g., income, segregation, safety, housing, health, transportation, health insurance, and/or concerns with aging)?
    - Which problems do you feel are the most important for the community to address?
    - What issues do you hear clients discussing the most?
    - Are there issues that are not being addressed that you think should be?
    - Are any of these needs not being met by your agency or other organizations? What are the unmet needs?

Problem-Solving and Decision-Making

13. If you were going to try to solve a community problem, whom would you try to involve to ensure success?

14. How has the community worked together in the past to address identified needs?

15. Is there anything else you would like to share about People living with HIV/AIDS in Greensboro?

Recommended Individuals to Interview

For the purpose of this project, we hope to speak with as many people from the HIV/AIDS community in Greensboro. In addition, we would like to speak with any person who provides a service to this community.

16. Are there people or organizations that you think we should speak with?
    - Why do you think their opinions and views would be helpful for us to hear?
    - Would you be willing to contact these individuals to see if they are interested in being interviewed?

Recommendations for Community Forum

We will conduct a community forum this spring to share the information we have gathered and when the community will take ownership of the process. We hope that this will be a space in which service providers and community members can begin an honest dialogue regarding major themes, strengths and concerns that surfaced during the assessment process.

17. We plan to conduct a forum this spring to share the information we have gathered with the community. Would it be ok for us to contact you at a later time to see if you are interested in being involved in the community forum? It would require at least one planning meeting in the spring of 2008.
18. Do you have any ideas and/or suggestions regarding how to increase attendance (time, place, and publicity)?

19. Who else do you think would be helpful in coordinating this forum?

Thank you so much for all of the information that you provided. We are very appreciative of your honest answers. If you have any additional information that you think of in the future that you'd like to share with us, please do not hesitate to email us at the email addresses in the brochure that you can take home. We can also be reached by voicemail at 919-843-9137, option # 3.

Appendix C-3. Community Member Focus Group Guide

Focus Group Guide
Introduction:

We really appreciate you taking time out of your schedule to do this focus group with us today.

My name is_____, and I am going to be talking with you about your community. _____ will be taking notes and helping me during our discussion. We would like to take the next hour to discuss with you your experiences in the community of HIV positive individuals in Greensboro/High Point in addition to your opinions concerning the strengths you see in this community and some possible challenges that you face. We value any insights or opinions that you may have on this subject, so please feel free to say what's on your mind throughout our conversation. There is no right or wrong answer. Your participation in this interview is entirely voluntary, so please feel free to stop or ask for clarification at any time. If you would like to skip a question, just let me know and we'll continue past it. If it is all right with you, we'd like to tape record this conversation to be sure that we don't miss anything. As was stated in the consent form, our team will be the only people listening to these tapes, and they will be destroyed at the end of our project. Is that okay?
Any information shared in this interview is confidential, and both your answers and the answers of others participating are expected to be kept confidential after the focus group ends. Please uphold the norms agreed to by the collective group at the beginning of the session, and be respectful of those around you to ensure a safe and welcoming space to address concerns and strengths of the community. Does anyone have any questions for me before we begin?

1. How would you describe the HIV/AIDS community in Greensboro/High Point? (Probe: Or if you don't feel there is a community, why do you feel there isn't a community?)

2. Tell me about your experiences as a positive individual in Greensboro. (Probe: services, social interactions, "safe spaces", etc)

3. What do you feel are the greatest strengths and assets of the community?

4. How and in what situations/circumstances do people who are different interact within the community? (e.g. sexual orientation identity, gender identity, race/ethnicity, class, age, etc.) (probe: Why do you think these interactions do/do not happen?)

5. What do you feel are the greatest needs of the community?

6. How are the needs of the community currently being addressed?

7. What do you wish could happen for this community in the next 5-10 years?

Appendix D-1. Coding Dictionary

Domain	Code	Subcode	Definition
Community Environment			
	Greensboro community		
		GB History	Includes comments about the history or recent development of Greensboro
		GB Economy	Includes comments about growth, wages, employment and other recent economic trends in Greensboro
		GB Demographics	Includes comments about the demographic make-up of the overall Greensboro community
		GB Social Issues	Includes comments on any social issues pertinent to the PLWHA community excluding HIV itself in Greensboro
		GB Politics	Includes any comments about the political structure, leaders or political issues in Greensboro
	High Point community		
		HP History	Includes comments about the history or recent development of High Point
		HP Economy	Includes comments about growth, wages, employment and other recent economic trends in High Point
		HP Demographics	Includes comments about the demographic make-up of the overall High Point community
		HP Social Issues	Includes comments on any social issues pertinent to the PLWHA community excluding HIV itself in High Point
		HP Politics	Includes any comments about the political structure, leaders or political issues in High Point
	Community Relations		Includes comments about the relationship between Greensboro and High Point
	Community Attitudes		
		Prejudice	Includes negative attitudes regarding HIV+ individuals
		Misconceptions	Includes incorrect factual information regarding HIV infection
	Philanthropy		Includes comments about community support to services

			for HIV-positive individuals, in terms of individual support, fundraising, community foundations etc. Distinct from Support – which refers to support which exists within the PLWHA community
Service Provision			
	Medical Care		
	Psychiatric Care		
	Disability		
	Case Management		
	Availability		Includes comments about the presence or absence of a needed or desired service.
	Barriers		
		Transportation	Includes comments about lack of private transportation and difficulty using public transportation to access services
		Resources	Includes comments about the presence or absence of resources to help finance, navigate, identify or advocate for services
		Structural	Includes comments about organizational, legal or policy constraints which impact access to or provision of services
		Cultural	Includes comments about linguistic/cultural barriers which limit access to services
		Disinclination	Includes fear of stigma or discrimination, fear of recognition, lack of motivation and reluctance due to past negative experiences
		Location	Includes comments about physical location of services, in which case it may be linked to transport, as well as comments about making clients come to services as opposed to bringing services to clients
	Coordination		Includes comments regarding coordination, communication, service overlap, and strategic planning among service providers
	Disparity		Includes comments about disparity of resources provided

			in Greensboro and High Point
	Cost/Benefit		Includes beliefs regarding potential costs and benefits of accessing services
	Community Participation		Includes comments about the desirability of and difficulty in seeking PLWHA input in service provision
PLWHA			
	Personal Experiences		Includes comments about personal experiences as an HIV-positive individual or in working with the community
	Sense of community		Includes comments about how the PLWHA community is viewed. Can be either positive or negative views, including views about lack of cohesiveness in the community
	Epidemiology		
		Transmission	Includes comments about risk behaviors and important routes of transmission in Guilford County
		Demographics	Includes comment on the make-up of the HIV+ population in terms of age, racial/ethnic background, sexual orientation, educational background, economic situation and overall population size estimation
	Women		Includes comments about women's specific needs and issues as distinct from HIV+ men
	Advocacy		Includes comments about advocacy undertaken by HIV-positive individuals if these comments are not made in the context of strengths of the HIV-positive community. If they are addressed specifically as a strength, they should be coded Activism
Issues			
	Stigma		Includes comments about fear of being identified as an HIV+ individual and how this impacts behavior as well as the need for greater self-acceptance of serostatus. Includes internalized stigma.
	Poverty		
		Employment	Includes comments about the positive impact of being

			employed and the difficulty seeking and retaining employment as PLWHA
		Food	Includes comments about the need for and provision of food support among PLWHA
		Housing	Includes comments regarding housing situations, homelessness
	Wellness		
		Treatment	Includes comments regarding treatment needs and issues incl. treatment compliance and resistance
		Mental Health	Includes comments about treatment and support needs for mental health issues pre-dating and resulting from HIV diagnosis
		Substance Abuse	Includes comments relating to drug use, alcoholism
	Reach		Includes comments about the difficulty in reaching marginalized populations and individuals unaware of their HIV status, and challenges working with the community
	Religion		Includes comments about the religious community or religious/conservative values as stigmatizing to the PLWHA community
	Co-morbidity		Includes comments about opportunistic infections, other health issues and generally the fact that HIV infection is often not the sole or leading priority of HIV-positive individuals. May be co-linked to specific topic areas, i.e. Co-morbidity and poverty.
	Prison		Includes comments about both the incarcerated and recently released communities and their unique issues
	Words Without Action		Includes comments about previous assessments, meetings, conferences, strategic plans and commitments etc. and the lack of action resulting from all of those
	Race		Includes comments about racial disparities, race relations etc. as they relate to PLWHA and the services provided to them
Needs and Assets			

	Education		Includes comments about the need for greater community education about HIV
	Voice		Includes comments about the need for PLWHA to have a voice and be heard by service providers and the wider community
	Testing		Includes comments about the needs for more testing and in non-traditional local
	Strengths		
		Activism	Includes comments about PLWHA activism in the community in terms of political action, education and prevention activities
		Support	Includes comments about self-support and caring within the PLWHA community and from family members
		Services	Includes comments about the strengths of the network of service providers active in Guilford County
		Faith	Includes comments about faith and church as sources of support and strength

Appendix D-2. Coding Frequencies

Compiled with Atlas.ti

Note: Frequencies for codes do not sum across sub-codes

Code	Sub-code	Frequency
Community Environment		
Greensboro Community		27
	GB History	1
	GB Economy	3
	GB Demographics	2
	GB Social Issues	3
	GB Politics	6
High Point Community		33
	HP History	1
	HP Economy	6
	HP Demographics	4
	HP Social Issues	5
	HP Politics	1
Community Relations		13
Community Attitudes		83
	Prejudice	29
	Misconceptions	43
Philanthropy		6
Service Provision		
Medical Care		25
Psychiatric Care		1
Disability		8
Case Management		20
Availability		14
Barriers		147
	Transportation	27
	Resources	50
	Structural	33
	Cultural	10
	Disinclination	17
	Location	4
Coordination		32
Disparity		29
Cost/Benefit		1
Community Participation		3
PLWHA		
Personal Experiences		24
Sense of community		36
Epidemiology		40

	Transmission	9
	Demographics	31
Women		16
Advocacy		20
Issues		
Stigma		81
Poverty		67
	Employment	22
	Food	10
	Housing	35
Wellness		102
	Treatment	13
	Mental Health	39
	Substance Abuse	49
Reach		32
Religion		25
Co-morbidity		29
Prison		16
Words Without Action		3
Race		16
Needs and Assets		
Education		52
Voice		14
Testing		12
Strengths		95
	Activism	8
	Support	21
	Services	40
	Faith	12

Appendix D-3. Attendance at Community Events

Activity	Date	Team Member(s)
GCAP Partner Meeting	September 27, 2007	Matt, Leni
Greensboro Windshield Tour	October, 8, 2007	Team
Services at Shiloh Baptist Church	October 28, 2007	Matt, Theresa
Shiloh AIDS Ministry Meeting	November 6, 2007	Team
Interview Guide Pretests and Lunch	November 6, 2007	Team
Higher Ground and REACH Meeting	November 16, 2007	Theresa, Shantae
Services at Shiloh Baptist Church	November 18, 2007	Matt
World AIDS Day Service at Shiloh Baptist Church	December 2, 2007	Team
Winter Walk	December 2, 2007	Matt, Beth, Leni
Higher Ground	December 13, 2007	Leni
High Point Windshield Tour	December 13, 2007	Team
GCAP Partner Meeting	December 13, 2007	Theresa, Beth, Leni
Observation at Moses Cone ID Clinic	January 25, 2008	Leni
Higher Ground and tour of Greensboro	February 8, 2008	Shantae, Leni
Greensboro Mental Health Association	February 19, 2008	Leni
Higher Ground	February 20, 2007	Shantae, Beth
Higher Ground and Bus Tour	March 13, 2008	Matt, Theresa
HIV Outreach Training	March 15, 2008	Matt
Miss Gay Latino Community Event	March 15, 2008	Matt, Theresa
Higher Ground lunch	March 18, 2008	Matt
Higher Ground Lunch	March 20, 2008	Beth
Latino HIV Support Group	March 28, 2008	Matt, Theresa
Higher Ground and REACH Meeting	April 4, 2008	Beth, Matt
Community Forum	April 14, 2008	TEAM and FRIENDS

Appendix E-1. Themes Not Covered at the Community Forum

While the student team identified many different areas of concern to both service providers and PLWHA through this community assessment, limited time and resources meant that not all identified themes could be discussed at the community forum. The selection of priority themes was based on the perceived importance and potential changeability of each theme, and was conducted in consultation with service providers and community representatives. That a particular theme was not selected is not intended to indicate that the theme is not important to meeting the needs of PLWHA in Greensboro and High Point, but that other themes were considered potentially more pressing. Analysis of those themes not covered at the community forum is presented below. It should be noted that these themes are predominantly, though not exclusively, focused on service providers perspectives; this is the case because during the forum planning process a conscious decision was made where possible to focus on those themes of greatest importance to the community.

Funding and staffing concerns

Shortages of funding and qualified staff members make it difficult to establish a coordinated system of comprehensive HIV/AIDS care.

HIV/AIDS service providers described a constant shortage of funding and resulting competition among agencies for adequate funding to provide needed services. Consequently, much of the funding has gone to the larger institutions, such as Moses Cone Hospital, while smaller direct-service organizations have struggled to stay operational. For the smaller organizations, especially those that are for-profit, providing HIV/AIDS care has been a losing financial endeavor. Additionally, the many restrictions on how funding can be spent limits the flexibility of many organizations to meet the varied needs of the populations they serve.

Although much of the funding has been allocated to primary care, even primary care providers have had difficulty stretching the funding to include wrap around services that are essential for PLWHA, such as mental health and oral healthcare services.

"I think one of the dilemmas is that there is not sufficient funding for…case management for their HIV disease. You know, there's almost too many criteria for Ryan White funding 1, 2, 3 - this person can't get this level of counseling because they are not a single mother with a kid."

"I mean [organizations] are resource strapped, and with the changes in funding that comes along every time the state or federal government feels like they have to change something or reallocate resources to a different area, something's hurt. Right now we're in a process where the federal government is focusing more of it's resources on primary care, and less on support …and quite frankly we've had some very interesting conversations on that, because we're bound by the federal government."

Timely award of disability payments to PLWHA were also a major concern expressed by service providers. Although they saw a direct correlation between receiving disability payments and improvements in living situations, CD4 counts, and viral loads, service providers were frustrated by the long period for reviewing, approving, and disbursing disability payments. PLWHA may have disability appeals pending in the courts for years and may only be awarded disability once they are totally incapacitated. Consequently, PLWHA are afraid to get well or pursue full time jobs; concerned that this will jeopardize their chances of receiving their pending disability and thus harming themselves in the future once they become too ill to work.

"I can think of two women right off the bat who they're having compliance issues and every time I go to visit with them … it's like if I only could get approved for disability, things would be better. They're afraid to work, they're afraid to get better, because well what if I finally give up after all this time, and get turned down because I've got a job or because my viral load and CD4 counts have improved, then you know, Ill be sick with all these bills and have to work you know kind of thing."

A final concern expressed by service providers was the lack of adequate staff to address HIV/AIDS needs. Although both service providers and community members praised the case management services provided in Guilford County repeatedly, case managers were frequently

described as being overloaded and overworked. In addition to restricting the amount of time any case manager can spend on a particular client, overwhelming workloads also limited the availability of case managers as well as other service providers to maintain the regular communication needed to build a truly coordinated care and referral system. Team members witnessed this is the difficulty scheduling meetings at times when case managers could attend, and in the lack of familiarity many service providers appeared to have with other organizations operating in the area. The strain on services was also evident to some community members, who interpreted decreased responsiveness from their case managers as a sign that the service providers were not sufficiently dedicated to their jobs.

"There's just a monstrous amount of paperwork and often the case managers their hands are tied with things they want to do but the money isn't there for that, they have to say do this first and as money dwindles, I think that the things that agencies can do is getting really limited and I see a lot of frustration from people that are trying to do that direct care. And I think people are trying and we lose a whole a bunch of capable people too, because they're all trying to it's the system that won't let them do their work. And maybe, then doesn't give a place for their spirit to work too."

"People seem cold to me. Some, not all. It's like 'Okay. I have these clients that did their paperwork, if they needed a bag of food I gave them a bag of food. Wow - whoppee - yay. I gave them a bag of food and I gave them a bus ticket.' Okay, after that, what? I guess I'm saying I just wish the compassion and the love … it's just people doing their job. That's what they do. But sometimes you feel that coldness."

Transportation

An inadequate transportation system, combined with inconveniently located service agencies, makes it difficult for PLWHA to access needed services in a timely manner.

The inefficiency of the public transportation system in Greensboro and High Point was noted repeatedly as a barrier to PLWHA in accessing treatment services, because the bus system

does not bring people to the services they need and in High Point has limited operating hours. Additionally, PLWHA in High Point without personal means of transportation face extreme difficulties in seeking care, as the High Point hospital does not provide HIV/AIDS services. These individuals must travel to Greensboro, Winston-Salem or Chapel Hill, but there is no direct transportation link between Greensboro and High Point.

"I think access to clinic appointments, access to the AIDS service organizations, access to social service - there is a bus system here but it takes forever to get from one place to the other…[because] all of the services are located in different areas of the city, so there's not one stop shopping."

Service providers reported that PLWHA rarely use the bus system, forgoing their appointments rather than attempting to navigate the difficult bus schedule and transfer system. Community members also explained that inadequate access to transportation was a barrier to greater community organization and to securing gainful employment, because having no means of transport keeps individuals isolated and encourages HIV risk behaviors such as drug use and sexual activity.

"Not all buses in High Point run all the time, only a few of them run the whole six to six every day, none of them run on Sundays. So you have to know somebody and you got gas is high so if you got an appointment and you are way out and you're like ok I got to get to my appointment and they be some pretty, very important appointments like recertifying for food stamps and you have to figure out how to get over there. I'm just glad High Point smaller than places like Greensboro. For me, it's walkable. For some people, it's not walkable."

"If we had transportation, where we could get people from the community to go out together once a week, so they can talk about things and make them feel good about who they are, then I think you will see an influx of people who are job-ready, who are ready to be job-ready down the line. If you ain't got transportation, how are you going to find a job? And you know, the bus situation in High Point. The buses stop running at 6 o'clock. And then if you are able to get a job, we're gonna get a second shift job. And we're gonna be the one to close up the McDonald's and Burger King and all the rest of the fast food places. But the buses are done. So you stay in the house. And the drug dealers will always find you, you don't have to go to them. They will always find you. So you stay in the house, get high, and have sex."

Because of the frequency with which people mentioned public transportation as an issue in Greensboro and High Point, team members made an effort to utilize public transport to travel between service providers within the city. While the team found buses to be generally safe and well-maintained, irregular bus schedules and confusing line transfers made it easy to see how the system could be discouraging to individuals trying to access needed services.

Need for outreach and testing

Provision of HIV/AIDS care and treatment services is hindered by a lack of access to communities at risk of infection and by the large number of infected individuals who are unaware of their status.

Service providers emphasized the need for increased testing among marginalized communities, such as racial minorities, and other populations not in the middle ranges of the epidemic, in order to ensure that positive individuals are identified early enough for treatment to have a positive impact on their health status.

"I think certainly outreach and prevention education and testing - would be one area where I would like to see it continue … because I think that if you are not identifying people who are positive it's very hard to serve them, and often times they will not find out they're positive until they're very sick."

Providers talked about the difficulty in reaching certain populations, because of cultural and linguistic difficulties, or because of the highly stigmatized nature of groups such as injecting drug users. They also talked about the increasing number of young people, particularly college students, who they have been seeing in recent years, and noted that the many colleges and universities in the area could provide an effective vehicle for expanding testing and outreach initiatives to these younger populations. Another population of concern is the older population, widows and divorcees. For these individuals, HIV was not a concern when they began sexual

activity, and it is seen as an extreme insult to suggest safer sex. Outreach, education and testing among this older population are essential to bring issues of safer sex to the forefront of conversation. It was also noted by many service providers that individuals who believe they are in monogamous relationships need to be tested for HIV, since infidelity is relatively common, and stories of infection by a supposedly exclusive partner abound.

"We still have a lot of people that suffer from the 'not me syndrome' in our community. They don't think about the one time that they did whatever that might have put them at risk regardless of how long ago that was. They just don't get tested. A lot of people are, 'I don't want to know.'"

"People didn't do nothing but in-house stuff, people never went out into the community. In order to make a difference you got to reach the people on their turf … Sometimes you have to take the service to the people, cause if you wait for them to come to the service, people ain't coming. People are indigenous to the area - they ain't leaving out of that area because everything they want is there. The drugs is there, the alcohol is there, the women is there - what you gonna leave for?"

Reaching the Hispanic/Latino Community

Linguistic, cross-cultural and legal barriers make it extremely difficult to reach the Hispanic/Latino community with HIV/AIDS prevention and care services.

Reaching the Latino/Hispanic community was a high priority for many service providers, but was complicated by many of the issues discussed above, in addition to cross-cultural and linguistic barriers for which there are limited resources to address, and by issues of legal documentation. Providers said that innovative testing initiatives for these populations could greatly increase knowledge about HIV prevalence and status within the community.

"Getting the Latino community is a major issue in our area … the Latino population is growing significantly in this area, and what we find is that because of stigma they don't want to get tested. And also because a lot of them are undocumented, so they don't want to get into a system where they feel like they might be sent back."

"Language barriers are huge because we do not currently have, at our case management agencies, we do not currently have anyone who's fluent in Spanish … even things like domestic violence or mental health issues can be harder to address in those communities because it is not perhaps the norm to seek out help for those sort of issues or to discuss those types of issues with strangers."

Reaching this community was a challenge for the student team, because work schedules, linguistic barriers and stigma regarding HIV/AIDS conspired to make it difficult to convince Hispanic/Latino PLWHA to participate in interviews or focus group discussions. The team was able to attend an event sponsored by the local Latino gay and lesbian community, and met with several PLWHA as well as one service provider who facilitates a Spanish-language support group specifically for positive Latinos. These contacts explained that for much of the Latino/Hispanic community, documentation issues override all other concerns and compound access to HIV/AIDS care because many PLWHA are afraid to seek out services and even if they wanted to do so many have no access to transportation.

"You don't have too many options for looking for help. Or like if you want to spend Medicare, like a regular citizen over here, they have many choices, you need to be in just one, or research, or do some association like Triad Health Project, they can help you … If you have legal papers you can choose for this help, you can choose for this study, you can choose for anything."

It was explained that many individuals in the Latino/Hispanic community came to the US from small towns and farms, where they had limited access to education about HIV/AIDS, and that this combined with what were called traditional, "macho" values created a denial of the fact that HIV could be a problem in the Latino community. It was also suggested that the current situation is not helped by the relative lack of linguistic and cultural interpreters to work with the Latino community, though several PLWHA indicated that they are not entirely comfortable even with fluent Spanish speakers who are non-Latino.

"Actually they need to find good instructors in Spanish or bilingual, but even if he is bilingual they're probably gonna have trust in this but if they saw he is in our culture or he is

Hispanic he talk about this, they're gonna believe more in this. If we can search more with our community, some people they can be more experienced in this case, I think they're gonna change a lot, because they're gonna trust more our people. If they have a question they're gonna be more comfortable to ask everything. Because if they see Americans, actually I know some American people very fluent in Spanish, but actually we have in our minds this 'Maybe they don't understand me, or they gonna misunderstand some question.'

The team's conversations with Hispanic/Latino PLWHA also yielded concerns about the way this community is viewed by Americans overall – there appeared to team members to be a great deal of anger at what was viewed as an emphasis on the negative aspects of the undocumented workers community with little to no recognition of the positive contributions they have made and continue making to US society. Given the potential for an HIV intervention to increase this feeling of being unfairly targeted, it is the team's opinion that service providers take this attitude into account when designing programs.

"Everybody is looking for you. A lot of people are very critical – they say you can't do this, you don't do this – everything very negative. They never say 'Oh, this group helped us to…' They never mention what good they do for the community, they say, 'No – what the wrong can be for us.' So it's like a negative thing – you know – and these days it's more."

"The immigration thing you know goes all over the planet. So it's what happens now. They start growing, and this planet now is getting crazy, you know – everyone moves from country to another or this kind of thing. It's a normal thing, it's every day changing, this planet. But other people don't know that this is part of change – it's normal, it's natural; they don't think that way. Like I said, we forget sometimes how we grew up and made our community, and this kind if thing."

Appendix E-2. Theme Scripts

There is a difference between services available for PLWHA in Greensboro and High Point.

"High Point is another animal. I mean, to be part of the same county, it's just fascinating to me how very little there is in High Point for people with HIV, and how difficult it can be for the providers trying to serve them. I mean it's just like a different world, even though it's part of the same county."

In their project, the students have found that there are many service providers doing great work in both cities. However, there are improvements that could be made. One concern that came up a lot was the difference in services between High Point and Greensboro. For instance, whereas THP has Higher Ground in Greensboro, there is nothing similar in High Point, or the only major clinic for people in High Point is the Community Clinic, whereas there is the Infectious Disease clinic at Moses Cone. This discussion group will talk through the differences in services with a goal to work towards creating action steps to improving quality of life for PLWHA in both cities, with a focus on High Point.

PLWHA have many basic, unmet needs, including food, housing, and unemployment, which overshadow HIV/AIDS as a priority.

"…if (clients) don't have a place to live, if they have no food, if they can't take care of their children, things like treating their HIV disease is not the most important."

In their project, the students spoke with many people that said PLWHA face many issues on a daily basis, and taking care of their HIV is not always the most important thing they have to do that day. Also, due to a lack of affordable housing, and well-paying jobs, PLWHA are barely able to make ends meet, much less place a high importance on their HIV. This discussion group will focus on first talking about how this affects PLWHA, and will move into discussing how small changes can be made in order to help PLWHA cope with the many stresses of life.

The diversity of PLWHA, stigma surrounding the disease, and a lack of trust and dialogue between PLWHA all contribute to the absence of a cohesive community to provide support and engage in advocacy.

"You would think that anybody with HIV would be able to relate with just anybody with HIV. Yet we still have a lot of persons that are in denial, we still have a lot of persons that are angry at the fact because they got it at no fault of their own and they don't want to have anything to do with the person that they blame for getting HIV ... [don't] want anything to do with a gay person that is infected with HIV or someone doing drugs because that is not how she got it and she wouldn't have identified with that group of people if she didn't get HIV so she doesn't feel like she needs to identify with them because she has HIV."

In their project, the students came across many people who said there is no real community of PLWHA in the same way there are communities of people that go to church, or communities of people that all live in the same neighborhood, or that are all Carolina fans. While some people said there are small groups, like people that go to Higher Ground, or women that are a part of Diva Dialogue, there is no larger group that works to advocate for rights of PLWHA, and allows people to be open with their status. This discussion group will focus on the reasons why there is a lack of community in an effort to work towards building a sense of togetherness among PLWHA in Greensboro and High Point.

Mental health and substance abuse issues complicate living with HIV/AIDS by making it difficult to seek treatment for HIV/AIDS, follow medical regimes, and locate adequate support and care.

"For some people, if they haven't successfully dealt somehow with mental health issues or addiction issues, the idea of getting to appointments and accessing care is incredibly difficult so there's a great deal of feeling of inertia in the system that nothing moves forward."

During interviews with service providers and community members, the students often heard that those living with mental illness or substance abuse often have difficulty obtaining and remaining in treatment for HIV/AIDS. There were also significant concerns that accessing services specifically for mental health and substance abuse can be extremely challenging. This discussion group will focus on the impact that mental illness and substance abuse has on PLWHA, and will then transition to identifying small changes that can be made to help connect those in need to mental health and substance abuse services.

Misconceptions about HIV/AIDS in the community at large, a lack of PLWHA who are open about their status, and a strong emphasis on conservative values contribute to intense social stigma against PLWHA.

Social stigma was a big concern among many people that were interviewed. One individual said, "*Well, they keep it quiet – they won't talk about it, they don't want to talk about it. And if it's in their immediate family, they will not talk about it. And when young people start dying at 30, 35, 40 – you want to say 'Hey, what's wrong?' and they will say 'They had pneumonia, they had cancer,' when you know the individual and you know they died of AIDS."*

Many indicated that social stigma is a driving force behind individuals maintaining the secrecy of their HIV status and can have a significant impact on an individual's willingness to seek care. Additionally, an emphasis on conservative values in the community leads to PLWHA feeling rejected and guarded with their emotions and relationships. This group discussion will focus on the effects stigma has upon both PLWHA and the greater community in an effort to create action steps that identify ways to decrease stigma.

Appendix E-3. Basic Needs Discussion Group Trigger and Questions

PLWHA have many basic, unmet needs, including food, housing, and unemployment, which overshadow HIV/AIDS as a priority.

Welcome, the purpose of our discussion tonight is to go through some of the reasons that make it difficult for HIV positive individuals to meet their basic needs. We heard from many people that when people are struggling to find a place to live, or food to eat, it makes it difficult for them to place a high priority on their HIV status.

Before we begin, I'd like to ask you all to please respect one another, by allowing them to finish speaking before you speak, limit side conversation, and remember that we might have very

different opinions. It's okay to disagree, as long as we try to not hurt other's feelings. Lastly, please try to keep what is said here in confidence.

S: What do you see?
What about this picture most grabs your attention?
What is going on in this picture?

H: How does this man feel?
What do you think this man is thinking?
How do you think this man is able to deal with his HIV?

O: In what ways have we felt like this man?
Do we know of people that are in situations similar to this man?
How have we needed help?

W: Why are people forced to cope with this kind of existence?
Why is it so difficult to deal with life when you have HIV?
What stands in the way of taking care of our HIV?

E: What would it feel like to have our basic needs met?
What would it feel like to only have to worry about our HIV?
What resources are there in to help us and others deal with their HIV?

D: What can we do today to help PLWHA meet their basic needs?

Appendix E-4. Mental Health and Substance Abuse Discussion Group Trigger and Questions

THEME: Mental illness and substance abuse complicate living with HIV/AIDS by making it difficult to seek treatment for HIV/AIDS, follow medical regimes, and locate adequate support and care to deal with mental health and substance abuse issues.

SHOWED Questions

S (See)
- What's going on in this picture?
- Describe what you see in the picture.
- Describe something in the picture that sticks out to you.

H (Happening)
- What do you think the person is thinking?
- How do you think this person is feeling?

O (Our)
- Describe a situation in which you, or someone you know, has felt like this person.
- How does this picture relate to your or a loved one's experience?

W (Why)
- What are the negative effects of not being able to access this care when you need it?
- How does it impact the community when this happens?

- What makes it difficult for people in Greensboro and High Point to access mental health and substance abuse treatment?

E (Evaluation/Empowerment)

- What in the community contributes to people not being able to get the care they need? (i.e. lack of insurance, lack of respect from doctors, lack of transportation)
- Is there something that we are doing that is contributing to this picture?
- What resources already exist in Greensboro and High Point that could be used to help solve this problem?
- Are there resources or services that you could provide, or influence, to alleviate this problem?

D (DO)

- Now that we know about some of the challenges and some of the available resources, let's list some actions we can take to make sure that people get the care they need when they need it.
- Can you think of some things (they don't have to be big) that your community can do today to start addressing this issue?

Appendix E-5. Lack of Community Discussion Group Trigger and Questions

We will be discussing the lack of a cohesive community of HIV-positive individuals and their friends and family in Greensboro and High Point. By community, we mean a network of individuals who are infected with or affected by HIV and who can provide support and help to one another and advocate for greater recognition and resources. Many of the people we interviewed said that while there are small groups of HIV-positive people here, there is no feeling of belonging to a larger community.

We are going to talk about this for about 45 minutes – first I'm going to share a picture with everyone for us to talk about how it makes us feel and what it makes us think about. At the end

of this discussion we will be talking about specific actions we can take to help build an HIV-positive community here, and we will be asking people to volunteer to work on these actions. Before we start, I'd like to remind everyone to please respect the rights of everyone in the group by waiting your turn to speak, respecting the opinions of others and limiting side conversations. We want to make sure everyone gets a chance to speak. Also, please remember that what is said in this group is confidential, and should stay in the group.

Lack of Community

"You would think that anybody with HIV would be able to relate with just anybody with HIV. Yet we still have a lot of persons that are in denial, we still have a lot of persons that are angry at the fact because they got it at no fault of their own and they don't want to have anything to do with the person that they blame for getting HIV. And pretty much they are AA, well no, not just AA but they are women who are infected with HIV that doesn't want anything to do with a gay person that is infected with HIV or someone doing drugs because that is not how she got it and she wouldn't have identified with that group of people if she didn't get HIV so she doesn't feel like she needs to identify with them because she has HIV."

Theme Statement: The diversity of PLWHA, stigma surrounding the disease and a lack of trust and dialogue between PLWHA all contribute to the absence of a cohesive community to provide support and engage in advocacy.

Discussion Questions:

S: What do you see in this picture?
What parts of the picture jump out at you?
What about the people around her? What are they doing?

H: What is the girl thinking?
How does she feel?
How might the other people in the picture be feeling?

O: Have any of us ever felt like the woman in the picture?
Have we experienced things that made us feel alone?
What experiences have you had where you felt like the woman in the picture?

W: Why do we feel alone?
Why is HIV an "isolating illness"?
In interviews, people told us that no one talks about it if they have a family member with HIV. How can HIV be isolating not just for those of us who have HIV, but for those of us with a friend or family member who is positive?
Why is it sometimes difficult for people living with or affected by HIV to relate to other people in the same situation?

- It sounds as if what everyone is really saying is that there's no real sense of community among people living with and affected by HIV. Why is that?

E: What could happen if we started to form a community?
How would we feel if we could build a stronger community of positive people?
What good things do you think would happen if we had a stronger community?
What would the advantages be?
Would there be any disadvantages?
What would happen if we did not form a community?

D: What are steps we can take so that no one feels like this girl?
What can we do now to start helping people come together more?
How can we bring together people living with or affected by HIV?
What are specific things that we need to have or to do in order to build a community?

Appendix E-6. Resources in Greensboro and High Point Discussion Group Trigger and Questions

QUESTIONS

O What do you observe in the picture?
Describe what you see in this image.

R What is your first response to the image?
What are some key ideas that are in the picture?
How does the image make you feel? What type of feelings does it evoke?

I What deeper issues does the image speak to in relation to High Point?
Why is there such a disparity between Greensboro and High Point?
How do you think the lives of its residents are affected by this disparity?

D What can we do to get better resources to High Point? What steps can we take?
Who can we contact and/or involve to resolve this issue?

Appendix E-7. Stigma Discussion Group Trigger and Questions

Stigma trigger and Questions

"The stigma is something that kills human beings - sometimes far more than the disease." (Nelson Mandela)

Stigma/Misconceptions About PLWHA

S: What do you see in this picture?

H: How does the person living with AIDS feel?
How do the other people feel?

O: Have you had experiences where you felt stigmatized?
Have you seen this occur in the community?
How do you feel about this happening in the community?
What other problems are related to this?

ddd

W: Where do these ideas/stereotypes come from?
    What causes stigma against PLWHA?
    Why do people stigmatize PLWHA?
    How does it impact the community when there is stigma surrounding HIV?

E: What can we do to lessen the stigma of HIV?
    How do we perpetuate stereotypes/stigmatize others?
    Why do these misconceptions continue?

D: What can we do today that will start to clear the stigma?

Notetaker: write up challenges, current resources available, action steps. WED

eee

Appendix E-8. Forum Program

THANK YOU TO OUR FORUM PLANNING COMMITTEE!

Mark Cassity	Myra Johnson
Allyson Clark	Barbara Howley
Thomas Clodfelter	Debra Massey
Alicia Diggs	Cecilia Thompson

THANK YOU TO OUR GENEROUS COMMUNITY SPONSORS!

Bravo! Italian Cucina	Macaroni Grill
Ganache	Mimi's Cafe
GCAP	Natty Greens
Harris Teeter	P.F. Chang's
Food Lion	

CONTACT INFORMATION

Preceptors, Guilford County AIDS Partnership
Debra Massey & James McNair, (336) 370-9666, www.gcap1.org

Instructor, UNC – CH School of Public Health
Eugenia Eng, (919) 966-3909, eugeniaeng@unc.edu

Graduate Student Team, UNC School of Public Health
Matt Avery, Theresa Falcon, Beth Mainwaring, Shantae Perkins, Leni Strauss, (866)-610-8273

Inform 2 Reform:

A Responsive Community Gathering to the Local HIV Crisis

Monday, April 14th, 2008
5:30 – 7:30pm

Macedonia Family Resource Center
401 Lake Avenue
High Point, NC 27260

fff

SCHEDULE OF EVENTS

5:30 pm — Introductions
Leni Strauss, UNC-CH Graduate Student Team

Welcome
Debra Massey, Executive Director, Guilford County AIDS Partnership
James McNair, GCAP & Community Activist

5:35 pm — Welcome in Spanish
Serene Myers, UNC-CH Graduate Student

5:40 pm — Overview of AOCD process
Matt Avery & Shantae Perkins, UNC-CH Graduate Student Team

5:45 pm — Presentation of findings
- Basic Needs
- Community Building
- Mental Health & Substance Abuse
- Needs in High Point
- Stigma

6:00 pm — Breakout Sessions

6:45 pm — Presentation of Action Steps

7:15 pm — Closing Remarks
Beth Mainwaring, UNC-CH Graduate Student Team

GREETINGS!

Welcome to "Inform 2 Reform: A responsive Community Gathering to the Local HIV Crisis".

We are a team of five graduate students from the University of North Carolina - Chapel Hill School of Public Health. We have been working in the community for the past nine months to better understand the lives of people living with HIV and AIDS in the Greensboro and High Point communities. Our project is called Action-Oriented Community Diagnosis (AOCD).

During this project, we have interviewed 57 individuals through in-depth interviews and focus groups. We have learned a lot about the strengths and challenges facing the community of people living with HIV and AIDS. Through these interviews with community members and service providers, we have come up with seven themes and we will be talking about five of them today.

We are excited that you are here today and ready to talk about solutions and making positive changes in your community.

Sincerely,

Matt Avery, Theresa Falcon, Beth Mainwaring, Shantae Perkins, and Leni Strauss

ggg

ABOUT AOCD

What is an Action Š Oriented Community Diagnosis (AOCD)?

An AOCD is a process through which a team works with community members and service providers to identify community strengths and challenges. Information is gathered from interviews, focus groups, and background data to better understand a community.

What is a community forum?

A community forum is a meeting where people come together to celebrate the strengths of a community and to create solutions to challenges that were identified during the AOCD process.

What are action steps?

The creation of action steps is the beginning phase of community change. It involves the community coming together to discuss topics of concern. Out of these discussions we hope to develop realistic solutions and move forward.

COMMUNITY STRENGTHS

- There are a lot of valuable resources (such as service organizations, community groups, and caring individuals) available in both Greensboro and High Point.
- The faith Š based community provides emotional, material, and spiritual support to people living with HIV/AIDS
- There is a solid core of individuals advocating on behalf of those infected and affected by HIV/AIDS.

hhh

DISCUSSION GROUPS

We will divide into five different discussion groups to talk more about a specific topic. The purpose of this is to develop realistic action steps so that the community can move forward on important issues.

All thoughts and ideas are welcome. Please choose the group that best suits your interest.

1. Basic Needs
2. Community Building
3. Needs in High Point
4. Mental health and Substance Abuse
5. Stigma

BASIC NEEDS

ÑAnd as weÕre seeing clients come to us with more complicated issues, HIV might be number 4 on their list of problems, today they might have nowhere to live, it really hard to get someone to adhere to their medication if theyÕre worried about where theyÕre going to sleep tonight.Ó

ÑÉ if (clients) donÕt have a place to live, if they have no food, if they canÕt take care of their children, things like treating their HIV disease is not the most important.

THEME: PLWHA have many basic, unmet needs, including food, housing, and unemployment, which overshadow HIV/AIDS as a priority.

COMMUNITY

ÑYou would think that anybody with HIV would be able to relate with just anybody with HIVÉYet we still have a lot of persons that are in denial, we still have a lot of persons that are angry at the fact because they got it at no fault of their own and they dôwant to have anything to do with the person that they blame for getting HIV … [don't] want anything to do with a gay person that is infected with HIV or someone doing drugs because that is not how she got it and she would ãhave identified with that group of people if she did ãget HIV so she doesnô feel like she needs to identify with them because she has HIVÓ

THEME: The diversity of PLWHA, stigma surrounding the disease, and a lack of trust and dialogue between PLWHA all contribute to the absence of a cohesive community to provide support and engage in advocacy

MENTAL HEALTH & SUBSTANCE ABUSE

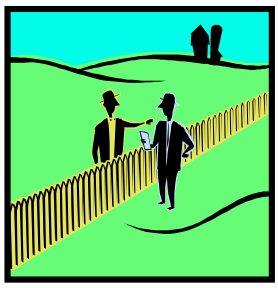
ÑI think that the mental health system in this state is broken. I donô see a quick fix to it. I think that accessing mental health services is deplorable in this communityÓ.

ÑFor some people, if they havenô successfully dealt somehow with mental health issues or addiction issues, the idea of getting to appointments and accessing care is incredibly difficult so thereô a great deal of feeling of inertia in the system that nothing moves forward.Ó

THEME: Mental health and substance abuse issues complicate living with HIV/AIDS by making it difficult to seek treatment for HIV/AIDS, follow medical regimes, and locate adequate support and care.

NEEDS IN HIGH POINT

"High Point is another animal. I mean, to be part of the same county, it's just fascinating to me how very little there is in High Point for people with HIV, and how difficult it can be for the providers trying to serve them. I mean it's just like a different world, even though it's part of the same county."



THEME: There is an uneven distribution between services available for PLWHA in Greensboro and High Point.

STIGMA

"If you come to someone and say, 'I've just been diagnosed with HIV, it's like, well, how'd you get it. You know nobody ever asks anybody how you got breast cancer, it's just, there's often that element of judgment involved in an HIV diagnosis that somehow you are at fault for getting it."

"You'd be surprised the number of people who are so ashamed of their HIV status that they choose not to get help, choose not to get into these support groups because they just don't want nobody to know, the stigma is still there."

THEME: Misconceptions about HIV/AIDS in the community at large, a lack of PLWHA who are open about their status and a strong emphasis on conservative values contribute to intense social stigma against PLWHA.

Appendix E-9. Donation Request Letter

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH BEHAVIOR
AND HEALTH EDUCATION

302 ROSENAU HALL
CAMPUS BOX 7440
CHAPEL HILL, NC 27599-7440

T 919.966.3761
F 919.966.2921
www.sph.unc.edu/hbhe

March 18, 2008

Dear Greensboro Business Owner,

Greetings from the University of North Carolina – Chapel Hill! We are graduate students at the UNC-School of Public Health, and we are working on a project in your community that we think might be of interest to you. In response to the request of two Guilford County service providers, we are conducting an assessment of people living with HIV and AIDS in an effort to highlight some of the strengths and needs of this community. We are fortunate enough to have spent the last 6 months attending Guilford County events, interviewing community members and service providers, and frequenting local restaurants and stores.

In April, we will be presenting the results of our assessment at a community forum. We will be inviting local businesses such as yours, community members, and service providers. Because everyone we spoke to mentioned the pride they have in local establishments, we would like to have your business represented at the forum.

We hope that you will support us in our efforts through a contribution of your choosing.

We believe that your goodwill will not go unnoticed by members of the community. Your participation in this important community event will be recognized verbally at our community forum, in addition to formal recognition in our event program.

Your donation is eligible for a tax deduction. The Federal Tax ID number for UNC-Chapel Hill is 56-600-1393. Should you have any questions, please do not hesitate to leave us a message by calling 919-843-9137 Option # 3 or toll – free at 866 – 610-8273.

Thank you for your kind consideration!

Most Sincerely,

Theresa Falcon & Beth Mainwaring
Community Forum Planning Committee, Co-Chairs

Appendix E-10. Forum Invitation (known)

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH BEHAVIOR
AND HEALTH EDUCATION

302 ROSENAU HALL
CAMPUS BOX 7440
CHAPEL HILL, NC 27599-7440

T 919.966.3761
F 919.966.2921
www.sph.unc.edu/hbhe

March 19, 2008

Dear ,

On behalf of the entire Greensboro and High Point AOCD team, we would like to thank you for taking the time to participate in an interview earlier this year. The time and information you contributed, in addition to twenty four service providers and fifteen community members has been invaluable.

We are holding a community forum April ---------- at the Macedonia Family Resource Center in High Point and would be honored if you could join us. The event will begin promptly at 5:30 pm and end at 7:30 pm, child care and dinner will be provided. Transportation will also be provided from accessible locations in both Greensboro and High Point. We hope this event will be useful to the continued work your organization does. We will present our findings and facilitate five discussion groups in which you will be able to work to alleviate some of the issues that were encountered.

Please find fliers enclosed to distribute to your co-workers and clients. If you have any questions, need directions, or any further information please do not hesitate to contact us at 919-843-9137 Option # 3 or toll-free at 866–610-8273.

Once again, thank you for your help and we look forward to seeing you at the Forum.

Most Sincerely,

Theresa Falcon and Beth Mainwaring
Community Forum Planning Committee, Co-Chairs

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Appendix E-11. Forum Invitation (unknown)

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH BEHAVIOR
AND HEALTH EDUCATION

302 ROSENAU HALL
CAMPUS BOX 7440
CHAPEL HILL, NC 27599-7440

T 919.966.3761
F 919.966.2921
www.sph.unc.edu/hbhe

March 28, 2008

Dear Concerned Resident,

Greetings from the University of North Carolina – Chapel Hill! We are graduate students at the UNC-School of Public Health, and we are working on a project in your community that we think might be of interest to you. In response to the request of two Guilford County service providers, we are conducting an assessment of people living with HIV and AIDS in an effort to highlight some of the strengths and needs of this community. We are fortunate enough to have spent the last 6 months attending Guilford County events, interviewing community members and service providers, and frequenting local restaurants and stores.

We are holding a community forum April 14, 2008 at the Macedonia Family Resource Center in High Point and would be honored if you could join us. The event will begin promptly at 5:30 pm and end at 7:30 pm, child care and dinner will be provided. Transportation will also be provided from accessible locations in both Greensboro and High Point. We hope this event will be useful to the continued work your organization does. We will present our findings and facilitate five discussion groups in which you will be able to work to alleviate some of the issues that were encountered.

Please find fliers enclosed to distribute to your co-workers and clients. If you have any questions, need directions, or any further information please do not hesitate to contact us at 919-843-9137 Option # 3 or toll-free at 866–610-8273.

We look forward to your presence at the forum.

Most Sincerely,

Theresa Falcon and Beth Mainwaring
Community Forum Planning Committee, Co-Chairs

nnn

Appendix E-12. Forum Flyer

WHO: All those infected or affected by HIV & AIDS

WHAT: A community forum to discuss the strengths & needs of people living with HIV & AIDS in High Point & Greensboro with the goal of developing action steps for improvement

WHEN: Monday, April 14th, 2008 from 5:30 - 7:30pm

WHERE: The Macedonia Family Resource Center
401 Lake Ave
High Point, NC 27260

Free Dinner, Prizes, Childcare & Transportation!
Transportation provided from Higher Ground in Greensboro (210 E. Bessemer Ave) & The Triad Health Project in High Point (620 W. English Rd)

ALL CONCERNED CITIZENS ARE INVITED

Questions? Call Toll Free at 1-866-610-8273 or (919) 966-843-9137, option 3

Sponsored by University of North Carolina-Chapel Hill School of Public Health

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Appendix E-13. Community Forum Evaluation Form

Greensboro & High Point Forum Evaluation

1. Please let us know whether you agree or disagree with the following statements. ***(Circle the number that corresponds to your answer.)***

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The forum was useful.	1	2	3	4
b. The forum allowed me to learn about the issues affecting people with HIV/AIDS in the community.	1	2	3	4
c. The forum did a good job of bringing people together who may have never met or worked together before.	1	2	3	4
d. The forum allowed community members and service providers to openly discuss the issues affecting the community of people living with HIV/AIDS.	1	2	3	4
e. I felt like my voice was heard during the small discussion groups.	1	2	3	4
f. Concrete action steps have been made to address the issues affecting the community of people living with HIV/AIDS.	1	2	3	4

2. What things did you like best about the forum?

3. What things did you like least about the forum?

4. Do you have any suggestions for how we could have improved this forum?

ppp

5. Additional Thoughts or Comments:

Appendix E-14. Community Forum Evaluation Results

The forum was useful

The forum was useful	Frequency	Percent	
Agree	9	33.3%	
Disagree	1	3.7%	
Strongly Agree	17	63.0%	
Total	27	100.0%	

The forum allowed me to learn about issues facing PLWHA

The forum allowed me to learn about issues facing PLWHA	Frequency	Percent	
Agree	10	37.0%	
Disagree	1	3.7%	
Strongly Agree	16	59.3%	
Total	27	100.0%	

Did a good job of bringing people together

Did a good job of bringing people together	Frequency	Percent	
Agree	9	33.3%	
Disagree	2	7.4%	
Strongly Agree	16	59.3%	
Total	27	100.0%	

People openly discussed issues

People openly discussed issues	Frequency	Percent	
Agree	7	25.9%	
Disagree	1	3.7%	
Strongly Agree	19	70.4%	
Total	27	100.0%	

My voice was heard

My voice was heard	Frequency	Percent	
Agree	6	22.2%	
Strongly Agree	20	74.1%	
Strongly Disagree	1	3.7%	
Total	27	100.0%	

Concrete action steps

Concrete action steps	Frequency	Percent	
Agree	9	33.3%	
Strongly Agree	18	66.7%	
Total	27	100.0%	

What things did you like best

What things did you like best
a lot of issues were addressed that would not have normally been discussed if not edged on
all
communicate
communication and acceptance
contact with other providers and community members
energy of participants/leaders
everything
getting together with everyone
group discussion
hearing what others had to say
I like everything
interaction
open discussion
small group
small group discussion

small group sessions, speakers
small groups
the different types of people sharing together, the openness of everyone
the discussion groups
The forum served its purpose- to inform
the small groups
we were able to discuss openly

---

what did you like least?

what did you like least?
a little too long
a lot
everything was satisfactory
lack of focus
n/a
not anything
not having the session so crowded with more of the community, but that is to come
nothing
nothing. Great Wonderful!
the group sessions

---

suggestions for improvement?

suggestions for improvement?
booths with plenty of info, agencies with more info
education
intro everyone
keep it going. follow through to the next phase
let's keep doing this and getting out there and working
longer discussion groups
longer time
more forums

no
none
not at this moment
not at this time
not at this time, the forum was very good and great start to informing and educating our community on different issues at hand.
share the suggestions with the group
the forum did its work well, not to be held responsible for public apathy
would have liked more time to talk about action steps-they seemed a bit forced

---

Additional thoughts

Additional thoughts
awesome job. i would love to see more events like this in the community
excellent work
good job
I look forward to working with my groups
let's continue to carry out everything preached
met great people and new friends

Appendix F. Resources for People Living With or Affected By HIV/AIDS

Hospitals

Baptist Hospital
Medical Ctr Boulevard
(336) 716-4325
Winston-Salem, NC

High Point Regional Hospital
(336) 878-6149
601 North Elm Street
High Point, NC

Moses Cone Memorial Hospital
(336) 832-7000
1200 N Elm St.
Greensboro, NC

Clinics

Cornerstone Urgent Care
(336) 802-2222
4198 Premier Dr
High Point, NC

Community Clinic of High Point
(336) 841-5174
779 N Main St
High Point, NC

Health Serve Community Health Center
(336) 271-5999
1002 S Eugene St
Greensboro, NC

Guilford Adult Health/Health Serve
(336) 272-1050
1046 E Wendover Ave
Greensboro, NC

Emergency Services and Shelter

Clara House

(336) 387-6161
Women & Children

Greensboro Interfaith Hospitality Network
(336) 574-0333
Emergency, temporary shelter for families with children

Open Door Ministries of High Point, Inc
(336) 885-0191
400 N Centennial St
High Point, NC
Food and Shelter

Second Harvest Food Bank of Northwest Carolina
(336) 784-5770
3655 Reed St
Winston-Salem, NC
Food

The Salvation Army
336.881.5410
High Point, NC
Emergency Assistance

HIV/AIDS Services and Support

Higher Ground
(336) 274-5637
210 E. Bessemer Avenue
Greensboro, NC
Fellowship, weekly activities, & lunch

Nia Community Action Foundation
(336) 887-4876
2010 E. Green Drive
High Point, NC
Outreach and Support

Serenity's Haven, Inc.
(336) 995-7234
163 Stratford Court
Box 19, Suite 214
Winston Salem, NC
Case Management

Sickle Cell Disease Assoc. of the Piedmont
(336) 886-2437
401 Taylor Ave
High Point, NC
Outreach and Support

Sickle Cell Disease Assoc. of the Piedmont
(336) 274-1507
P.O. Box 20964
Greensboro, NC
Outreach and Support

Triad Health Project
(336) 275-1654
801 Summit Avenue
Greensboro, NC
Case Management

Triad Health Project
(336) 884-4116
620 W English Rd
High Point, NC
Case Management

WOMEN Inc.
(336) 218-8369
3812 Herbin St
Greensboro, NC
Support and Outreach

<u>Mental Health Support</u>

Centro de La Familia Latina
(336) 884-5858
counselling and support

Family Services of the Piedmont
(336) 889-6161
Counseling

Guilford Behavioral Center
(336) 641-3630
201 North Eugene Street
Greensboro, NC

The Guilford Center
(336) 641-6920
232 N Edgeworth St 4tFl Greensboro, NC
referrals to services

Mental Health Association in High Point
(336) 883-7480
referrals to services

The Servant Center
(336) 275-8585
1312 Lexington Ave
Greensboro, NC
Case management & transitional housing

Substance Abuse

Alcoholics Anonymous
336.885.8520
High Point, NC

Alcohol & Drug Services
(336) 812-8645
5209 West Wendover Ave.
Greensboro, NC 27409

Alcohol and Drug Services
(336) 882-3125
High Point, NC

D.R.E.A.M.S. Treatment Services, Inc
(336) 312-4517
P.O.Box 5408
Greensboro, NC
Crisis Intervention and Emergency Services

Greensboro Urban Ministry
(336) 271-5959
305 W Lee St
Greensboro, NC
Education and Rehabilitation

Transitional Housing

Malachi House
(336) 275-2500
P.O.Box 20803
Greensboro, NC
Transitional housing

Esther's Haven, Inc.
(336) 886-1371
900 Eastchester Dr 104C
High Point, NC 27262
Transitional Housing for Women

Miscellaneous Resources

Greensboro Public Library
(336) 373-2471
201 North Greene Street
Greensboro, NC

Guilford County Dept. of Public Health
(336) 812-8645
232 North Edgeworth Street
Greensboro, NC

Guilford County Emergency Services
(336) 373-7565
1002 Meadowood Road
Greensboro, NC 27407

Hospice & Palliative Care of Greensboro
(336) 621-2500
2504 Summit Ave
Greensboro, NC 27405

House of Refuge Missions
(336) 691-1470,
216 S Elm St.
Greensboro NC 27401
Food bank & thrift store

Reid Learning Center
(336) 389-0953
102 N. Elm St #420
Greensboro, NC 27401
education & empowerment