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← Mica Smith
Exec. Director

Marlyn's Party - 5:00-9:00 PM
646 NE Hazelfern
Portland, Oregon

State
? on drug support program -
restricted to AZT only?

Nonurban/non rural counties/cities -
how to develop programs?

Assurances/Ryan White -
cost effectiveness/

your lady in Santa Fe

Backgrounder for Private Meeting with Persons Living with HIV/AIDS at Cascade AIDS Project

EVENT: Private Meeting (no press) with 12-14 people

LOCATION: Offices of Cascade AIDS Project
620 SW 5th, Portland
503-223-5907

DAY & TIME: Saturday, October 23, 1993
3pm - 5pm

CONTACT PERSONS: (Mr.) Mica Smith, Executive Director (also a PWA in fragile health)
Mickey, Admin. Asst.

ISSUES: They've worked hard to pull together a diverse and representative group; understand you want to talk about <u>them</u> and their life experiences and how that can help inform/instruct your work as National AIDS Policy Coordinator.

PREPARED BY: Buck

St Likes +
(503) 246-2325

KG
Mica says there will be 14 PWA's in attendence. There will be a sign interpreter because 1 person is hearing impaired.

Place: CAP offices
620 SW 5th
Time: 3-5 pm

CASCADE AIDS PROJECT

SUPPORT

EDUCATE

ADVOCATE

OCT 19 1993

October 14, 1993

Ms. Christine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, NW
Washington, DC 20500

Dear Ms. Gebbie:

I feel excited and honored that you are coming to Cascade AIDS Project (CAP) on October 23rd. I have invited a cross-section of individuals who are living with HIV/AIDS (myself included) who are eager to discuss with you their personal perspectives on HIV-disease.

I look forward to our meeting and wish to offer my gratitude to you for extending this opportunity to us.

Sincerely,

Mica Smith

Mica Smith
Executive Director

mdp rev.101493

620 SW 5th Ave., Suite 300

Portland, Oregon 97204

(503) 223-5907

(503) 223-7087 FAX

V/TDD

CAP

Community Mobilization Project
Cascade 4105 Project
Portland, Oregon

MEMORANDUM

To: CAP/CAPS Staff

From: Dan Bueling and Colleen Hoff

RE: Summary and evaluation of Stage I focus group interviews completed in Portland.

Date: February 1, 1993

This memorandum summarizes significant findings from six focus group interviews conducted in Portland, Oregon on January 21, 22 and 23, 1993 by Colleen Hoff, Dan Bueling and Andrea Prout with gay and bisexual men.

Segmentation, Recruitment & Demographics:

Andrea Prout, the new Program Assistant, and 3 volunteers began recruiting for the focus groups two weeks before they were conducted. Dan and Andrea developed a screening tool, selected recruitment sights (mostly gay bars, but some community groups), trained the volunteers and selected specific dates and times to recruit at various locations to broaden the sample. All participants were paid $25.00 to participate.

The focus groups were segmented by serostatus. Two HIV positive (HIV+), HIV negative (HIV-) and HIV don't know (HIV?) groups were conducted. The HIV- groups were filled first with a total of 22 men recruited in the bars and 7 recruited at the Gay Bowling League - 13 men actually participated. 24 men were recruited for the HIV? groups, all from the bars except 1, and 17 participated (6 in one and 11 in the other). The HIV? groups were hardest to recruit for and the last to fill. 25 men were recruited for the HIV+ groups with 18 participating. Of the HIV+ men, 14 were recruited in the bars, 4 at the Bowling League, 1 over the phone, and 4 were participants recruited from the canceled HIV Positive Retreat - they were originally recruited for the retreat through community contacts by Dan.

Most of the groups had a broad mix of ages , however the most common fell into two ranges, 25 to 34 or 35 to 44. 4 groups contained men of color (1 HIV+ w/3 , 2 HIV? w/2 each and 1HIV- w/2) and 2 groups did not (1HIV+ w/7 and 1HIV- w/6). Men of color participating were African American, Asian American, Native American and other. There were no Hispanic American men recruited or participating.

There was a broad range of income levels represented in the groups with the majority below $20,000, especially in the HIV+ groups. Most men were

employed in the HIV- and HIV? groups, 3 groups had 2 unemployed men in each. The HIV+ groups were split exactly 50/50 employed and unemployed. About 1/3 of the participants were in relationships with the HIV+ groups containing the least amount and one HIV? group had all single men. No participant's in the HIV+ groups self-identified as having symptoms and all were above 200 T-4 count, except 2.

All groups were held at Cascade AIDS Project's offices in the conference room. Colleen and Dan observed each other's groups, with the exception of the HIV+ groups (they were held on Thursday before Colleen arrived in Portland). Andrea took notes at all 6 groups and each was audio taped. Participants were asked at the end of the interview to sign-up to receive updates or get involved in the project as it develops - nearly all the participants did so.

Focus Group Findings by Segmentation Objective:

HIV+ Focus Groups -

General:

- **HIV is a challenge to live with.**
- **HIV has changed their life - many expressed for the better.**
  "I appreciate stuff daily, don't live in the future, HIV made me stronger."
  "It accelerated my spiritual growth"
  "I cleaned house, devote entire life to staying well."
- **Many see life differently now, notice what's important.**
- **Most felt relationships were effected by HIV.**
  "There's a stigma, even with good friends."
  "It weeded out my friends - now only a few good ones."
  "Some surprises at the one's who stayed."
  "I'm reluctant to start a relationship, because I don't want someone to take care of me."
- **Many have experienced direct losses of friends, lovers or acquaintances.**
  (Two men cried in the groups when talking about their losses.)
- **Several felt they must have goals.**
  "You have to keep having goals - have things to look forward to."

Sex:

- **Younger men generalize that their own age group is not having safer sex.**
  " 20-25 year olds haven't lived through it, we don't have safer sex."
- **Many issues around sex and HIV status.**
  "No one asks about HIV status."
- **Some are abstaining from sex.**
  " I can't have sex without love anymore."
- **Some only have sex with HIV+ men - they don't want to deal with HIV- men not understanding wahat it's like to be positive.**

- **Many are afraid to expose HIV- men to the disease.**
- **Some expressed that information about safer sex was unclear.**
  "There needs to be more realistic education, don't know if its safe or not."
  "Safer sex workshops are too clinical, they need to be more physical."
  "Gray areas give people permission to have unsafe sex."
- **Many are disclosing their status before sex.**
  "The Albert Gonzalas case is vindictive about people accusing of transmitting HIV to someone."

<u>Treatment:</u>

- **Most experience period of depression after diagnosis.**

(Those who got into Wellness Program seemed to avoid the depression)

  "When you get depressed go do something for someone else."
  "I was obsessing on the illness and myself."
  "Helping others gets my mind off of it."
- **Almost everyone had been on AZT or ddI at one time.**
- **There were a lot of negative feelings about AZT, mostly in older men.**
  "I quit AZT it made me sick."
  "I had a 'hangover' feeling, so I quit."
  "AZT breaks you down,... allows things to get into it."
  "He started AZT and then went downhill from there."
- **Younger men or most recently diagnosed were using it, some with questions.**
  "I started AZT and had dizziness side-effects, but then it went away."
  "My t-cell has gone up with AZT."
  "Unsure as to whether to take AZT - because AZT is so toxic to your body. Listens to his body, unsure if runny nose and sore throat are due to AZT."
- **Some expressed starting medications is difficult.**
  "When you start taking AZT it's an acknowledgment that you have something to deal with."
- **Several were doing other treatments.**
  "I clean out my system with Chinese herbs and acupuncture."
  "You can love yourself to health."
  "I ran out of Chinese herbs and haven't felt good for 2 weeks."
  "I remember I have no immune system and stay out of situations that cause problems."
- **Almost everyone had a primary care physician.**
- **Many felt and expressed that they had a close relationship with their doctor.**
  "I trust him completely- I'm in recovery and so is he."
  "My doctor was there every step of the way."
  "I trust him, we've developed a friendship."
  "I'm a team with my doctor."
  "My doctor understands my emotional state."

- Many acknowledged the importance of a supportive doctor.
  "We don't always agree, but,... supportive."
- The few with poor doctor relationships or no doctor weren't as "into" their treatment.
- Those receiving treatment at Multnomah County HIV Clinic really liked it.

Gay Community:

- Most feel there is a big stigma around HIV status.
  "They 'flipped-out' at work, couldn't have me around students for some reason and fired me."
  "I was fired from a gay company!"
  "Not everyone knows how to deal with someone who has HIV."
  "There is still a lot of terror in the HIV- or untested guys."
  "In Portland there's an 'us vs. them" mentality."
- Very different feelings and ideas about "gay community" in Portland.
  "Portland's great, I'm from Boise, Idaho - there is no community there."
  "In Portland there is no gay community, in L.A. there is, ..."
- Many were disappointed with activities and events here - they want an alternative to the bars.
- Some expressed that Measure 9 was good for the gay community.
- HIV+ men want more events and activities, mostly w/other HIV+ men.
  "More meetings, movies and talks."
  "Monthly dances, like Tea Dances on Sunday."
  "An HIV+ Club, like the one in L.A. with 1200 HIV+ guys."
  "More outdoor events - canoeing and camping."
  "More sports."
  "Skating at Oaks Park."
  "An alternative to the bars - a coffee house or community center."
- Other ideas for one-to-one support.
  "A Buddy Program for HIV+ non symptomatic men, like the PAL program."
  "Advocates to help get SSI, food stamps and get through the system."
  (CAP Client Services just began a program like this.)
- Several felt they haven't gotten what they needed from social workers.
  "I was appalled by the social worker at Kaiser, she didn't know anything."
- Some felt going to HIV+ events was like coming out again.
  "Climbing the stairs up to the balcony at the Plus Club was hard the first time - now it doesn't matter."
- HIV + men want more events and places to find community , primarily with each other and , maybe, secondarily with those of different serostatus.
- They also want HIV- men to take care of themselves and stay negative.
- These groups supplied lots of ideas for working with the provider community to better empower and serve HIV+ patients - especially ideas for primary care providers themselves and social workers.

HIV - Focus Groups -

General:

- **Many talked about fear and the AIDS epidemic.**
  "I don't have sex on a regular basis because of HIV fear."
  "Can I be there for someone?"
- **Several expressed a fatalistic feeling or attitude that someday they would "get it."**
  "If I test, and I'm positive, I'm afraid they'll leave."
- **Many had a pessimistic view of what it is like being HIV+.**
  "Once you're positive, you're sunk."
- **Many said they felt helpless.**
  "You feel helpless,... wonder if you would be strong enough to deal with illness."
- **Many said their friendships had been effected.**
  "It's a strain on friends who are unsafe, I don't want to be their mother."
  "I try to comfort a friend whose lover has AIDS, contact has been limited."
  "Now people are closed in."

Sex:

- **Some expressed that they don't like to deal with sex now.**
  (The 2nd group expressed that they were all having less sex and that some didn't have anal sex anymore - it wasn't worth it.)
  "I'm not involved in intercourse, - curtailed sexual habits."
  "It's not enjoyable, too stressful."
  "It really puts water on your fire."
  "There's no pleasure with anonymous sex - too much worry."
- **Many said they weren't sure any sex was safe.**
  "What's safe and what's not."
  "You can practice it, but you're never sure."
  "It's never possible to feel safe."
- **Many said there was a lack of information about safer sex.**
  "The safe sex rules keep changing - acts that were safe once now aren't."
  "Keep information current - what is dangerous?"
  "What kind of lube, ... the basics."
  "A lack of confidence and knowledge leads to an 'oh, fuck it' attitude."
  "Put information in the drug store next to condom (which one to buy)."
- **Emotional reaction is that transmission is random.**
  "The disease is abstract and random, like a meteorite."

Testing:

- **All had tested and most more then once.**
  "Second and third tests are easier."
  "My doctor left my results on the answering machine."

- <u>The two week waiting period is an overwhelming obstacle in deciding to get tested.</u>
- **The Multnomah County test sight is good, but,...**
  "The questions they ask you are a drag."
  "I don't like it being in the STD clinic."
- **Many are driven to test by their perception of risk.**
  "I don't test again because I haven't done anything."
  "As time goes by the anxiety gets higher."
- **Many finally go to test when they get scared enough - they test out of fear.**
- **Differing opinions on CAP as a test sight, but most highly for it.**
  "CAP is a great place, friendly and 'clean'."
  "It's nice to test in a gay-friendly environment."
  "Everyone at CAP is in the same boat,... less stressful."
  "No people being treated for scabies."
  "I know everyone at CAP,.. I wouldn't want to go there(3 people agreed)."
- **Most felt better access to test sights was needed.**
  "There should be lots of sights all over town."
  "Path of least resistance."
  "Dozens of places that are free to go to test."
- **Many felt there was misinformation about testing.**
  "What about window periods?"
  "Anonymous or confidential."
  "You need to tell people where to test."
- **Some said you need to give reasons to test.**
- **Most men test on their own with little support from others and few encourage others to test.**
  "I think it's too personal."
  "I don't want them to think I'm their mother."
- **A few said they got support from intimate sources, close relationships.**
- **Several said there needs to be more encouragement in the community to get tested, more information.**
  "More promotion in the bars to get tested,...it's good responsibility to test,... till it becomes a social norm."
  "Can you trust the test results?"
- **A couple participants asked if they could get tested after the group.**

<u>Gay Community:</u>

- **Most aren't talking about HIV status.**
  "I don't want to brag about my HIV- status, what if my friend were positive (and I didn't know)."
  "It's basically just gossip, it's who has it."
  "Not many people bring up status."
  "If you meet someone for sexual reasons, then you talk about it."

"I'm very open about my status,... people say their status in none of his business."

"You don't need to talk about status because they could be lying anyway."

- Most HIV- men feel they don't understand what it is like to be HIV+, and they can't help because of it - they're afraid to offend HIV+ men.

"Get positive and negative people together,.. to talk, ..so you can be sensitive to the issue."

"Support groups for gay people in general,... groups could be positive and negative."

"What if a new lover is positive? I'm unsure how I would respond,...I'd be scared to death."

- Some negative men don't feel a need for support from the community.

"I don't need to feel supported, positive people are lonely."

"I'm glad I don't have it, but I am willing to help positive people."

"I'm ashamed to admit it, but I do feel like I need support."

"I had a nervous breakdown two years ago."

- Most men felt there needs to be more communication between HIV+ and HIV- men - they feel shut out.

"They didn't let you know (they were HIV+), didn't let you be there for them."

"Do you want a hug, to talk, let me know."

- Many felt we should build on effort against the OCA.

"The OCA brought the community together."

"We strengthen the community from the inside."

"I felt the support of the straight community, it was encouraging."

"You knew who your friends were."

"Build on strengths, but tired of fighting the OCA."

"It helped a lot of people to come out."

- Many felt the gay community was open and friendly.

- A poll of one group made it seem like negative men perceive themselves in the minority to HIV+ men.

- There is very big denial of acknowledging their own needs during this crisis.

<u>HIV- men seem caught between two very hard places:</u>

1. They are aware of the epidemic and get tested. So they are dealing with it to a degree, but - it's difficult and some don't want to admit it (or may not even be aware of their needs) and then ask for support.

2. They feel left out, they want to help, but don't know how - they feel helpless in the face of it all.

- HIV- men want desperately to feel a greater sense of community with HIV+ men.

- They want events that can facilitate dialogue between the two sub-groups, i.e., perhaps a discussion panel with both groups facing-off.

HIV? Focus Groups -

General:

- **Many fear that being positive will change their life.**
  "I'm scared my whole life would change if I were positive."
  "Doesn't want to know because it would change his life,...could be suicidal."
- **Almost all expressed strong negative feelings of what it is to be HIV+.**
  "If I were HIV positive, I wouldn't have sex."
- **Many stigmatize being HIV+ , much like society once did leprosy.**
  "If infected, I would probably 'hermitize' myself."
- **We constantly heard the words, "I don't want to,...".**
  "I don't want to wait two weeks for results."
  "I don't want to do it, because it would change your life."
  "I don't want to get emotional if positive, and then it would have physical effects."
  "I don't want to tell people."
  "I don't want to die."
  "I don't want to think about it."
- **Several expressed fear and sounded scared.**
  "I pray everyday that I'm not infected."
  "I worry about it a lot, not constantly, but never forget."
  "It's not gonna happen to me. Then reality hits, like going to war. Am I gonna make it?"
- **Many sounded apathetic or like they'd already given-up.**
  "I thought about HIV, but I'm gonna die anyway."
  "Several friends have passed away, but I'm not worried about it. If it happens, it happens."
- **Definitely more closeted then other groups.**
- **A few mentioned their families and coming-out concerns.**
  "My family doesn't know I'm gay. I don't know what I'd do if I had a positive test report."
  "I'm just coming out and don't want to deal with HIV or think about getting tested."

Sex:

- **Many said they were more cautious sexually.**
  "Only go to one bar, JOQ's, and then to drink, that's it."
  "I keep with same people for sex, . . .trusts them to prevent from getting infected."
- **Several described interviewing partners to decide whether to have safer sex.**
  "What you find out about status (HIV) help[s you decide how safe of sex to have."
  "Depends on how attractive they are."

"Depends on status - what sexual activities you have."

- **Many feel they have a choice whether to have safer sex or not, based on what they found out from or their perception of their partner.**
- **Some alluded to having risky behavior and knowing it, but others talked about it like it was totally safe. They sounded like they thought they were making informed decisions, but based many of them on looks and attraction.**
- **A few declared they were always safe.**

"I don't want to die of something that could easily be prevented."

"Shocked that 'responsible people' would be willing to do unsafe things,...gonna be safe regardless - a negative status is not guaranteed."

- **Bisexual men are not having safer sex with their women partners (not out to them).**

"Sex with a woman is different."

"I get embarrassed to initiate safer sex with a woman."

"I'm not as concerned with a woman,... not really thinking about it until afterwards."

"They'd think I was positive or they'd think I thought they were."

- **Some felt they didn't have enough information about safer sex.**
- **Several are not feeling assured by safer sex techniques.**

"I'm scared because the info is changing. Do you ejaculate or not?"

"Trust the use of a condom or not - I worry about it a lot."

- **Many felt young men, 20's, aren't having safer sex.**

"It's ok to have sex within the group of same young men."

<u>Testing:</u>

- **Lot's of unchallenged fear around getting tested.**

"I had gotten a call from Multnomah County saying that someone I had been with was positive. I was scared they called me."

"Went out of town (Seattle) to get tested - wanted to be by myself, very scary."

- **Many think they should get tested, but still haven't.**

" I have to convince myself I'm HIV+ to get tested."

- **Several expressed fear and worry at two-week waiting period.**

"I thought I almost had it when I finally went in."

"Don't want to wait two weeks, muster up the energy to call, go and then go back?"

- **Some said insurance was an issue in not testing.**

" Doctor said not to get tested because of life insurance hindrance."

- **Several reasons were given not to test:**

"Don't know where to go."

"I feel like I should get tested, but it's a hassle."

"If you know you're positive your life should change."

"Too political to test."

"Gay publications suggested not testing, but now it's suggested to test."

"I'm 99% sure I'm negative - if I'm positive I don't have support."
"Too busy to test."
"My parents don't know I'm gay. If I tested positive my parents would find out."

- Several seem misinformed about testing and are concerned about confidentiality.
- Many lack knowledge of new treatments, only fear about AZT.
"I couldn't handle it if I got sick."
- Not too many of their friends have tested.
"Only one friend was surprised I hadn't tested."
- A big fear of abandonment by friends if they test positive.
"People might give up on you if you were positive."
- Some believe Multnomah County test site isn't too good.
"With dirty little kids running around I don't want to say I'm here for an AIDS test."
"I was refused a HIV test at the county when I was there for hepatitis."
- Most felt CAP would be a good place to get tested.
- Some said they had support to get tested, but "blew it off". Others felt it would feel good to be supported.
- A few expressed doubt at the results they might be given.
"Are they giving you the real results?"
"The government is in on this."

<u>Gay Community:</u>

- Most men voiced a limited sense of community in Portland (of all the groups these felt the most disconnected).
"There are two kinds of community in Portland, mainstream gays- go to the bars, and straight gays - stay home "married" with careers."
"There needs to be more then the bars."
"Non-mainstream gays may not want to mix with mainstream gays."
"I feel guilty about the lack of community, but don't want to be identified as gay. I'm worried about loosing job."
"The community is spread out all over Portland."
"Feel safe on Stark Street, but labels you as gay."
- Several men felt the recent battle with the OCA was significant.
"The OCA forced community to be on the defensive."
"OCA situation makes you more vulnerable."
"The OCA stereotyped gays, put evil thoughts, not true thoughts into the minds of others."
"Proud of the gay community in Portland, ... we put them down and gave a positive impression."
"Safer downtown."

- Many HIV? men see a strong relationship between the political situation last fall, coming out and dealing with HIV.

"The health crisis and the OCA - it's like coming out of the closet to everyone."

"(An empowered gay community means,) more people come out of the closet."

"Make them see this is worse then the OCA - this can wipe you out."

"It's ok to talk about the OCA. If everyone could talk about HIV in the same way it would be great."

- Many men are only 'out' when in the bars.

"Gay people here are pigeon-holed into bars."

- They don't feel relaxed in their own community.
- Many felt positive about the support of the straight community against the OCA.
- The HIV? group seems to identify with the straight community much stronger then the other two segments.
-

HIV? don't talk about HIV much and aren't comfortable when they do.

- They want to talk about it, but feel there needs to be more public messages.
- One said an info phone # they could call would be good.
- Many wanted more advertising, clearer messages, lots of information.
- These groups seemed much more pessimistic and apathetic then the other two.
- Major denial and fear.

<u>What is the next step?</u>

To brainstorm hypothesizes and intervention ideas with input groups on the project and develop objectives and plan for second round of Focus Groups.

Executive Summary
Phase Two Focus Groups
CAMP Project

Overall objectives of these groups were to try to understand 1) what gay/bi men like to do, 2) what kinds of things are important to them, 3) where they are currently getting their AIDS information and 4) what kinds of AIDS prevention programs would they pay attention to.

- All groups felt mixed HIV status at events, workshops etc., was important

- Most men felt an overall theme of solidarity, brotherhood, care for each other was better than an aggressive, individually focused approach

- Nobody had a role model in the Portland gay community

- Ideal role model is someone who is confident, open, out and "real"

- Most get their information from gay papers and the Oregonian

- Most spend time with their gay friends

- Many feel gay bars are only place to get a date, but don't really like going

- Get the feeling many are bored with AIDS information. Want specific information and fun.

Note: Having these groups be mixed HIV status was an intervention in itself. As soon as HIV+ person(s) disclosed status the other group members opened up. They were supportive, curious, genuine, and bonded by the process. Quite remarkable

Looks

Community groups ages 18-50

Things they like to do?:

- work on hobbies at home
- stay at home with partner
- work on house (repairs, remodeling, gardening)
- watch TV, read
- dinners at friend's homes, small social gatherings in their homes
- meetings of organizations they are involved with (ACTUP,
- Dancing (country western)
- movies
- out door activities, baseball, hiking, running, camping, go to junk sales
- go to coast
- church or spiritual equivalent
- clubs and bars, live music occasionally (many felt bars were "old news")
- go to HIV day center

Comments:

Most spend time with gay friends. Straight friends, mostly women, who will go to gay bars and clubs with gay men. Participants rarely go to straight places with straight friends, unless to listen to a specific band or something.

Some said they do not focus their social events on gay themes.
Many stop going to bars when get a lover

Talk about?:

- who is cute
- gossip, about who is HIV positive or who is sleeping around with who
- spirituality
- HIV If have AIDS can talk about health status and can talk to other friends who are symptomatic about health status. Do not feel comfortable talking about slips. Some talk about HIV status to close friends. Friends easier to talk to than family.
- politics, health issues, CNN
- TV programs and how they may relate to persons own life

Role Models?

- Long term survivors

- gay man who is open, confident, out, honest, positive mental outlook.
- Larry Kramer, Donna Redwing (a political mentor),
- spiritual leader
- Friends who have gotten sick and many who have died, how they handled their illness
- Liz Taylor, Michael Jackson, Magic Johnson

Where get info?

- most read gay rags
- most read Oregonian and watch TV news
- friends
- Positive Connection (could have more)
- Doctor
- Project Inform

For the most part they trust the information they are getting.

Comments:
Some feel information is repetitive

What would you respond to in terms of AIDS Prevention?

- New treatment methods. People need to know they have options
- Materials written in language an understand, clear and explicit.
- Community oriented inclusive campaign message better than aggressive in your face type message
- spread the word that support is available
- destigmatize condom use
- message that we need to care for our positive people
- house parties
- free beer
- gays in the park
- AIDS is hard to sell because most people feel they know all there is to know, need to frame it in something that applies to them (i.e.,need a date?).

Bar groups ages 18-50

Things they like to do?:

- out door stuff: camping, basket ball, softball, tennis, hiking
- indoor stuff: pool, cards, bowling, dancing, gym
- bars, gay clubs
- movies
- visit friends

Talk about?:

- sports
- gossip- who is HIV+
- nothing indepth in gay bar
- what movies are playing
- do not talk about emotional stuff (maybe with good friend)
- work
- talk about whatever doing at the moment
- where to meet someone
- talk about safer sex in joking way. If someone is "trolling" will give them a condom and crack a joke. Try to keep it light hearted.
- will talk to lover or close friend about testing or HIV, but it is minimal and most not comfortable.

Role Models?

- Thomas Edison (was he gay?)
- Magic Johnson because he came out about his status
- Those who have battled AIDS and who do not feel sorry for themselves, never gave up, fighters.
- Common qualities in role models:
honesty, people who do what they say, selfless, positive attitude, content with self, out, willing to fight for community, out about HIV status, supportive, non judgmental, open
- people who volunteer time and enjoy what they do and draw others into it.
- spiritual leader

Comments:
No one had a role model in the Portland gay community
Kinds of people they notice are: **good looking**, confident, outgoing, stable, sense of humor and drunk people making fools of themselves

Where get info?

- gay papers
- Oregonian
- Time magazine
- friends
- bulletin boards in gay bars
- doctors

Comments:
Most trust information they are getting

What would you respond to in terms of AIDS Prevention?

- things that take the least amount of effort
- Ads in the Oregonian
- Speaker meetings/forums- where people with HIV talk first hand about
- their experiences
- basic knowledge is old had
- cable TV
- brochures in bar
- telephone
- Bar kits more often
- aggressive ad campaign focused on individual
- visually stimulating ads
- issue specific meetings/forums
- support groups/opportunity to learn from peers who have been through this
- social events-tea dance
- Needs to be festive, "don't beat us over the head with the reality of AIDS"
- Focus should be on safer sex--"friends don't let friends have unsafe sex"

Comment:
One group felt an aggressive ad campaign focused on the individual would be best. They feel that people are self focused and just trying to survive day to day. Need something harsh to get their attention. No other group felt this way.

Young gay men (18-30) Bar and Community

Things they like to do?:

- work out
- movies
- window shop
- dancing, bars,
- organizations that they are affiliated with
- go to coast
- relax at home

Comment: Most feel only place to meet other gay men is in gay bars.

- These groups more likely to socialize with straight friends but like the other groups, it is usually straight women going to gay bars with them.

- These groups less likely to talk about AIDS/HIV. When they do it is with an HIV positive person.

- Do talk about status to close friends, but still big fear of abandonment if HIV+.

- Feel HIV/AIDS is hard topic to bring up but once you do it is hard to stop talking about it.

- These groups equally as spiritual as other groups

- Characteristic for role models the same. No games, straight forward open, honest type people. Ideal is to have mainstream acceptance. Do not like being represented by stereotypical gay men "queening around".

- These groups put more emphasis on fun.

- Know fewer HIV+ people, prevention messages do not hit home for theses guys.

What would you respond to in terms of AIDS Prevention?

- showing a happy, healthy,HIV+ man
- house parties
- emphasize self love, solidarity, self awareness

- they would pay more attention to an HIV person than an educator
- encourage people to come out about status
- humor important
- work shops and forums
- community center
- a prom
- attract people with sex (erotic pictures) or possibility of getting a date
- volunteer

African - American Focus Group
June 3, 1993 7:00p - 9:00p

Facilitated by Cliff Jones
Eleven participants

Q. What is it like being an African-American Gay man?

- I live in a strictly Black environment and people don't accept it (being Black and gay).

- I live in a White neighborhood and I feel I hide it more (the fact he is gay).

- I live in a mixed neighborhood but we don't talk to each other.

- There is a different dynamic being Black and being gay - there isn't a whole lot of acceptance.

Q. Do you feel a part of the Black Community?

- I have a White friend who is more Black than I am.

- In the bar it's okay, outside the bar it's not okay.

- I would expect other Blacks to stand up for me, but only because I am Black.

- I have very few Black friends.

- There are a lot of levels of being gay, people don't advertise the fact that they are.

Q. Do you feel a part of the Gay Community?

- Most participants (9 out of 11) felt connected to the gay community.

- I have never been to a gay parade or whatever (gay specific events).

- I am bi, I like the gay bars, but there are not a lot of Black people.

- People shouldn't be singled out for one characteristic.

- " Are you part of the ..... community? " are very complicated questions, San Francisco has a more visible, cohesive Black Community.

- I feel okay with Black community and culture, but I feel more included in the gay community because there is more diversity.

Q. How do you relate to your family?

- Very well - all my relatives know I am gay, I invite my mother to my parties.

- I have only told people (family) who need to know.

- Everybody but my mother knew it; she tries but is always asking "Why? (are you gay) "What did I do?" etc.

- My mom accepts it but my dad is still pointing out girls for me to date, he wants me to have a family.

- My family is totally supportive, my mom was most supportive (she was president of P-FLAG).

- My mom told the preacher off about his remarks regarding gay people.

- Everyone was out to their families.

- My brother said it's okay for me to be gay - but I can't sleep with a White guy, my brother would beat him up.

Q. What is racism like in the gay community?

- It's hard for me to experience racism, my mom is White and my dad is Black.

- Racism is not as blatant.

- Because we are in the gay community it's better, they accept diversity.

- I've gotten more racism from Black people.

- A Black person will have more racism towards other Black people.

- It's everywhere - racism with an attitude.

- If your with someone else people will talk to you more.

- If you see a Black person with a White person (as a couple) there is always racism.

- I have never had such a problem with my identity as here in Portland, people ask if my mom/dad is white, why should it matter.

- I don't think that skin color matters as much as attitude.

- Some people would say to him "I don't go out with Black people - but your not that Black".

Q. What do you think and feel about safe sex?

- It's not safe <u>it's safer</u> sex--right on (from several people).

- If I meet someone and think I might want to do something then I don't drink too much (doesn't want to impair judgment).

- You can measure what kind of person they are, if they care they will practice safer sex.

Q. Are Black men protecting themselves?

- The response was 50 -50.

- It's easier to be safe if you have a lover.

- Some people want to go home and fuck and some people want to date.

- When I was younger the sexual thing was it.

- A lot of people don't want to get hurt - maybe they would not get hurt more if they dated first.

- Half of my friends are dead (I am 33 years old), I think that younger people are dating more.

- Now there is more emphasis on gays being human not just sexual objects.

Q. What do you consider safer?

- I have sex on occasion and I always use a condom. I prefer making love as opposed to wham/bam thank you man.

- Some people feel okay with sucking off.

- Do people use condoms during blow jobs--no!!!

- Some people think the only way you can have sex is going up on someone or to suck their cum - there are a multitude of other things to do.

- The whole big thing is sleeping with someone, and they won't call you back after you sleep with them on the first date.

- Maybe I wait three days before sleeping with someone - if you still like them on Monday then maybe.

- If I'm gonna have sex with somebody I ain't gonna wait three days.

Q. Where do you go to meet men for dating?

- The park -- just kidding.

- At home on my porch (he lives near an Oregon City High School).

- If I'm drunk I won't go home with anyone.

- I meet people through organizations/groups.

- Measure 9 was horrible but it was great for my sex life.

- Meet people who are walking around the street.

Q. Do you talk to people about HIV before sex?

- Some people think I'm gonna die anyway, so, who cares?

- Some say yes some say no.

- It's the hardest question to ask.

- People do talk about safer sex and HIV.

- I think the conversation is awkward in the beginning, but it makes the sex better because you feel better (weight lifted).

- If your hormones are raging you don't want to take time - but if that's the case you would like to think that the other person is concerned about you too.

- Regardless what anyone tells you, its up to you to be safer.

- If you believe you are having safer sex than you should protect yourself.

- "I'm gonna use a condom- you're gonna use a condom or it's not gonna happen."

Q. Are your friends practicing safer sex?

- Majority of people said no (8 of 11).

- I give condoms out to my friends.

- All my friends are practicing safer sex.

- I don't think all my friends are.

- After a friend dies you start thinking about safer sex.

Q. What's hard about practicing safer sex?

- It takes too long.

- Uncomfortable (the condoms are).

- Just the realization that you could die from it (sex).

- A lot of people take it personal (get offended) when you say use a condom.

- It's hard having lived in a time when it was a lot more spontaneous - it's hard to deal with grabbing a condom and using it.

- A lot of things can transpire when you stop to put a condom on.

- I had a man in my bed and when I asked him to use a condom he got up and left.

Q. How are couples dealing with the HIV/AIDS epidemic?

- We are waiting longer for sex. Going to test together.

- The waiting period for testing is hell.

- Lovers who have been together for a long time don't want to test because what if one is positive and one isn't - it's a hardship.

- I tested with my partner once.

- Even within couples you should still use condoms.

- I am into monogamy - four others agreed.

- If you found the perfect person why would you want to share him.

Q. What do you know about HIV and the AIDS epidemic?

- I used to be a caregiver, had to stop because I was breaking down.

- We stopped going to funerals - there are so many.

- You have to learn and study information for yourself.

- I learned about AIDS through school.

- Through pamphlets, magazines, stuff in clubs, special 1 hour TV. shows, gay press.

- Friends, support groups.

Q. Who are the people that Black men look up to?

- Peacock, Poison Waters, Rose Water (drag queens).

- Athletes i.e.. Magic Johnson.

- Some people might listen to religious people.

- Black gay men aren't recognizable (famous).

- There is no one else to speak up.

- Kathleen Sadat (Lesbian/Black).

- Some Black gay men out there could be role models but they don't want to come out.

Q. Where do you go to get your information?

- Multnomah County, CAP, Stark St.

- Support groups, go to the clinic, hear speakers talk.

- Several men had participated in the Portland Project.

- Years ago men were involved with Phoenix Rising.

- I didn't even know CAP existed.

- I like the interaction with people at the educational events I have been to.

- People who have AIDS like to pass the knowledge on to you (and others).

Q. What do you thing the barriers are for reaching Black gay men?

- The lack of acceptance by the Black Community.

- Men don't want to label themselves as bisexual, they are not "gay" so they can't get HIV.

- Pride in the Black Community, it's hard to reach people because they aren't open.

- If we had more support groups (like this) where we could talk openly (men feel isolated).

- Materials are not as available in the community (i.e.. NE Portland) they can pick up brochures, put them in their pocket, and read at home.

- Men don't want to come out.

- Networking would be good - friends bringing friends.

- Emphasis on sex for both straight and gay men, having safer sex is less masculine.

- Homosexuality is not looked upon well, so it gets overlooked - Homophobia (misrepresentation about gays in general).

- Limited information, lack of resources.

- I would like to see groups like this - have it be a fun event, social, put humor into it, make it enjoyable, theatrical.

- Target a more general community, to reach men who have sex with men.

Q. What are good ways to reach Black men with HIV issues?

- Target specifically Black men - only target our culture, media, gay papers, say "Black Men" specifically.

- Go to areas where a lot of Black men are (NE Portland).

- Target the whole Black Community - gay men and men who have sex with men will find the information.

- BET Black Entertainment TV.

- Billboards with phone #'s. Get the Blazers involved - have them say bisexual, gay, and straight men protect yourself.

Q. Would you like to participate in a Home Party?

- 10 men said yes they would like to participate in some way.

American - Indian Focus Group
April 6, 1993 7:00p-9:00p

Facilitated by Jay LaPlante
Four participants

Q. What is it like to be an American-Indian Gay man?

- Sometimes he sees himself as "gay" or as "native". In the reservation community he felt protected - outside of home he feels separated from gay/bi population and being native separates him more.

- Grew up with heavy prejudice - was the only minority in school - "had to be better than" at school (baseball, grades etc.) to dispel the drunken Indian image.

- Felt prejudice from his own people too.

- Was married for a long time - to come out he started using drugs/alcohol.

- He was "raised with lots of confidence" he feels more prejudice in the gay community because he is not the blonde boy next door. "It doesn't matter what anyone thinks of me, it's what I think of myself." He has never been more happy than where he is now.

- Confusing from the beginning, he never lived on the reservation, and was the only colored person in the private school (a Catholic grade school). Then went to an all Indian school, and he felt like a white person, because of his mannerisms, politeness, outgoingness.

- Being gay was always wrong according to his family, he was tired of feeling wrong for who he was.

- Now he is living the way he wants to live (after coming out) open to his family (even Aunts and Uncles).

- He attended a variety of schools - Indian and public, after his father passed away the family moved onto the reservation.

- He feels there are no boundaries around being gay and Indian.

- His friends (white and African-American) are discriminated against for being gay - but he is an Indian so some people think he "can't be gay".

- One man has lots of gay Indian friends and relatives on the reservation.

- "Homophobia is not in their (the Indian) nature, but they learn it."

- Homosexuality and Bisexuality is more tolerated on the reservation but you don't talk about it.

- He has been hit on by "straight" married men.

Two of the group had been married to women.

Q. How important is the Indian part of you?

- Very important in his life he feels strong ties to his grandmother's family.

-He was told "you can pass for being white" and suggested he should do it.

- Got into alcohol and drugs as a way to cover what was going on in his life.

- He was always wanting to dance - listening to the drum was very important.

- He was shamed out of being Indian.

- Long hair is very important -- it symbolic.

- He got the strength to grow hair from a Native-American gay outstanding role-model.

- To him Indian means empowerment -- freedom.

- Feels better with long hair out of his ponytail.

- He is often mistaken for being Mexican, "I try to let people know there are Indians who do like to work and do something with themselves".

- He tries to be good to everyone - and when you need a friend or help the others may be there for him.

- Always wants to sit with his elders to learn.

- Being Native-American is a priority, even before his white name.

- He doesn't like to be hired because he is a minority like they are filling a quota.

- He has a strong Indian heritage with his mom, his grandmother was a medicine woman.

- He was taught to help people, to be good to people.

- "We live in a circle, no one goes out, no one comes in, we must live together."

Q. What about the gay community in Portland.

- He had never been around the gay community in Portland, he only sees people in bars, he would like to see a community. No on 9 was the only time he has seen the community.

- Most of his friends are gay Asians or Hispanics.

- Since October (when he moved here) he has seen no real community, the main community is up and down Stark St.

- At the PAL training he was accepted and felt welcome.

- The gay bowling league is his first venture outside of Stark St. with the gay community - but it was not really a community event - mainly social.

- He used to go to the bars once or twice a month to get laid or dance, now he is with a lover and they don't go to the bars.

- "A community is supposed to embrace you."

- He saw a lot of negative stuff in the bars.

- He likes the Indian community, the pow-wows.

- When in recovery he decided to go to gay/lesbian events. He felt a closeness with the community when he was performing (dancing), he felt he was giving back to the community.

- More of his friends are dying.

- He encourages education of the gay/lesbian youth.

- He has walked in the Gay Pride Parade.

Q. HIV/AIDS - how is it effecting us? What is important for CAP to focus on?

- He doesn't know how many of the Indian population is effected.

- "Ignorance is the worst enemy."

- "I know I have to have safe sex, but I know it can't happen to me."

- You think you are exempt.

- Once his friends got sick - he learned it can happen to you.

- He feels fortunate to work with HIV/Indian community.

- Total inhalation can happen to the Native-Americans (through HIV).

- The first Native-American he knew who died of AIDS was in 1983, it really hit home. Another Native-American friend of his is HIV +.

- "What a tragedy that two men who love each other have that element of death in their lives."

- Will my HIV - status, and my HIV + friends hold on until there is a cure.

- When he lost another friend he thought, " I should have been there more for that person."

- Education of AIDS is bad on the reservation. If one member of a family has AIDS the people shun the whole family.

- People have a fear of being cast out by admitting their HIV + status.

- He feels like AIDS education is put on the shelf, they should concentrate on the reservations near the cities. The closer the reservation is to the city the easier it will be to educate.

- If it's not in your face...

- If it doesn't include your family, "your tree", you close it out.

- Young Indians are taught to listen, especially to the elders, but the elders have not experienced AIDS, the youth need to speak-up a bit.

Q. What about safer sex?

- Mostly worried about finding an Indian woman to keep "red blood" going-not worried about safe sex.

- Never talked about sex for 21 years (his youth).

- The Blackfeet people feel free to talk about sex with women. With men it's usually in a joking manor, but sometimes it is serious talk about safer sex.

- He thinks it is important to talk to families about safe sex.

- Some men think that white men are like a new toy - they want to try it out after leaving the reservation.

- It's okay to talk about sex - but they don't talk about "safe" sex because they may not be practicing.

- The new generation is being safer.

Q. What kind of education strategy would you suggest?

- Educate the kids to get to the adults.

- Problems about AIDS spreading is the alcohol/drugs affecting decision-making.

- Maybe he could reach people through the reservation newsletter.

- Start out with the youth - my kids taught me it's okay to talk about HIV/AIDS.

- Talking about sex is a big thing let alone talking about a disease that kills.

- A gay/bisexual male is easier to get through to (communicate with).

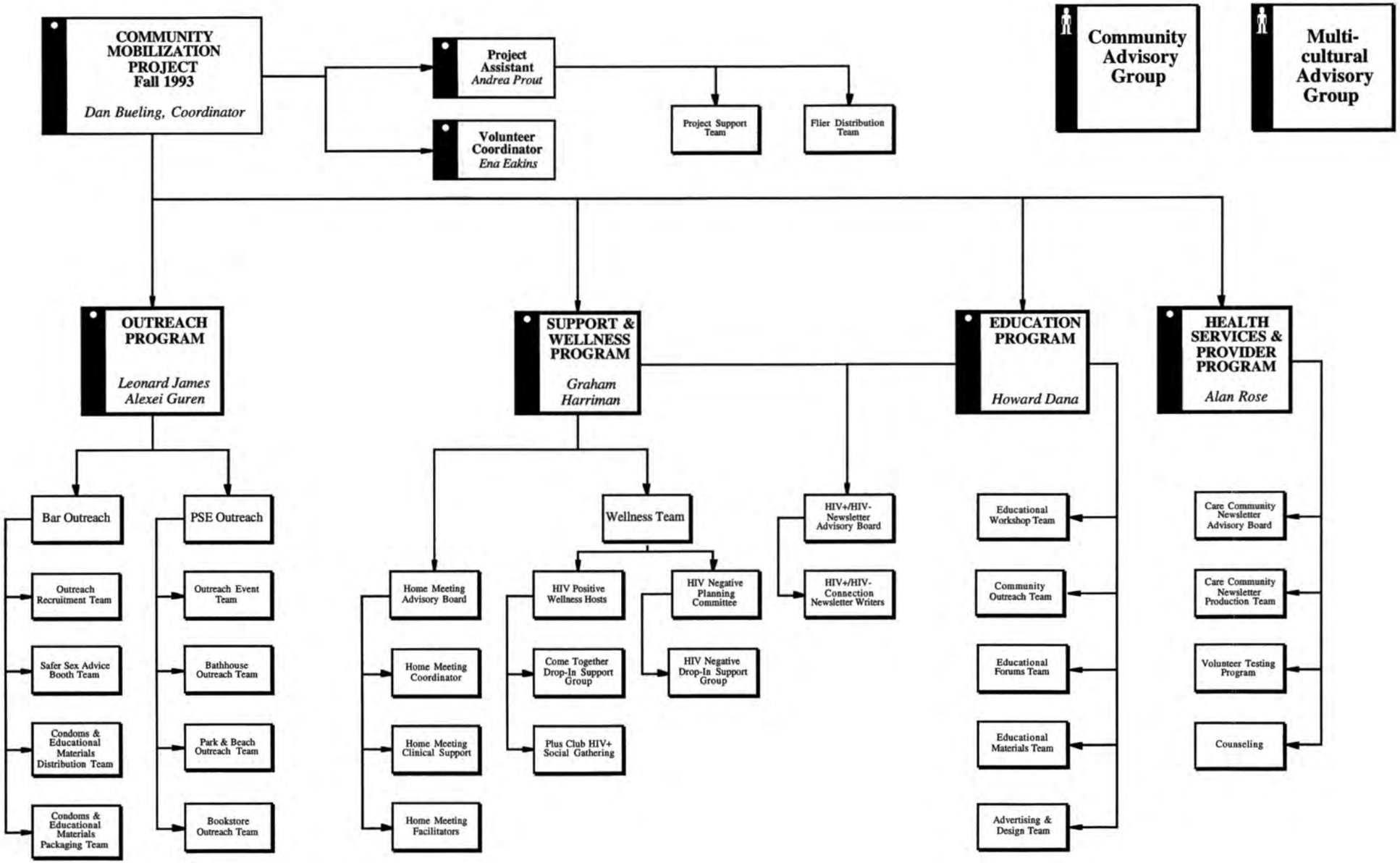
- Gayness on the reservation was a secret.

- Use someone who is Indian - plays an important part, someone I could relate to.

- Work with Indian groups, Indian Health Service.

- Give out the facts, how fast is this spreading, statistics on Native-Americans.

The group is going to try to meet again outside of CAP to deal with some of these issues on their own.


COMMUNITY MOBILIZATION PROJECT Fall 1993
Dan Bueling, Coordinator
Project Assistant
Andrea Prout
Volunteer Coordinator
Ena Eakins
Project Support Team
Flier Distribution Team
Community Advisory Group
Multi-cultural Advisory Group
OUTREACH PROGRAM
Leonard James
Alexei Guren
SUPPORT & WELLNESS PROGRAM
Graham Harriman
EDUCATION PROGRAM
Howard Dana
HEALTH SERVICES & PROVIDER PROGRAM
Alan Rose
Bar Outreach
Outreach Recruitment Team
Safer Sex Advice Booth Team
Condoms & Educational Materials Distribution Team
Condoms & Educational Materials Packaging Team
PSE Outreach
Outreach Event Team
Bathhouse Outreach Team
Park & Beach Outreach Team
Bookstore Outreach Team
Wellness Team
Home Meeting Advisory Board
Home Meeting Coordinator
Home Meeting Clinical Support
Home Meeting Facilitators
HIV Positive Wellness Hosts
Come Together Drop-In Support Group
Plus Club HIV+ Social Gathering
HIV Negative Planning Committee
HIV Negative Drop-In Support Group
HIV+/HIV- Newsletter Advisory Board
HIV+/HIV- Connection Newsletter Writers
Educational Workshop Team
Community Outreach Team
Educational Forums Team
Educational Materials Team
Advertising & Design Team
Care Community Newsletter Advisory Board
Care Community Newsletter Production Team
Volunteer Testing Program
Counseling

Main ideas from the focus groups

Stigma

We found stigma to be a common and salient theme that emerged from the focus groups in many different ways.
• the stigma of being HIV positive in a community where one's HIV status is not talked about openly
• the stigma of being gay
• stigma is within the "gay community"
• stigma is felt by bicultural gay men who do not feel included or a part of the majority culture of the gay community

Communication

Much of the stigma within the gay/bi community is sustained by the limited channel of communication.
• there is a fear among HIV - men of saying the wrong thing to an HIV + man
• there is a desire by most men to increase levels of communication about HIV
• HIV - men want to learn from HIV + men in the community how they can be supportive
• men communicate about safer sex with their friends in a joking way - The joke is a subtle reminder that they care and that they are paying attention to their buddy's behavior. Even though it is a joke, they feel it brings it into their awareness.
• most, particularly the more fragmented members of the community, do not talk about safer sex at all
• most who talked about getting tested, talked to a good friend or lover about it, however, it seemed like the majority did not feel comfortable talking about testing or HIV status

Fragmentation

Much of the fragmentation felt and observed in the gay community is reinforced by limited communication networks and a low tolerance for diversity within the gay community.
• no strong sense of gay community from any one group
• bicultural men and men of unknown HIV status were least connected to the gay community
• limited communication drives fragmentation because without direct communication, imaginations (i.e.., gossip) run wild
• closet issues and diversity within the gay community contribute to fragmentation
• limited opportunity for gay men to gather as a group outside of bars contributes
• those who belongs to gay organizations socialize primarily with others in the same organizations

July 8, 1993

TO: Advisory Committees

FROM: Rafael

RE: Concerns of Gay Men of Color in Portland

Nature of Evidence: two meetings with advisory committee
two focus groups with Latinos
informal conversations/contacts

Questions Explored:
what is it like to be a gay man of color in Portland?
are gay men of color integrated to the gay community?
how are gay men of color facing the AIDS epidemic?
what are potential effective interventions with this population?

General situation of gay men of color in Portland

-more connected to and identified with their respective ethnic communities through jobs, families, political involvement and straight friends than participant members of the mainstream gay community.

-because of strong homophobia in their ethnic communities, there are a lot of very serious closet/coming out issues.

-gay men of color are isolated from one another, sometimes recognizing one another only by looks in gay bars.

-not formally nor informally organized, no connecting systems, no recognized networks. Some minimal organization does exist, but organizing attempts have been difficult and frustrating.

Relation to mainstream gay community

-gay men of color don't see themselves as part of a larger gay community...even those who have actively participated talk about the gay community as "them"

-a lot of unprotected sex, even with high knowledge about transmission and prevention.

-why so much unprotected sex?:
lack of communication: shyness & sexual discomfort
alcohol/drugs
bisexuality, closet issues
sex=escape from difficulties of daily life of poverty
more pressing issues
shame; if you "get lucky" at a bar, you don't want to risk spoiling it!
burnout, too many losses, fatalism

-fear that HIV+ will bring even more discrimination, so not talking about it, a lot of denial, fear of knowing status.

-issues of dependency and lack of self-determination; for example, Native American men who are accustomed to have problems solved by federal government and have quick access to health care. "These men don't have a sense of control over their own lives."

Potential Effective Interventions

-in their own communities, minority organizations target "Men who have sex with men" (the so-called bisexuals), and that information doesn't reach gay men; there is a need for targeting issues of gay-identified men of color. When they do get gay information about AIDS, it is targeted to the mainstream White community and, therefore, usually not relevant.

-information presented face-to-face, within the context of interpersonal relations are seen as most effective....media campaigns are seen effective only as reinforcers of those personal encounters.

-need to confront homophobia in own community and racism in gay community...educate both communities that we are here!

-opportunities to talk.

-interventions that capitalize on our values, e.g., mother-son relations in African-Americans and Latinos or the values of ancestors in Native Americans.

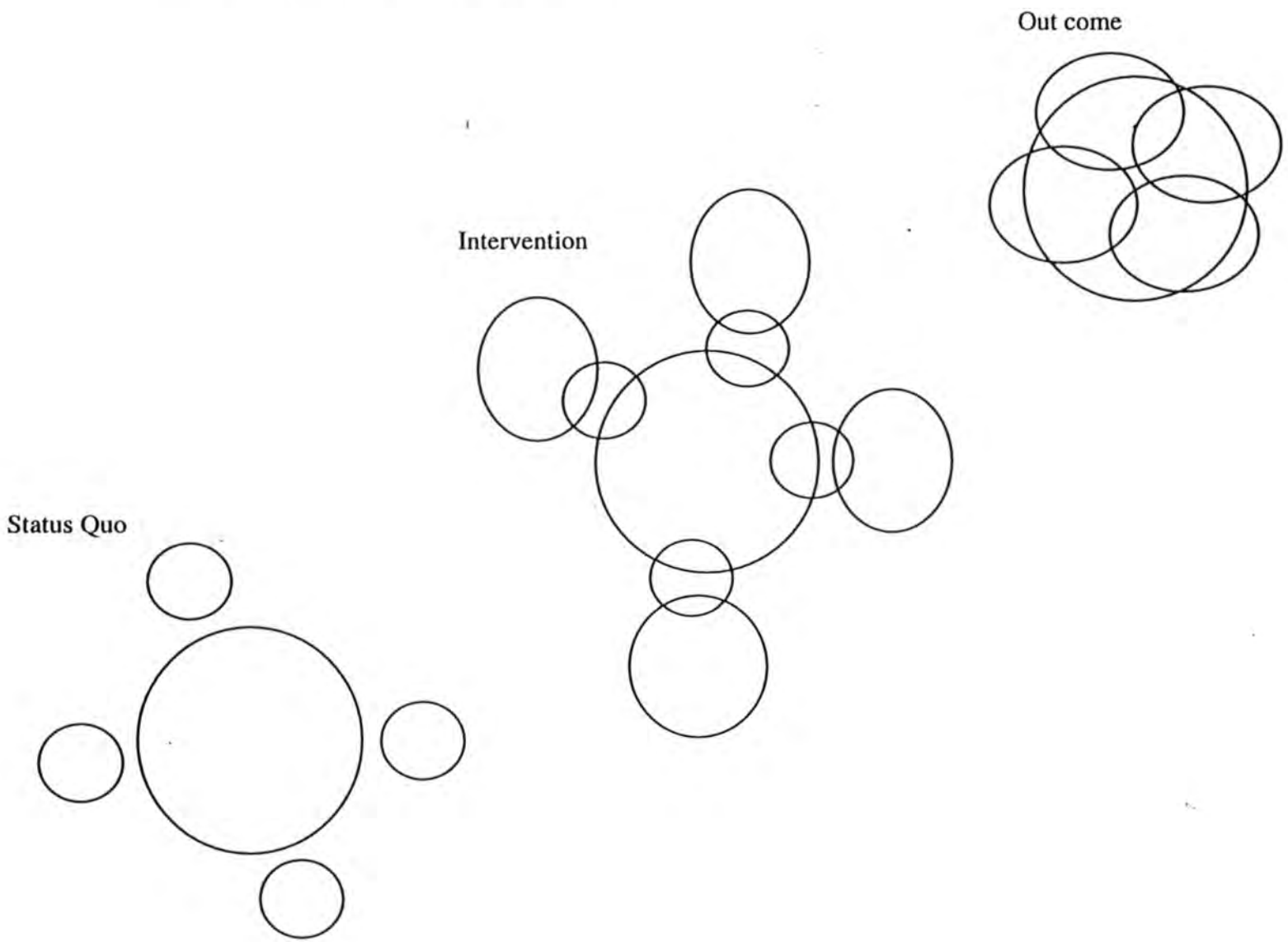
-safe sex workshops in the context of groups seem promising but opening up in groups and workshops is major obstacle, "they can't expect people to trust and open up in one encounter"; forced communication and role play with strangers will not work; some slower pace to warm up, build trust, develop personal bonds, are needed for these kinds of interventions.

+Diffuse the message by creating places of gay-community and gay activities that are not bars, and where there is clear visibility of gay men of color.

+In diffusion materials or media campaigns, re-interpret the gay rainbow symbol in terms of appreciation of diversity within the gay community, including men of color as people who have something very special to offer to the rest of the community.

+change the Minority Advisory Committee into a Gay Men (or target-population) Advisory Committee by adding two White gay men to the group. In order to be part of the advisory committee, men should be active members or leaders of the organizations mentioned above -- this is already the case in most. The committee would thus become a central point of diffusion in a well-integrated group of gay activists of different ethnic groups, including whites.

Multicultural Approach to Diffusion



CAP/CAPS INTERVENTION PROGRAM PRESENTATION

REPORT: HEALTH & SERVICE PROVIDERS NETWORK

PROCESS

(1) Networking - inviting people's perspectives on the Portland HIV community; providing general overview of project; inviting ideas, input, questions, concerns

(2) Utilizing existing networks -

HIV Case Managers Network
Coalition for AIDS Education
R & E Group
Oregon Psychiatric Association (AIDS Comm)
Private/Public Mental Health Professionals
Ethnic communities (OMAC, OHAP, Indian Health Board, American Indian Association of Portland, Asian community, Deaf Community)
Gay & Lesbian religious community - a ready-made community structure for house parties, disseminating information, etc.
Others yet to be identified

GOALS

Overall Goal: To exert greater influence upon the program's target population through the Health & Service Providers community (For some men, the health care providers will be their primary intervention, not secondary.)

(1) Increased Communication

Examples:

(a) Develop a monthly newsletter for the HIV Health & Service Provider community (multidisciplinary); becoming a Community Bulletin Board, includes articles, announcements, updates on the CAP/CAPS program, upcoming intervention events, staff changes in the community, new research developments, resources, forums and workshop events

(b) Develop a comprehensive, compact "easy guide" to HIV-AIDS resources and organizations in the Portland metro area

Categories of interventions

Events - our own new events, collaboration with existing events sponsored by CAP and other agencies.

Workshops - possibly three graded type of workshops, where you go to one and have the option of graduating to the next. Short in length, topics will come from home groups and volunteers. Highly publicized an recruited for using referrals from other CAP and community programs and outreach.

Support groups - variety of supportive, ongoing groups perhaps some open groups and some closed groups with a various focuses, (newly tested, HIV +, HIV -, care givers etc.).

Forums and meetings - topic focused forums with invited experts in specific areas for members of the community. Meetings and forums for health providers in the community for training and exchange of information about utilization and opportunities for collaboration. Data presentations.

Home parties - social gatherings hosted by individuals in their homes for something fun and educational. This one time only party could be a erotic safer sex type party, a rubberware party, etc., where CAP volunteers come in and do their thing but it is fun and humorous.

Stop AIDS type home model - one time only gathering of gay/bi men in the community to talk about their community and the problems confronting them all. Mixed groups hosted by people in the community and facilitated by a CAP volunteer. These groups (and emergent themes) will feed into workshops, support groups and other prevention programs in addition to getting other men to host one in their home.

Bar Zaps - groups of men, in thematic dress/drag, go to bars or big events and hand out kits that usually consist of; condoms, lube, something informational, and perhaps a voucher or invitation to another program we are offering etc. Idea is to have some fun, make a big scene and leave.

Bath house and park outreach - outreach and zaps to public sex environments where we give out kits and maybe vouchers or invitations to some other program that we are doing. **Peer component** when someone goes and hangs out at one the places and talks to folks about being safe.

Advertising - posters, brochures, flyers, print media, t-shirts, buttons, all will have our message.

Education materials - brochures, small inserts to anything we can think of, provide info to a 1-800 info number, build training workshop manuals, review materials from other AIDS agencies that could be used in Portland.

Categories of interventions

Events - our own new events, collaboration with existing events sponsored by CAP and other agencies.

Workshops - possibly three graded type of workshops, where you go to one and have the option of graduating to the next. Short in length, topics will come from home groups and volunteers. Highly publicized an recruited for using referrals from other CAP and community programs and outreach.

Support groups - variety of supportive, ongoing groups perhaps some open groups and some closed groups with a various focuses, (newly tested, HIV +, HIV -, care givers etc.).

Forums and meetings - topic focused forums with invited experts in specific areas for members of the community. Meetings and forums for health providers in the community for training and exchange of information about utilization and opportunities for collaboration. Data presentations.

Home parties - social gatherings hosted by individuals in their homes for something fun and educational. This one time only party could be a erotic safer sex type party, a rubberware party, etc., where CAP volunteers come in and do their thing but it is fun and humorous.

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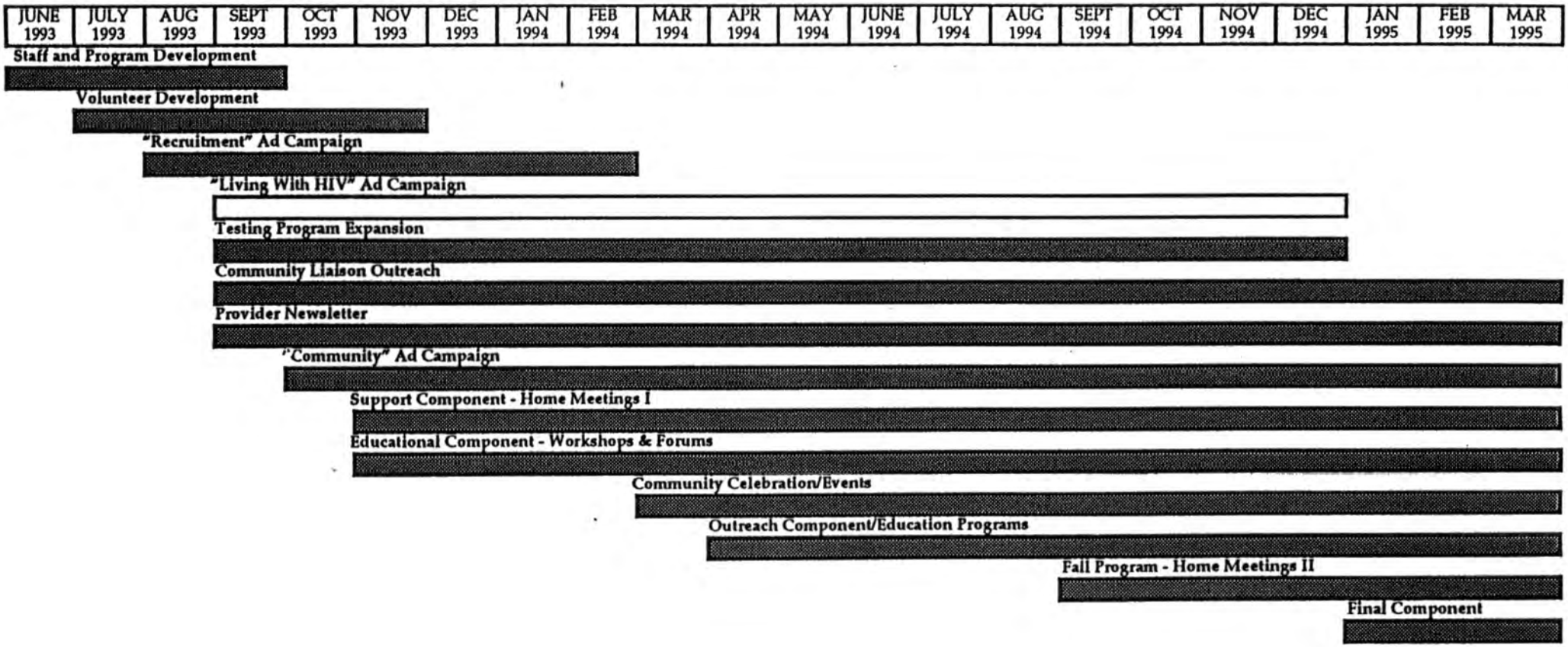
INTERVENTION TIMELINE



PROPOSED INTERVENTION DESIGN

Staff and Program Development - We will hire one final staff position for a total of 6.75FTE and begin transitioning into the new organizational structure of The Men's Prevention Program. At a 3-day program retreat we'll train staff in diffusion theory, volunteer management and community organization. We will develop the structure and curriculum for clinical, outreach and education programs; develop and produce advertising campaigns, ("Recruitment," "Community," and "Living With HIV Augment"), for outreach program; develop newsletter and continue networking for provider program, and develop educational materials for the entire program.

Volunteer Development - We will finalize the structure and design of a 3-tiered volunteer program; develop volunteer positions, job descriptions and trainings for entire program. Recruit lots of volunteers for clinical, education, outreach and provider teams. At 3-day "core volunteer retreat" train "volunteer program coordinators" in diffusion theory, volunteer management and community organization. Train facilitators of "Home Meetings" and educational workshops.

"Recruitment" Ad Campaign - We will run a different version of the ad monthly, beginning in August. The first version will recruit "core volunteers"; the next month "broader volunteers" to train as facilitators; the third month "Home Meeting Hosts"; the forth month and thereafter "Home Meeting Participants".

"Living With HIV" Ad Campaign - Burrough's Wellcome testing and early intervention campaign **may** be available for use in Portland beginning in August or September. The broadly targeted campaign would be augmented with "local role model" look-alike ads targeted at gay and bisexual men.

Testing Program Expansion - This volunteer-run testing program will be designed to meet the increased demand for community testing services caused by the "Living With HIV" campaign and the outreach efforts of the intervention. It will be coordinated by The Men's Prevention Program and will offer special testing hours, days and events targeting the gay and bisexual male community. The program would be done in collaboration with Multnomah County as part of its testing program and would rely on the State to process the tests.

Community Liaison Outreach - This program would utilize gay and bisexual community organizations, (The Gay Bowling League, The Metro Club, The Park Avenue Club, etc.), by recruiting representatives to act as liaisons with The Men's Prevention Program. These relationships would be used to communicate the intervention's offerings to the organization and its members and provide avenues of entrée for educational workshops, forums and outreach. Liaisons would be asked to attend a full volunteer training.

Provider Newsletter - This will be a locally produced, multi-disciplinary monthly newsletter for the provider community in the Portland metro area. The newsletter will be designed to enhance communication in the provider community and feature information useful to the treatment individuals with HIV/AIDS.

Fall Program/Home meetings II - Yet to be determined, we may redesign the original "Home Meeting" format to better meet the needs of the community at that point in time. Otherwise we will design an entirely new program suited to the community and its needs, those being unknown at this time.

Final Component - Again, this piece of the intervention is not developed, anticipating the need to wait and determine what will best suit the community at that time. However, we are planning for a large celebration event and for a program designed to "look to the future" that can be readily maintained by The Men's Prevention Program following the intervention official ending date, March of 1995.

Cascade AIDS Project
Men's Prevention Program
Prospectus for Home Meetings

Background:
Anecdotal data from focus groups conducted in the Spring of 1993 revealed that feelings of stigma, fragmentation and fatalism run rampant in the Portland gay/bisexual community. Data from the CAP/CAPS surveys[1] show that few men are comfortable talking to their peers about testing for HIV and safer sex issues nor are they comfortable talking about treatment options (both Allopathic and Complementary). We also found that men long for an opportunity to gather and talk about relevant issues but few could identify safe places to do so. We had to ask ourselves how we could expect to promote community wide behavior change using a diffusion model when our community was feeling so disjointed. Diffusion theory inherently assumes there are networks of communication. We realized we may need to build networks of communication in order to diffuse our message.

Plan:
The "home meeting," which will have a name and a logo, is our first attempt at confronting some of the psychological barriers to positive health behavior change in Portland's gay/bisexual community. The meetings will take place in someone's home, where the setting is comfortable and inviting to diverse participants ie., a safe place. They will be hosted by a member of the gay/bisexual community who will provide refreshments. One facilitator from CAP will run the meeting. Our home meetings will be discussion oriented and topics will be spontaneously proposed by participants thus, each meeting may take on a very different tone.

Goal:
Our goal is to give participants an opportunity to talk about some of the many challenges facing the gay/bisexual community ie., AIDS/HIV, OCA, homophobia, lack of government support, dating, dealing with men who have different HIV status than ones self, etc. We also want to provide an opportunity for men from different facets of the gay/bisexual community to gather together. In doing this we will begin to reduce the existing barrirers with in the community.

By encouraging dialogue we hope to desensitize the salient issues and give men an opportunity to hear and learn from their peers. This fosters feelings of cohesiveness and encourages community participation.

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[1] A collaborative project between Cascade AIDS Project and the Center for AIDS Prevention Studies focusing on Portland's gay male community using such tools as diffusion and community mobilization.

After discussing these issues at a "home meeting" the facilitator will inform participants about ways they can make change in their community. For those who wish to take an active role, there are many volunteer opportunities available namely, the Men's Prevention Program. If men feel they need additional support, we will inform them of support opportunities. We will also be able to refer to counseling, give vouchers for testing, support them in starting their own group or program. If some feel they need additional information we will direct them to the various workshops and informational forums in the community. We will give them concrete things they can do to cope, make change or educate themselves.

Each meeting will have a diffusion piece where the facilitator will talk about how they can encourage their friends and partners to participate, get tested, have safer sex or get linked to a health provider. So if this is the only thing that someone attends they will get our diffusion message and hopefully feel more comfortable about discussing these sensitive issues with their peers.

We hope to have at least 4000 gay/bisexual men attend our meetings.

Proposed meeting outline:
Meetings should be between two and two and a half hours long.

The facilitator will start with a generic opening, go over ground rules and give all participants an opportunity to introduce themselves and perhaps share why they decided to come.

The main body of the meetings which may need to get started by the facilitator will be a discussion format. Participants will be free to discuss community and personal issues. Flow and discussion topics will vary depending on who is present. In some ways this is a combination focus group/empowerment group.

(see attached outline)

Role of facilitator:
The facilitator needs to make sure the room is a safe place. He will need to control dominators and make sure discussions have momentum. If the group gets stuck, the facilitator will need to lead the group to another topic. He will also have to be able to sit back and allow the group to form unobtrusively. Leaders will be trained in both facilitation and interpersonal communication skills as well as many of the issues facing the gay community ie., safer sex, testing, treatment etc. He will support and direct participants.

Direct Benefits to participants:
Participants will benefit in many ways:
- They will have an opportunity to voice their concerns in a productive way.

- They will learn about ways they can make changes in their community and access services.
- They will receive and offer support to their peers.
- They will feel a deeper sense of belonging to their community.
- They will have an opportunity to meet other gay men.
- They will increase a sense of control over HIV issues

Timeline:
Home meetings will begin November 1, 1993. Meetings will start with groups of outreach volunteers from CAP so they can understand first hand what the experience is like and give facilitators a chance to work out quirks.

During the second week of November through the end of the month we hope to have 3 meetings per week. In December we hope to at the least maintain the 3 meetings per week and hopefully increase this to 5. Begining in January we hope to do 5+ meetings per week.