

CHAPP EVALUATION

Warm Line Strategy Options

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1. Introduction

In April 2015, the Project Management team at the Colorado Department of Public Health and Environment (CDPHE) asked the University of Colorado Denver/Center for Research Strategies (UCD/CRS) Evaluation Team to gather information to assess the viability of a warm line strategy.

For the purposes of this study, a warm line has been defined as a non-urgent phone-based service for those seeking prevention information related to HIV or sexually transmitted infections (STIs). This information source was envisioned as being particularly helpful for those who live in rural counties, although it would be available for all callers within Colorado.

To determine the feasibility of a warm line program, our information gathering focused on target populations deemed to be most at risk for exposure to HIV or STIs. These included men who have sex with men (MSM) and high risk youth.

2. Methods

Throughout the months of May and June, the UCD/CRS team collected data regarding warm line strategies from 196 individuals at locations throughout Colorado using varied methods. With the exception of one focus group held in Denver with Latino MSM, all other data collection efforts gathered information from residents of Colorado's rural communities.

- In all, 96 MSM were reached across Colorado. A total of 86 rural MSM completed an online survey distributed through ManREACH.¹ In addition, a focus group was held with 10 Latino MSM, of whom two-thirds were Spanish-speaking.
- We employed an intercept survey strategy at the Grand Junction Gay Pride Parade and obtained feedback from 77 men and women regarding warm line options.
- Finally, with the assistance of alternative schools and support programs, feedback was obtained from 23 at-risk youth. Focus groups were conducted with 15 youth in rural communities in Southern and Western Colorado (in Walsenburg and Montrose). An additional 8 youth from Rifle in the Northwest completed a survey related to warm line strategies.

Focus group recipients (both MSM and youth) received \$25 for their participation. For each response to the online survey distributed to rural MSM, a \$10 donation was made to the ManREACH organization. Youth from Rifle received \$10 apiece for their survey responses.

¹ For the purposes of this survey distribution, ManREACH limited its e-mail distribution to residents in Colorado's rural counties.

Table 1 below provides an overview of the various ways in which data were collected and the total number of respondents reached for each group.

Table 1: Overview of Data Collection Strategies and Respondents Reached

Group	Date	Location	#
MSM Data Collection			
MSM Online Survey	April 30 – May 18	Statewide Distribution through ManREACH to rural MSM	86
Latino MSM Focus Group (67% Spanish Speaking)	April 30	Sisters of Color United for Education (Denver)	10
Intercept Survey (Men and women, ages 15-55)	May 17	Grand Junction Gay Pride Parade and Festival	77
Youth At Risk Data Collection			
Youth Focus Group (Girls aged 14-19)	May 15	Walsenburg Youth Group	12
Youth Focus Group (Boys aged 15-17)	May 18	Montrose Youth facility	3
Youth Group Survey (Girls and Boys ages 11- 19)	June 16	Rifle Youth Group	8
TOTAL ALL PARTICIPANTS			196

3. Overall Agreement with the Warm Line Strategy

As shown in Table 2, a majority of those reached through all data collection strategies agreed that the warm line would be a useful resource for information related to HIV/STI prevention. This was true for both the MSM and at risk youth and was consistent across all data collection methods used. (See Table 2 for more detail on the specific responses recorded for each group.)

- Among the MSM group reached, almost all supported this strategy. Seventy-nine percent of rural MSM responding to the online survey either strongly agreed (46 %) or agreed (33%) that there are individuals in rural Colorado who would benefit from a warm line. Latino MSM believed that the phone line would be particularly useful for Spanish-speaking Latinos because they have less access to other sources of information
- Almost all (90%) of those reached via the intercept survey thought the warm line was a good idea and that people would use it.
- Among youth, there was equally strong support. The young girls reached in Walsenburg suggested that some teens might use the internet but that a warm line could provide useful information.
- The young boys from Montrose stated that they preferred accessing information from a phone line because they believed the internet was untrustworthy.

- Youth from Rifle responding to a survey were split with a third preferring a phone-line, a third preferring the internet and a third indicating they would use both sources of information.

Table 2: Overall Agreement with the Warm Line Strategy by Target Group

Source	Agreement with Warm Line Strategy
MSM Data Collection	
MSM Online Survey	<ul style="list-style-type: none"> • 79% either “agreed” or “strongly agreed” that people in rural Colorado would benefit from a warm line service.
Latino MSM Focus Group	<ul style="list-style-type: none"> • Most thought the phone line was a good idea and that they would use it. • Spanish-speaking Latinos are more likely to use the line than English-speaking Latinos because they have fewer people they can talk to about health issues and are less comfortable speaking in person about those issues. • Some of the terminology on the internet is too technical
Intercept Survey	<ul style="list-style-type: none"> • 90% thought a phone line was a good idea and that people would use it.
Youth At Risk Data Collection	
Youth- girls aged 14-19	<ul style="list-style-type: none"> • All were in support of a phone line, but the internet is another place to obtain information. They were all concerned about privacy and wanting their information seeking to be as anonymous as possible. • Can’t always get good information from the internet, so the phone line is good.
Youth- boys aged 15-17	<ul style="list-style-type: none"> • All three boys were strongly in favor of a phone line. They thought there would always be some youth who wouldn’t use it, but they liked the idea of having an anonymous line to call that would be staffed by trained professionals. • Depending on what they’re looking for, they may look on the internet first. • The internet is a source of information, but not always trustworthy.
Youth – girls and boys aged 11-19	<ul style="list-style-type: none"> • 75% thought that there should be a phone-based warm line for information about health, sexual health and where to get tested. The other 25% had no opinion.

4. Populations Most Likely to Use the Warm Line Strategy

MSM Warm Line Users

Each of the groups reached was asked who would benefit the most from having access to a warm line service. Seventy of the 86 respondents to the MSM online survey responded to an open—ended question “*please describe the individuals for whom such a warm line would be particularly useful.*” Responses fell into the following thematic categories. (See Appendix A for a full listing of the comments).

- All members of the community, particularly those at risk for HIV or STIs
- Those seeking anonymity, particularly rural gay men who are “closeted” and/or unwilling to talk openly about their questions
- Rural gay men who are geographically and/or socially isolated
- Those with no internet access
- Young people, particularly those who are LGBTQ

- Two respondents indicated that they believed the warm line would have limited use.

Similarly, respondents to the intercept survey agreed that the warm line would be beneficial for everyone, with particular usefulness for youth:

- A third (or 37 percent) believed the young people would benefit most from having access to a warm line
- One in five (or 23 percent) indicated that the warm line would be beneficial for everyone including those interested in being educated on these topics (12 percent) and those in crisis (10 percent).

When asked if they would personally use the warm line, over half indicated that they would not be likely to use the warm line because they were either well-informed (28%) or knew of other resources for this type of information (27%).

Teen Warm Line Users

Young participants from the focus groups agreed that the warm line would be a resource for teens because it would provide trusted information in an anonymous setting. Focus group participants warned however that not all teens are aware of the issues that should concern them.

Table 3: Youth Focus Group Responses regarding Potential Warm Line Users

Youth Focus Group	Responses
Youth- girls aged 14-19	<ul style="list-style-type: none"> • <i>It's (the) kind of thing you'd do if you don't want anybody to know.</i> • <i>Sometimes (teens are) not even worried about it until it's too late. They're not willing to call because they don't feel they need to; they could think it's a waste of time.</i>
Youth- boys aged 15-17	<ul style="list-style-type: none"> • <i>Once teenagers, not just teenagers, but anybody knows that there's an actual number out there, they're going to call. They're going to start using it more. More than asking their friend because their friend's not going to know. The friend isn't a trained person in that field.</i> • <i>It's more comfortable to talk to someone on the phone line than a parent about these issues. The phone line is anonymous.</i> • <i>Then there's people who are going to go (have sex) anyways. They end up learning later and thinking "oh, I should have called that (number)." Sooner or later they're going to start calling it [the line] and asking questions. They're going to learn from a mistake and think "I'm going to use this now."</i>

Confirming these focus group results, four out of five of the youth survey respondents reported that the teens most likely to use the warm line are those who are:

- Sexually active
- Youth who are not comfortable speaking to anyone to ask their questions
- Youth who do not want to ask someone they know for information
- Youth who think their parents check their phones to see who they called
- Youth who don't want to go see someone in person for a health concern and
- Youth who live far from a clinic.

5. Topics the Warm Line Should Address

Among the groups that were asked about the topics that the warm line should cover, most agreed that all topics would be of interest. Rural MSM in particular were interested in learning locations for HIV and STI testing that would be anonymous. They were also interested in being able to have their concerns about HIV/STI risk addressed and in getting information about how to stay safe. Youth expressed an interest in having a place where their concerns about HIV/STI risk could be addressed confidentially.

Table 4: Preferred Topics for a Warm Line

	MSM Online Survey N=86	Latino Focus Group N=10	Youth Survey N=8
Locations for HIV Testing	91.7%	X	50%
Locations for STI Testing	88.0%		
Concerns about HIV Risk	88.0%	X particularly if in crisis	83%
Concerns for STI Risk	84.0%		
How to stay safe from HIV	77.1%		66%
How to stay safe from STIs	74.7%		66%

Through their open ended responses, rural MSM offered a broader range of topics that could also be covered focusing on the location sites for testing and safe sex resources, addressing fears and providing counseling around an array of topics: (See Appendix B for a full listing of all suggestions.)

- *What do I do now (after the fact [exposure])? Fear*
- *Please consider topics such as dealing with fear and stigma and addressing real concerns about confidentiality and social rejection.*
- *Concerns regarding treatment availability and expense if testing indicates the individual is positive for some disease.*
- *Questions about how to come out to friends and family. We need more than just a place for information about HIV and STI.*
- *Perhaps even questions on basic sexuality and function.*
- *IDU exchange information.*
- *How to deal with partners who insist upon non safe interactions.*

6. Ways Residents of Rural Colorado Obtain Information

While feedback about the warm line concept was positive among the various respondents reached, both MSM and the youth pointed out that many rural residents rely on the internet as well as peer networks for information. Combining the warm line with an internet-based source of information may increase the reach for the HIV/STI prevention information that is being made available.

Table 5: Ways in which Rural Residents Obtain HIV/STI Information

Rural MSM Survey N=86	
Internet Search	93.8%
Peer Networks	61.7%
Service Providers	46.9%
Educational Pamphlets	37.0%

Youth in particular stressed that the internet is likely to be the first place that young people go to seek information.

- *Everyone uses the internet (Rifle survey response)*
- *Kids nowadays aren't just going to ask someone. They're going to look it up. (Montrose group)*
- *You can go to doctor's websites, women's websites. You can't totally trust the internet. (Montrose group)*
- *Privacy is an issue. If you're embarrassed, you may go to the internet, or a phone line because you don't have to see someone face to face. A lot of girls won't go to the women's clinic. (Walsenburg group)*

7. How should the Warm Line be Promoted?

Promotion of the warm line should include multiple types of messaging through a wide variety of media. Rural MSM suggested that the warm line be advertised through service providers as well as through social media and the internet. Youth in particular focused on advertising through a variety of social media formats (Apps, Instagram, hashtags, Googlelines) and also suggested there be a warm line Facebook page.

While MSM favored more traditional print media such as newsletters and newspapers, youth were more partial to television advertising and the use of information cards and flyers. Latino MSM suggested advertising through traditional Spanish-language outlets such as Spanish television and radio, stressing that there should be a strong awareness campaign in Spanish to promote the warm line.

- *Any and all ways that stand a reasonable chance of putting the information in front of the individual who desperately needs it... essentially anything that works like cards left in rest areas.*
- *Through partner organizations, non-profits... Need diverse access points, and those that don't require disclosure to get the message.*
- *Manhunt, Grindr, Adam4Adam -- several of these will often put up either intro screens or banner ads for health services.*

- Use social media. Instagram. Kids can find a page and start reading it. Can look up a hashtag and get info that way. Can have a warm line Facebook page. Can connect and message on Facebook. (Walsenburg Focus Group)
- Make up cards and put them in the high school, CMH or Hilltop. Flyers. Kids will be looking around and see the cards and pick them up. (Montrose Focus Group)

Table 6 summarizes all of the various ways respondents suggested for promoting the warm line.

Table 6: Ways to Promote the Warm Line

	Rural MSM Survey N=86	Latino MSM N=10	Young Girls N=12	Young Boys N=3	Youth Survey N=8
Outreach through Service Providers	86.2%				
Social Media	85.1%		X (Facebook, Hashtags, Apps)		X
Websites	83.9%		X (Aps, Google Line, Ads)	X (Google Ad)	
Newsletters or Blogs	52.9%				
Newspapers	48.3%				
Advertisements	48.3%				X
Billboards	37.9%	X (Spanish)	X	X (Posters)	X (Posters)
Brochures or Information Cards		X (Fliers in Spanish)	X	X	X
Television		X (Spanish)	X	X	X

8. Factors Influencing Where to Get Tested for HIV

Among all groups, issues of confidentiality strongly influenced where individuals chose to seek testing for HIV or STIs. Providers of choice vary by geographic area. Young girls in Walsenburg prefer to go to the local Women’s Clinic. Similarly, young men in Montrose would use a local clinic for HIV testing services whereas a majority of youth in Rifle seek help from a community Planned Parenthood affiliate. Latino MSM prefer to seek testing at community-based organizations. From their point of view, Denver Health is their provider of choice, but ? some fear that they will be recognized at this site and that their test results will not be confidential. Finally, participants at the Gay Pride Parade in Grand Junction indicated that the testing sites of choice are either the Western CAP, the local health department or private doctors.

Rural MSM highlighted the importance of anonymity, confidentiality and privacy when seeking HIV or STI testing. Other considerations are location and price.

Table 7: Factors Influencing the Choice of HIV Testing Sites

Rural MSM Survey N=86	
Maintain anonymity/confidentiality/privacy	89.7%
Location	86.2%
Price	70.1%
Provider reputation	39.1%

These attributes are further described in the open-ended comments provided:

- *Tolerant/affirming/non-judgmental providers.*
- *Feeling that it's safe and that their confidentiality will be respected and a neutral location where they can make appointments or drop-ins depending on their comfort and if they are out of town.*
- *Knowing will have ample help with being hooked up with treatment sources/funding if positive*
- *The site should offer privacy, the staff should be confident in their roles, the process should be client centered, the communities at large need education to fight stigma and promote understanding.*
- *A place where they are confident of the openness and non-judgmental nature of the staff. Confidentiality is key.*
- *The greatest factor is the ability to remain anonymous. Finding locations that offer free testing nearby will help, especially if they can get in and out without meeting anyone they may know.*

9. Conclusions

Through a variety of data collection feedback was gathered on the concept of a warm line as a source of information regarding HIV/STI prevention for residents of rural Colorado. In all, 196 individuals were reached including 96 MSM, 77 participants at the Grand Junction Gay Pride Parade and 23 youth. Data collection methods included the following strategies:

- On online survey distributed to MSM throughout rural Colorado (86 respondents)
- A focus group held with Spanish speaking MSM in Denver (10 participants)
- An intercept survey conducted at the Grand Junction Gay Pride parade (77 respondents)
- A focus group held with young women in Walsenburg (12 participants)
- A focus group held with young men in Montrose (3 participants)
- A survey distributed to young men and women in Rifle (8 participants)

Overall, support for the warm line concept was strong across all groups and through all data collection strategies, with agreement with this strategy ranging from 75% to 90%. In terms of who might benefit from having access to a phone-based source of information, a wide variety of potential users were identified, both in the general adult population, among MSM who are geographically and socially isolated and youth who are seeking information but prefer an anonymous source. Interestingly, though, when asked if they would personally use the warm line, over half of the MSM surveyed indicated that they would not be likely to use the warm line because they were either well-informed (28%) or knew of other resources for this type of information (27%).

Adult Users	Youth Users
<ul style="list-style-type: none"> • All members of the community, particularly those at risk for HIV or STIs • Those seeking anonymity, particularly rural gay men who are unwilling to talk openly about their questions • Rural gay men who are geographically and/or socially isolated • Those with no internet access 	<ul style="list-style-type: none"> • Sexually active youth • Young people, particularly those who are LGBTQ • Youth who are not comfortable speaking to anyone to ask their questions • Youth who do not want to ask someone they know for information • Youth who think their parents check their phones to see who they called • Youth who don't want to go see someone in person for a health concern Youth who live far from a clinic.

Relative to the information that might be provided through the warm line, all potential users were interested in having a source of information to address concerns about potential risk. In addition, MSM thought it would be valuable for the warm line to provide information related to locations for HIV and STI testing. Additionally, all users would be seeking information about how to avoid the risk of HIV/STI infections.

The internet is a source of information for everyone, but some worry that the information provided can be untrustworthy or in the case of Spanish-speaking MSM difficult to understand. Peer networks are another important source of information. The warm line could be an additional resource for those who have particular concerns and would like a confidential source to discuss risks for infection and ways to stay safe.

All of those contacted thought the warm line should be advertised through a wide variety of communication strategies including social media, the internet, television, radio, print media and information cards. MSM in particular seek testing sites where providers are non-judgmental,

Relative to testing site options, respondents noted that their primary concerns were for anonymity and confidentiality. Several noted that in rural areas it's harder to seek out services in a manner that assures privacy. Testing sites should also be able to link to appropriate referral sources should the test results come back positive.

Through their open-ended comments, MSM living in rural area stressed the extent to which they are both geographically and socially isolated with limited access to testing and health care. They also struggle with stigma and discrimination, recommending more funding for outreach and community-building efforts.

Appendix A: Demographic Profile of Respondents by Group

	Rural MSM Online Survey N=86	Latino MSM Focus Group N=10	Intercept Survey N=77	Youth Focus Group Walsenburg N=12	Youth Focus Group Montrose N=3	Youth Survey Rifle N=8
Gender						
% Male	96%	100%	Not asked		100%	50%
% Female	4%			100%		50%
Age						
Under 15						43%
15-20			18%	100%	100%	57%
21-25		84%	25%			
26-35			30%			
36-45		16%	13%			
46-55			9%			
Older 56			6%			
Race						
White			Not asked	42%	100%	
Latino		100%		58%		
Education Level						
Middle school		10%	Not asked	50%	33%	
High school		60%		50%	66%	
College degree		30%				

Colorado Counties Represented among the Rural MSM Online Survey Respondents

Archuleta	1
Boulder	2
Chaffee	3
Delta	1
Denver	1
Douglas	1
El Paso	17

La Plata	9
Laramie	1
Larimer	18
Logan	1
Mesa	13
Montezuma	3
Montrose	1

Otero	1
Pagosa Springs	1
Pitkin	1
Pueblo	5
Summit	1
Weld	1

APPENDIX B: Potential Users of a Warm Line (Rural MSM Online Survey)

Please describe the individuals for whom such a warm line would be particularly useful.
All, Especially Those At Risk
<i>It would be of benefit to the entire community. Knowledge give the power to prevent the spread of disease</i>
<i>Anybody that is looking for information and somebody to talk to</i>
<i>Individuals engaged in high risk transmission activities. The warm line could serve as a reference point for individuals who have already spoken with risk reduction specialists.</i>
<i>Those that don't have other options</i>
<i>Individuals who do not practice safe sex. Partners who desire to understand risk factors within their relationship. Sex workers, young individuals who seek answers about HIV/STI issues.</i>
<i>If the person had unprotected sex, like most do and they were unsure about how it ended he could call and ask his questions and determine if they needed to seek medical attention or not</i>
<i>For those people who want information but too shy to go out and get that information or those who don't know where to start</i>
<i>Anyone with HIV or other sexual transmitted illness.</i>
<i>Those who are newly diagnosed or may believe they are at risk.</i>
<i>Someone with an odd symptom who doesn't have a regular doctor</i>
<i>Family and friends of [newly] dx POZ ppl. Socially/Sexually dating ppl</i>
<i>Those seeking answers</i>
<i>Anyone that is at risk for a STI. It would be most helpful to the "worried well".</i>
<i>Those who are recently diagnosed with HIV</i>
<i>People who are concerned about spreading HIV/STI's. It would also work well for people who are looking to protect themselves and find ways to avoid getting HIV/STI's.</i>
Those Seeking Anonymity
<i>This service would be useful for individuals who wish to maintain anonymity. Also, useful to individuals who may not have access to unbiased services.</i>
<i>Someone who lives in one of the smaller communities where there is no support organization that can provide the needed information should an individual be involved in an unprotected sexual activity.</i>
<i>Those who feel a public appearance would compromise their confidentiality.</i>
<i>In my community there are lots of guys sexually active (the 4 corners) but are not "out", on the DL, discrete, young, in college experimenting etc.. That if they knew about this service they would use it knowing it's anonymous and would guide them in the right direction and empower them with good sexual practices. Also, a web based service or an app might be more appealing to most but a warm line is a great start.</i>
<i>People who feel 'tracked' by technology</i>
<i>The individuals that could use this service are those who are "on the down low" ... not willing to out their sexuality/sexual proclivities but still have questions or concerns. Unfortunately these individuals would likely be seeking help/information after they are not feeling right.</i>
<i>Isolated, closeted gay rural men</i>
<i>People who are isolated and afraid to talk about their feelings and sexuality</i>
<i>If there was an active awareness of this service through social networking and other marketing, this service could prove highly effective and useful to at-risk individuals who are too ashamed or embarrassed to ask similar questions face-to-face. Many people are reticent to be open and honest with their health care providers about sexual activity, behavior/disease risk, and other testing information and prevention information.</i>
<i>People who are afraid to ask those questions of people they know in order to protect themselves of repercussions</i>
<i>I think rural CO men may not dare ask questions of friends or local Dr s. I think married men may have guilt concerns after extramarital affairs.</i>
<i>Guys who are closeted and don't know where to turn.</i>
<i>Many in the rural areas are "closeted" and have no resources to utilize; this type of service gives them an answer they can acquire quickly, easily and anonymously.</i>
<i>Individuals living in rural areas without access to confidential treatment or information-many of us living in small rural areas are closeted and unwilling or unable to confide our risk factors to our own doctors or advisors for fear of being outed or losing friendships.</i>
<i>Older gay men who use prostitutes</i>

<i>The service would be quite useful to anyone that is not comfortable talking with their local medical provider, especially when they are familiar with everyone that works in the office. Some people do not care to discuss this sort of thing with their PCP as they do not want it in a medical record that could potentially be viewed by insurance companies or employers. Minors may not want this information revealed to their parents.</i>
<i>Those who are not able to talk openly to a doctor or person with this knowledge in their community.</i>
Geographically and/or Socially Isolated
<i>New residents</i>
<i>Rural and small town gay men.</i>
<i>Rural people who have little contact or exposure to hiv and gay/bisexuals exposure.</i>
<i>People who live in small communities who might not have a Doctor, Pharmacist, or other such professional who they are comfortable requesting this type of information from due to the communities being so small and the possibility that other's might overhear or become privy to their concern which could spread throughout the community rapidly and cause the individual real issues in going about their life.</i>
<i>Those of us who live in rural areas, far removed from major towns/cities. I live in southwestern Colorado, a very small town, nearest big city is 4 to 7 hours away! Rural access to care is minimal! This would be a great benefit!</i>
<i>Individual gay and men who have sex with men living in rural and smaller communities in Colorado.</i>
<i>Having grown up in a small mountain town with no library and knowing the sense of isolation and confusion and lack of accurate sources of information on a whole range of sexually related subjects that was prevalent there, I feel confident that had there been a safe, and accessible telephone source of information, it could have corrected or supplemented the plainly wrong and/or the partial truth of what information was around. Also thinking of the recently reported "epidemic" of HIV cases in an area of rural and small towns in southern Indiana where reports indicate a vast lack of understanding of HIV transmission, prevention and treatment.</i>
<i>Individuals who have no access to the support of a local GLBT community, who are not out, or who out of fear, or due to perceived stigma might avoid seeking testing/counseling/health care options, and thus spread HIV/STI, injuring themselves and others...</i>
<i>Individuals who are shut-in, whether by virtue of disability, lack of access to transportation, stigma, or what-have-you, might especially profit from such a service.</i>
<i>Most rural gay/bi men. If they are at all isolated (which is likely), closeted, uninsured, not part of a strong resource network.</i>
<i>Almost all the rural population of Colorado. Most particularly the larger towns in Southwestern Colo, the at-risk population is not well served.</i>
<i>Anyone who lives outside of the city, living in the small towns there is not many you can talk to about things like that. I think young people would use it more</i>
<i>Those people who live in rural communities and many individuals who want information but are afraid to be seen amongst HIV clinics and the like.</i>
<i>Men who are not open about their sexuality; men who are questioning; men who don't have local, trusted resources.</i>
<i>Those who have no one else</i>
<i>People away from larger cities - their resources may be more limited. Closeted people and people newly sexually active or newly acting on a different expression of sexuality than previously.</i>
<i>Those who do not have access to city resources, both medical and GLBT...particularly the younger folks who may have even less access.</i>
<i>People in rural areas that do not have access to outreach projects would benefit greatly.</i>
Those with No Internet Access
<i>People who don't have access to the internet. If I have access to the internet, I can search for any information I want in the privacy of my own home. I don't have to call anyone and possibly feel embarrassed, outed, shamed, etc. I'm not saying the operator would make a person feel that way, but a person might have some of those feelings about such a service.</i>
<i>Those in rural areas who may not have access to health services or the internet.</i>
<i>Don't have secure internet access Live in rural area where local resources not outlined on internet source</i>
<i>Anyone without Internet service, I suppose. Although I am not sure that information and availability of testing will reduce infections. It hasn't so far, that I understand.</i>
<i>People without internet service. An online service where you could type in your zip code and find services is more likely to be used than speaking with someone.</i>
Young People
<i>Young people today are most at risk, they're not fully aware of the dangers of unprotected sex such as HPV which can be deadly.</i>
<i>Youth</i>
<i>Scared people, such as married, bi, teenagers, it would be a great service to offer the whole state of Colorado..</i>
<i>Youth who have not had sex ed. People with low health literacy. People living in lower socio-economic and under-educated regions. People who are marginalized and/or stigmatized for any number of characteristics (race, ethnicity, sexual orientation, gender identity, etc.)</i>

<i>The very young LGBT.</i>
<i>I would think maybe a young person. Or a closeted older man.</i>
<i>All adolescents and adults. Having help raise three stepsons in school district 51, I was appalled at the lack of information provided by that school district. (I am a long time resident of Grand Junction). All the usual urban legends and misinformation my Stepsons had. I developed my own STD talk and we went over it every month. They memorized it. All I had to say was, 'STD talk.' and they would recite it. As a longtime member of NA, the misinformation is the same with adults here. Long story short, last night, I went to tan and was being a little flamboyant and I heard another customer ask, 'How well do you sanitize the tanning beds?' Sad - very sad.</i>
<i>I assume those with questions: perhaps young men, even teens, those questioning and curious and those wondering about specific behaviors.</i>
<i>It would be good for 18-29 year- olds.</i>
<i>GLBT youth who are not out to their parents or who are just coming out. Married men who have sex with men. GLBT people with limited resources.</i>
<i>Young teens. Sexually active Adults.</i>
<i>Younger sexually active men, not in committed relationships, with perhaps below average education/income and probably no regular healthcare provider.</i>
<i>High school students who are questioning their sexuality.</i>
Limited Use
<i>It would only be useful for proactive individuals that knew there was a hotline to call. This method sets a low bar of expectations and CDPHE should be held more accountable!</i>
<i>I'm not certain who would use it. I would only be guessing. Based on prior experiences in this state to implement this type of service, I believe the overall usage would be minimal.</i>

APPENDIX C: Types of Information to be Offered via a Warm Line (Rural MSM Online Survey)

What other types of information are callers likely to seek if they contacted a warm line?
Confidential Resources
<i>Privacy</i>
<i>Safe place maybe locally</i>
Addressing Fears
<i>There very well could be panic calls like... Am I at risk cuz I had sex and I did not put a condom on, or I had oral sex and what am I at risk for? Questions along those lines.</i>
<i>Dismiss on founded phobias of HIV</i>
<i>There are all kinds of STD's out there, I've heard syphilis is making a "comeback."</i>
<i>Ignorance is killing people in Western Colorado.</i>
<i>What do I do now (after the fact [exposure])? Fear</i>
<i>What to do if I may have been exposed.</i>
<i>If utilized, all might apply. Also, please consider topics such as dealing with fear and stigma and addressing real concerns about confidentiality and social rejection.</i>
Testing and Safe Sex Resources
<i>Concerns regarding treatment availability and expense if testing indicates the individual is positive for some disease...</i>
<i>Where to obtain free or low cost condoms. Perhaps the Colorado Dept. of Health could offer to send safe sex supplies to anyone requesting it who lives in a rural area or small town.</i>
<i>Where to get free safer sex items</i>
<i>I would think they would want basic information about their personal risk and where to test. A list of where people could get free condoms, etc., could be helpful. My main concern about an operator providing information relating to how an individual can stay "safe from HIV and STIs" would be that the operator might not have the time needed to counsel an individual properly and instead use a blanket "always use a condom" approach to risk reduction.</i>
<i>Locations for HIV/STI treatment and care.</i>
<i>Doctors nearest their communities who treat HIV and other STIs.</i>
<i>STI treatment providers</i>

Counseling and Other Needs
<i>Perhaps even questions on basic sexuality and function</i>
<i>How to deal with partners who insist upon non safe interactions.</i>
<i>Symptoms of STI's IDU exchange information</i>
<i>Perhaps gay friendly counseling contacts</i>
<i>How HIV and STI's are transmitted and how they are not transmitted.</i>
<i>Social/support resources, if offered.</i>
<i>Questions about how to come out to friends and family. We need more than just a place for information about HIV and STI.</i>

APPENDIX D: Open-Ended Comments

WHAT ELSE DOES CPHE NEED TO KNOW?
Need for Information
<i>ACCESS TO ACCURATE INFO Many rural communities (and urban ones as well) suffer from a lack of public education on issues even remotely pertaining to sex, so basic human sexuality (and consequences thereof) might be a good place to start.</i>
<i>ACCESS TO ACCURATE INFO Mostly awareness to younger populations. Rural men and women feel secluded as they search for HIV/STI information. Trust and professional approach are key.</i>
<i>ACCESS TO ACCURATE INFO It's a difficult line to walk, but the earlier in life an individual is educated, the better chance that person has of remaining HIV/STI free.</i>
<i>ACCESS TO ACCURATE INFO Classes and information about HIV/STI's would be the most help, especially if it can be done in settings that allow the people to remain anonymous.</i>
<i>ACCESS TO ACCURATE INFO General hubs of information open to the public about their specific area.</i>
<i>MEDICAL RESEARCH I would be interested in an online newsletter that would provide information about all of the latest medical research.</i>
<i>SOCIAL JUSTICE Some areas are food deserts lacking close and easy access to fresh produce and other healthful foods. Likewise areas can be sexual information deserts, as the recent case in southern Indiana illustrates so well. Perhaps what is needed is some position similar to the present county extension agents who deal with questions regarding agriculture, in this instance a person qualified and knowledgeable on human sexuality and health</i>
<i>SOCIAL JUSTICE The same type services available in metropolitan areas should, by whatever means is found to work best, be provided state wide....an individual spreading HIV/STI in the mountains, on the west slope, or the eastern plains through fear and/or ignorance, is just as devastating to themselves and their partners as they would be if they lived in a metropolitan area.</i>
<i>-- Ad's in school papers and/or poster boards. – Social media site/representation</i>
Services Needed
<i>BARRIERS TO TESTING Access to STI testing and treatment in rural Colorado is a very serious problem. Many cases go undiagnosed as local health departments and nursing offices are poorly funded and under-staffed, as well as under-educated about STIs. Wait times and fees are barriers, as is stigma.</i>
<i>RURAL TESTING It's such a vast area out here in Southwest Colorado it would be very beneficial if guys could have some consistent testing site, time of the month, location. Durango is centrally located for this area so it seems to make most sense to have testing here and with some consistency in testing the services would be well used. I also think it would be very beneficial if the testing could got out to outlying communities like Pagosa Springs, Cortez, Telluride and Ignacio/ Bayfield.</i>
<i>RURAL TESTING Affordable and confidential access to testing facilities/personnel; access to agencies/staff who are knowledgeable about HIV/STI's, including signs and symptoms and risk behaviors.</i>
<i>HEALTHCARE Contact should be made to personal doctors about prevention and treatments.</i>
<i>HEALTHCARE With the ACA now in place a mechanism through which especially GLBT+ Friendly providers in rural regions could be cataloged would increase the options high risk folks have and likely increase the number of folks who are willing to test and seek care for STI's.</i>
<i>HEALTHCARE people need to know where they can go if they have no regular medical provider</i>
<i>Ask gay friendly biz people to help distance err Bute free prevention items.....pot shops should jump on board for all the happy people....lol There are those people that have adult clothing or toy parties and seem to be a chain type biz that might like a prevention goodie bag for their prizes</i>
<i>ACCESS TO CARE I don't want to have to drive for 2 hours to be tested for free. I think that CDPHE doesn't know what "rural" means or cares at all about people outside of major population centers. Colorado Springs is about as rural as New York City for those of us who live in small mountain towns. Advertising on billboards??? Really??? We don't have those here. Please at least try to give the appearance that you're trying to understand rural lifestyle. This survey is a joke. Better questions would be : When was the last time you were tested? How far did you travel to be tested and why? Would you be tested more often if there was free, discreet testing close to where you live?</i>
<i>ACCESS TO CARE I think that poorer rural people should have access to low cost or no cost HIV/STI testing.</i>
<i>ACCESS TO CARE HIV Doctors in rural areas</i>
<i>Any opportunities to reduce the isolation and stigma people feel.</i>

<i>An outreach to male prostitutes that is friendly and non threatening.</i>
<i>ANONYMITY I don't know the answer to this. I know my medical providers would provide testing, and that the county health department has services as well-but -I go to church with my medical provider, and worked for the county, so choose not to use either as a resource. I think that probably applies to lots of people who live in these communities-</i>
<i>WOMEN A comprehensive campaign should be aimed at women who might be at risk too.</i>
<i>Hep. vaccinations.</i>
<i>HPV!!!</i>
<i>CONDOMS free combos</i>
Community Building
<i>FUNDING /RURAL ACCESS The recent shift in state and federal HIV prevention funding from rural areas of the state to the Denver metropolitan area has discounted completely the unique needs of "non-urban" GBQT men in Colorado. While a phone line is appreciated, I can't imagine it will do much to resolve the core issues rural MSM face relating to isolation, stigma, internalized homophobia and substance use. These issues often manifest themselves as high risk sexual behaviors and cannot be solved with a phone call. Without having access to an ongoing support network of friends and resources that can influence attitudes and behaviors in a positive manner, non-urban MSM are at a higher risk of acquiring and transmitting HIV/STI than ever before. It's a shameful situation.</i>
<i>A place or organization to build community, like ManREACH. Talking to other GBQT men is the best way to educate and support prevention of HIV and STIs.</i>
<i>Forming supportive community also lowers risk of HIV/STI</i>
<i>Need to encourage guys who have not yet been to attend ManREACH gatherings. Need to encourage guys who have not yet been to attend ManREACH gatherings.</i>
<i>SOCIAL Get people talking / GROUP DISCUSSIONS</i>
<i>SOCIAL We need to get groups of individuals connected for social and educational get togethers.</i>
<i>My philosophy is "Get to know you between the ears, before we get to know between the legs". It may sound trite, but maybe, just maybe if he knows me for me, and I him, well, maybe we will be willing to take better care of each other.</i>
Attitudes and Stigma
<i>ATTITUDE Many people are turned off by being considered a statistic or number. Too often the human factor is not taken into account. Many rural men are isolated and have no community to provide support whether it's in prevention of HIV/STI or in dealing with the aftermath of learning one's status is positive</i>
<i>ANTI-STIGMA PROGRAM Programs destigmatizing HIV/STI's, help developing satisfying relationships promoting safe sex, practice discussing safe sex with partners</i>
<i>CONSERVATISM This is a VERY conservative and fearful community. Special sensitivity is needed. This community is geographically isolated and is socially 'behind the times' as compared to say, Washington, DC or Monterey CA, I have lived in both places.</i>
Feedback on the Warm Line Concept
<i>The warm line idea is a luke-warm response to the true needs of rural GBQT men. CDPHE and CHAPP Advisory can do better. Quite simply, men who are isolated in rural areas want authentic connection with others. Colorado ManREACH offers these men the opportunity to experience a loving and healthy community from which we can learn, grow and become more complete as gay men. HIV and STI prevention is only part of that conversation. Several men of the ManREACH community took time to fill out this survey. Please take a few moments of your time to read this article: http://www.thebody.com/content/75780/a-healing-circle-of-men-north-florida-manreach-201.html?ap=2004</i>
<i>FUNDING DISSATISFACTION Instead of creating a warm line, CDPHE should use that money to provide true HIV education and prevention programs in rural Colorado. Also, they can use the existing networks that have already been developed to answer non-urgent questions. The local ASO's and PP can do this. Just do a marketing campaign to get there phone number out to those that need to get good information. CDPHE has been spending a lot of money for years to get the ASO's to develop these resources, it is time to use their investment.</i>
<i>FUNDING DISSATISFACTION Colorado ManREACH is an awesome organization, and they strive to include prevention information and services during ManREACH gatherings! It would be nice to see some funding go towards this group that does reach out to us rural Gay, Bi, Transgendered, Queer men!</i>
<i>FUNDING DISSATISFACTION Outreach organizations like ManREACH they are greatly missed in the community with reduction in funding provided to the organization.</i>
<i>FUNDING DISSATISFACTION We need more funding!</i>