

HIV Awareness and HIV-Related Attitudes and Beliefs among Members of the City's Neighborhood Councils



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June 2008

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Vital Research, LLC

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We would like to thank all of the Neighborhood Councils that volunteered to participate in this study and the staff at the Los Angeles Department of Neighborhood Empowerment for their assistance in data collection.

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HIV AWARENESS AND HIV-RELATED ATTITUDES AND BELIEFS AMONG MEMBERS OF THE CITY'S NEIGHBORHOOD COUNCILS

INTRODUCTION

Community advocates and researchers have identified HIV-related stigma, discrimination, and homophobia as significant barriers in community-based efforts to combat HIV disease (AIDS Action, 2001; AIDS Alert, 2001; Brooks, et al., 2005; Fortenberry, et al., 2002; Gerbert, et al., 1991; Goldin, 1994; Herek, 1999; Herek et al., 2003; UNAIDS, 2002; Valdiserri, 2002). The Joint United Nations Programme on HIV/AIDS (UNAIDS) defined HIV stigmatization as a “social process of devaluation that reinforces negative thoughts about persons living with HIV and AIDS” (UNAIDS, 2002). As a social process, HIV-related stigma often results in acts of prejudice and discrimination towards individuals or groups living with the disease.

Another consequence of HIV-related stigma and discrimination is a negative effect on HIV prevention efforts. In terms of early diagnosis and primary prevention, these social forces can create significant barriers to HIV testing, limit utilization of prevention programs, and hinder the adoption of preventive behaviors such as condom use and disclosure of HIV status to sex partners (AIDS Action, 2001; AIDS Alert, 2001; Brooks et al., 2005; Goldin, 1994; Herek, 1999; Herek et al., 2003). In addition, HIV-related stigma can have harmful effects on the perception and treatment of HIV-positive individuals by society, communities, families and partners (Diaz & Ayala, 2001; Herek & Capitanio, 1999; Herek & Glunt, 1998).

While HIV prevention programs have the potential to be effective in reducing HIV transmission, there is little information and much ambiguity about how to implementat

and deliver these services in diverse communities with varying social norms and attitudes regarding HIV. To effectively provide HIV prevention services to at-risk populations in Los Angeles, specifically, it is essential to first understand HIV awareness, attitudes and beliefs (e.g. social biases such as HIV-related stigma, discrimination and homophobia) that exist in local neighborhoods.

To this end, Vital Research, LLC, in collaboration with the Center for HIV Prevention and Treatment Services, conducted a 16-month study to survey members of the City of Los Angeles' Neighborhood Councils (NC) about their HIV awareness, attitudes, and beliefs. The information from this study is intended to assist the City of Los Angeles to make effective decisions regarding the development and implementation of HIV prevention services.

METHODS

Research Questions

The study sought to assess HIV awareness, attitudes, and beliefs as well as perceptions of HIV prevention need and availability among members of all NCs in Los Angeles, including board members and stakeholders. Specifically, the following nine research questions were addressed:

1. What is the level of HIV/AIDS awareness among NC board members and stakeholders?
2. What are the attitudes and beliefs regarding HIV/AIDS among NC board members and stakeholders?
3. Are HIV/AIDS awareness, attitudes and beliefs significantly different between neighborhoods of higher vs. lower AIDS prevalence?

4. What are the perceptions of HIV/AIDS prevention service needs and the availability of these services in neighborhoods?
5. What are the attitudes of NC board members and stakeholders as well as perceived attitudes of residents towards offering prevention services in neighborhoods?
6. What is the acceptability among NC board members and stakeholders of having NCs serve as a vehicle for disseminating HIV/AIDS prevention information to LA City neighborhoods?
7. Are HIV/AIDS awareness, attitudes and beliefs significantly different by certain demographic characteristics (i.e., gender, age, race/ethnicity) among NC board members and stakeholders?
8. Are HIV/AIDS awareness, attitudes and beliefs significantly different by certain social characteristics (i.e., homeowners vs. renters, family status, and level of religiosity) among NC board members and stakeholders?
9. What factors can be used to predict which neighborhoods are ready to implement HIV prevention programs and services?

Study Participants

The target population for the study consisted of all certified NCs in the City of Los Angeles (N = 86), including board members and stakeholders. Of the 86 certified NCs in Los Angeles, 61 participated in the study (70.9%). Five NCs refused to participate; 20 NCs did not respond to multiple contact attempts. The number of participants from each NC varied from 8 to 48. A total of 1,225 Los Angeles residents completed the survey. Appendix A provides a list of all NCs that elected to participate in the study.

Table 1 compares the number NCs in the sample from each NC region with the number of existing NCs in Los Angeles. As seen in the table, the sample resembles the proportion of NCs in Los Angeles. Appendix B provides a map of all the participating NCs in Los Angeles. Figure 1 provides a map of NCs by NC Region.

Table 1. Sample NCs Compared to All Existing NCs

NC Region	Sample NCs		All Existing NCs	
	Number	Percent	Number	Percent
Central	10	16.4%	14	16.3%
East	10	16.4%	12	14.0%
Harbor	5	8.2%	7	8.1%
North Valley	8	13.1%	14	16.3%
South	13	21.3%	14	16.3%
South Valley	10	16.4%	16	18.6%
West	5	8.2%	9	10.5%
TOTAL	61	100.0%	86	100.0%

Figure 1. NC Regions

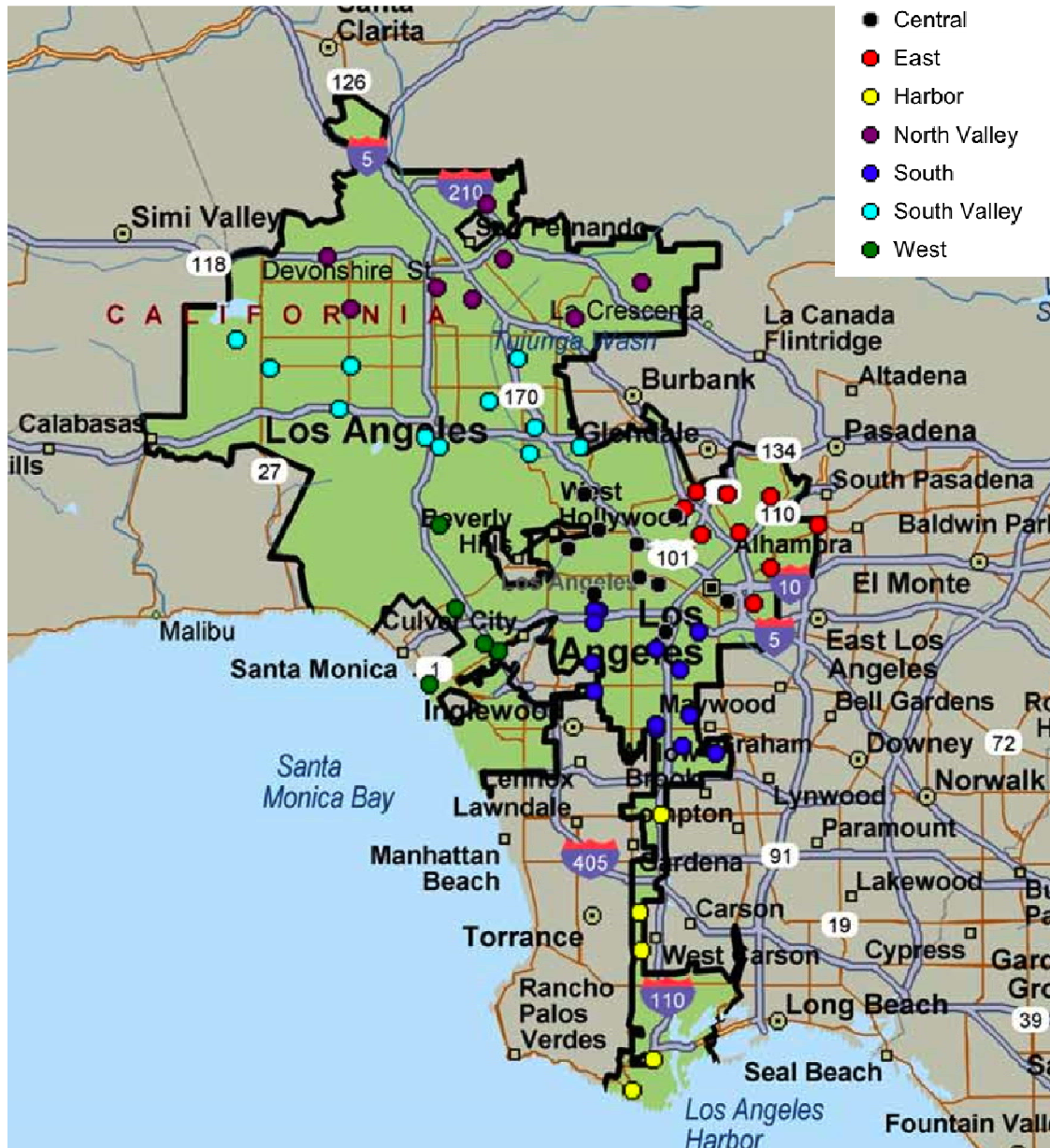


Figure 2 provides the percentage of individual participants from each NC region. The largest percentage of participants came from the South Valley (21.6%) and South Los Angeles (20.5%). Eight percent of participants were from West Los Angeles.

Figure 2. Individual Survey Participants by NC Region

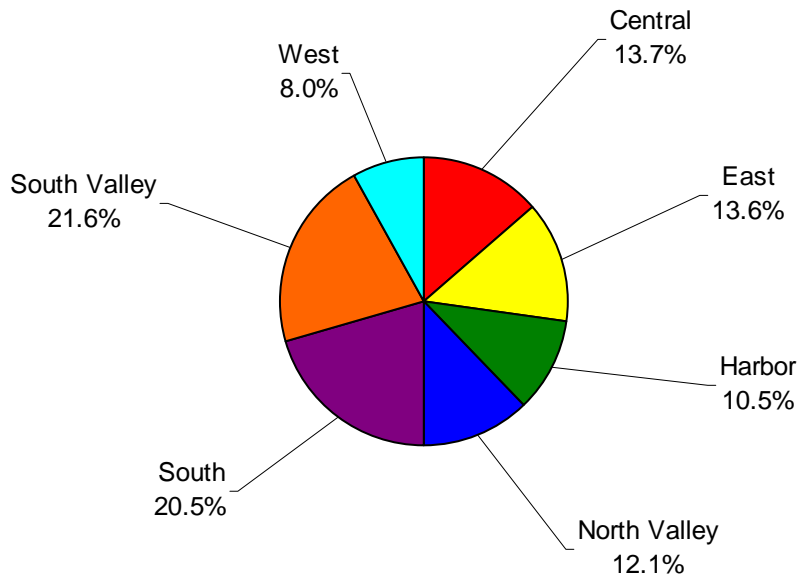
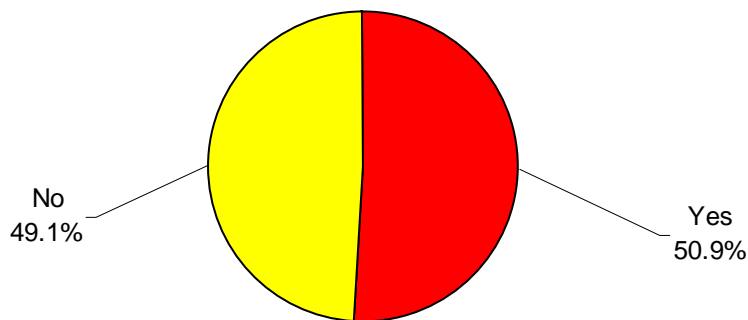


Table 2 and Figure 3 detail the demographics of the sample. A majority of participants owned a home, business, condominium, and/or some other property (71.3%). Sixty-five percent of participants identified themselves as homeowners, 10.5% identified as business owners, about 5% identified themselves as property owners (non-resident), and 1.6% identified as condominium owners. Twenty-four percent were members of local community-based organizations; 16.9% were renting residences. About half of the sample reported being NC board members (Figure 3).

Table 2. Neighborhood Council Stakeholder Category

NC Region	Number	Percent
Resident – Homeowner	778	64.6
Member of a Community Organization	289	24.0
Resident – Renter	204	16.9
Business Owner	126	10.5
Property Owner (Non-Resident)	57	4.9
Other	51	4.2
Resident – Condo Owner	19	1.6
Work in the Area	28	2.3

Figure 3. Are you a board member?



As seen in Figure 4, 52.0% of participants were male; 47.7% of participants were female. About half of the participants identified as White/Caucasian (52.3%), 19.0% were African-American/Black, 16.9% were Latino/Hispanic, 5.7% were Asian/Pacific Islanders, and 1.3% identified as Native-American/Alaskan Native (Figure 5). The majority of participants were over 49 years old (56.8%). Only 8.8% of participants were under 30 (Figure 6). The average age was 51 years old.

Figure 4. Gender

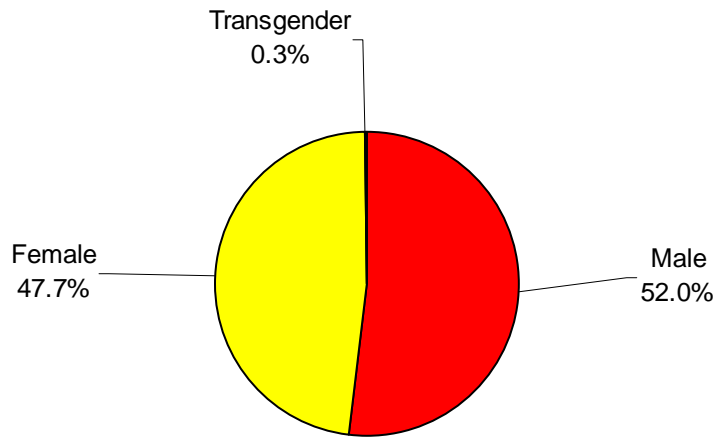


Figure 5. What best describes your racial/ethnic background?

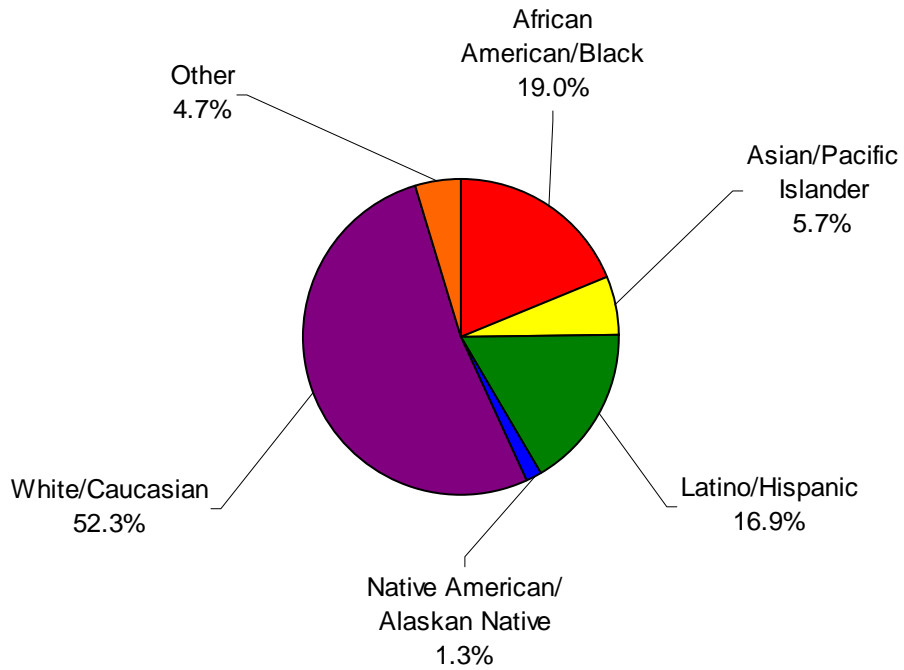
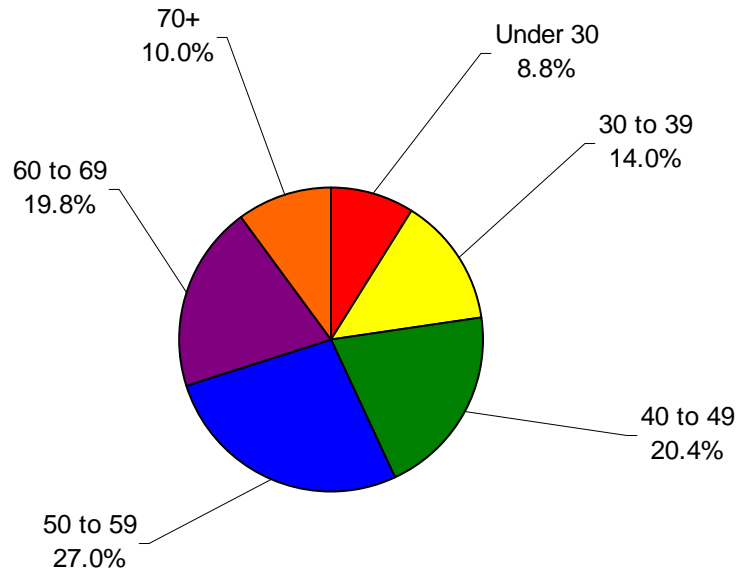


Figure 6. Age



As seen in Figure 7, about half of the participants reported being legally married; just over one quarter of participants were single (27.3%). Nearly a quarter of participants reported having children under 18 living with them (23.4%) (Figure 8).

Figure 7. Marital Status

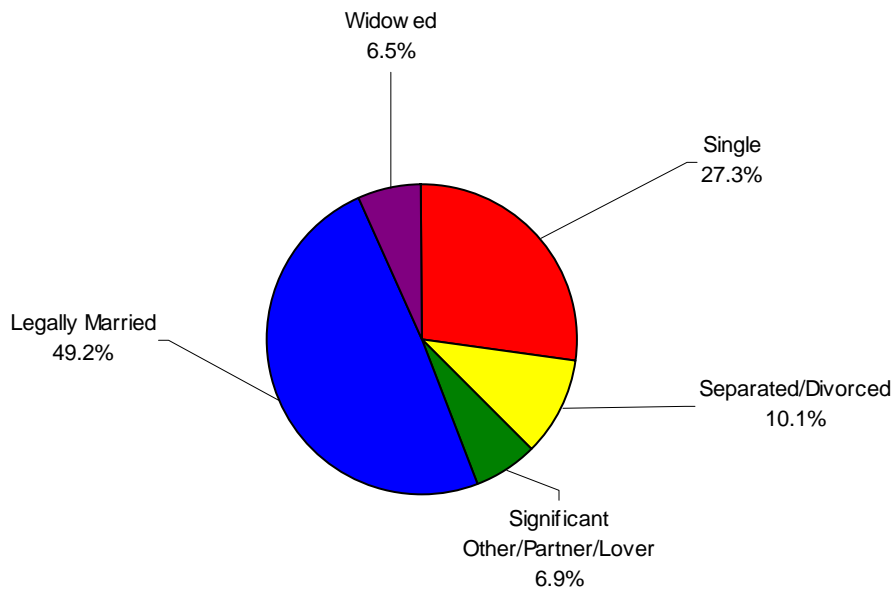
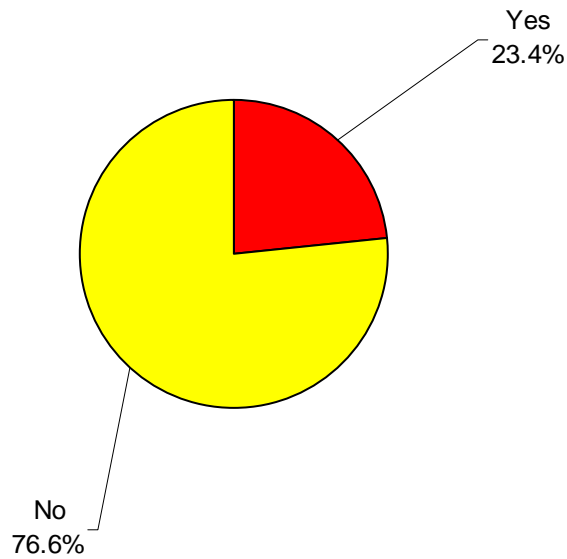


Figure 8. Do you have children under the age of 18 years currently living with you?



A majority of participants reported being born in the United States (85.0%) (Figure 9). Over half of participants had graduated from college or higher (63.8%), and 26.0% had some college or vocational school education (Figure 10). As seen in Figure 11, about half of the sample earned \$75,000 or less (51.9%), and half earned over \$75,000 (48.1%).

Figure 9. Were you born in the United States?

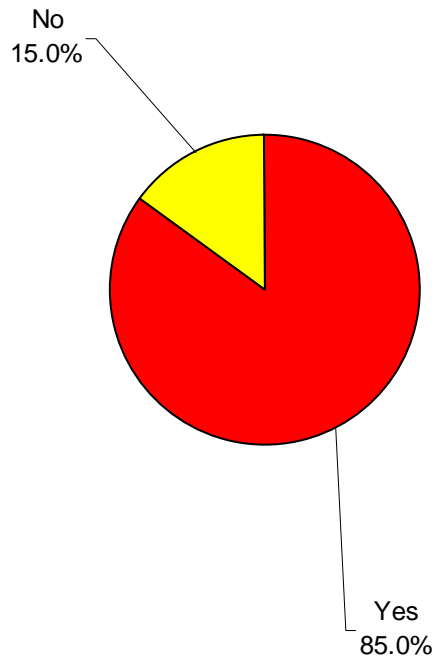


Figure 10. What is the last grade of school you completed?

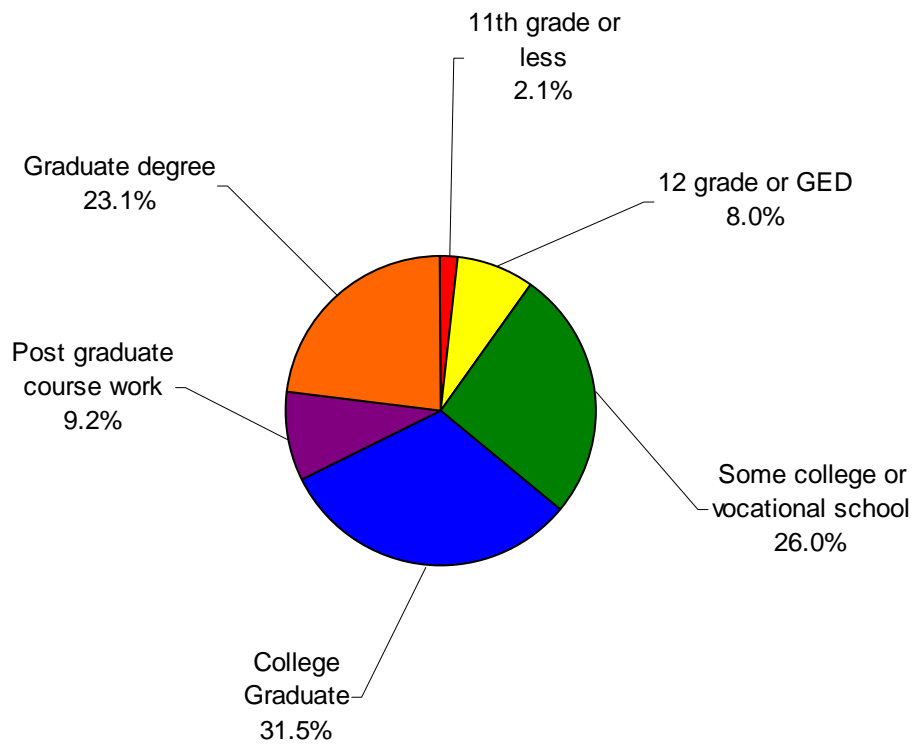
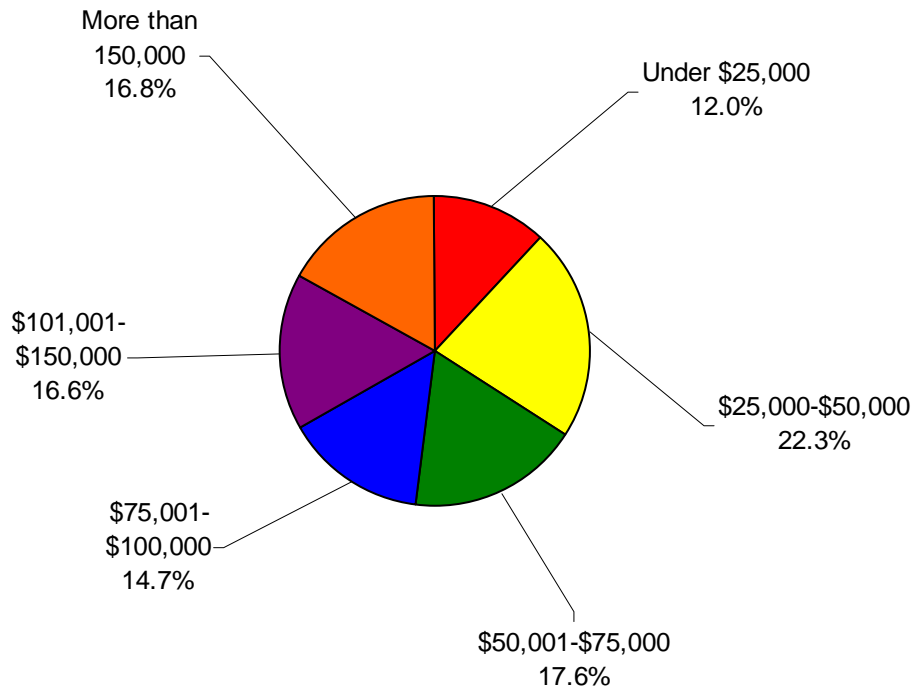


Figure 11. What is your current annual household income – before taxes?



As seen in Figure 12, 92.3% of the sample identified as heterosexual, 5.4% identified as homosexual, and 0.5% identified as bisexual. In terms of religiosity, the sample was normally distributed with 37.7% of participants describing themselves as a little religious or not religious, 22.4% describing themselves as average, and 40.1% describing themselves as fairly or very religious (Figure 13). The mean religiosity score was 2.99 (1=Not religious; 2=A little religious; 3>About average; 4=Fairly religious; 5=Very religious).

Figure 12. How do you identify yourself?

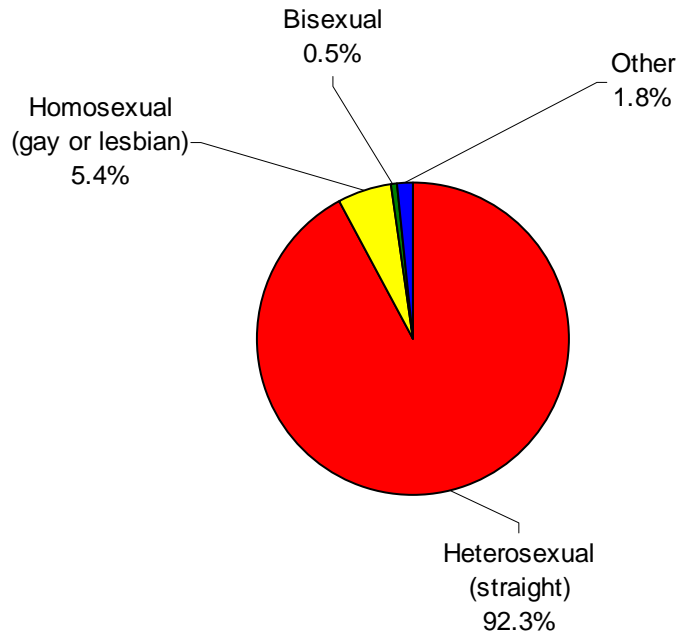
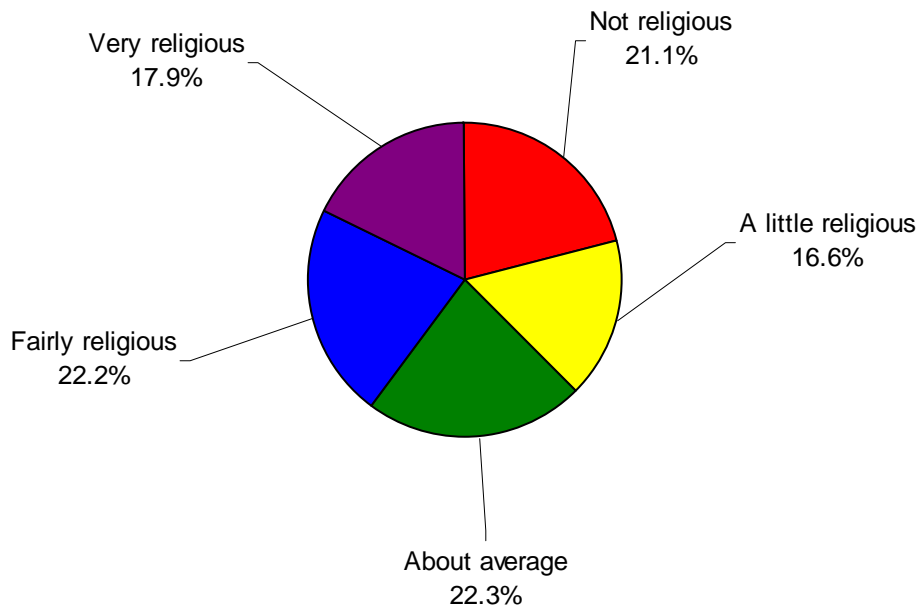


Figure 13. How religious are you?



Survey Instrument

The survey consisted of 68 items; measures were selected to limit the burden on survey respondents, yet allow us to collect sufficient data to answer each of the research questions outlined for this study (Survey included in Appendix C). The survey took 10-15 minutes to complete, and was offered in English and Spanish.

The survey was developed in collaboration with the Center for HIV Treatment and Prevention Services and the AIDS Coordinator's Office. The survey was pilot tested prior to administration by support staff at Vital Research and the AIDS Coordinator's Office. Pilot study participants were asked to identify any items that were unclear or difficult to understand. Information collected from the pilot test was used to revise the survey for increased clarity and ease of administration.

The following five sections were included in the instrument:

- Section 1: Demographics
- Section 2: Perceptions of HIV/AIDS Prevention Services
- Section 3: HIV/AIDS Attitudes and Beliefs
- Section 4: HIV/AIDS Knowledge
- Section 5: Neighborhood Councils and HIV Prevention

The *Demographic* section included 13 questions about NC stakeholder category (e.g., home owner, renter, business owner, board member, etc.), age, gender, marital status, children, zip code, place of birth, racial/ethnic background, education, income, sexual orientation, and religiosity.

Nineteen questions comprised the *Perceptions of HIV/AIDS Prevention Services* section. A majority of these questions asked participants to rate their level of agreement

or disagreement with a statement on a four-point scale (strongly agree, agree, disagree strongly disagree). Items focused on participants' attitudes about offering the kinds of services typical of HIV/AIDS education and prevention programs (e.g., clean needle exchanges, condom distribution, information dissemination) in their neighborhoods and their perceptions about whether such services are available in their neighborhoods.

There were 22 statements related to *HIV/AIDS Attitudes and Beliefs*. Nineteen of these items involved rating level of agreement or disagreement with a statement on a four-point scale (strongly agree, agree, disagree, strongly disagree). Three items began with the stem, "When you think about people with HIV/AIDS, would you say you feel..." The participant indicated the extent to which they felt sympathetic (Item 33), afraid (Item 34, and disgusted (Item 35) on a four-point scale.

Factor analyses (using principal components factoring, varimax rotation) and subsequent reliability analyses resulted in the construction of four attitude scales with selected items from Sections 2 and 3 that had acceptable reliability (Table 3). The contents of each attitude scale are in Table 4.

Table 3. Attitude Scales

Scale	Number of Items	Coefficient alpha
Interest in HIV Prevention Services	7	.79
HIV Importance	3	.79
HIV Stigma	10	.90
Fear of HIV Stigma	3	.76

Table 4. Contents of Attitude Scales

Interest in HIV Prevention Services	
17.	I support the idea of providing HIV/AIDS prevention information to <u>high school students</u> .
18.	I support the idea of providing HIV/AIDS prevention information to <u>middle school students</u> .
19.	I support the idea of distributing condoms in <u>high schools</u> to prevent HIV/AIDS and other sexually transmitted diseases.
20.	I support the idea of clean needle exchange programs.
21.	I would be okay with having an affordable housing program for persons living with AIDS in my neighborhood.
42.	We have a social obligation to help those with HIV/AIDS.
44.	Part of the problem with HIV/AIDS is that people don't talk about it.
HIV Importance	
14.	HIV/AIDS is a serious problem in my neighborhood.
15.	HIV/AIDS prevention is an important issue for my friends.
16.	There is a need for HIV/AIDS prevention information to be disseminated to adults in my neighborhood.
HIV Stigma	
36.	Most people with AIDS don't care if they infect other people with the AIDS virus.
37.	In general, it's people's own fault if they get HIV/AIDS.
38.	People who got HIV/AIDS through sex or drug use have gotten what they deserve.
39.	I sometimes think that HIV/AIDS is a punishment for the decline in moral standards.
40.	Homosexuality is the cause of HIV/AIDS.
41.	I don't want to talk or interact with anyone with HIV/AIDS.
45.	People with HIV/AIDS should not be allowed to work in public schools.
46.	People HIV/AIDS should not be allowed to handle food in restaurants.
48.	People with HIV/AIDS offend me morally.
50.	HIV/AIDS is God's punishment for immorality.
Fear of Stigma	
52.	People I know would treat me differently if I got an HIV test.
53.	People I know would treat me differently if I attended an HIV/AIDS prevention program.
54.	People I know would treat me differently if I tested positive for HIV.

Eleven yes-no items about HIV, its transmission, and risk behaviors comprised the *knowledge* section. One point was given for each correct answer to compute the knowledge score. An item analysis was conducted to examine reliability; ten items were retained for the knowledge scale (see Table 5 below); the scale had acceptable reliability (coefficient alpha=.87).

Table 5. Knowledge Scale

Can people protect themselves from getting HIV/AIDS by:

- 55. Having just one sex partner who has no other partners?
- 56. Using a condom every time they have sex?

Can the virus that causes AIDS be transmitted:

- 58. From a mother to her child during pregnancy?
- 59. By sharing injection drug needles?
- 60. By having sexual intercourse with someone who has shared injection drug needles?
- 61. By touching or hugging someone with HIV/AIDS?
- 62. By kissing someone who has HIV/AIDS

Please tell us whether you think the following statements are accurate.

- 63. It is possible for a healthy-looking person to have the HIV/AIDS virus.
- 64. Only people who have sexual intercourse with gay (homosexual) people get HIV/AIDS.
- 65. Only people who look sick can spread the HIV/AIDS virus.

The *Neighborhood Councils and HIV Prevention* section contained three items. Two items asked participants to rate a statement about the role of NCs in HIV/AIDS prevention on a four-point scale (strongly agree, agree, disagree, strongly disagree).

The final item asked participants to select HIV/AIDS prevention activities from a list that would be appropriate for NC participation.

Data Collection Procedures

Each NC was invited by Vital Research and the City of Los Angeles Department on Disability AIDS Coordinator's Office to participate in the study. NC Presidents were sent a letter from the AIDS Coordinator announcing the study. Follow-up phone calls were made by Vital Research staff to request permission to be placed on NC meeting agendas and confirm survey administration dates. Staff from Vital Research and the AIDS Coordinator's Office also met with Regional Coordinators at the Department of Neighborhood Empowerment to introduce the study and enlist their assistance in recruiting NCs. Survey administration occurred for 10 months from April 2007 to February 2008.

Surveys were administered at NC meetings, which typically occurred either monthly or biweekly in the evenings. Each survey administration was conducted by two trained research assistants. A standard introduction script was read at each administration (See Appendix D) after which the survey and a summary of the study was passed out to all board members and stakeholders attending the meeting. Research Assistants were provided with a Frequently Asked Questions document to assist them in answering board and stakeholder questions during data collection. All surveys were collected at the meeting (See Appendix E for data collection materials).

Data Analysis

All data from surveys were entered in ASCII files, programmed in SPSS 13.0, and audited for accuracy. The attitude scales and knowledge scores were calculated as described in the Instruments section.

Research Questions 1, 2, 4, 5, and 6 were answered using descriptive statistics. Where appropriate, responses were aggregated at the NC level and plotted on a map of Los Angeles to examine regional trends.

Research Questions 7 and 8 were answered using primarily contingency table analysis with Fisher's Exact Test or the Chi Square statistic, in which the association of attitude categories and selected demographic variables were tested. A t-test or one-way Analysis of Variance (ANOVA) was used to test for demographic differences in scaled scores.

Question 3 was answered by aggregating scaled scores by zip code and plotting results on maps of AIDS prevalence in Los Angeles. AIDS prevalence data by zip code – the number of AIDS diagnoses from 2002-2006 and the number of persons living with AIDS as of 2006 - were obtained from the Los Angeles County Department of Health. Population data aggregated by zip code from the 2000 US Census were used to calculate the proportion of the population either diagnosed with AIDS from 2002-2006 or living with AIDS in 2006.

For Question 8, a readiness score for each NC was calculated from questions related to support of HIV prevention services and programs for neighborhoods and youth as well as NC involvement in HIV prevention efforts (Questions 14, 16-23, 29, 30, and 66-68; See Appendix C for survey questions). The data from each question were

dichotomized (1=agree/in support of, 0=disagree/in support of) and averaged for each NC. For each question, one point was given if a majority of respondents in the NC (>50%) were in support of the HIV prevention program or service described. Points were summed across all questions to calculate the readiness score. Readiness scores ranged from 12.0 to 26.0 (Mean=21.67; Standard deviation=3.66). Readiness scores were divided into thirds: top-third (Very ready to implement HIV prevention services); middle-third (Ready to implement HIV prevention services); bottom-third (Somewhat ready to implement HIV prevention services (see Table 6). Readiness scores were plotted on maps of Los Angeles to examine regional trends.

Table 6. Readiness Score

Readiness Group	Number of NCs	Percent of NCs
Very Ready (24.0-26.0)	23	37.7%
Ready (21.0-23.0)	18	29.5%
Somewhat Ready (12.0-20.0)	20	32.8%

RESULTS

Research Question 1: What is the level of HIV/AIDS awareness among NC board members and stakeholders?
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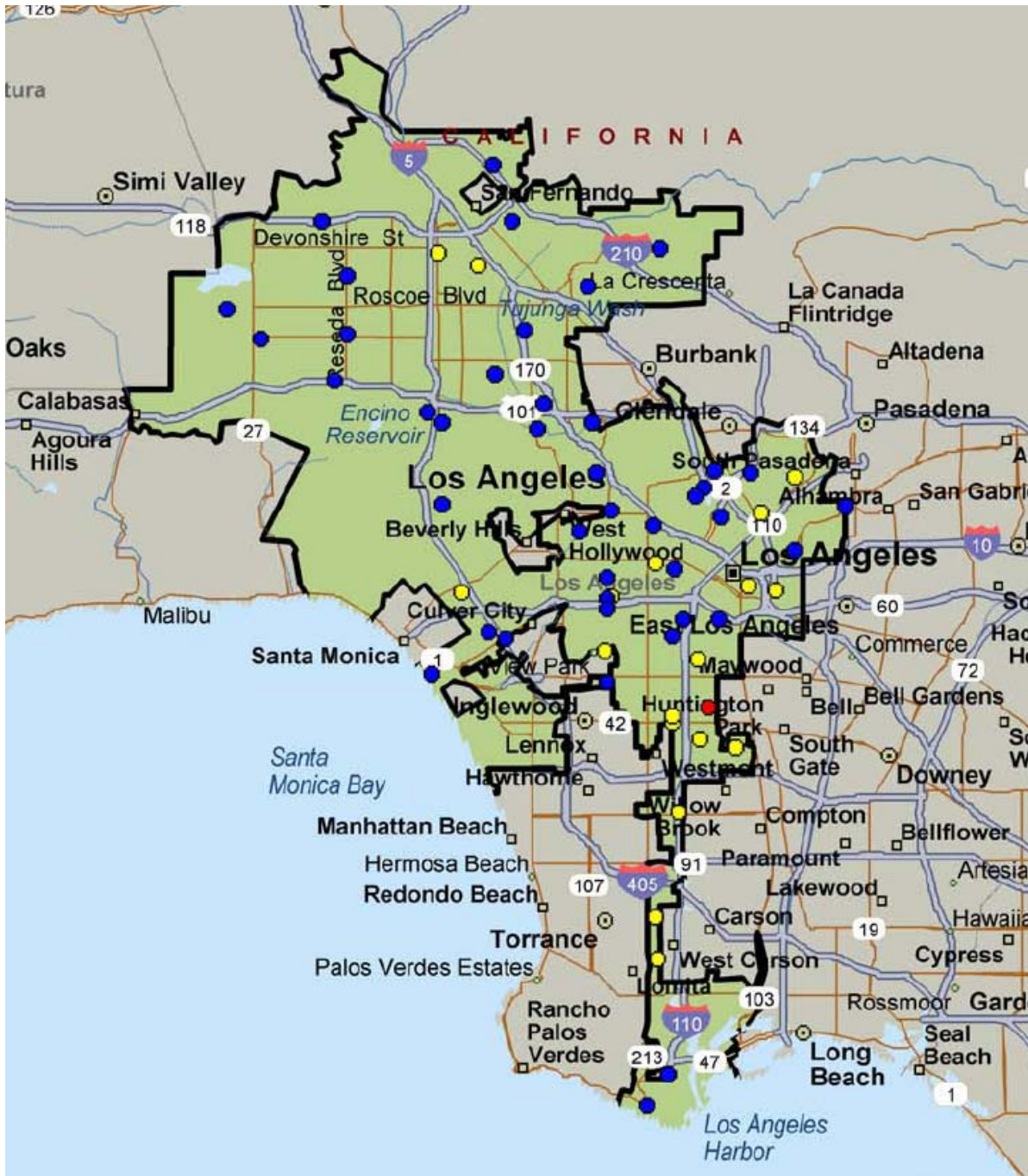
Scores on the knowledge test ranged from 0 to 10, with the average score being 7.71 (standard deviation=2.73). As seen in Table 7, over half of participants believed that HIV can be transmitted by kissing someone who has HIV/AIDS. Over a third of participants did not believe that they could protect themselves from getting HIV/AIDS by having only one sex partner, and 28% of participants did not know that they could protect themselves by using condoms. About a quarter of participants did not know that HIV can be transmitted from a mother to child during pregnancy.

Table 7. Knowledge Scores

Item	Percent Correct
Can people protect themselves from getting HIV/AIDS by:	
Having just one sex partner who has no other partners?	62.4%
Using a condom every time they have sex?	72.0%
Can the virus that causes AIDS be transmitted:	
From a mother to her child during pregnancy?	74.3%
By sharing injection drug needles?	89.8%
By having sexual intercourse with someone who has shared injection drug needles?	83.5%
By touching or hugging someone with HIV/AIDS?	82.5%
By kissing someone who has HIV/AIDS	48.4%
Please tell us whether you think the following statements are accurate.	
It is possible for a healthy-looking person to have the HIV/AIDS virus.	87.9%
Only people who have sexual intercourse with gay (homosexual) people get HIV/AIDS.	84.4%
Only people who look sick can spread the HIV/AIDS virus.	85.5%

Figure 14 provides a map of all Neighborhood Councils and their aggregate knowledge scores. As seen in the map, average knowledge scores are highest in the corridor extending northwest from the center of the City to Simi Valley and begin to decrease in the Southeast corridor from Maywood to Lomita.

Figure 14. NC Knowledge



Participants were also asked about their personal experiences with HIV/AIDS, including whether they know someone who has HIV or someone who has died from HIV/AIDS. As seen in Table 8, over half of participants knew someone who had died from AIDS (51.3%) and nearly half knew someone who had HIV (40.1%). Just over a third of participants did not know anyone with HIV/AIDS (35.1%).

Table 8. Personal Experience with HIV/AIDS

What has been your personal experience with HIV/AIDS?*	Number	Percent
I know someone who has HIV/AIDS	463	40.1%
I know someone who has died from HIV/AIDS	593	51.3%
I do not know anyone who has HIV/AIDS	406	35.1%

*N=1156; 69 missing responses

Participants were also asked if they knew that the City has a law prohibiting discrimination against persons with HIV/AIDS. Less than half of participants were aware of the law (40.4%).

Research Question 2: What are the attitudes and beliefs regarding HIV/AIDS among NC board members and stakeholders?

As illustrated in Table 9, a majority of participants felt that HIV was an important issue to address in their neighborhoods (70.8%), and 87.8% supported HIV prevention programs and services. Just under 15% exhibited attitudes consistent with stigmatizing persons with HIV (e.g., HIV being a punishment for immorality, persons with HIV/AIDS being offensive, etc.). Nearly a third of participants believed that they would be treated differently if they participated in HIV identification, prevention, or treatment programs.

Table 9. Attitude Scales

Scale	% of Participants Who Strongly Agree or Agree
Interest in HIV Prevention Services I support HIV/AIDS prevention programs and services.	87.8%
HIV Importance HIV/AIDS is an important issue for me and my neighborhood.	70.8%
Stigma I have stigmatizing attitudes about persons with HIV/AIDS.	14.8%
Fear of HIV Stigma People would treat me differently because of HIV/AIDS.	32.1%

Figures 15–18 provide maps of Neighborhood Councils and their aggregate attitude scores. As seen in Figure 15, Interest in HIV Prevention Services is high across the City with all NCs agreeing overall that they support HIV/AIDS prevention program and services. The belief that HIV is important in neighborhoods is highest in the center of the City and tends to decrease towards the western borders and into the San Fernando Valley (Figure 16). Overall, as noted earlier, the presence of HIV Stigma was low; using the aggregated NC score, stigmatizing attitudes were seen in one NC in the center of the City (Figure 17). Fear of HIV Stigma – fear of being treated differently as a result of being tested for HIV, being involved in HIV/AIDS prevention programs, and having HIV/AIDS - was most prevalent in East Los Angeles (Figure 18).

Figure 15. Interest in HIV Prevention Services

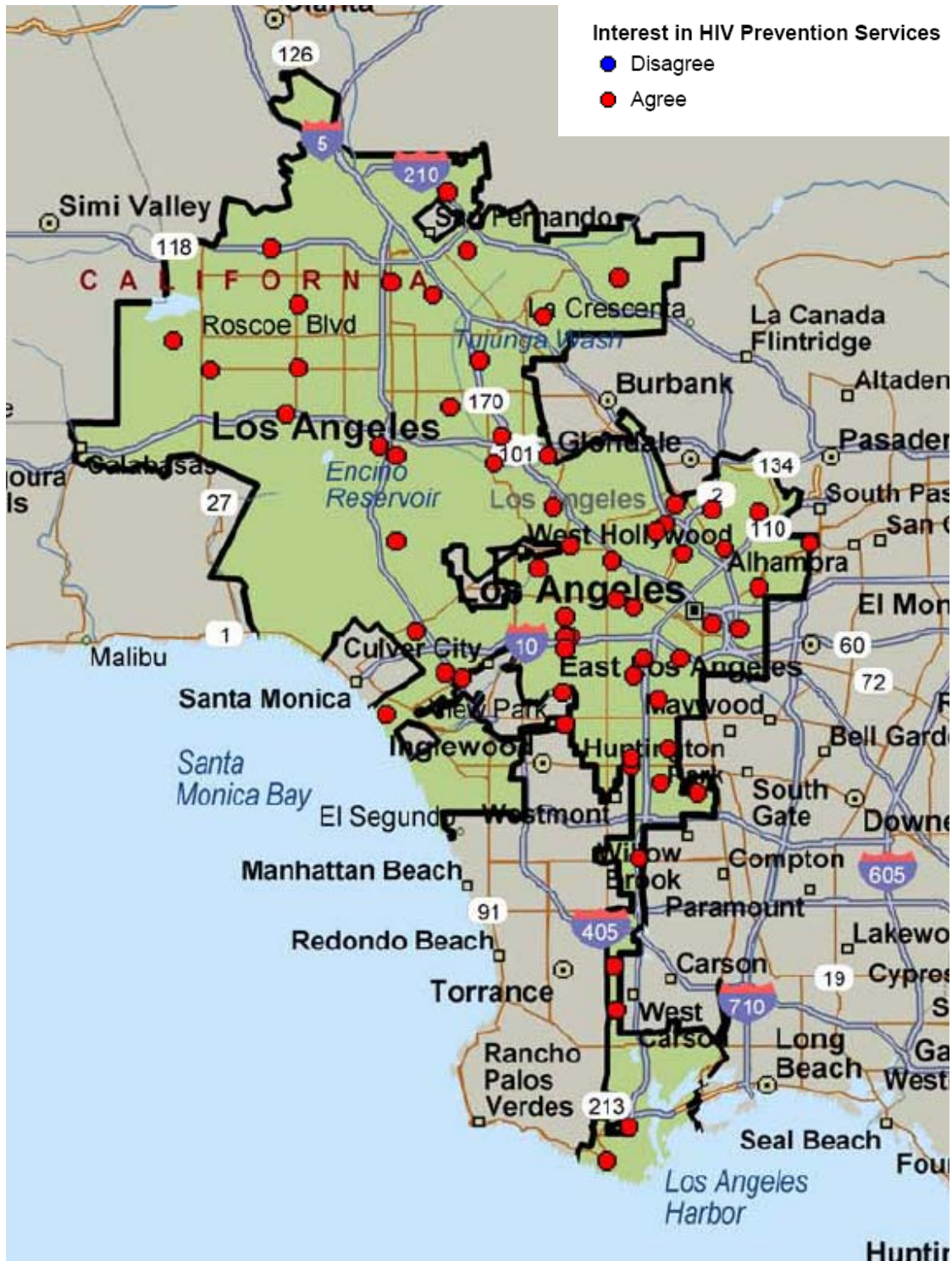


Figure 16. Importance of HIV

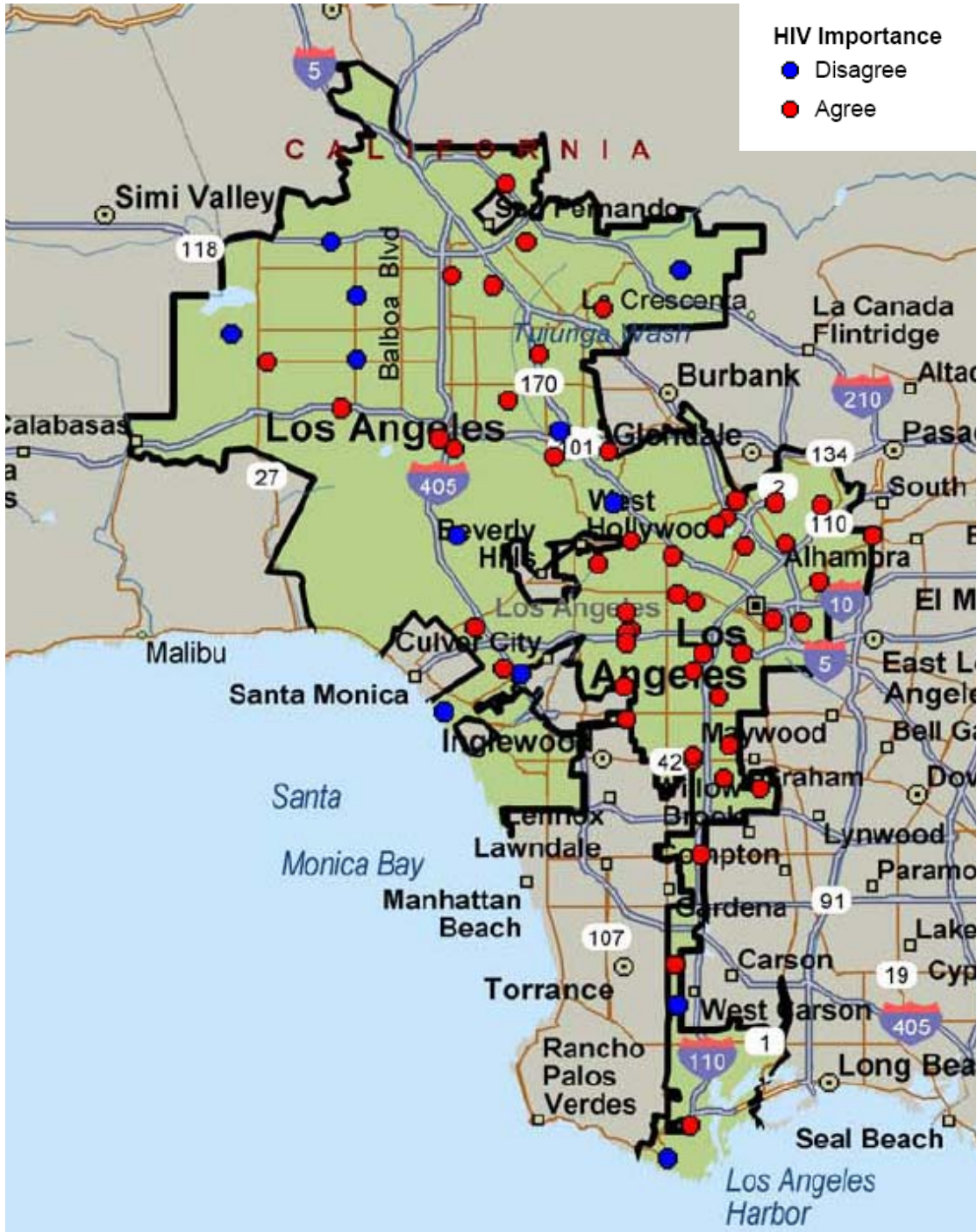


Figure 17. HIV Stigma

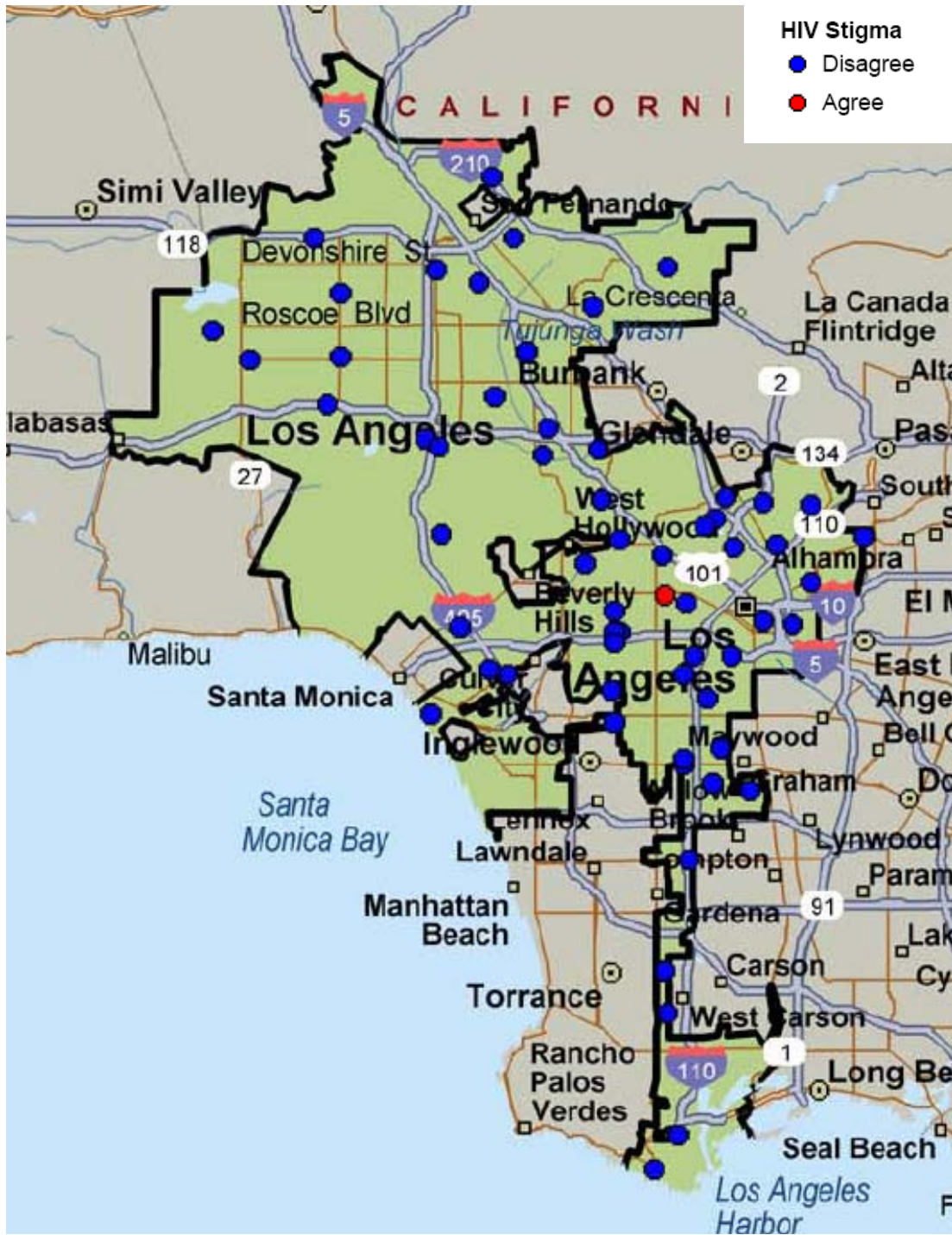
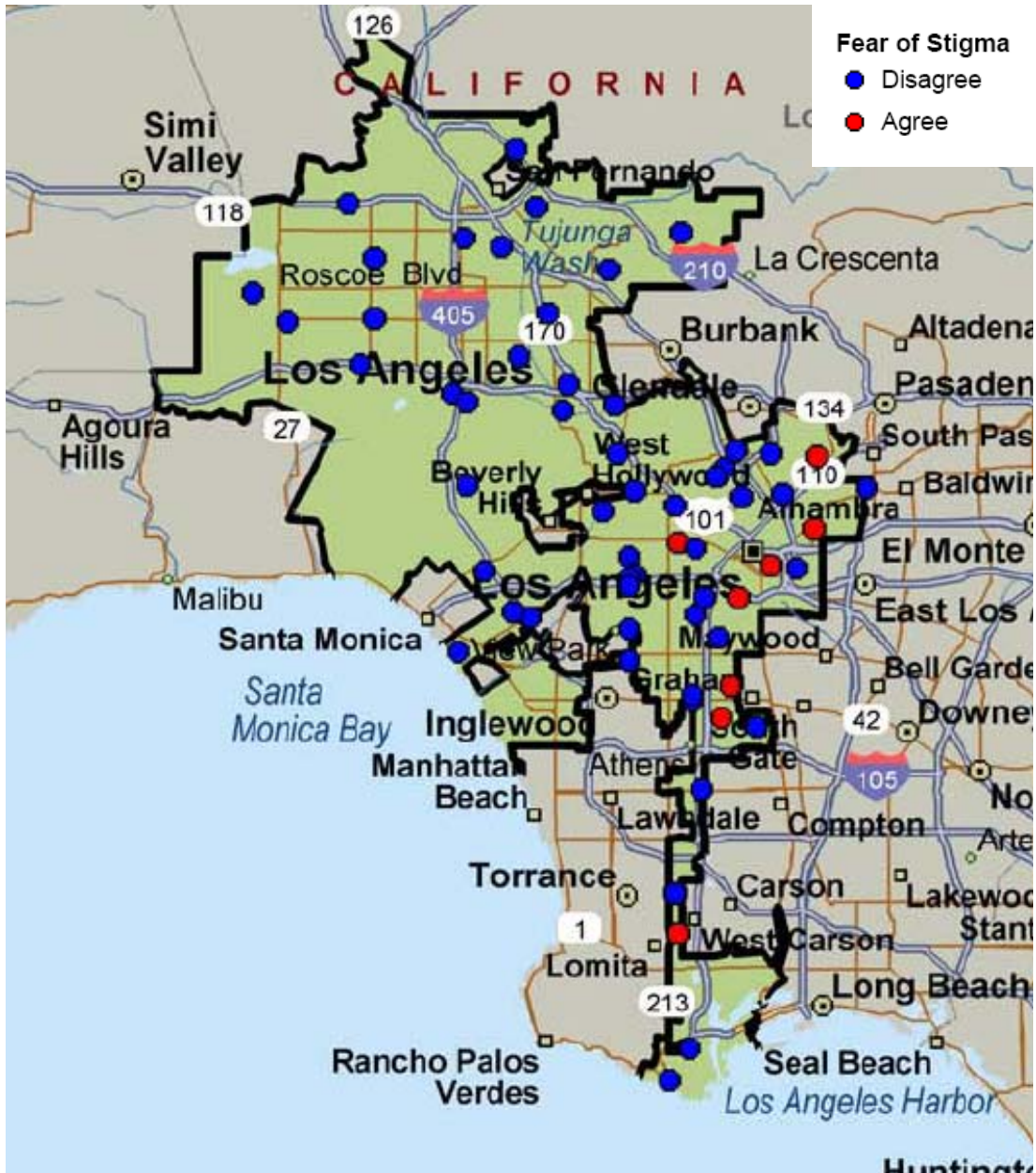


Figure 18. Fear of Stigma



Individual attitude and belief statements that were not part of the attitude scales are included in Table 10 and Figures 19-21. Nearly three-quarters of participants disagreed that the AIDS crisis is really removed from them, and a majority of participants believed that everyone has a responsibility to practice safer sexual behaviors because of HIV/AIDS (93.1%). Additionally, a majority of participants indicated that people with HIV/AIDS are unfairly persecuted (69.5%). When asked how they feel about people with HIV/AIDS, most participants reported feeling either “very” or “somewhat sympathetic” (89.0%, Figure 19). When asked about whether they felt afraid when thinking about people with HIV/AIDS, most participants indicated that they were “not at all afraid” (59.0%, Figure 20), and only 5.2% reported feeling “very afraid.” Finally, most participants reported feeling “not at all disgusted” when thinking about people with HIV/AIDS (78.0%, Figure 21).

Table 10. Individual Attitude Items

Item	% of Participants Who Strongly Agree or Agree
The AIDS crisis is really removed from me.	28.2%
I don't want to hear any more about HIV/AIDS.	7.6%
Because of HIV/AIDS, everyone has a responsibility to practice safer sexual behaviors	93.1%
People with HIV/AIDS are unfairly persecuted.	69.5%

Figure 19. Sympathy: When you think about people with HIV/AIDS, would you say you feel...?

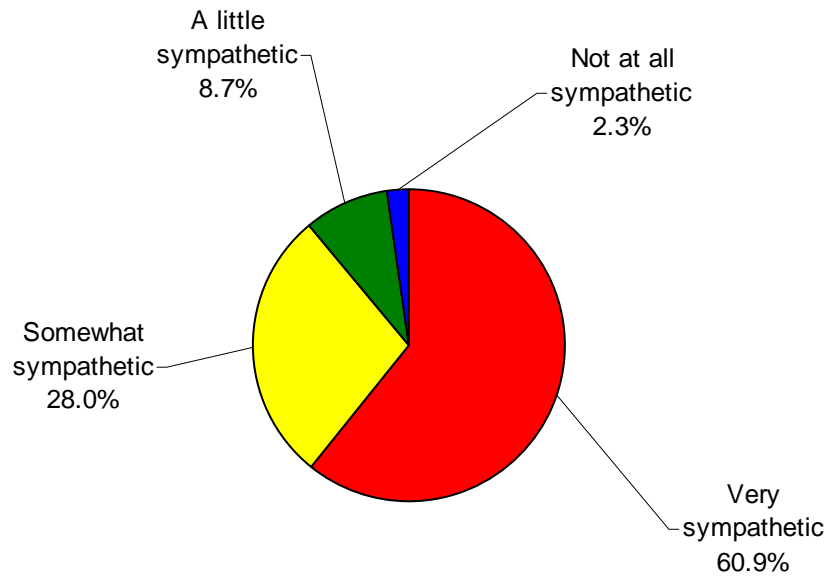


Figure 20. Afraid: When you think of people with HIV/AIDS, would you say you are...?

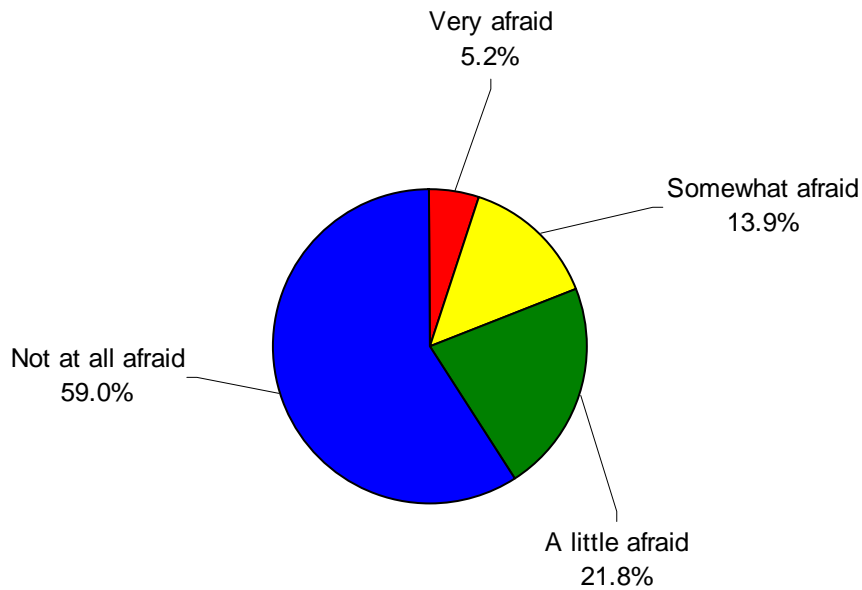
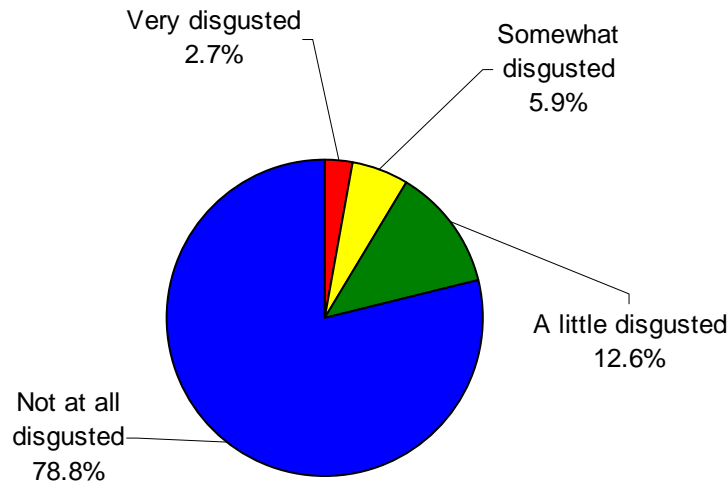


Figure 21. Disgusted: When you think of people with HIV/AIDS, would you say you feel...?



Research Question 3: Are HIV/AIDS awareness, attitudes and beliefs significantly different between neighborhoods of higher vs. lower AIDS prevalence?

As noted in the Methods section, AIDS data were obtained from the Los Angeles County Department of Health. Population data from the 2000 US Census were used to calculate the proportion of the population that was diagnosed with AIDS from 2002-2006 (Figure 22) and the proportion of the population living with AIDS in 2006 (Figure 23). As seen in Figure 22, the incidence of AIDS diagnoses is greatest in the center of the City and West Hollywood (1.1 % of the population) and begins to decrease towards the borders of the City. The prevalence of people living with AIDS since 2006 is also greatest in the center of the City and West Hollywood (2.5% of the population).

Figure 22. AIDS Diagnoses from 2002-2006

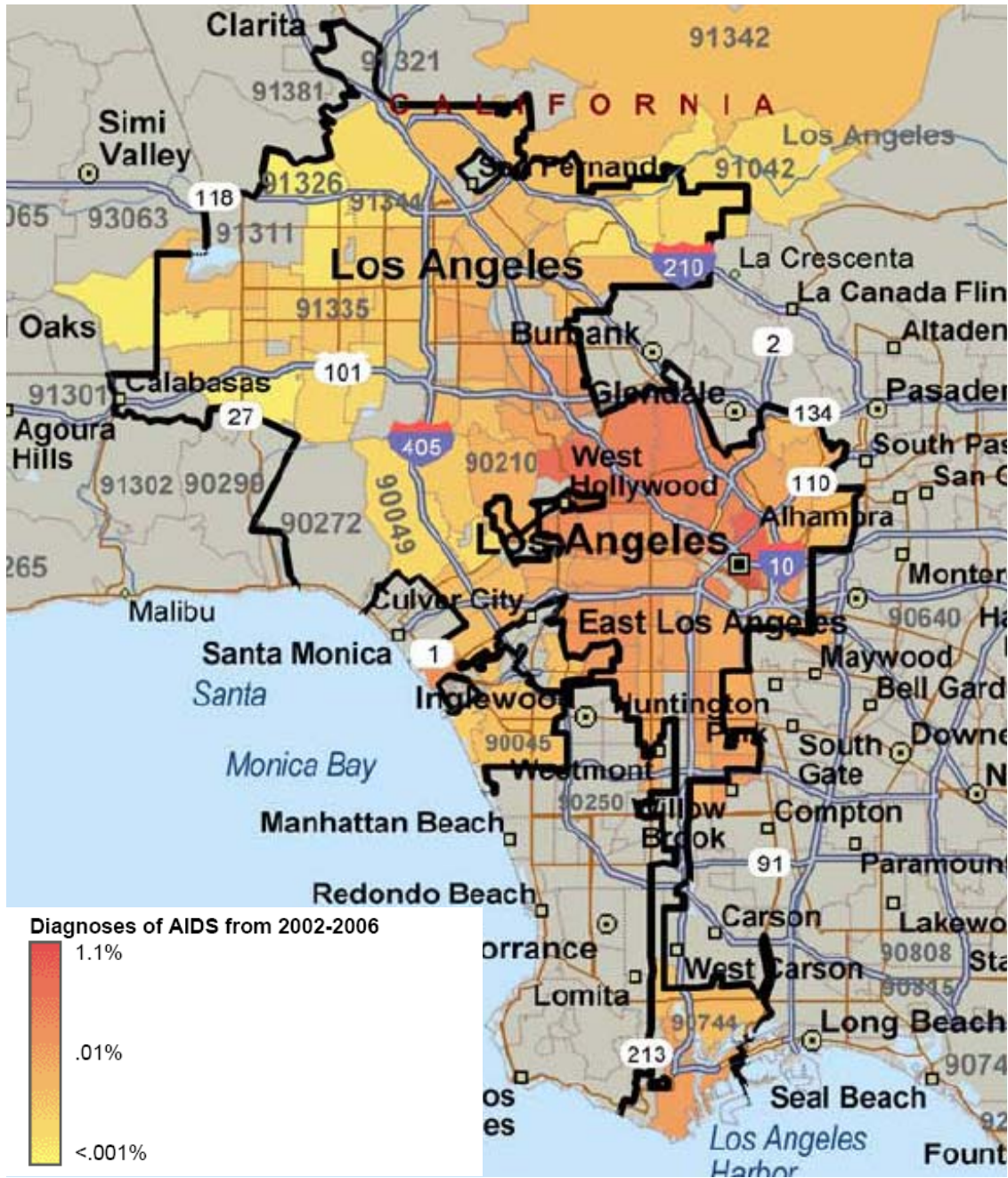
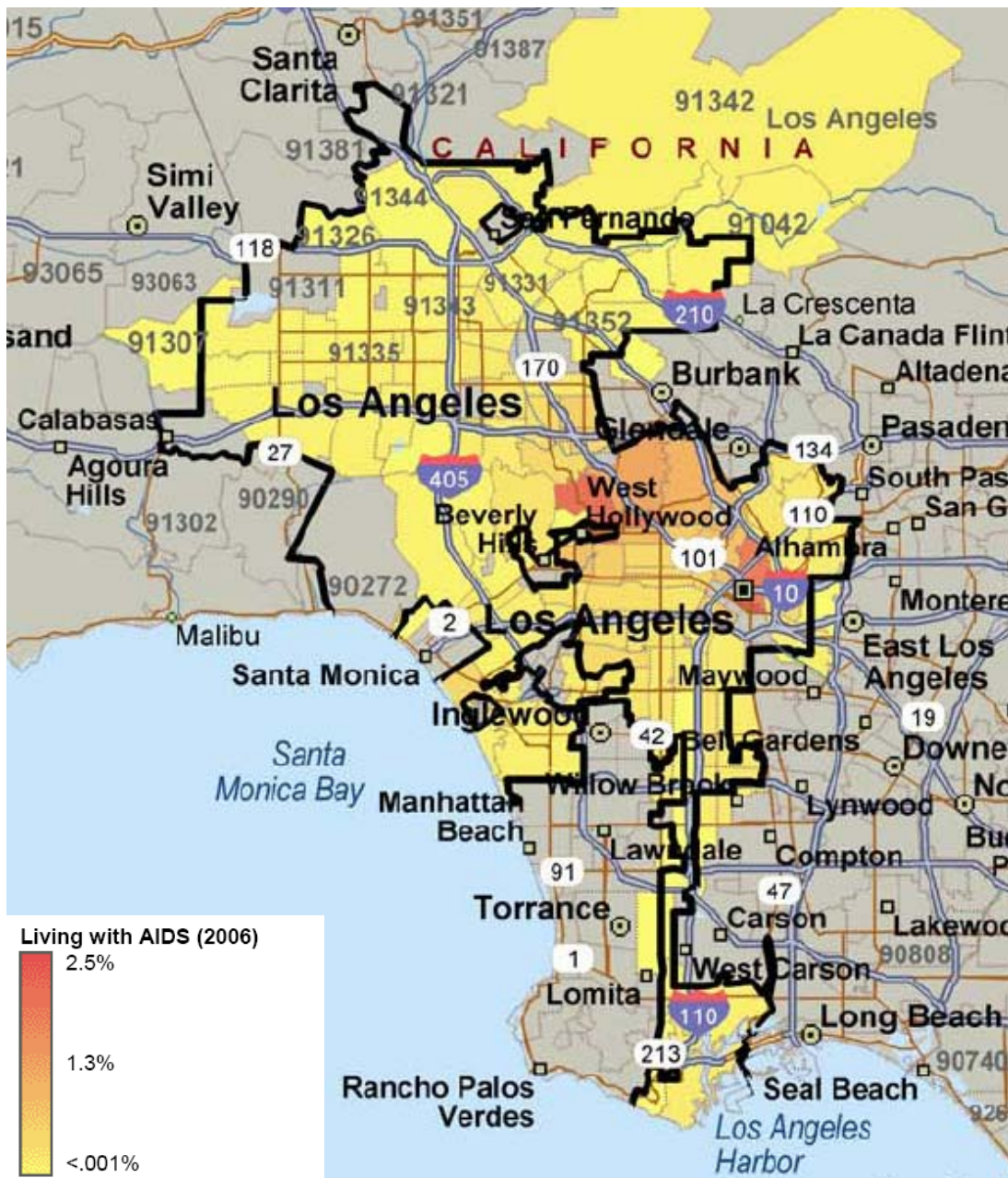


Figure 23. People Living with AIDS (2006)



Scores for each of the attitude scales and the knowledge test were aggregated by zip code and mapped with the incidence of AIDS diagnoses from 2002-2006. As seen in Figure 24 and discussed earlier in this report, few participants reported stigmatizing attitudes. Fear of Stigma tended to be less common in areas with low AIDS

prevalence (Figure 25). On average, participants in every zip code tended to demonstrate an interest in HIV prevention services, regardless of AIDS prevalence (Figure 26). Additionally, the belief that HIV is an important issue tended to be more common in high AIDS prevalence areas (Figure 27). Finally, HIV knowledge scores in high AIDS prevalence zip codes were consistently high compared to the knowledge scores in moderate and low AIDS prevalence zip codes (Figure 28).

Figure 24. HIV Stigma and AIDS Prevalence

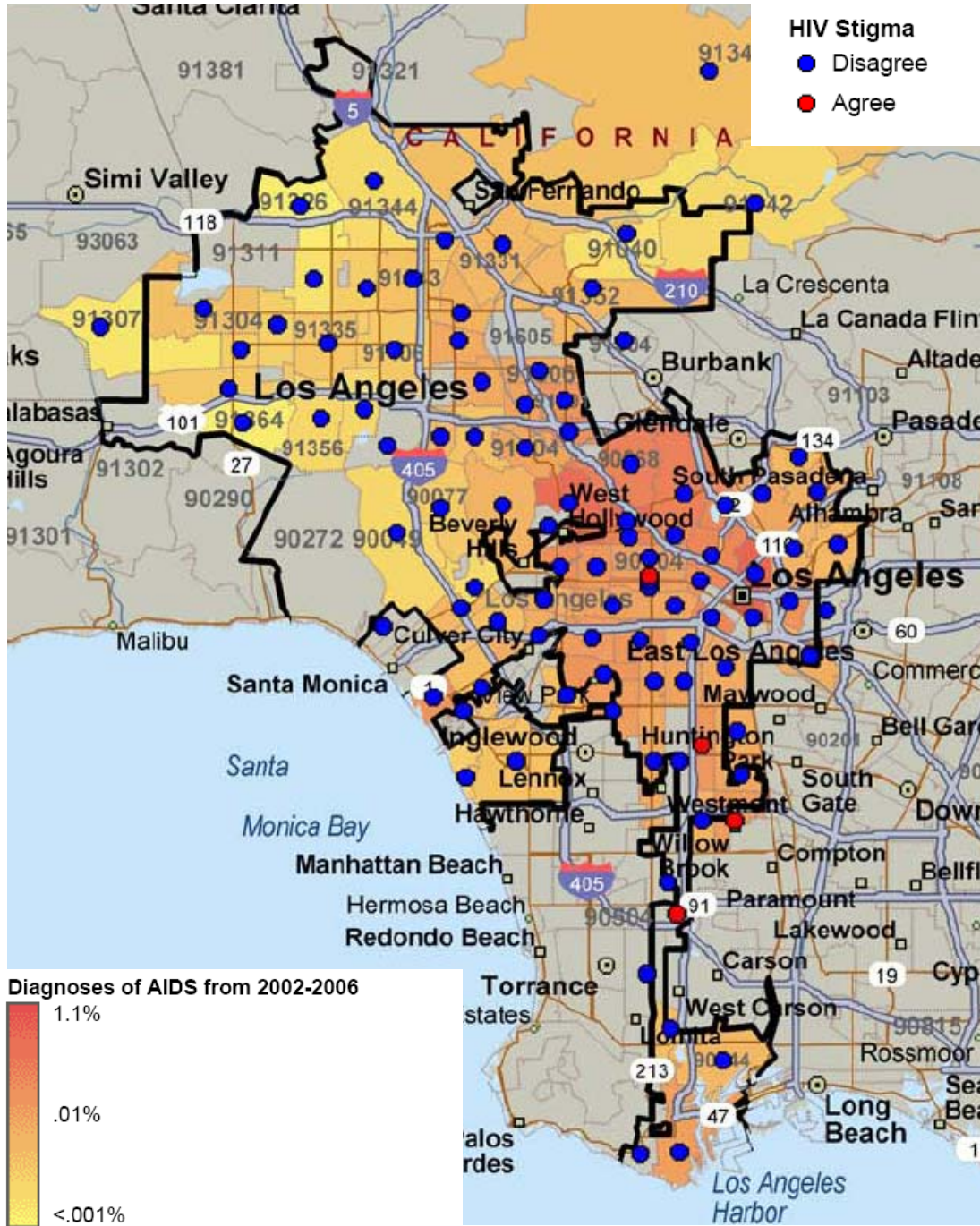


Figure 25. Fear of Stigma and AIDS Prevalence

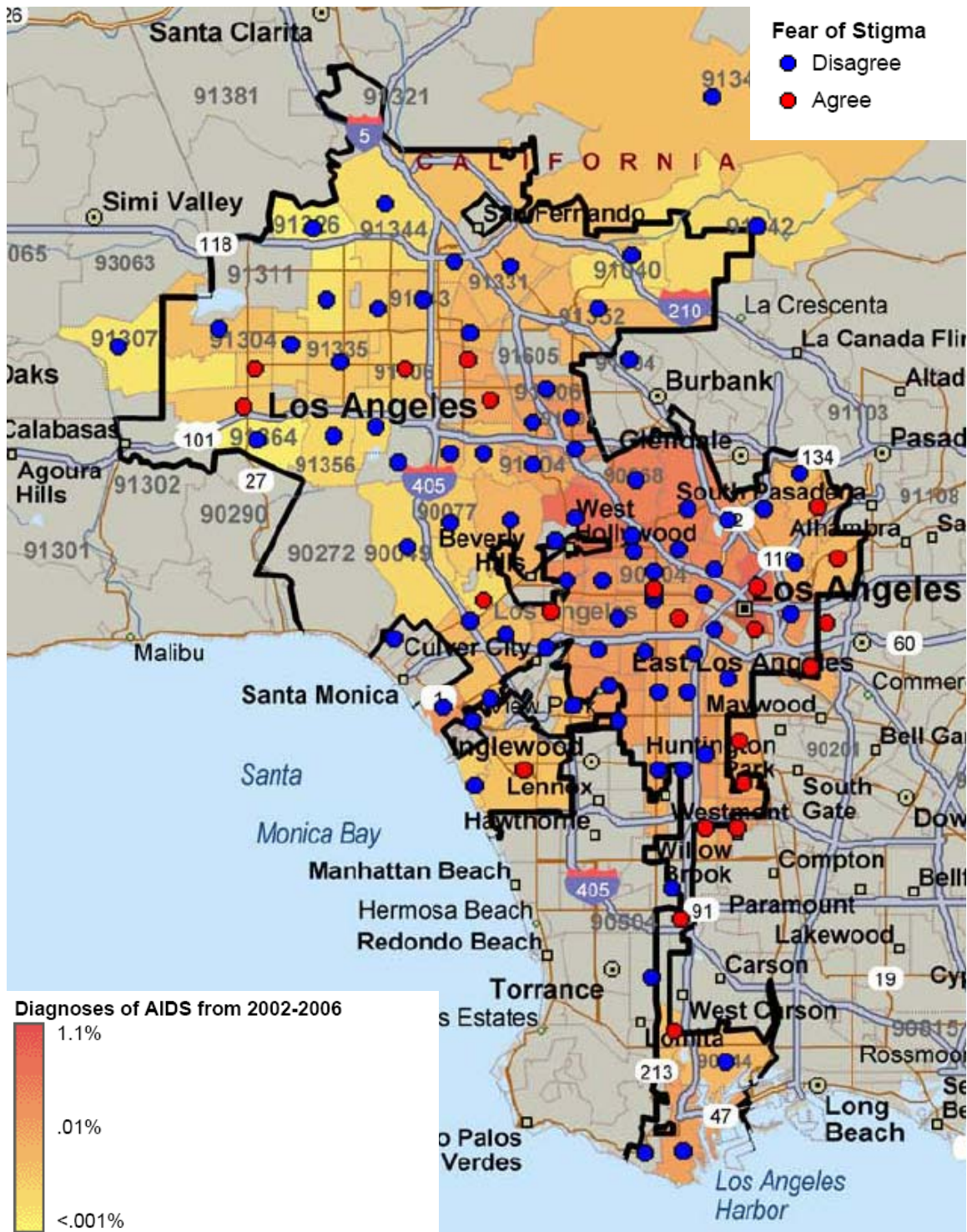


Figure 26. Interest in HIV Prevention Services by AIDS Prevalence

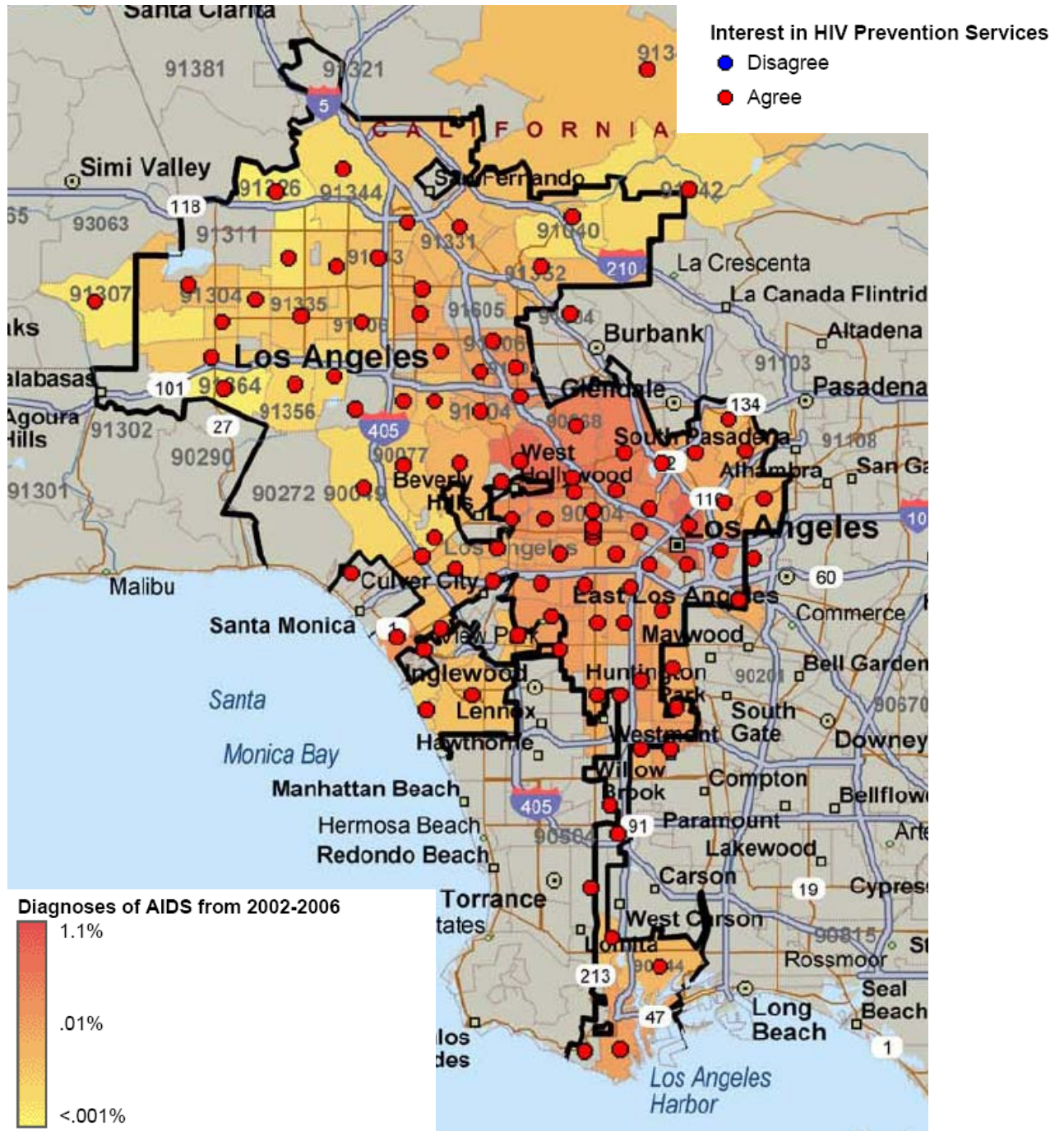


Figure 27. HIV Importance by AIDS Prevalence

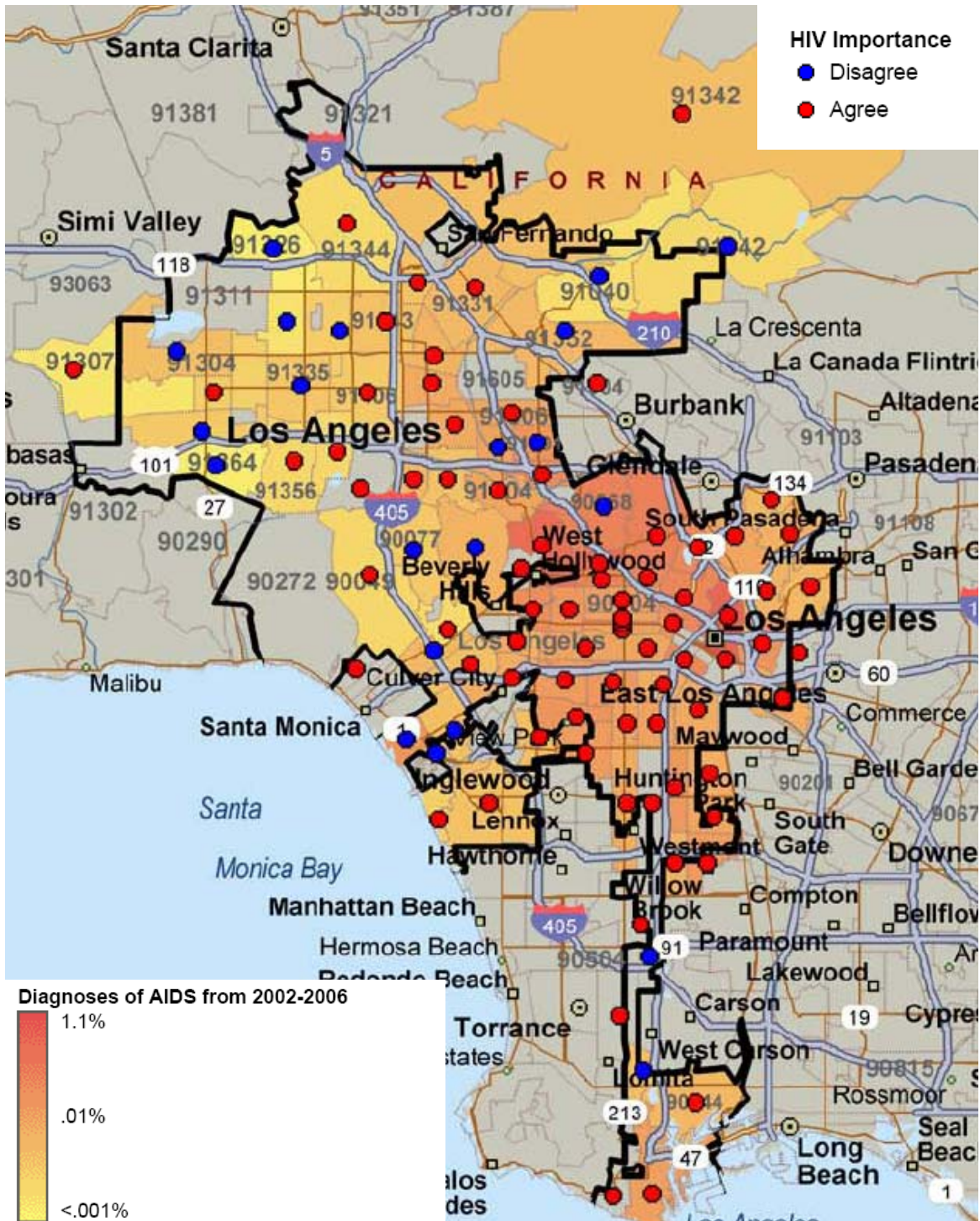
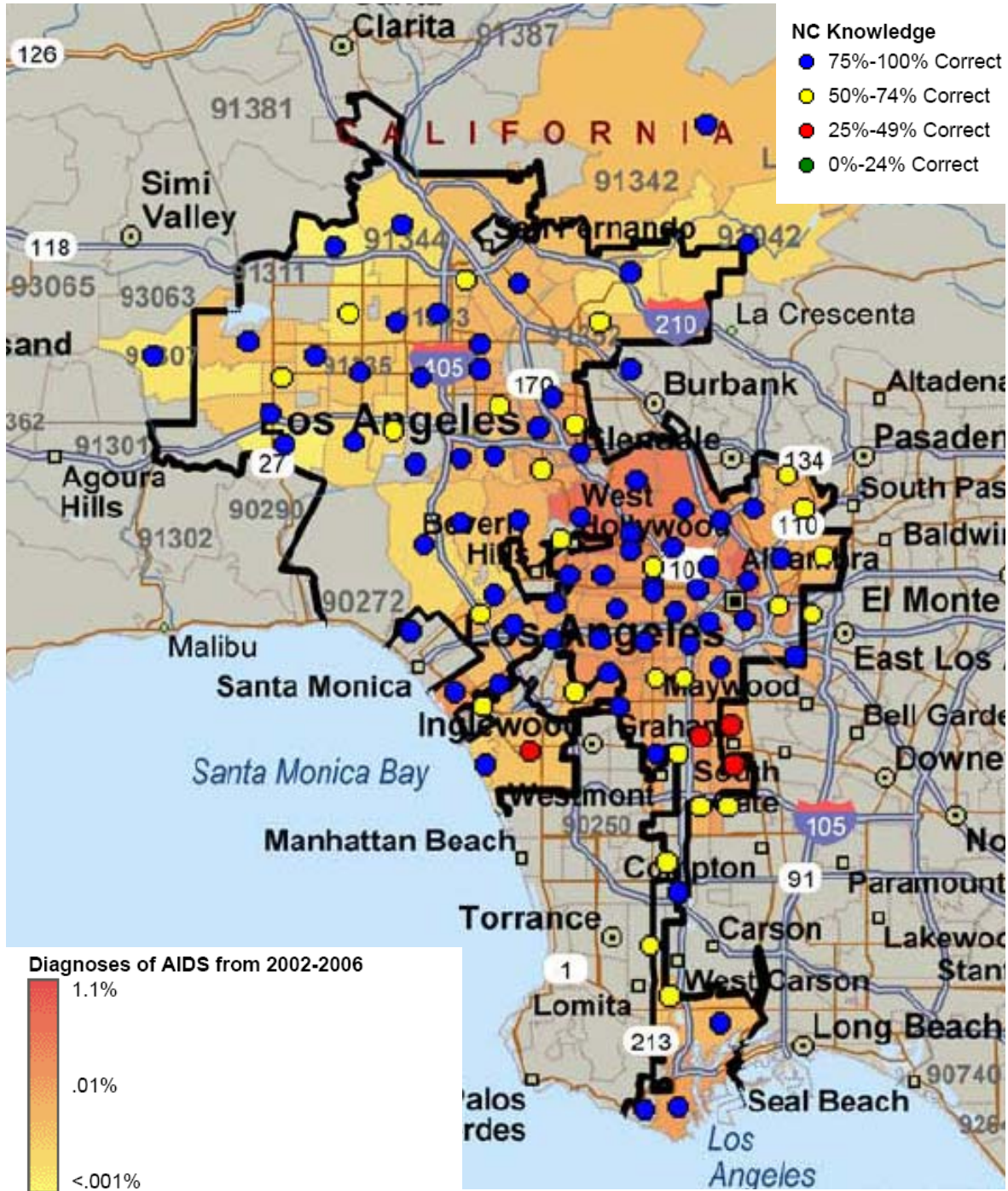


Figure 28. Knowledge by AIDS Prevalence



Research Question 4: What are the perceptions of HIV/AIDS prevention service needs and the availability of these services in neighborhoods?

The survey included five items about the availability of HIV/AIDS prevention services in neighborhoods and schools. A majority of participants (from between 51.6%-67.9% depending on the item) either skipped the questions or marked “Don’t Know,” indicating that in general, residents are not highly aware of any HIV/AIDS prevention in their neighborhoods. Table 11 provides the percent of participants who marked either “Strongly Agree” or “Agree” in response to the items. Nearly sixty percent of participants agreed that programs for adults were available in their neighborhood. Less than half of participants believed that programs for middle school students were available (47.5%), but close to two-thirds indicated that programs for high school students were available (62.3%). Moreover, a large majority disagreed that high schools and middle schools are doing enough to teach students about HIV/AIDS (66.5% and 68.4%, respectively).

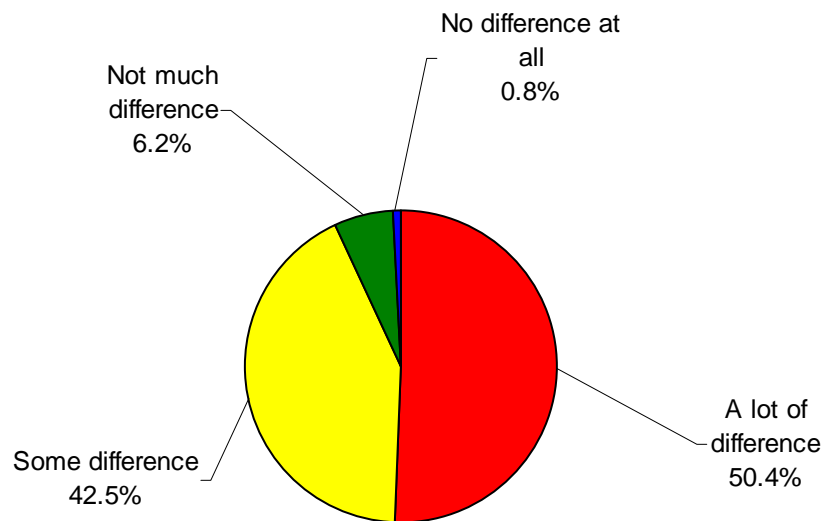
Table 11. Perceptions of Service Needs and Availability in Schools

Item	% of Participants Who Strongly Agree or Agree
HIV/AIDS prevention programs for <u>adults</u> are available in my neighborhood	58.4%
HIV/AIDS prevention programs for <u>high school students</u> are available in my neighborhood.	62.3%
HIV/AIDS prevention programs for <u>middle school students</u> are available in my neighborhood.	47.5%
The <u>high school</u> in my neighborhood is doing enough to teach students about HIV/AIDS.	33.5%
The <u>middle school</u> in my neighborhood is doing enough to teach students about HIV/AIDS.	31.6%

Research Question 5: What are the attitudes of NC board members and stakeholders as well as perceived attitudes of residents towards offering prevention services in neighborhoods?

As noted in Research Question 2, participants demonstrated a great deal of interest in HIV/AIDS prevention services and programs. Participants were also asked about the impact of HIV/AIDS prevention programs in Los Angeles. As seen in Figure 29, 93% of respondents believed that programs make “A lot of” or “Some Difference” in reducing the spread of HIV.

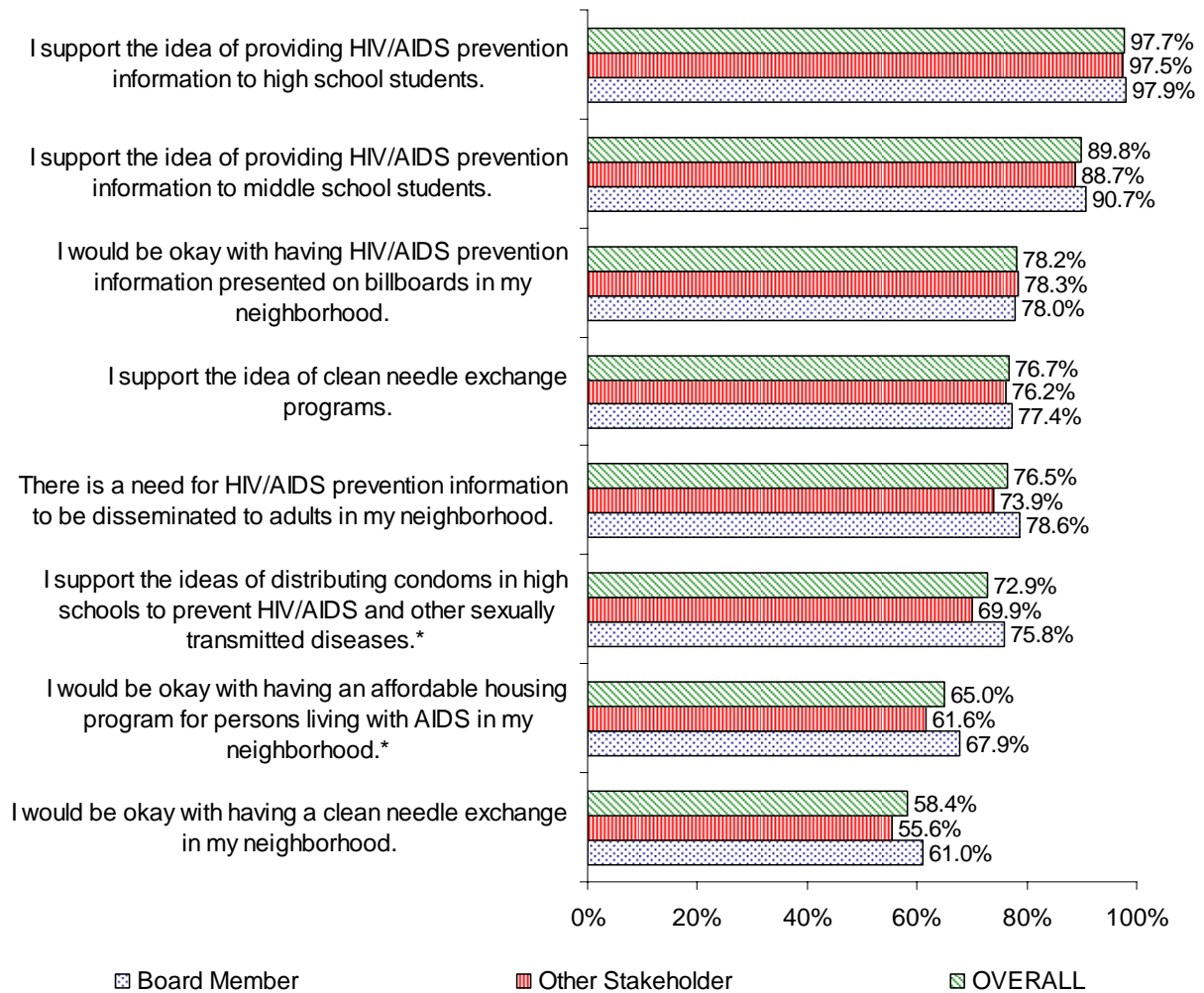
Figure 29. How much of a difference do you think HIV/AIDS prevention programs make in reducing the spread of HIV in Los Angeles?



Participants were asked several questions about the types of HIV/AIDS prevention services they support and the extent to which they would approve of having various HIV/AIDS prevention services in their neighborhood. Figure 30 provides the

results overall and by participant type (i.e., NC board member or other stakeholder attending the meeting such as a resident or business owner). In general, board members and other stakeholders tended to have similar attitudes towards offering prevention services in neighborhoods. Board members tended to view the idea of distributing condoms in high schools and affordable housing programs more favorably than did other stakeholders ($p < .05$). Participants were overwhelmingly in favor of providing HIV/AIDS prevention information to high schools (97.7%) and middle schools (89.8%). A large majority of participants were agreeable to presenting HIV/AIDS prevention information on billboards (78.2%), disseminating prevention information to adults in their neighborhood (76.5%), and distributing condoms to high school students (72.9%). Sixty-five percent of participants reported that they would be okay with having an affordable housing program for persons living with AIDS in their neighborhood. Although three-fourths of participants supported the idea of clean needle exchange programs, only 58.4% indicated that they would be okay with having a clean needle exchange program in their neighborhood.

Figure 30. Attitudes Towards Offering HIV/AIDS Prevention Services



*Chi-square significant at .05

Table 12 provides the results by NC region. In general, participants from the North Valley and South Valley tended to be less supportive of HIV prevention services and programs than were other participants. East and South residents were the most likely to support HIV prevention services. There was a fair amount of agreement across regions on providing information about HIV/AIDS to high school students and middle school students. In every NC region, an overwhelming majority supported the idea of disseminating information in schools. However, regional differences emerged when

participants were asked about whether they supported condom distribution in high schools. Participants in the Central, East, South, and West regions were more supportive of condom distribution than were residents in the Harbor, North Valley, and South Valley. Participants from the North Valley, South Valley and West regions tended to view clean needle exchange programs less favorably than participants from other regions. Harbor, North Valley, and South Valley residents were less comfortable with affordable housing for persons with AIDS than were residents from other regions. In the South Valley and West regions, participants were less likely to believe that information about HIV/AIDS should be disseminated to adults in the neighborhood or support billboards with HIV/AIDS information in their neighborhoods.

Table 12. Attitudes Towards Offering Services by NC Region

Item	% of Participants Who Strongly Agree or Agree							
	Central	East	Harbor	North Valley	South	South Valley	West	OVERALL
I support the idea of providing HIV/AIDS prevention information to <u>high school students</u> .	98.1%	98.7%	97.4%	93.6%	98.3%	98.4%	97.8%	97.7%
I support the idea of providing HIV/AIDS prevention information to <u>middle school students</u> .*	95.6%	94.3%	88.9%	82.9%	92.5%	87.1%	84.1%	89.8%
I support the ideas of distributing condoms in <u>high schools</u> to prevent HIV/AIDS and other sexually transmitted diseases.*	79.5%	83.0%	70.2%	64.2%	76.4%	63.7%	76.7%	72.9%
I support the idea of clean needle exchange programs.*	78.3%	81.5%	85.2%	65.4%	80.6%	73.6%	70.8%	76.7%
There is a need for HIV/AIDS prevention information to be disseminated to adults in my neighborhood.*	79.2%	86.3%	75.0%	70.5%	92.3%	62.0%	65.6%	76.5%
I would be okay with having an affordable housing program for persons living with AIDS in my neighborhood.*	74.2%	77.8%	55.5%	51.1%	76.5%	52.2%	63.6%	65.0%
I would be okay with having HIV/AIDS prevention information presented on billboards in my neighborhood.*	81.6%	87.6%	73.9%	74.8%	88.5%	69.3%	63.3%	78.2%
I would be okay with having a clean needle exchange in my neighborhood.*	59.5%	70.0%	59.1%	47.8%	65.5%	54.1%	44.0%	58.4%

*Chi-square significant at .05

Participants were also asked about where HIV/AIDS prevention for youth should be discussed. As seen in Table 13, family and schools were considered two particularly appropriate settings for HIV/AIDS prevention (86.7% and 83.3%, respectively). Over two-thirds of participants believed that HIV/AIDS prevention should be discussed in medical care settings, community-based social service organizations, and the public media. Moreover, nearly 60% of respondents thought religious institutions should discuss prevention and 56.5% felt that after-school programs were appropriate settings for HIV/AIDS prevention discussion.

Table 13. HIV/AIDS Prevention for Youth

In your opinion, HIV/AIDS prevention for youth ages 12-17 should be discussed in the following settings: (check all that apply)	Number	Percent
Family	1010	86.7%
Schools	970	83.3%
Medical care	845	72.5%
Community-based social service organization	812	69.7%
Public media	783	67.3%
Religious institutions (e.g., churches, synagogues, etc.)	687	59.0%
After-school programs	658	56.5%
Other	62	5.3%

*N=1165; 60 missing responses

Research Question 6: What is the acceptability among NC board members and stakeholders of having NCs serve as a vehicle for disseminating HIV/AIDS prevention information to LA neighborhoods?

Overall, survey respondents viewed Neighborhood Councils as appropriate vehicles for disseminating HIV/AIDS prevention information to Los Angeles residents. Furthermore, as seen in Figure 31, board members and other stakeholders were in agreement about whether NCs should increase awareness of HIV/AIDS issues among residents (80.8% overall) and whether NCs could be effective for distributing HIV/AIDS prevention information (83.6% overall).

Figure 31. NC Involvement in HIV/AIDS Prevention

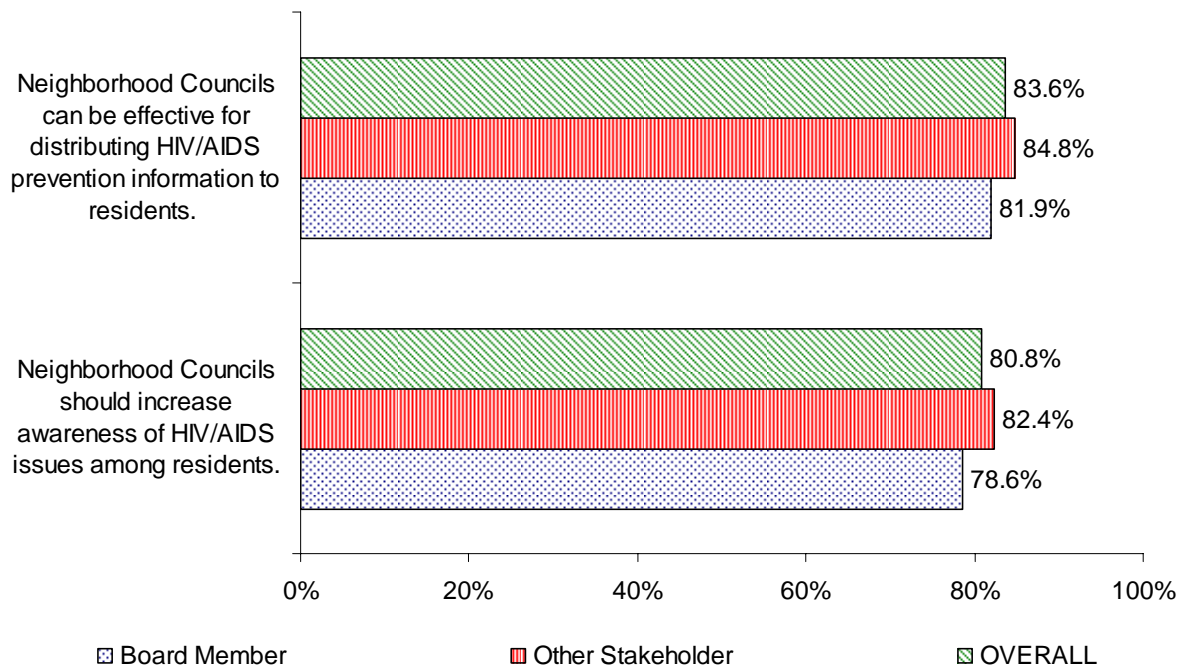


Table 14 provides the results by NC region. Participants in the West and North Valley were less likely to agree that NCs should increase HIV/AIDS awareness than

were participants in other regions. Participants in the South viewed NC involvement in HIV/AIDS prevention very favorably, 93.3% of participants agreed that NCs should increase awareness, and 95.6% indicated that NCs could be effective HIV/AIDS information dissemination vehicles.

Table 14. NC Involvement in HIV/AIDS Prevention by NC Region

Item	% of Participants Who Strongly Agree or Agree							
	Central	East	Harbor	North Valley	South	South Valley	West	OVERALL
Neighborhood Councils should increase awareness of HIV/AIDS issues among residents.*	78.7%	88.2%	84.3%	69.4%	93.3%	78.7%	69.0%	80.8%
Neighborhood Councils can be effective for distributing HIV/AIDS prevention information to residents. *	79.1%	87.4%	85.6%	79.4%	95.6%	75.9%	78.4%	83.6%

*Chi-square significant at .05

The final item on the survey asked about the appropriate activities for Neighborhood Councils to undertake in helping to address HIV/AIDS in Los Angeles (Table 15). Less than 10% of participants believed that NCs should do nothing regarding HIV/AIDS prevention. The most common response was to work with HIV/AIDS prevention programs to increase awareness of HIV/AIDS issues in neighborhoods (73.1%). Over two-thirds of participants believed that NCs should address issues affecting families with HIV/AIDS. Between 60-64% of participants believed that NCs should target local policymakers, participate in World AIDS Day, discuss issues at public meetings, and work with local media.

Table 15. Appropriate NC Activities

Which of the following would be appropriate activities for Neighborhood Councils to undertake in helping to address HIV/AIDS in Los Angeles? (check all that apply)	Number	Percent
Work with HIV/AIDS prevention programs to increase awareness of HIV/AIDS issues in neighborhoods	792	73.1%
Help to address issues affecting families with HIV/AIDS	738	67.9%
Target local policymakers to encourage them to pay more attention to HIV/AIDS issues	686	63.3%
Participate in events to mark “World AIDS Day”	678	62.5%
Discussing HIV/AIDS issues at public meetings	669	61.7%
Work with local media to increase awareness of HIV/AIDS issues	653	60.2%
Do nothing, we should not get involved.	88	8.1%
Other	76	7.0%

*N=1,084; 141 missing responses

Research Question 7: Are HIV/AIDS awareness, attitudes and beliefs significantly different by certain demographic characteristics (i.e., gender, age, race/ethnicity) among NC board members and stakeholders?

Were there any differences by NC region?

Awareness

Regional differences were found in overall knowledge ($F(6,1218)=6.04, p<.01$). As seen in Table 16, the mean knowledge score for Harbor residents (6.74) was significantly lower than the mean scores for all other regions except South. The mean knowledge score for South residents (7.21) was significantly lower than the mean scores for Central, South Valley, and West.

Table 16. Knowledge Scores by NC Region

NC Region	Number	Mean Score
Central	168	8.01
East	167	7.85
Harbor	129	6.74 ¹
North Valley	148	8.03
South	251	7.21 ²
South Valley	264	8.01
West	98	8.19
TOTAL	1225	7.71

¹Significantly different from Central (p<.01), East (p<.01), North Valley (p<.01), South Valley (p<.01), and West (p<.01)

²Significantly different from Central (p<.01), South Valley (p<.01), and West (p<.01)

Regional differences in personal experience with HIV/AIDS also emerged. As seen in Table 17, participants from the Harbor region were less likely than participants from all other regions to report knowing someone with HIV/AIDS.

Table 17. Personal Experience with HIV/AIDS by NC Region*

NC Region	% of Participants who know someone who has HIV/AIDS and/or has died from AIDS
Central	73.9%
East	69.8%
Harbor	48.3%
North Valley	59.9%
South	66.7%
South Valley	65.5%
West	69.2%
TOTAL	65.3%

*Chi-square significant at .05

Attitudes and Beliefs

There were significant differences between NC regions on three of the attitude scales – Interest in HIV Prevention Services (F(6,1194)=9.06, p<.01), HIV Importance (F(6,1133)=32.71, p<.01), and HIV Stigma (F(6,1156)=6.63, p<.01).

The means for Interest in HIV Prevention Services can be found in Table 18. It is important to note that means ranged from 2.95 to 3.30; suggesting general interest in HIV prevention services is high (between Agree and Strongly Agree). As seen in Table 18, participants from North Valley and South Valley, overall, reported significantly less interest in HIV prevention service than did residents from Central, East, or South regions. Residents from the West expressed significantly less interest in HIV prevention services than residents in the South regions.

Table 18. Interest in HIV Prevention Services by NC Region

NC Region	Number	Mean Score*
Central	164	3.22
East	165	3.25
Harbor	124	3.14
North Valley	145	2.95 ¹
South	247	3.30
South Valley	261	3.06 ²
West	95	3.08 ³
TOTAL	1201	3.15

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly different from Central (p<.01), East (p<.01), and South (p<.01)

²Significantly different from Central (p<.05), East (p<.01), and South (p<.01)

³Significantly different from South (p<.05)

Table 19 provides the means for HIV Importance, which ranged from 2.46-3.23. The mean scores for participants from Harbor, North Valley, South Valley, and West were significantly less than the mean scores from Central, East, or South regions.

Table 19. HIV Importance by NC Region

NC Region	Number	Mean Score*
Central	158	2.92
East	158	3.02
Harbor	113	2.67 ¹
North Valley	139	2.59 ²
South	234	3.23
South Valley	245	2.54 ³
West	93	2.46 ⁴
TOTAL	1140	2.81

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly different from Central (p<.05), East (p<.01), and South (p<.01)

²Significantly different from Central (p<.01), East (p<.01), and South (p<.01)

³Significantly different from Central (p<.01), East (p<.01), and South (p<.01)

⁴Significantly different from Central (p<.01), East (p<.01), and South (p<.01)

Table 20 provides the regional comparisons for HIV Stigma. It is important to note that overall scores indicate little HIV Stigma (scores ranged from 2.97 to 3.31, between Disagree and Strongly Disagree). As seen in Table 20, participants from Harbor, North Valley, and South Valley tended to exhibit more stigmatizing beliefs and attitudes than did residents from other regions in Los Angeles (Higher means indicate less stigmatizing attitudes). The HIV Stigma scale scores for Harbor residents were significantly lower than scores for Central, East, South Valley, and West residents; North Valley and South scores were significantly lower than scores for East residents.

Table 20. HIV Stigma by NC Region

NC Region	Number	Mean Score*
Central	160	3.23
East	158	3.31
Harbor	117	2.97 ¹
North Valley	142	3.06 ²
South	241	3.07 ³
South Valley	253	3.22
West	92	3.27
TOTAL	1163	3.16

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly different from Central (p<.05), East (p<.01), South Valley (p<.01), and West (p<.01)

²Significantly different from East (p<.01)

³Significantly different from East (p<.01)

Were there any gender differences?

There were significant differences between females and males on two of the attitude scales – Interest in HIV Prevention Services (t(1187)=2.00, p<.05) and Fear of HIV Stigma (t(1149)=3.52, p<.01). As seen in Table 21, females reported less interest in HIV prevention service than males. Females also demonstrated less fear of HIV stigma than did males (See Table 22).

Table 21. Interest in HIV Prevention Services by Gender

Gender	Number	Mean Score*
Female	579	3.19
Male	632	3.12
TOTAL	1189	3.15

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

Table 22. Fear of HIV Stigma by Gender

Gender	Number	Mean Score*
Female	515	2.19
Male	572	2.33
TOTAL	1087	2.26

Were there any differences by race/ethnicity?

Awareness

As seen in Table 23, White/Caucasian participants received the highest scores on the knowledge test; their scores were significantly higher than the scores for African-American/Black, Asian/Pacific Islander, and Latino/Hispanic participants.

Latino/Hispanic participants scored significantly higher than Asian/Pacific Islander participants.

Table 23. Knowledge Scores by Race/Ethnicity*

Race/Ethnicity	Number	Mean Score
African-American/Black	228	7.00
Asian/Pacific Islander	69	6.41
Latino/Hispanic	203	7.61 ¹
White/Caucasian	629	8.17 ²
TOTAL	1129	7.72

*(F(3,1125)=16.93; p<.01)

¹Significantly different from Asian/Pacific Islander (p<.01)

²Significantly different from African-American/Black (p<.01), Asian/Pacific Islander (p<.01), and Latino/Hispanic (p<.05)

Racial/ethnic differences in personal experience with HIV/AIDS also emerged. As seen in Table 24, African-American/Black and White/Caucasian participants were more likely than all other participants to report knowing someone with HIV/AIDS. Asian/Pacific Islander participants were the least likely to know someone with HIV/AIDS.

Table 24. Personal Experience with HIV/AIDS by Race/Ethnicity*

Race/Ethnicity	% of Participants who know someone who has HIV/AIDS and/or has died from AIDS
African-American/Black	70.5%
Asian/Pacific Islander	41.3%
Latino/Hispanic	58.3%
White/Caucasian	67.9%
TOTAL	65.1%

*Chi-square significant at .05

Attitudes and Beliefs

There were significant racial/ethnic differences on three of the attitude scales – HIV Importance ($F(3,1050)=42.66, p<.01$), HIV Stigma ($F(3,1069)=23.21, p<.01$), and Fear of HIV Stigma ($F(3,1009)=7.30, p<.01$).

The means for HIV Importance can be found in Table 25. As seen in Table 25, White/Caucasian participants exhibited significantly lower HIV Importance scores than all other groups; African-American/Black participants scored higher on the HIV Importance scale than all other groups.

Table 25. HIV Importance by Race/Ethnicity

Race/Ethnicity	Number	Mean Score*
African-American/Black	208	3.18 ¹
Asian/Pacific Islander	64	2.86
Latino/Hispanic	194	2.99
White/Caucasian	588	2.60 ²
TOTAL	1054	2.80

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly higher than Asian/Pacific Islander ($p<.01$), Latino/Hispanics ($p<.05$), and White/Caucasian ($p<.01$)

²Significantly lower than African-American/Black ($p<.01$) Asian/Pacific Islander, ($p<.05$), and Latino/Hispanics ($p<.05$)

The means for HIV Stigma by race/ethnicity can be found in Table 26. As seen in Table 26, White/Caucasian participants reported less HIV Stigma; Asian/Pacific Islanders scored the highest on the HIV Stigma scale.

Table 26. HIV Stigma by Race/Ethnicity

Race/Ethnicity	Number	Mean Score*
African-American/Black	216	1.98
Asian/Pacific Islander	62	2.28 ¹
Latino/Hispanic	190	1.87
White/Caucasian	605	1.74 ²
TOTAL	1073	1.84

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly higher than African-American/Black (p<.01), Latino/Hispanics (p<.01), and White/Caucasian (p<.01)

²Significantly lower than African-American/Black (p<.01) Asian/Pacific Islander, (p<.01), and Latino/Hispanics (p<.05)

Table 27 provides the comparisons for Fear of HIV Stigma. As seen in Table 27, participants who identified as Asian/Pacific Islanders tended to be more concerned about being stigmatized due to HIV and participation in HIV-related activities than all other groups.

Table 27. Fear of HIV Stigma by Race/Ethnicity

Race/Ethnicity	Number	Mean Score*
African-American/Black	200	2.22
Asian/Pacific Islander	56	2.59 ¹
Latino/Hispanic	183	2.32
White/Caucasian	574	2.21
TOTAL	1013	2.25

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly higher than African-American/Black (p<.01), Latino/Hispanics (p<.05), and White/Caucasian (p<.01)

Were there any differences by age?

Awareness

Age differences were found in overall knowledge (F(5,1089)=14.00, p<.01). As seen in Table 28, the mean knowledge score begins to decline as age increases.

Participants over the age of 69 had significantly lower knowledge scores than all other participants.

Table 28. Knowledge Scores by Age

Age	Number	Mean Score
Under 30	96	8.56
30-39	153	8.17
40-49	223	8.36
50-59	296	7.82
60-69	217	7.83
70+	110	6.17 ¹
TOTAL	1095	7.88

¹Significantly different from all other groups (p<.01)

Age differences in personal experience with HIV/AIDS also emerged. As seen in Table 29, the youngest (under 30) and oldest (over 69) were the least likely to report knowing someone with HIV/AIDS.

Table 29. Personal Experience with HIV/AIDS by Age*

Age	% of Participants who know someone who has HIV/AIDS and/or has died from AIDS
Under 30	45.3%
30-39	62.2%
40-49	69.4%
50-59	72.5%
60-69	71.0%
70+	47.6%
TOTAL	65.2%

*Chi-square significant at .05

Attitudes and Beliefs

There were significant differences by age on two of the attitude scales – Interest in HIV Prevention Services (F(5,1074)=3.51, p<.01) and HIV Stigma (F(5,1043)=10.09, p<.01).

The means for Interest in HIV Prevention Services can be found in Table 30. It is important to note that means ranged from 3.04 to 3.36; suggesting general interest in HIV prevention services is high regardless of age (between Agree and Strongly Agree). Participants under 30 scored significantly higher on the Interest in HIV Prevention Services scale than did participants 40-49 and participants over 69.

Table 30. Interest in HIV Prevention Services by Age

Age	Number	Mean Score*
Under 30	90	3.36 ¹
30-39	152	3.25
40-49	221	3.12
50-59	295	3.17
60-69	214	3.17
70+	102	3.04
TOTAL	1080	3.17

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly different from 40-49 (p<.05) and 70+ (p<.01)

The means for HIV Stigma can be found in Table 31. Overall, as discussed earlier in this report, scores on the HIV Stigma scale were low (Between Strongly Disagree and Disagree). Participants over 69 tended to exhibit more HIV Stigma than all other groups. Participants between the ages of 60 and 69 exhibited more stigma than participants between the ages of 30 and 39.

Table 31. HIV Stigma by Age

Age	Number	Mean Score*
Under 30	96	1.78
30-39	143	1.66
40-49	214	1.77
50-59	283	1.78
60-69	210	1.89 ¹
70+	103	2.17 ²
TOTAL	1049	1.82

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly different from 30-39 (p<.01)

²Significantly different from all groups (p<.01)

Research Question 8: Are HIV/AIDS awareness, attitudes and beliefs significantly different by certain social characteristics (i.e., homeowners vs. renters, family status, and level of religiosity) among NC board members and stakeholders?

Were there any differences by education-level?

Awareness

As seen in Table 32, knowledge scores increased as education-level increased. Participants reporting some graduate education or a graduate degree had significantly higher knowledge scores than all other participants. Participants reporting some college or a college degree had significantly higher scores than participants reporting high school or less.

Table 32. Knowledge Scores by Education*

Education-Level	Number	Mean Score
High School or Less	122	6.39
Some College/College Degree	697	7.60 ¹
Some Graduate/Graduate Degree	392	8.38 ²
TOTAL	1129	7.73

*(F(2,1208)=28.19; p<.01)

¹Significantly higher than High School or Less (p<.01)

²Significantly higher than all other groups (p<.01)

Education-level was also related to personal experience with HIV/AIDS. As seen in Table 33, as education-level increases, so does the likelihood of knowing someone who has HIV/AIDS. Participants with some graduate education or a graduate degree were more likely to report knowing someone who has HIV/AIDS than all other groups; participants with some college or a college degree were more likely to report knowing someone with HIV/AIDS than participants with high school or less.

Table 33. Personal Experience with HIV/AIDS by Education*

Education-Level	% of Participants who know someone who has HIV/AIDS and/or has died from AIDS
High School or Less	50.0%
Some College/College Degree	63.4%
Some Graduate/Graduate Degree	73.6%
TOTAL	65.5%

*Chi-square significant at .05

Attitudes and Beliefs

There were significant differences by education on all four of the attitude scales – Interest in HIV Prevention Services ($F(2,1186)=5.66, p<.01$) HIV Importance ($F(2,1127)=5.70, p<.01$), HIV Stigma ($F(2,1147)=27.36, p<.01$), and Fear of HIV Stigma ($F(2,1085)=6.82, p<.01$). As seen in Table 34, participants reporting some graduate education or a college degree had significantly higher scores on the Interest in HIV Prevention Services scale than did those with some college education or a college degree.

Table 34. Interest in HIV Prevention Services by Education

Education-Level	Number	Mean Score*
High School or Less	118	3.15
Some College/College Degree	684	3.11
Some Graduate/Graduate Degree	387	3.23 ¹
TOTAL	1189	3.15

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly higher than Some College/College (p<.01)

The means for HIV Importance by education-level can be found in Table 35.

Participants with high school or less scored higher on the HIV Importance scale than all other participants.

Table 35. HIV Importance by Education

Education-Level	Number	Mean Score*
High School or Less	107	3.04 ¹
Some College/College Degree	651	2.79
Some Graduate/Graduate Degree	372	2.78
TOTAL	1130	2.81

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly higher than all other groups (p<.01)

As seen in Table 36, as education-level increases, feelings of HIV Stigma decrease. Participants reporting some graduate education or a graduate degree scored significantly lower on the HIV Stigma scale than did all other participants. Participants with some college education or a college degree scored significantly lower on the HIV Stigma scale than did participants with high school or less.

Table 36. HIV Stigma by Education

Education-Level	Number	Mean Score*
High School or Less	109	2.11
Some College/College Degree	658	1.88 ¹
Some Graduate/Graduate Degree	383	1.68 ²
TOTAL	1150	1.83

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly lower than High School or Less (p<.01)

²Significantly lower than all other groups (p<.01)

Finally, Table 37 provides the comparisons for Fear of HIV Stigma. Participants with high school or less tended to be more concerned about being stigmatized due to HIV and participation in HIV-related activities than all other groups.

Table 37. Fear of HIV Stigma by Education

Education-Level	Number	Mean Score*
High School or Less	99	2.49 ¹
Some College/College Degree	620	2.24
Some Graduate/Graduate Degree	369	2.24
TOTAL	1088	2.26

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly higher than all other groups (p<.01)

Were there any differences by marital status?

Awareness

As seen in Table 38, participants who identified as “widowed” scored significantly lower than all other groups. Participants who identified as “legally married” scored significantly lower than those who identified as “significant other.”

Table 38. Knowledge Scores by Marital Status*

Marital Status	Number	Mean Score
Single	330	8.08
Separated/Divorced	122	7.78
Significant Other/ Partner/ Lover	83	8.80
Legally Married	594	7.64 ¹
Widowed	79	6.00 ²
TOTAL	1208	7.74

*(F(4,1203)=13.49; p<.01)

¹Significantly lower than Significant Other/Partner/Lover (p<.01)

²Significantly lower than all other groups (p<.01)

Marital status was also related to personal experience with HIV/AIDS. As seen in Table 39, participants who identified as “significant other” were significantly more likely to report knowing someone with HIV/AIDS than participants who were “single,” “legally married,” or “widowed.” Participants who were “separated/divorced” or “single” were also more likely to know someone with HIV/AIDS than participants who were “legally married.”

Table 39. Personal Experience with HIV/AIDS by Marital Status*

Marital Status	% of Participants who know someone who has HIV/AIDS and/or has died from AIDS
Single	67.9%
Separated/Divorced	71.1%
Significant Other/ Partner/ Lover	80.7%
Legally Married	60.7%
Widowed	61.8%
TOTAL	65.3%

*Chi-square significant at .05

Attitudes and Beliefs

There were significant differences by marital status on all four of the attitude scales – Interest in HIV Prevention Services (F(4,1183)=14.77, p<.01) HIV Importance

($F(4,1124)=15.33, p<.01$), HIV Stigma ($F(4,1144)=11.68, p<.01$), and Fear of HIV Stigma ($F(4,1081)=3.87, p<.01$).

As seen in Table 40, legally married participants scored significantly lower on the Interest in HIV Prevention Services scale than all groups except those who were widowed.

Table 40. Interest in HIV Prevention Services by Marital Status*

Marital Status	Number	Mean Score
Single	326	3.26
Separated/Divorced	122	3.26
Significant Other/ Partner/ Lover	83	3.41
Legally Married	581	3.04 ¹
Widowed	76	3.20
TOTAL	1188	3.16

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly lower than Single ($p<.01$), Separated/Divorced ($p<.01$), and Significant Other/Partner/Lover ($p<.01$)

The means for HIV Importance by marital status can be found in Table 41. Participants who were legally married scored significantly lower than all participants other than those who identified as “significant other.”

Table 41. HIV Importance by Marital Status*

Marital Status	Number	Mean Score
Single	311	3.01
Separated/Divorced	116	2.90
Significant Other/ Partner/ Lover	79	2.86
Legally Married	553	2.66 ¹
Widowed	70	3.03
TOTAL	1129	2.82

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly lower than Single ($p<.01$), Separated/Divorced ($p<.01$), and Widowed ($p<.01$)

Participants who identified as “significant other” had significantly lower scores on the HIV Stigma scale than all other groups. Participants who were single scored significantly lower on the HIV scale than participants who were legally married and widowed. Finally, participants who were separated or divorced scored significantly lower than did participants who were widowed (Table 42).

Table 42. HIV Stigma by Marital Status*

Marital Status	Number	Mean Score
Single	324	1.77 ¹
Separated/Divorced	115	1.82 ²
Significant Other/ Partner/ Lover	83	1.50 ³
Legally Married	556	1.89
Widowed	71	2.07
TOTAL	1149	1.84

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly different from Significant Other/Partner/Lover (p<.01), Legally Married (p<.05), and Widowed (p<.01)

²Significantly lower than Widowed (p<.05)

³Significantly lower than other groups (p<.01)

As seen in Table 43, participants who identified as “significant other” scored the lowest on the Fear of HIV Stigma scale (significantly lower than those who were separated, divorced, or legally married).

Table 43. Fear of HIV Stigma by Marital Status*

Marital Status	Number	Mean Score
Single	306	2.22
Separated/Divorced	114	2.33
Significant Other/ Partner/ Lover	78	2.01 ¹
Legally Married	528	2.30
Widowed	60	2.31
TOTAL	1086	2.26

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

¹Significantly different from Separated/Divorced (p<.01) and Legally Married (p<.01)

Were there any differences between participants with children and participants without children?

Awareness

As seen in Table 44, participants with children scored significantly higher on the HIV knowledge test than did participants without children ($t(1212)=2.06$. $p<.05$).

Table 44. HIV Knowledge by Children

Do you have children?	Number	Mean Score
Yes	284	8.00
No	930	7.62
TOTAL	1214	7.71

Attitudes

There were significant differences between participants with and without children on one of the attitude scales – Interest in HIV Prevention Services ($t(1188)=2.51$ $p<.05$). As seen in Table 45, participants with children reported less interest in HIV prevention service than other participants.

Table 45. Interest in HIV Prevention Services by Children

Do you have children?	Number	Mean Score*
Yes	281	3.08
No	909	3.18
TOTAL	1190	3.16

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

Were there any differences between participants who owned property and participants who did not?

Awareness

As seen in Table 46, participants who identified as a property owner – a home, business, or other property – for their neighborhood council stakeholder category

scored significantly lower on the knowledge test than participants with other affiliations (e.g., renter, employee in the area, community-based organization stakeholder).

Table 46. HIV Knowledge by NC Stakeholder Category*

Neighborhood Council Stakeholder Category	Number	Mean Score
Owns Property	833	7.61
Other	336	8.04
TOTAL	1169	7.73

*t(1167)=2.30, p<.05

Attitudes

There were significant differences between participants who identified as property owners in the NC area and other stakeholders on three of the attitude scales – Interest in HIV Prevention Services (t(1145)=5.65, p<.01), HIV Importance (t(1088)=6.10, p<.01), and HIV Stigma (t(1109)=2.93, p<.01). As seen in Table 47, participants who identified their stakeholder category as “property owners” reported less interest in HIV prevention services than other participants. Participants who were property owners also scored significantly lower on the HIV Importance scale (Table 48) and significantly higher on the HIV Stigma scale (Table 49).

Table 47. Interest in HIV Prevention Services by NC Stakeholder Category*

Neighborhood Council Stakeholder Category	Number	Mean Score*
Owns Property	816	3.09
Other	331	3.29
TOTAL	1147	3.15

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

Table 48. HIV Importance by NC Stakeholder Category*

Neighborhood Council Stakeholder Category	Number	Mean Score*
Owns Property	771	2.72
Other	319	3.01
TOTAL	1090	2.80

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

Table 49. HIV Stigma by NC Stakeholder Category*

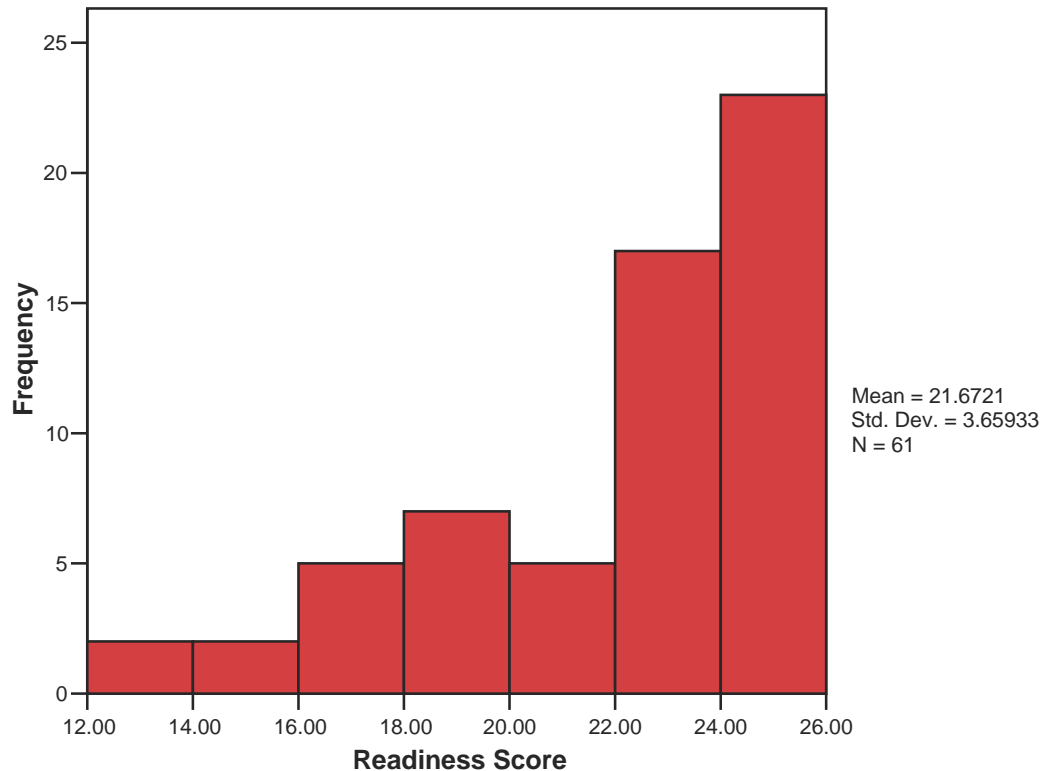
Neighborhood Council Stakeholder Category	Number	Mean Score*
Owns Property	788	1.89
Other	323	1.75
TOTAL	1111	1.84

*1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

Research Question 9: What factors can be used to predict which neighborhoods are ready to implement HIV prevention programs and services?

Overall, participants expressed a great deal of interest in HIV prevention services and programs (Research Questions 2, 5, and 6). A readiness score was computed based on responses to a variety of survey items to identify likely candidates for early implementation of HIV prevention services and programs (See Methods section). It is important to note that all NCs demonstrated some readiness for implementation; hence, readiness scores ranged from 12.0 to 26.0. Figure 32 displays a histogram of the readiness score distribution.

Figure 32. Readiness Score Distribution



As described in the Methods section, readiness scores were divided into three groups: the top third (Very Ready), middle third (Ready), and bottom third (Somewhat Ready). As seen in Figure 33, NCs that were very ready to implement HIV prevention services and programs tended to be clustered in the East and South regions of the City. Figures 33-40 provide the readiness scores of each NC by NC region. All NCs but two in the South region were considered very ready to implement HIV prevention programs (Figure 36). As seen in Figure 37 and Figure 40, no NCs in the West or North Valley regions were considered very ready to implement. See Appendix F for a list of NCs and their associated readiness scores.

Figure 33. NC Readiness Overall

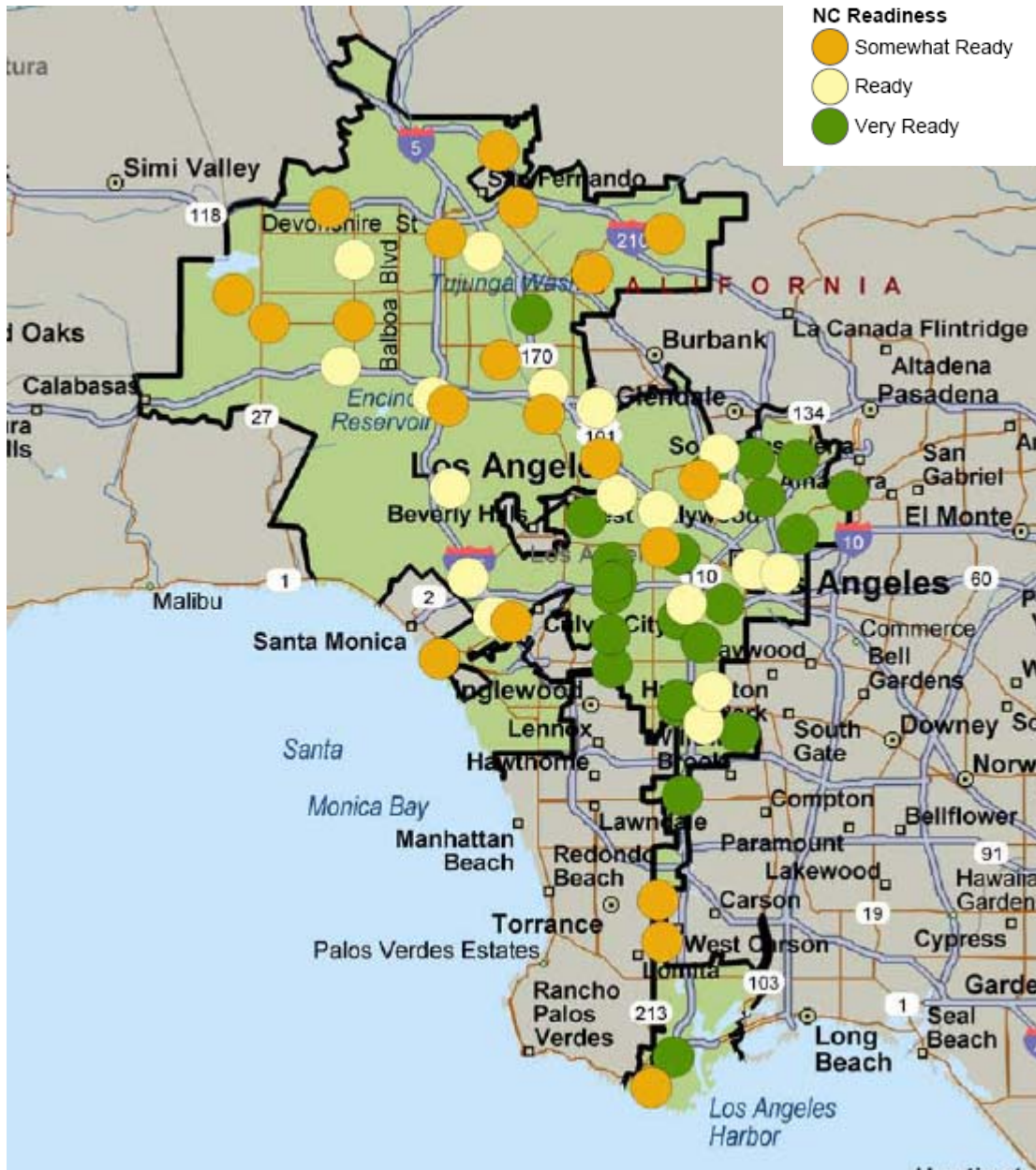


Figure 34. Readiness: NC Region East



Figure 35. Readiness: NC Region Central

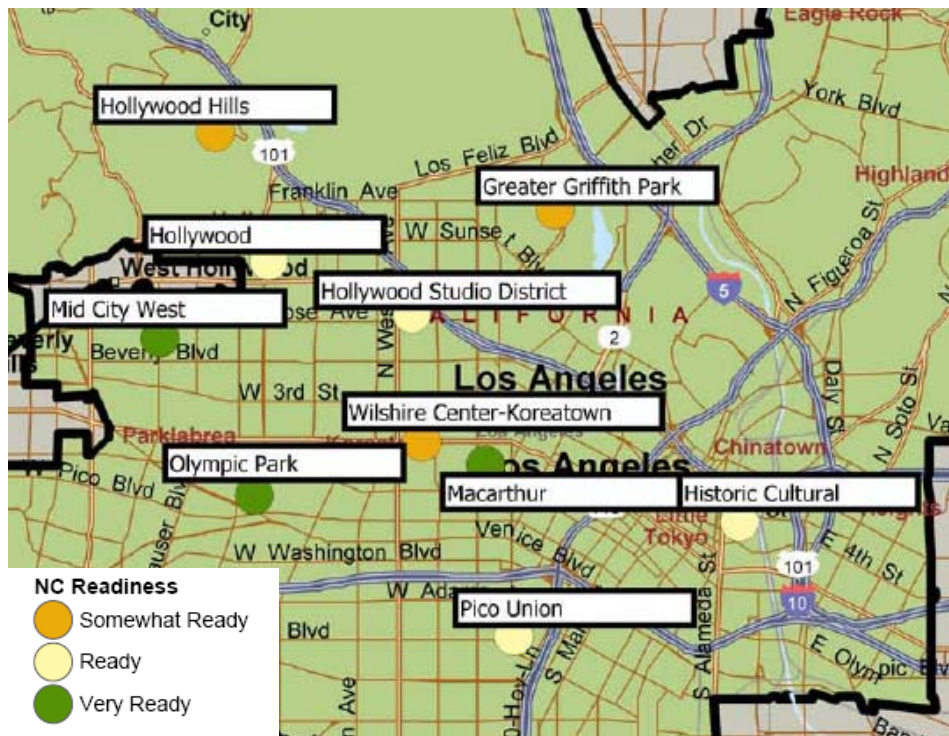


Figure 36. Readiness: NC Region South

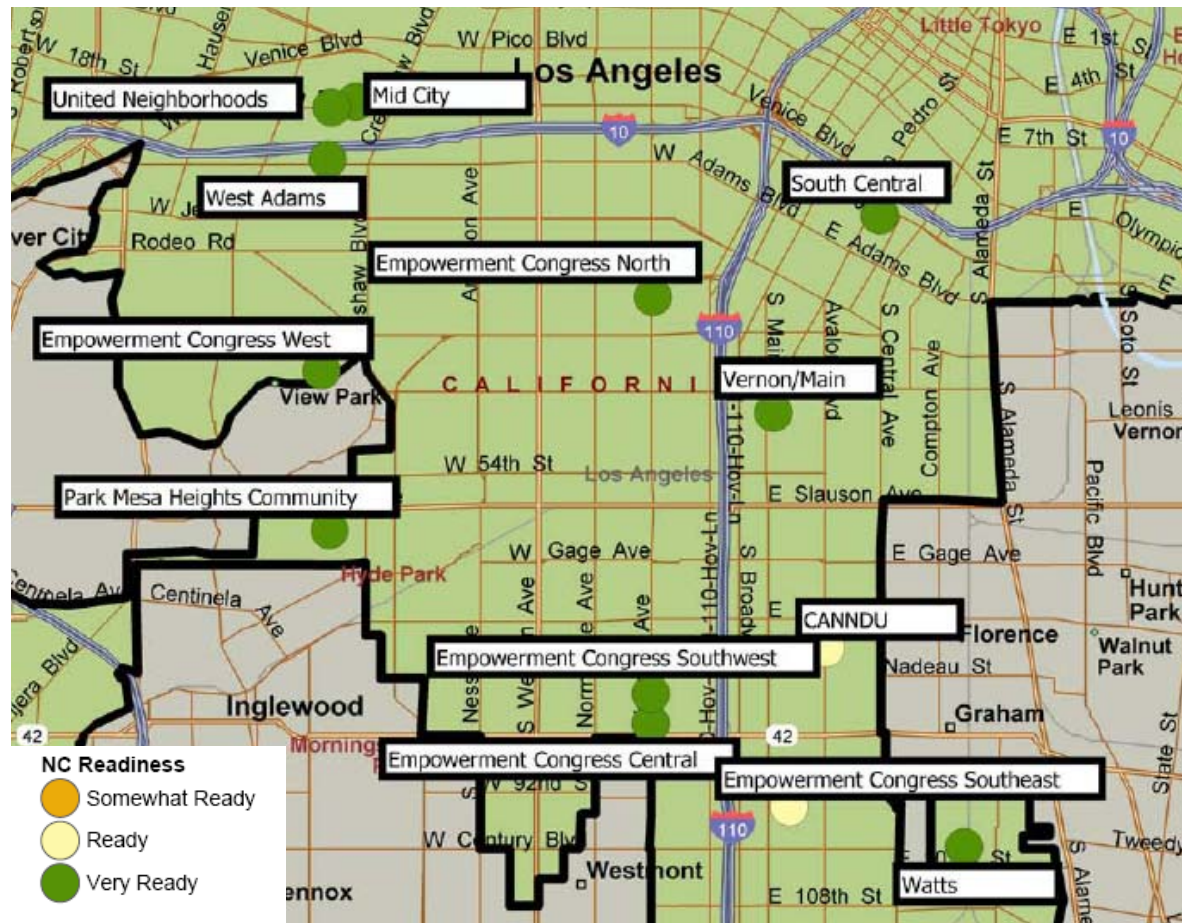


Figure 37. Readiness: NC Region West



Figure 38. Readiness: Harbor NC Region

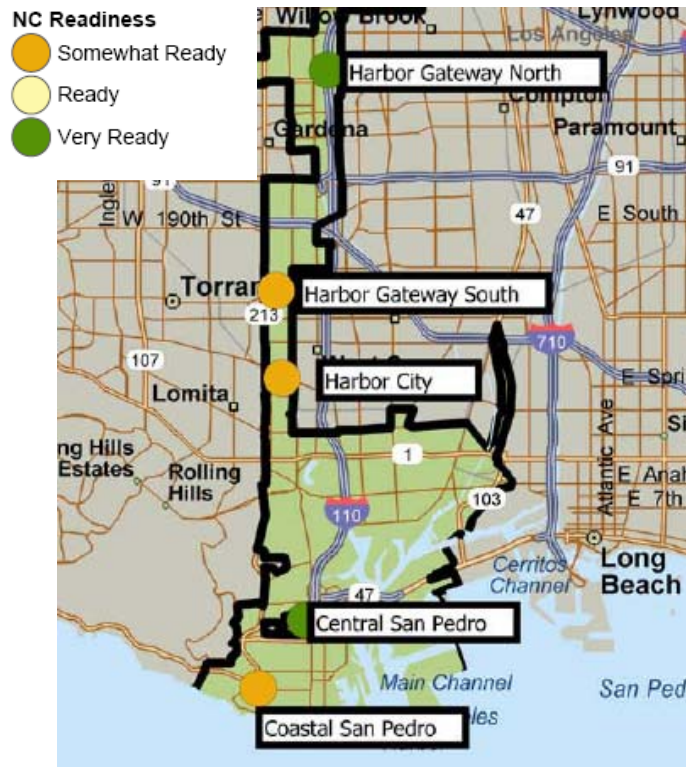
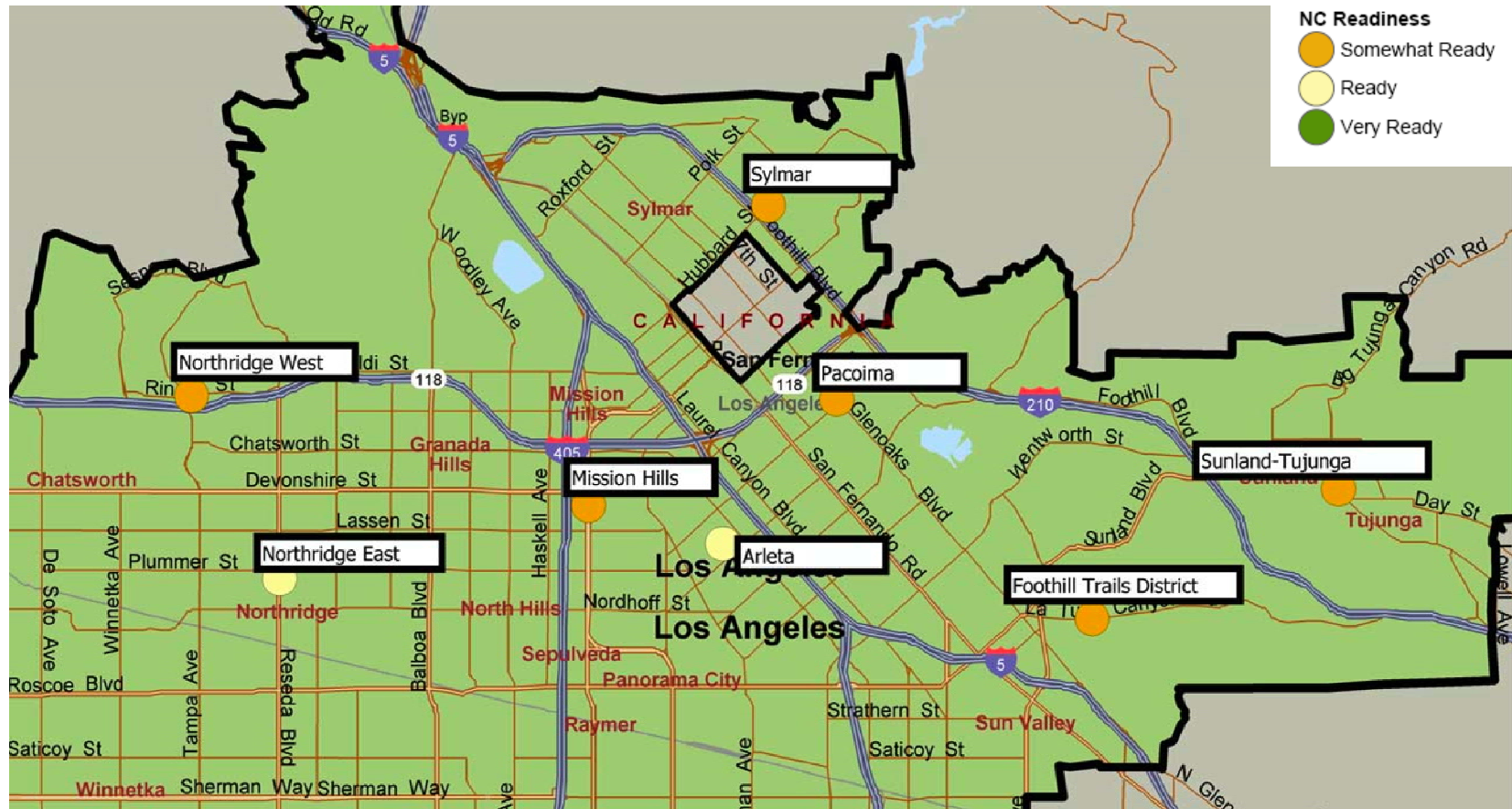


Figure 39. Readiness: South Valley NC Region



Figure 40. Readiness: North Valley NC Region



Readiness scores were correlated with the NC aggregates of other key scores to examine relationships among variables (Table 50). Readiness was positively correlated with Interest in HIV Prevention Services and HIV Importance. As HIV Importance and Interest in HIV Prevention Services increase, Readiness also increases. Knowledge was negatively correlated with HIV Importance, HIV Stigma, and Fear of HIV Stigma. As knowledge about HIV increases, the belief that HIV is an important issue for one's neighborhood, feelings of stigma, and fear of being stigmatized due to an association with HIV all decrease. The belief that HIV is an important issue was positively related to Interest in HIV Prevention Services and negatively related to HIV Stigma. Fear of HIV Stigma and HIV Stigma were positively correlated suggesting that as fears about being stigmatized increase, stigmatizing attitudes also increase.

Table 50. Correlations: Readiness

	Interest in HIV Prevention Services	HIV Importance	HIV Stigma	Fear of HIV Stigma	Readiness Score
HIV Importance	0.594** N=61				
HIV Stigma	-0.248 N=61	0.258* N=61			
Fear of HIV Stigma	-0.065 N=61	0.209 N=61	0.615** N=61		
Readiness Score	0.695** N=61	0.608** N=61	-0.246 N=61	-0.097 N=61	
Knowledge Score	0.072 N=61	-0.329** N=61	-0.631** N=61	-0.487** N=61	0.119 N=61

*p<.05

**p<.01

Other Observations

Were there any differences in knowledge or attitudes between participants who had personal experience with HIV/AIDS and participants who did not?

Participants who reported knowing someone with HIV/AIDS and/or someone who died from AIDS scored significantly higher on the knowledge scale than did participants with no experience with HIV/AIDS (Table 51). Moreover, participants who reported knowing someone with HIV/AIDS had more Interest in HIV Prevention Services, scored higher on the HIV Importance scale, and exhibited less HIV Stigma and Fear of HIV Stigma (See Tables 52-55).

Table 51. Knowledge by Personal Experience with HIV/AIDS

Personal Experience	Number	Mean Score*
Know someone with HIV/AIDS and/or someone who has died from AIDS	750	8.30
Do NOT know someone with HIV/AIDS	398	7.24
TOTAL	1148	7.93

*t(1146)=6.38, p<.01

Table 52. Interest in HIV Prevention Services by Personal Experience with HIV/AIDS

Personal Experience	Number	Mean Score*
Know someone with HIV/AIDS and/or someone who has died from AIDS	749	3.23
Do NOT know someone with HIV/AIDS	395	3.03
TOTAL	1144	3.16

*t(1142)=5.78, p<.01

Table 53. HIV Importance by Personal Experience with HIV/AIDS

Personal Experience	Number	Mean Score*
Know someone with HIV/AIDS and/or someone who has died from AIDS	709	2.87
Do NOT know someone with HIV/AIDS	373	2.68
TOTAL	1082	2.81

*t(1080)=4.25, p<.01

Table 54. HIV Stigma by Personal Experience with HIV/AIDS

Personal Experience	Number	Mean Score*
Know someone with HIV/AIDS and/or someone who has died from AIDS	744	1.71
Do NOT know someone with HIV/AIDS	386	2.05
TOTAL	1130	1.83

*t(1128)=8.99, p<.01

Table 55. Fear of HIV Stigma by Personal Experience with HIV/AIDS

Personal Experience	Number	Mean Score*
Know someone with HIV/AIDS and/or someone who has died from AIDS	713	2.19
Do NOT know someone with HIV/AIDS	344	2.37
TOTAL	1057	2.25

*t(1055)=4.18, p<.01

STUDY LIMITATIONS

HIV/AIDS has the potential to be a sensitive issue for many, and it may have been difficult for some participants to share freely their feelings about and experiences with HIV/AIDS. The survey also began with several personal demographic questions (e.g., income, sexual orientation, religiosity) that may have made participants feel uncomfortable. Moreover, the survey asked participants to share openly any stigmatizing attitudes they had about persons with HIV/AIDS. It is possible that participants provided responses that they deemed socially desirable rather than responses that accurately reflected their personal opinions and beliefs.

Twenty-nine percent of NCs either did not respond to multiple attempts to schedule data collection or refused to participate. Hence, results may not reflect the attitudes and opinions of all NCs in Los Angeles. Furthermore, NCs that volunteered to participate may be more open to social issues and/or participating in community-based programs than those that elected not to participate.

It is also important to note that the USC Urban Initiative found that NC boards are not always typical of the communities they represent. They are generally comprised of older, home owning, highly educated, US citizens, who have lived in their community more than 10 years, have English as their native language, and are deeply invested in their neighborhoods (Musso, Weare, and Cooper, 2004). Although this study included both NC board members and other meeting attendees (e.g., residents, business owners), it is possible that the sample may not be representative of the larger population.

Finally, because NCs are typically grassroots organizations driven by the interests of the most active community members, agendas vary widely across NCs. Meetings can focus on any issue of interest including zoning permits, waste management, mansionization, community and business development, transportation, parks and recreation, and community programs. HIV/AIDS prevention services and programs may not be a high priority item for some NCs in this study as well as those that elected not to participate. However, this should not necessarily be interpreted as lack of awareness, sensitivity, or interest in HIV/AIDS. For example, during data collection and recruitment, a few participants and NC contacts noted that they viewed HIV/AIDS as an important issue; however, they also felt that the limited time of the NC should be focused on other pressing concerns.

SUMMARY AND DISCUSSION

Overall, knowledge of HIV/AIDS and its transmission was high, with the average score on the knowledge test being nearly 80% correct. However, there was some variation in scores regionally. Participants in the southeast corridor from Maywood to Lomita tended to score lower on the knowledge test than did other participants, suggesting that this region is particularly ripe for educational interventions.

HIV stigma was generally low, with only about 15% of participants reporting stigmatizing attitudes. However, participants were aware that HIV stigma is common: about one-third of participants were worried about being treated differently due to involvement in HIV-related services or programs (Fear of HIV Stigma). Finally, over two-thirds of respondents saw HIV/AIDS as an important issue for their neighborhoods.

In general, participants were interested in and supported HIV prevention services; nearly 90% of respondents indicated interest in HIV prevention services and programs. Additionally, participants viewed schools as particularly appropriate venues for the delivery of HIV prevention services and programs. They were in support of programs and services for middle school and high schools students, and a majority of participants were in favor of condom distribution to high school students.

Interest in specific types of HIV prevention services and programs varied considerably by region. Participants in the North and South San Fernando Valley regions were less receptive to condom distribution in high schools than other participants. Participants in the Harbor, North Valley, and South Valley were much less likely to support affordable housing programs in their neighborhoods than were other participants. Respondents from the South Valley and West regions were the least likely to believe that there was a need for HIV/AIDS prevention information to be disseminated to adults and were the least supportive of HIV/AIDS prevention information being presented on billboards in their neighborhoods. Finally, respondents from the North Valley, South Valley, and West were less likely to support clean needle exchanges than other participants

Respondents in the oldest age group (69+) were the least knowledgeable about HIV and had the least interest in HIV prevention services and programs. Moreover, older adults also exhibited more stigmatizing attitudes than did younger participants. Hence, neighborhoods with younger communities may make better candidates for immediate implementation of services.

As formal education increased, so did HIV knowledge and interest in services. Additionally, more education was related to less HIV stigma and fear of HIV stigma. Such findings underscore the importance of education in increasing awareness and reducing pejorative attitudes.

Participants who were legally married had significantly less interest in HIV prevention services than other participants and also scored lower on the HIV Importance scale. Moreover, participants who were legally married tended to exhibit more HIV stigma than other participants, suggesting that neighborhoods with high numbers of legally married, heterosexual couples may not be earliest adopters of HIV prevention services. Participants who identified their status as “significant other” had the highest HIV knowledge and interest in HIV services as well as the lowest stigma and fear of HIV stigma.

Property owners (e.g., home, business) were less knowledgeable and less interested in HIV services, viewed HIV as less important, and exhibited more HIV stigma than did other NC stakeholders. Hence, residential areas with high numbers of renters may make particularly good candidates for immediate implementation of services and programs.

Nearly two-thirds of respondents reporting knowing someone who has HIV/AIDS or someone who has died from AIDS. This study found that such experience is related to greater knowledge about HIV/AIDS and interest in HIV prevention services and programs as well as less HIV stigma and fear of HIV stigma. Furthermore, personal experience with HIV/AIDS was also related to higher scores on the HIV Importance scale. Thus, the experience of knowing someone who has HIV/AIDS may have a

significant influence on awareness and attitudes as well as the degree to which someone is receptive to HIV-related services and programs.

Overall, survey respondents viewed NCs as appropriate vehicles for disseminating HIV knowledge. Most participants were particularly interested in working with HIV prevention programs to increase HIV awareness in their communities. Additionally, most participants were unaware of any HIV prevention services and programs in their neighborhoods suggesting a need for further information dissemination about what is currently available.

Based on the readiness score that measured overall NC interest and support for HIV prevention programs, neighborhoods that are the best candidates for immediate implementation of services and programs tend to be clustered in the East and South regions of the City.

RECOMMENDATIONS

This study sought to provide information for the City of Los Angeles' AIDS Coordinator's Office that could be used to make effective decisions regarding the development and implementation of HIV prevention services. Among the possible approaches that the results of this study suggest, we recommend the following activities for developing interventions to address HIV awareness and HIV-related attitudes in Los Angeles.

1. Take immediate action to capitalize on the visibility of this survey by publicizing the study results along with a plan of action based on the findings.

2. Focus the implementation of new programs and services on the Central, East, and South regions where interest, perceived importance, and prevalence are high.
3. Develop relationships with NCs that are “very ready” to implement HIV prevention services and programs through attending their meetings and inviting them to sponsored events.
4. NCs were particularly interested in working with local programs to increase awareness. Create community-level networks of HIV prevention programs and interested organizations, including NCs. Sponsor networking sessions, information fairs, and local activities related to HIV prevention.
5. Participants were unaware of the HIV prevention and services offered in their neighborhoods. Catalog the current HIV prevention and intervention programs and services that are currently being implemented in communities in Los Angeles, and begin to disseminate neighborhood-specific information through willing NCs.
6. Create a searchable, web-based clearinghouse of HIV prevention programs and services that are available in Los Angeles/.
7. Personal experience with HIV/AIDS is related to higher knowledge and less stigmatizing attitudes. Promote and develop interventions that personalize HIV and AIDS for participants.
8. Work to destigmatize HIV by launching an information/awareness campaign Citywide with the assistance of high-profile, well-recognized, and respected Los Angeles residents that have personal experience with HIV/AIDS.

9. Participants were particularly supportive of HIV prevention services and programs in middle and high schools. Collaborate with the Los Angeles Unified School District's Health Education Program to develop and implement additional HIV awareness and prevention programs for youth in schools.
10. Develop a school-based awareness and prevention program that includes a parental component in order to disseminate information to adults in Los Angeles neighborhoods.

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Appendixes

Appendix A

List of Participating NCs

PARTICIPATING NEIGHBORHOOD COUNCILS

Neighborhood Council	Number	Percent
Arleta NC	19	1.55
Arlington Heights/W Adams/Jefferson Park	29	2.37
Atwater Village NC	10	0.82
Bel Air-Beverly Crest NC	25	2.04
Boyle Heights NC	28	2.29
Canoga Park NC	16	1.31
Central Hollywood NC	13	1.06
Central San Pedro NC	18	1.47
Coastal San Pedro NC	22	1.80
Community & Neighbors for 9th District Unity	9	0.73
Empowerment Congress Central Area NC	27	2.20
Empowerment Congress North Area NC	18	1.47
Empowerment Congress Southeast Area NC	17	1.39
Empowerment Congress Southwest Area NC	27	2.20
Empowerment Congress West Area NC	13	1.06
Encino NC	20	1.63
Foothill Trails District NC	24	1.96
Glassel Park NC	28	2.29
Grass Roots Venice NC	21	1.71
Greater Cypress Park NC	13	1.06
Greater Echo Park Elysian NC	23	1.88
Greater Griffith Park NC	12	0.98
Greater Toluca Lake NC	28	2.29
Greater Valley Glen Council	18	1.47
Harbor City NC	25	2.04
Harbor Gateway North NC	25	2.04
Harbor Gateway South NC	39	3.18
Historic Cultural NC	15	1.22
Historic Highland Park NC	15	1.22
Hollywood Hills West NC	20	1.63
Hollywood Studio District NC	8	0.65
LA-32 NC	17	1.39
Lincoln Heights NC	16	1.31
Macarthur NC	18	1.47
Mar Vista Community Council	18	1.47
Mid City NC	26	2.12
Mid City West NC	35	2.86
Mission Hills NC	12	0.98
NC Valley Village	31	2.53
North Hollywood North East NC	19	1.55
Northridge East NC	14	1.14
Northridge West NC	11	0.90
Olympic Park NC	12	0.98
Pacoima NC	10	0.82

PARTICIPATING NEIGHBORHOOD COUNCILS

Neighborhood Council	Number	Percent
Palms NC	13	1.06
Park Mesa Heights Community Council	23	1.88
Pico Union NC	16	1.31
Reseda NC	48	3.92
Sherman Oaks NC	16	1.31
Silver Lake NC	17	1.39
South Central NC	8	0.65
Studio City NC	18	1.47
Sunland-Tujunga NC	39	3.18
Sylmar NC	19	1.55
Tarzana NC	19	1.55
Vernon/Main NC	11	0.90
Watts NC	20	1.63
West Adams NC	23	1.88
West Hills NC	31	2.53
West Los Angeles NC	21	1.71
Wilshire Center - Koreatown NC	19	1.55
TOTAL	1225	100.00

Appendix B

Map of Participating NCs

Appendix C

HIV Prevention and Awareness Survey

Neighborhood Council HIV Awareness and Prevention Survey

Section 1:

In this section, we would like you to tell us some general information about yourself.

1. **Neighborhood Council Stakeholder Category:** (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Resident – home-owner | <input type="checkbox"/> Resident – condo-owner |
| <input type="checkbox"/> Resident – renter | <input type="checkbox"/> Business owner |
| <input type="checkbox"/> Property owner (non-resident) | <input type="checkbox"/> Member of community organization |
| <input type="checkbox"/> Other (please specify): _____ | |

2. Are you a board member? Yes No

3. Age: _____

4. Gender: Male Female Transgender

5. **Marital Status:** (check only one)

- | | |
|--|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Legally Married |
| <input type="checkbox"/> Separated/Divorced | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Significant Other/Partner/Lover | <input type="checkbox"/> Other, please specify: _____ |

6. Do you have children under the age of 18 years currently living with you? Yes No

7. In what zip code do you live? _____

8. Were you born in the United States?

- Yes No - If no, in what country were you born? _____

9. Which best describes your racial/ethnic background? (check only one)

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American/Alaskan Native |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Other, please specify: _____ |

10. What is the last grade of school you completed? (check only one)

- | | |
|--|--|
| <input type="checkbox"/> 11 th grade or less | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> 12 th grade or high school (GED) | <input type="checkbox"/> Post graduate course work |
| <input type="checkbox"/> Some college or vocational school | <input type="checkbox"/> Graduate degree |

11. What is your current annual household income -- before taxes? (check only one)

- Under \$25,000
- \$25,000 - \$50,000
- \$50,001 - \$75,000
- \$75,001 - \$100,000
- \$100,001 - \$150,000
- \$150,001 - \$200,000
- More than \$200,000

12. How do you identify yourself? (check only one)

- Heterosexual (straight)
- Homosexual (gay or lesbian)
- Bisexual
- Other, please specify: _____

13. How religious are you? (check only one)

- Not religious
- A little religious
- About average
- Fairly religious
- Very religious

Section 2: PERCEPTIONS OF HIV/AIDS PREVENTION SERVICES

In this section, we want to ask you about HIV/AIDS in your neighborhood. By neighborhood, we mean the area covered by your Neighborhood Council. Please tell us how much you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
14. HIV/ AIDS is a serious problem in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. HIV/ AIDS prevention is an important issue for my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. There is a need for HIV/ AIDS prevention information to be disseminated to adults in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I support the idea of providing HIV/ AIDS prevention information to <u>high school</u> students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I support the idea of providing HIV/ AIDS prevention information to <u>middle school</u> students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I support the idea of distributing condoms in <u>high schools</u> to prevent HIV/ AIDS and other sexually transmitted diseases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I support the idea of clean needle exchange programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I would be okay with having an affordable housing program for persons living with AIDS in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree
22. I would be okay with having HIV/AIDS prevention information presented on billboards in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I would be okay with having a clean needle exchange program in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us how much you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
24. HIV/AIDS prevention programs for <u>adults</u> are available in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. HIV/AIDS prevention programs for <u>high school students</u> are available in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. HIV/AIDS prevention programs for <u>middle school students</u> are available in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. The <u>high school</u> in my neighborhood is doing enough to teach students about HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. The <u>middle school</u> in my neighborhood is doing enough to teach students about HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. In my opinion, HIV/AIDS prevention for youth ages 12-17 should be discussed in the following settings: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Medical care | <input type="checkbox"/> Schools |
| <input type="checkbox"/> After-school programs | <input type="checkbox"/> Public media |
| <input type="checkbox"/> Family | <input type="checkbox"/> Community-based social service organizations |
| <input type="checkbox"/> Religious institutions (for example, churches, synagogues, etc.) | |
| <input type="checkbox"/> Other, please specify: _____ | |

30. How much of a difference do you think HIV/AIDS prevention programs make in reducing the spread of HIV in Los Angeles?

- A lot of difference
- Some difference
- Not much difference
- No difference at all

31. What has been your personal experience with HIV/AIDS? (check all that apply)

- I know someone who has HIV.
- I know someone who has died from AIDS.
- I don't know anyone who has had HIV/AIDS.

32. Does the City of Los Angeles currently have a law prohibiting discrimination against persons living with HIV/AIDS?

- Yes
- No
- Don't Know

Section 3: HIV/AIDS ATTITUDES AND BELIEFS

People have many different feelings when they think about people who have HIV/AIDS. Please tell us how you personally feel.

33. When you think about people with HIV/AIDS, would you say you feel:

- Very sympathetic
- Somewhat sympathetic
- A little sympathetic
- Not at all sympathetic

34. When you think of people with HIV/AIDS, would you say you are:

- Very afraid
- Somewhat afraid
- A little afraid
- Not at all afraid

35. When you think of people with HIV/AIDS, would you say you feel:

- Very disgusted
- Somewhat disgusted
- A little disgusted
- Not at all disgusted

How much do you agree with each of the following statements that people have made?

	Strongly Agree	Agree	Disagree	Strongly Disagree
36. "Most people with AIDS don't care if they infect other people with the AIDS virus."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. "In general, it's people's own fault if they get HIV/AIDS."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. "People who got HIV/AIDS through sex or drug use have gotten what they deserve."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each of the following statements, please tell us how much you agree or disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree
39. I sometimes think that HIV/AIDS is a punishment for the decline in moral standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Homosexuality is the cause of HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. I don't want to talk or interact with anyone with HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. We have a social obligation to help those with HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. The AIDS crisis is really removed from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Part of the problem with HIV/AIDS is that people don't talk about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. People with HIV/AIDS should not be allowed to work in public schools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. People with HIV/AIDS should not be allowed to handle food in restaurants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. I don't want to hear any more about HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. People with HIV/AIDS offend me morally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Because of HIV/AIDS, everyone has a responsibility to practice safer sexual behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. HIV/AIDS is God's punishment for immorality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. People with HIV/AIDS are unfairly persecuted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each of the following statements, please tell us how much you agree or disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree
52. People I know would treat me differently if I got an HIV test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. People I know would treat me differently if I attended an HIV/ AIDS prevention program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. People I know would treat me differently if I tested positive for HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: HIV/AIDS KNOWLEDGE

In this section, we want to ask you some questions about how people can avoid becoming infected with the AIDS virus.

Can people protect themselves from getting HIV/AIDS by:	Yes	No	Don't Know
55. having just one sex partner who has no other partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. using a condom every time they have sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. not sharing food with a person who has HIV/ AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can the virus that causes AIDS be transmitted:	Yes	No	Don't Know
58. from a mother to her child during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. by sharing injection drug needles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. by having sexual intercourse with someone who has shared injection drug needles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. by touching or hugging someone with HIV/ AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. by kissing someone who has HIV/ AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us whether you think the following statements are accurate.

	Yes	No	Don't Know
63. It is possible for a healthy-looking person to have the HIV/ AIDS virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Only people who have sexual intercourse with gay (homosexual) people get HIV/ AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Only people who look sick can spread the HIV/ AIDS virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: NEIGHBORHOOD COUNCILS AND HIV PREVENTION

We would like your opinion on the role Neighborhood Councils might play in addressing HIV/AIDS issues.

	Strongly Agree	Agree	Disagree	Strongly Disagree
66. Neighborhood Councils should increase awareness of HIV/ AIDS issues among residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Neighborhood Councils can be effective for distributing HIV/ AIDS prevention information to residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. Which of the following would be appropriate activities for Neighborhood Councils to undertake in helping to address HIV/AIDS in Los Angeles? (check all that apply)

- Discussing HIV/ AIDS issues at public meetings
- Work with the local media to increase awareness of HIV/ AIDS issues
- Target local policymakers to encourage them to pay more attention to HIV/ AIDS issues
- Work with HIV/ AIDS prevention programs to increase awareness of HIV/ AIDS issues in neighborhoods
- Participate in events to mark “World AIDS Day” (December 1st)
- Help to address issues affecting families with HIV/ AIDS
- Do nothing, we should not get involved
- Other, please specify: _____

THANK YOU FOR COMPLETING THIS SURVEY

Appendix D

Survey Introduction Script

SURVEY INTRODUCTION SCRIPT

“Thank you for allowing us to administer this survey today. My name is _____ and I am here on behalf of the City of Los Angeles AIDS Coordinator’s Office. We are inviting every certified neighborhood council in Los Angeles to participate. Results of this survey will help the City understand your opinions regarding HIV/AIDS and your interest in HIV prevention services.

[If you are formally on the agenda for 15 minutes and it is clear that you have 15 minutes of meeting time] We hope that you will take 10-15 minutes to complete the survey and turn it in to us.

[If you do not have 15 minutes of meeting time] We hope that you will take 10-15 minutes to complete the survey before you leave tonight. We will stay here until after the meeting to collect your surveys.

The survey is anonymous and will not be linked to you as an individual. Please do NOT put your name on the survey.

You may skip over any questions you don’t want to answer, stop completing your survey at any time, or tear it up instead of turning it in to us if you decide that you don’t want to participate. Answering these questions is completely voluntary.

You are eligible for the survey if you are over the age of 18. Is there anyone here who is NOT over the age of 18?

[For people under 18: Thank you for answering the question. You are not eligible for this survey because you are outside the age range.]

The survey is available in *[list languages]*. Who would like to complete the survey in *[language 1]*? Who would like to complete the survey in *[language 2]*? *[add additional languages as necessary]*.

*[If there are any languages in which the survey is not available: I’m sorry, this survey does not have staff that can appropriately translate our survey into *[preferred language]*. However, we want to thank you for your interest in participating in this survey.]*

To fill in the survey, you may use pen or pencil. You can place a check or an “X” in the boxes on the survey; you do NOT need to fill in the boxes completely. Please work alone.

We are also passing out an information sheet that provides you with an overview of the survey and telephone numbers that you can call if you have questions once you leave. We can also give you information on HIV/AIDS resources if you are interested.

Thank you again for participating in this important City effort.”

Appendix E

Supplemental Data Collection Materials

FREQUENTLY ASKED QUESTIONS

What is the purpose of the survey?

The information collected through this survey will help the City of Los Angeles make effective decisions about developing and implementing HIV prevention services.

Who is funding the survey?

The City of Los Angeles AIDS Coordinator's Office is funding this survey.

What kinds of questions does the survey ask?

The survey includes questions about HIV awareness, attitudes, and beliefs, as well as perceptions of HIV prevention needs and availability in local neighborhoods.

Why are you administering the survey in Neighborhood Councils?

Neighborhood Councils are an important public forum in Los Angeles that provide a means for stakeholders to improve their communities. They also provide an organized forum through which we can access a diverse cross-section of the City of Los Angeles. By administering the survey at Neighborhood Council meetings, we can learn more about grassroots opinions that are neighborhood specific and how the AIDS Coordinator's Office can improve the services it offers in Los Angeles communities.

How many Neighborhood Councils are participating?

Each certified Neighborhood Council will be invited to participate in the survey.

Why should I participate in the survey?

This survey is an opportunity for you to give your own personal opinion to the AIDS Coordinator's Office that can be used to tailor services in your community.

How long does the survey take?

The survey takes approximately 10-15 minutes to complete.

Is this an anonymous survey?

Yes, surveys are anonymous; no information will be collected that can link the survey to you. Please do not write your name on the survey.

Do I have to participate?

Participating in the survey is completely voluntary. That means that you can decide to complete the survey or not. No one will be upset with you if you do not want to be in this study, and your decision will not affect your participation in this or future Neighborhood Council meetings.

How will the results affect my neighborhood?

The survey results from each neighborhood will be used to help the City of Los Angeles make effective decisions about developing and implementing HIV prevention services.

Will I receive a copy of the results?

The results will appear on the AIDS Coordinator's Office Web site (<http://www.lacityaids.org/>).

When will the results be released?

When survey administration is complete and data have been analyzed, the results will appear on the AIDS Coordinator's Office Web site (<http://www.lacityaids.org/>).

Who should I contact to ask questions?

Contact Courtney Malloy at Vital Research, LLC:
6380 Wilshire Blvd., Suite 1609, Los Angeles, CA 90048
888.848.2555

Neighborhood Council HIV Awareness and Prevention Survey

PARTICIPANT INFORMATION

The Neighborhood Council HIV Awareness and Prevention Survey was designed to help the City of Los Angeles AIDS Coordinator's Office learn more about:

- How you feel about HIV/AIDS
- How you feel about HIV/AIDS prevention services in you neighborhood

The survey will be offered to every Neighborhood Council in Los Angeles. Results of the survey will help us understand your opinions regarding HIV/AIDS and your interest in HIV services.

The survey is completely anonymous and will not be linked to you as an individual. Your participation is voluntary. That means that it is completely up to you if you want to complete this survey or not. Your decision to answer these questions will not affect your relationship with the Neighborhood Council.

If you have any questions about the survey after you leave your Neighborhood Council meeting, you can contact Courtney Malloy at Vital Research:

Vital Research, LLC
6380 Wilshire Blvd., Suite 1609
Los Angeles, CA 90048
888-848-2555

Encuesta sobre Conciencia y Prevención del VIH en los Consejos Vecinales

INFORMACIÓN PARA EL PARTICIPANTE

La Encuesta sobre Conciencia y Prevención del VIH en los Consejos Vecinales se diseñó para ayudar a la Oficina del Coordinador del SIDA de la Ciudad de Los Angeles aprender más acerca de:

- Cómo se siente usted acerca de VIH/SIDA
- Cómo se siente usted acerca de servicios de prevención de VIH/SIDA en su vecindario

La encuesta será ofrecida a todos los Consejos Vecinales de Los Angeles. Los resultados nos ayudarán a entender sus opiniones sobre el VIH/SIDA y su interés en servicios para el VIH.

La encuesta es completamente anónima y no será conectado a usted como un individuo. Su participación es voluntaria. Eso quiere decir que es totalmente la decisión de usted si usted quiere completar la encuesta o no. Su decisión de responder estas preguntas no afectará su relación con el Consejo Vecinal.

Si después de dejar la reunión del Consejo Vecinal tiene algunas preguntas sobre la encuesta, puede comunicarse con la Courtney Malloy en Vital Research:

Vital Research, LLC
6380 Wilshire Blvd., Suite 1609
Los Angeles, CA 90048
888-848-2555

General HIV/AIDS Information

AIDS ACTION

www.aidsaction.org

AIDS EDUCATION GLOBAL
INFORMATION SYSTEM

www.aegis.org

CALIFORNIA HIV/AIDS HOTLINE

(800) 367-AIDS

(888) 225-2437 (TTY/TDD)

www.aidshotline.org

CALIFORNIA OFFICE OF AIDS

(916) 449-5900

www.dhs.ca.gov/ps/ooa

CENTERS FOR DISEASE
CONTROL

National AIDS Hotline:

(800) 342-2437

(800) 344-7432 (Spanish)

(800) 243-7889 TTY/TDD

www.cdc.gov

COMMUNITIES ADVOCATING

EMERGENCY AIDS RELIEF

(CAEAR)

www.caear.org

KAISER FAMILY FOUNDATION

HIV/AIDS INFORMATION

www.kff.org/hivaids

Los Angeles AIDS Resources

HIV L.A. RESOURCE DIRECTORY

(866) 772-2365

www.hivla.org

LOS ANGELES COUNTY OFFICE OF AIDS PROGRAMS AND POLICY (OAPP)

(213) 351-8037

<http://lapublichealth.org/aids/index.htm>

Legal Advice

CITY OF LOS ANGELES OFFICE OF THE CITY ATTORNEY,
AIDS/HIV DISCRIMINATION UNIT

www.lacity.org/atty/atycb1c2a.htm

HIV AND AIDS LEGAL SERVICES ALLIANCE, INC. (HALSA)

(213) 201-1640

Housing

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

(213) 808-8805

www.lacity.org/lahd

Hepatitis C Information

HEPATITIS C TASK FORCE FOR LOS ANGELES COUNTY

(310) 670-4624

(213) 744-0724

www.hepctaskforcela.org

Appendix F

NC Readiness Scores

NEIGHBORHOOD COUNCIL READINESS TO IMPLEMENT HIV PREVENTION SERVICES AND PROGRAMS

Neighborhood Council	NC Region	Readiness	
		Score	Rating
Macarthur Neighborhood Council	Central	26	Very Ready
Mid City West Neighborhood Council	Central	26	Very Ready
LA-32 Neighborhood Council	East	26	Very Ready
Greater Cypress Park Neighborhood Council	East	26	Very Ready
Empowerment Congress North Area Neighborhood Development Council	South	26	Very Ready
Vernon/Main Neighborhood Council	South	26	Very Ready
Park Mesa Heights Community Council	South	26	Very Ready
Empowerment Congress Southwest Area Neighborhood Development Council	South	26	Very Ready
Olympic Park Neighborhood Council	Central	25	Very Ready
Lincoln Heights Neighborhood Council	East	25	Very Ready
Harbor Gateway North Neighborhood Council	Harbor	25	Very Ready
Central San Pedro Neighborhood Council	Harbor	25	Very Ready
Empowerment Congress West Area Neighborhood Development Council	South	25	Very Ready
South Central Neighborhood Council	South	25	Very Ready
West Adams Neighborhood Council	South	25	Very Ready
United Neighborhoods of the Historic Arlington Heights, West Adams and Jefferson Park Communities	South	25	Very Ready
Empowerment Congress Central Area Neighborhood Development Council	South	25	Very Ready
Silver Lake Neighborhood Council	East	24	Very Ready
Historic Highland Park Neighborhood Council	East	24	Very Ready
Glassel Park Neighborhood Council	East	24	Very Ready
Watts Neighborhood Council	South	24	Very Ready
Mid City Neighborhood Council	South	24	Very Ready
North Hollywood North East Neighborhood Council	South Valley	24	Very Ready
Pico Union Neighborhood Council	Central	23	Ready
Atwater Village Neighborhood Council	East	23	Ready
Greater Echo Park Elysian Neighborhood Council	East	23	Ready
Northridge East Neighborhood Council	North Valley	23	Ready

NEIGHBORHOOD COUNCIL READINESS TO IMPLEMENT HIV PREVENTION SERVICES AND PROGRAMS

Neighborhood Council	NC Region	Readiness	
		Score	Rating
Arleta Neighborhood Council	North Valley	23	Ready
Mar Vista Community Council	West	23	Ready
Hollywood Studio District Neighborhood Council	Central	22	Ready
Historic Cultural Neighborhood Council	Central	22	Ready
Boyle Heights Neighborhood Council	East	22	Ready
Community & Neighbors for 9th District Unity (CANNDU)	South	22	Ready
Empowerment Congress Southeast Area Neighborhood Development Council	South	22	Ready
Tarzana Neighborhood Council	South Valley	22	Ready
Encino Neighborhood Council	South Valley	22	Ready
Greater Toluca Lake Neighborhood Council	South Valley	22	Ready
Neighborhood Council Valley Village	South Valley	22	Ready
West Los Angeles Neighborhood Council	West	22	Ready
Bel Air-Beverly Crest Neighborhood Council	West	22	Ready
Central Hollywood Neighborhood Council	Central	21	Ready
Coastal San Pedro Neighborhood Council	Harbor	20	Somewhat Ready
Pacoima Neighborhood Council	North Valley	20	Somewhat Ready
Studio City Neighborhood Council	South Valley	20	Somewhat Ready
Grass Roots Venice Neighborhood Council	West	20	Somewhat Ready
Palms Neighborhood Council	West	19	Somewhat Ready
Greater Griffith Park Neighborhood Council	Central	18	Somewhat Ready
Harbor Gateway South Neighborhood Council	Harbor	18	Somewhat Ready
Foothill Trails District Neighborhood Council	North Valley	18	Somewhat Ready
Canoga Park Neighborhood Council	South Valley	18	Somewhat Ready
West Hills Neighborhood Council	South Valley	18	Somewhat Ready
Sherman Oaks Neighborhood Council	South Valley	18	Somewhat Ready
Sylmar Neighborhood Council	North Valley	17	Somewhat Ready
Mission Hills Neighborhood Council	North Valley	17	Somewhat Ready

NEIGHBORHOOD COUNCIL READINESS TO IMPLEMENT HIV PREVENTION SERVICES AND PROGRAMS

Neighborhood Council	NC Region	Readiness Score	Rating
Reseda Neighborhood Council	South Valley	17	Somewhat Ready
Greater Valley Glen Council	South Valley	17	Somewhat Ready
Sunland-Tujunga Neighborhood Council	North Valley	16	Somewhat Ready
Wilshire Center - Koreatown Neighborhood Council	Central	15	Somewhat Ready
Hollywood Hills West Neighborhood Council	Central	14	Somewhat Ready
Harbor City Neighborhood Council	Harbor	12	Somewhat Ready
Northridge West Neighborhood Council	North Valley	12	Somewhat Ready