ACT II Survey Results
By Peter Brinson

Produced for AIDS Network, 2005.

Resources for carrying out this survey and producing this report were provided by AIDS Network, the Department of Sociology, and the Social Science Computing Cooperative at the University of Wisconsin-Madison.

For any further questions about this study, please contact the author:
pbrinson@ssc.wisc.edu
(608) 886-6951

Table of Contents

Statistical Note

I use common statistical language/symbols in this document. This note is a guide for understanding the data, even if you do not have a sophisticated knowledge of statistics.

In most tables, I report simple percentages (cumulative to 100), although sometimes I also report frequencies (the number of times something occurs). In representing the mean (average) scores for questions, I also report the standard deviation (s.d.) in parentheses. The standard deviation is a measure of the variance of the response for that question. The standard deviation is small when everyone marks the same answer for a given question, and it is larger when each response category (e.g. strongly disagree to strongly agree) is marked by a lot of people.

In the sections in which I analyze the responses, I generally report three statistics:
All t-scores reported are for two-tailed hypothesis tests and are used to judge how certain we can be that the effect we observe is actually due to the variable we specify, and not just due to the random chance of sampling error.

A symbol of * means that the statistic is significant at the 90% confidence level.
A symbol of ** means that the statistic is significant at the 95% confidence level.
A symbol of *** means that the statistic is significant at the 99% confidence level.
A symbol of **** means that the statistic is significant at the 99.9% confidence level.
A symbol of "ns" means that the statistic was not statistically significant.

Thus, for a statistic with ** reported next to the t-score, what this means is that the chance that the observed effect would be observed, even if the real effect is actually 0, would be less than 5%, or 1-in-20. In general, the 95% confidence level (**) is the baseline for judging something to be "statistically significant." In this report, I also included the 90% confidence level because it shows good evidence for a phenomenon (even though it is not quite statistically significant), because our sample size is small, and because it sheds important light on what the data say. To ignore it would be to limit our understanding of what the survey data tell us.

This alludes to the difference between "statistically significant" and "substantively significant." These two things are not the same! Something can be statistically significant but essentially meaningless in real life terms; conversely, there can be substantive differences that do not meet the statistical hurdle of significance. In my interpretation of the results, I have tried to balance the two.

To help do this, I have included regression coefficients, or betas, symbolized by "b." Sometimes they are in the text, and sometimes they are in the parentheses with the t-score. The way to interpret this is: "A one unit increase in "x" (demographic variable) yields a change of "b" units in y (our question of interest)." For example, for age, if b=0.02, for each year that a person is older, the person's response will be 0.02 points higher.

Additionally, I have included the statistical measure, R^2, which shows the proportion of the overall variation in responses that is explained by the demographic variables that are specified. An R^2 that is closer to 0 means that the demomgraphic variables explain very little about why the question was answered in the way it was, while an R^2 closer to 1 means that the demographic variables explain a lot about why the question was answered in the way it was.

Finally, some people wrote in answers when they did not have enough response categories for them to mark on the survey accurately. To simplify the tables, these few responses were moved into the middle of the two categories that it was in between. If there were two people who wrote in the same response, one was moved to either category that they were in between.

ACT II Survey Results

I. Executive Summary

Demographics: Who Participated in ACT II?

The 114 people who responded to one or both of the two surveys, on the whole, represent a very specific subset of the larger population as a whole, and interpretation of these survey results must take this fact into account. The people who responded to these surveys are different from the U.S. (and even Madison, WI) population in a number of ways.

Slight majorities of respondents had participated in ACT I (54%), had done long-distance overnight bike rides before (58%), and had done prior AIDS fundraising work before (58%). In addition, almost all survey respondents have been personally affected by HIV/AIDS in some way: almost 80% of respondents know at least one person with HIV, about 60% of respondents know at least one person who has died from AIDS, and about 60% of respondents have been tested for HIV at least once in their lives. The survey respondents are very well educated (almost 95% have attended at least some college or hold a post-secondary degree), hold middle- or upper-class jobs (57% hold white collar jobs), are relatively non-religious (53.5% said they had no religious affiliation), and have liberal political beliefs (about 80% described themselves as "liberal" or "very liberal"). Finally, 58% of respondents are women, 28% are gay or lesbian, 9% are bisexual, and all except for three respondents are white (non-Hispanic).

These characteristics of the respondents shaped the outcome of the survey results in incredibly dramatic ways; the impact of the characteristics of the survey respondents on the results should not be underestimated.

Finally, it should be noted that the survey respondents probably differ from ACT II participants *as a whole* in a number of ways. These surveys are all affected by a selection bias, namely that those people who actually choose to respond cannot be assumed to be identical to the people who choose not to respond (or do not, for whatever reason). The nature of the bias would be difficult to determine, so it is important to exercise caution in interpreting the survey results.

Knowledge about HIV/AIDS

ACT II participants are, on the whole, highly knowledgeable about HIV/AIDS. All four true/false questions about HIV/AIDS were answered correctly by everyone (or almost everyone), people's knowledge about the methods of transmission of HIV are accurate, and 9 of 10 questions measuring the participants' knowledge about who is more likely to be HIV positive were answered correctly by a majority of the respondents. The only question to which very few ACT II participants provided the correct answer had to do with the change in the rate of HIV infections in the U.S. in the last few years; most people responded pessimistically, saying that they thought it had been increasing, when it has in fact remained about the same. This shows that in addition to being highly knowledgeable about HIV/AIDS, most also perceive HIV/AIDS to be a serious problem (see also the section on Opinion Questions).

Conversely, ACT II participants seem to be relatively optimistic about the effectiveness of various existing measures for preventing the spread of HIV and slowing the progression of HIV once infected. All 17 measures were rated more effective than ineffective. Preventive measures directly targeting individual behaviors were judged to be more effective than preventive measures that are aimed at social policies. Similarly, more traditional medical measures that one might take to slow the progression of HIV were judged to be more effective than "alternative" measures. Nevertheless, the response patterns to these questions are as similar as they are different, which is surprising. Part of the explanation for these similarities in evaluation of very diverse measures (and the lack of association between logical demographic characteristics and responses to these survey items) has to do with a flaw in the survey design—that the survey probably did not offer enough response categories for participants to accurately record their perceptions. However, these questions also suggest that ACT II participants would support a wide array of both individual measures and social policies that aim to eliminate the problem of HIV/AIDS in society as well as to mitigate the suffering of PWAs.

Motivation of ACT II Participants

The most important reasons that ACT II participants gave for their decision to participate has to do with their values—because of their compassion, their desire to help people with HIV/AIDS, and their desire to do something for an important cause. The least important reasons that ACT II participants gave for their decision to participate have to do with personal career advancement and their personal feelings of guilt, anxiety, or loneliness. Among the reasons that people gave for participating that were moderately important had to do with concern about the gay community, knowing others who are participating, and personal desire to challenge oneself, gain a new understanding of HIV/AIDS, and to meet new people. Love of cycling was also only a moderately important reason that people gave for participating. Each of these sets of motivations was associated with a particular set of demographic characteristics, which helps explain why people chose to volunteer and can help in the recruiting of future ACT participants.

These findings are very similar to all comparable research on the motivations of volunteers, but they are different in that ACT II participants' motivation scores show larger differences in reasons for participation. This suggests that these findings should be considered very reliable and also that ACT II participants are substantively different from most volunteers. This may be due to the nature of the volunteer opportunity or to the peculiar demographic characteristics of the ACT participants or both.

HIV/AIDS Policy Support

The ACT II survey respondents show a great deal of support for liberal social and political policies for dealing with HIV/AIDS. All policies that represented a public health approach to the problems posed by HIV/AIDS or that advocated increased government funding, *even if it means raising taxes*, were overwhelmingly supported by survey respondents. Conversely, policies that would have coercive or stigmatizing effects on people with HIV/AIDS showed strong opposition among survey respondents. Only two items showed any ambivalence among respondents; otherwise, the responses were highly skewed either towards strong support or strong opposition to various policies. The support/opposition is explained largely by the predominantly liberal political beliefs of ACT II respondents and by one's social distance from the effects of HIV/AIDS, namely the number of people that respondents know who either have HIV or have

died from AIDS. These findings are all logical and consistent, so this evidence should be considered reliable.

Attitudes about HIV/AIDS and Related Issues

By looking at the participants' responses to these opinion questions, we can sketch a general profile of an ACT II participant as a volunteer who has decided to do something in order to help people with HIV/AIDS. The pattern of agreement and disagreement seems to match the demographics, motivations, and policy positions of the respondents quite well. The statements that ACT II participants most strongly agreed with had to do with how important government funding and organizations like AIDS Network are for the fight against HIV/AIDS. In addition, survey respondents felt strongly about the need to prevent discrimination and stigmatization of people with HIV/AIDS. They strongly disagreed with any statement that showed discriminatory attitudes towards PWAs, and they also strongly disagreed that nothing could be done about HIV/AIDS. Even though participants acknowledge personal responsibility and the measures an individual can take to prevent themselves from contracting HIV, their responses to these questions show that they also think that it is our collective responsibility to do what we can to prevent HIV/AIDS from spreading and to improve the lives of people who already have HIV/AIDS. Unfortunately, the responses to these questions were somewhat resistant to analysis, so it is difficult to gain an understanding of the associations between particular demographic variables and particular attitudes. The clearest and most accurate picture emerges simply from the description of how all survey respondents answered these questions.

Changes in Attitudes due to ACT II

Overall, there is very little evidence that participation in ACT II significantly changed the participants' perceptions, attitudes, and policy opinions regarding HIV/AIDS. There is moderate evidence that evaluations changed for a few individual items, namely that participants' evaluation of (1) the effectiveness of organizations like AIDS Network in preventing the spread of HIV *increased*, that their evaluation of (2) the effectiveness of keeping a positive mental outlook and (3) getting regular physical exercise for slowing the progression of HIV *increased*, and that (4) their support for the policy of giving condoms away for free *increased*. However, these items only have moderate evidence to support the hypothesis that these changes in attitude actually occurred, for several reasons:

1. The statistical evidence is, in general, not strong or consistent
2. Much of the changes measured is probably due to random variation in how someone would respond to the same question at different times
3. There is relatively little variation in many of the responses; the people who participate in ACT II represent a very specific demographic and already tend to exhibit particular attitudes and opinions, so any change probably is not substantively very significant
4. It is difficult to explain why some questions showed change and others did not
5. The associations with demographic variables do not provide a clear explanation for why the observed changes occurred

That said, it would be a mistake to conclude that participating did *not* have an effect on people's attitudes and opinions about HIV/AIDS. First, this survey was not without flaws, and better measurement or organization of questions at some places could have yielded different results.

Additionally, these surveys are very limited in the types and amount of change that could be feasibly detected. It is highly plausible (indeed, probable) that participants are changed by participating in ACT II, but only in such ways that cannot be detected through this type of survey. For example, how much a person comes to identify with the cause of fighting HIV/AIDS at a personal level is only indirectly measured by some of the questions in this survey. Alternative methods of study would be particularly suited to studying this type of change.

Satisfaction with ACT II

On the whole, survey respondents were extremely satisfied with ACT II. On a scale of 1 to 10, the mean score for satisfaction was 9.0, and all except six respondents rated their happiness at 8 or above. This satisfaction is also evident in their thoughts about future participation: almost 4 out of 5 respondents said they planned to participate in a future AIDS ride, almost 95% said they would recommend to someone else that they participate in a future ACT, and almost half of the respondents said they planned to get more involved with AIDS Network or some other AIDS organization in the future. The responses to the open-ended questions provide more evidence of the high degree of satisfaction with the ride. The satisfaction is no doubt overstated due to the response bias—namely, that people who were most satisfied with the ride were probably most likely to fill out the surveys. However, it is safe to conclude that participants were, on the whole, extremely satisfied by participating in ACT II.

Analysis of these results shows that people who are more liberal were more likely to be satisfied with ACT II, and people with a history of participation (whether they participated in ACT I or in some other AIDS fundraising) were more likely to say they would get involved in the future. Taken together, these are significant findings and are consistent with other social science research showing that past participation and high levels of satisfaction are good predictors of future participation. It may be the case that some participants develop a "role identity" related to ACT, meaning that participating in AIDS rides or doing AIDS volunteer work may become part of how people view themselves.

Finally, participants thought that the most important things accomplished by ACT II were raising money for AIDS Network and raising awareness about HIV/AIDS. The best things about the ACT II experience, however, had to do with the people on the ride, the ways that people treated each other on the ride, and the community that resulted from it. Not only did the individual participants seem to personally benefit from the experience, but they were also well aware that others benefited from their participation as well.

Conclusion

This survey does not provide strong or conclusive evidence that participating in ACT II changed the participants' specific knowledge, opinions, or policy attitudes related to HIV/AIDS. This is likely due to several factors, among them that the people who self-select to participate already are well-informed about HIV/AIDS and otherwise exhibit an array of demographic characteristics that makes it unlikely that they will undergo major changes in their beliefs or attitudes. Additionally, the fact that ACT II did not contain a significant amount of educational programming as part of the event makes it only logical that participants would not undergo these types of changes. It is possible that adding a more explicit educational component to the ride

would effect some sorts of changes on participants' knowledge, opinions, and policy attitudes about HIV/AIDS.

However, we should not assume that this would therefore be a desirable feature of the ACT events. This is not the only, nor even the most important, way that ACT II can have an effect on the participants. Indeed, this survey also shows that ACT II *did* have a number of significant consequences for the participants and for AIDS Network, beyond the money that was raised. The two most important (and likely) consequences of events like ACT II are (1) an enlarged pool of potential volunteers that AIDS Network can draw upon to accomplish its goals and (2) an increased personal identification with HIV/AIDS and/or the ACT "community."

The high rates of satisfaction and the high rates of repeat participation indicate that ACT II increased the pool of (actual and potential) volunteers who can participate in AIDS rides or get more involved with AIDS organizations in the future. Events like ACT II can increase participants' emotional and social identification with the issue of HIV/AIDS and increase the chances that these people will volunteer to help AIDS Network in the future. It is unclear whether or not ACT II "raises awareness" among the general public; however, it no doubt *does* raise awareness among the participants themselves.

Such effects can be seen as an investment in the future security of AIDS Network. If AIDS Network can keep ACT volunteers informed about HIV/AIDS, and if AIDS Network can publicize new and ongoing avenues for volunteering, then the high levels of satisfaction from ACT II can be harnessed to increase the involvement of volunteers in AIDS Network projects. This is not a matter of exploiting volunteers; events like ACT II can create a willing and enthusiastic pool of citizens who would *embrace* future opportunities to act altruistically and help AIDS Network. It would be in the best interests of AIDS Network to utilize the potential energy of satisfied ACT volunteers in order to help achieve its goals, in whatever form they may take.

II. The Surveys

This document presents the results of two surveys of participants in the ACT II bike ride to benefit AIDS Network. Conducted with the cooperation of AIDS Network, the surveys were designed not only to find out more information about the participants themselves—who they are and what sorts of knowledge and opinions they have about HIV/AIDS-related issues, etc.—but also to measure what sorts of effects participation in ACT II might have on their knowledge and opinions.

All long-term participants in ACT II--riders, crew, and steering committee members--were included in the study. Day volunteers, such as those who staffed a single lunch stop or pit stop, were not included. In all, both surveys were mailed to all 206 people registered as riders, crew, or steering committee members. The first survey was returned by 102 people, a response rate of 49.5%. The second survey was returned by 85 people, a response rate of 41.3%. A total of 73 people (35.4%) filled out both surveys. Each participant was assigned an arbitrary ID number so that the individual's responses to the second survey could be compared with their responses to the first survey while protecting the anonymity and confidentiality of each individual respondent. The list of ID numbers was made once, kept as long as it was necessary to mail out the second survey, and then destroyed.

On June 21, 2004, an email was sent to all participants introducing myself and the study, and it included a statement from Della Haugen encouraging the participants to take part in the study. Included with the first survey was a "Research Subject Information and Consent Form" (see Appendix A), which respondents were asked to read, sign, and return. The form included an explanation of the study, including potential benefits and risk of participation, and an invitation for them to participate. This form was separated from the completed survey after I received them, and they were stored in separate locations so that the respondent's confidentiality would not be compromised.

The first survey (see Appendix B) was 12 pages long and included five general types of questions: Items to measure knowledge and perception about HIV/AIDS itself and trends in infection rates; items to measure motivations for participating; items to measure support for various HIV/AIDS-related policies; items to measure opinions about HIV/AIDS in society; and finally, participants' demographic/background information. The survey was initially mailed at the end of June, a reminder email was sent in mid-July, and no more surveys were accepted after August 1, the day before the ride.

The second survey (see Appendix C) was 8 pages long and contained several identical sections from the first survey. The Policy and Opinion sections were identical, and the Knowledge/Perception section was truncated. An additional section was included to measure satisfaction with the event and to provide a space for post-ride evaluation. This section included six open-ended response questions, which participants could write as much or as little about as they desired. The survey was initially mailed at the beginning of September, a reminder email was sent in mid-September, and no more surveys were accepted after November 1.

What follows is the statistical analysis and interpretation of these two surveys.

III. Demographics/Background of Participants

In all, 114 people responded to one or both of the surveys.

Rider/Crew: Of the survey respondents, 71 (62.3%) were riders, 35 (30.7%) were crew, and 7 (6.1%) were steering committee members.

Participation in ACT I: Of the 114 respondents, 38 (33.3%) rode in ACT I, and 24 (21.1%) crewed in ACT I. Thus, 54.4% of respondents were not new to ACT.

Heard about ACT II: Most respondents heard about ACT II because of ACT I (47.3%), from another person or by word of mouth (30.4%), and from an advertisement or other media outlet (12.5%).

Bike Experience: A majority (57.7%) of respondents said they had done a long-distance, overnight bike ride before.

Previous AIDS Fundraising Experience: A majority (58.4%) of respondents said they had done other AIDS fundraising activities before (not including ACT I).

Contact with PWAs: The vast majority of people (78.6%) said they knew at least one person with HIV. Of those people, the majority (70.7%) said the person who was their closest relation with HIV was a friend. The two tables below show the distribution of responses to these questions.

How many people do you know who have HIV/AIDS?

	Freq.	Percent	Cum.
0	24	21.4	21.4
1-2	31	27.7	49.1
3-4	19	17.0	66.1
5-6	5	4.5	70.5
7 or more	33	29.5	100.0
Total	112	100.0	

If more than 0, what is the closest relation he/she has to you (e.g. friend, family, etc.)?

	Freq.	Percent	Cum.
Family	10	13.3	13.3
Friend	53	70.7	84.0
From work	4	5.3	89.3
Acquaintance	8	10.7	100.0
Total	75	100.0	

A smaller majority (59.7%) said they knew at least one person who died because of AIDS. Of those people, the majority (61.7%) said their closest relation who had died of AIDS was a friend. The two tables below show the distribution of responses to these questions.

How many people do you know who died because they had AIDS?

	Freq.	Percent	Cum.
0	46	40.3	40.3
1-2	37	32.5	72.8
3-4	8	7.0	79.8
5-6	2	1.8	81.6
7 or more	21	18.4	100.0
Total	114	100.0	

If more than 0, what is the closest relation he/she has to you?

	Freq.	Percent	Cum.
Family	7	11.7	11.7
Friend	37	61.7	73.4
From work	6	10.0	83.4
Acquaintance	10	16.7	100.1
Total	60	100.1	

Friends/Family on Ride: The vast majority (84.2%) of respondents said they had at least one friend or relative on the ride whom they knew prior to signing up for ACT II.

Tested for HIV: The majority (60.2%) of respondents said they have been tested for HIV at some point in their lives. Of these people, 58.1% said they had gotten tested within the past two years, and the figure rises to 83.9% within the past five years.

Political Beliefs: ACT II participants are, on the whole, quite liberal. 79.3% of respondents described themselves as either "liberal" or "very liberal," whereas only 4.5% of respondents described themselves as either "conservative" or "very conservative." The table below shows the distribution of resonses.

	Freq.	Percent	Cum.
Very Conservative	1	0.9	0.9
Conservative	4	3.6	4.5
Moderate	18	16.2	20.7
Liberal	50	45.1	65.8
Very Liberal	38	34.2	100.0
Total	111	100.0	

Religion: A majority (53.5%) wrote that they had none; 28.1% wrote some denomination/variant of Christianity (including Catholicism); 10.5% named some other religion, such as Judaism or Buddhism; and 7.9% said they were spiritual.

Occupation: After coding people's written responses, the majority (57%) held some white collar job; 8.8% held some blue collar or service job; 21.1% were students; 5.3% were retired; and 7.9% were "other" (for example, "don't know," "homemaker," etc).

Education: The average level of educational attainment (mean, median, and mode) was a 4 year college degree. 73.2% had achieved some post-secondary degree, and another 21.4% had attended at least "some college." Thus, the survey respondents are very highly educated.

Education	Freq.	Percent	Cum.
Some school	1	0.9	0.9
GED	0	0.0	0.9
High school degree	3	2.7	3.6
Trade or vocational school	2	1.8	5.4
Some college	24	21.4	26.8
Associate (2 year) degree	5	4.5	31.3
College (4 year) degree	37	33.0	64.3
Some graduate or professional school	8	7.1	71.4
Graduate or professional degree	32	28.6	100.0
Total	112	100.0	

Gender: 57.7% of respondents were women, 40.5% were men, and two individuals (1.8%) were transgender.

Sexual Orientation: 63.1% were heterosexual, 27.9% were gay/lesbian, and 9% were bisexual.

Race/Ethnicity: 97.3% were white (non-Hispanic). One person was Hispanic/Latino, and two people identified themselves as "other" ("Irish" and "Indian" respectively).

Age: The median age was 35; the low was 17 and the high was 74. The table below shows the response distribution by age bracket:

	Freq.	Percent	Cum.
under18	2	1.8	1.8
18-24	28	25.0	26.8
25-34	25	22.3	49.1
35-44	31	27.7	76.8
45-54	14	12.5	89.3
55-64	7	6.3	95.6
65 and above	5	4.5	100.1
Total	112	100.1	

Due to the particular characteristics of the demographic data above, several adjustments had to made in order to analyze the survey responses. The prime consideration is that the demographic data were skewed in some ways such that sample sizes for particular groups were too small. First, in the analysis based on the Rider/Crew variable, the 7 steering committee members were excluded from the analysis, thereby making the comparison between riders' responses and

crews' responses easier and more reliable. Second, the variable Gender considers only females and males, since only 2 individuals classified themselves as transgender. Third, in the variable Sexual Orientation, the categories of "Gay/Lesbian" and "Bisexual" were merged because only 10 respondents said they were bisexual, and I did not expect to find any difference between the way those who are "Gay/Lesbian" and those who are "Bisexual" answered the questions. To deal with these last two problems, I combined those people who identified themselves as transgender with gay/lesbian and bisexual categories, creating a new variable called GLBT. This was the variable that formed the comparison with the "Heterosexual." Finally, Race/Ethnicity was omitted from all analyses, since only 3 people marked some category other than "White (non-Hispanic)."

Despite these considerations, no responses were thrown out. In the summary statistics below of how each question was answered, the data modifications discussed above were not necessary. Therefore, those summary statistics represent the full response set.

Finally, it must be cautioned that the analysis reported below cannot be assumed to represent the opinions of all ACT II participants. Surveys such as these suffer from a selection bias, meaning that those who respond likely differ in some important ways from those who do not respond. For example, women were slightly more likely to respond to the surveys (they were 57.7% of respondents but 53.4% of participants). The statistics for any question to which men and women responded differently would be therefore be slightly different from what the "true" number actually is. Similarly, if politically conservative people were less likely to respond to the surveys, then the surveys overestimate the degree to which ACT II participants are liberal and hold liberal attitudes towards HIV/AIDS policies. Given these considerations, any conclusions drawn from the survey should be considered tentative.

IV. Knowledge/Perception Questions

True/False Questions

Main Findings

Respondents overwhelmingly answered these questions correctly. The knowledge of ACT II participants of simple true/false questions regarding HIV/AIDS is quite good, though participants differ in their perception of the illegality of discrimination against people with HIV/AIDS. Specifically, people with more education and GLBTs are more likely to think that discrimination is legal.

Description

Four items asked respondents to answer "true" or "false." Survey respondents overwhelmingly answered these questions correctly.

1. "There is no known cure for AIDS."—All but one person answered correctly (T).

2. "The official difference between a diagnosis of 'HIV positive' and a diagnosis of 'AIDS' is your viral load or the number of T-cells in your blood."—This question was thrown out due to poor question wording.

3. "A person who has HIV can pass it on to someone else, even though the infected person has no signs or symptoms of illness."—Everyone answered this item correctly (T).

4. "Discrimination against people with HIV/AIDS in housing and employment opportunities is illegal in the U.S."—This question was answered correctly by 84 out of 100 respondents.

Analysis

Only Question 4 has enough variation in response for analysis. Paradoxically, people with more education were more likely to answer this question incorrectly (z=-2.56**). AIDS fundraising experience has a similar surprising effect. Of the people who did have previous fundraising experience, 20% (12 out of 59) answered incorrectly, compared to only 10% (4 out of 40) of people without fundraising experience that answered incorrectly. However, this difference is not statistically significant. This question was also answered incorrectly more often by GLBTs than heterosexuals (z=-1.82*). Only 9.8% (6 out of 61) of heterosexuals answered the question incorrectly, whereas 25.6% (10 out of 39) of GLBTs answered the question incorrectly.

What this analysis suggests is that respondents who have more formal education, more fundraising experience, or who are GLBT may be more likely to *perceive* discrimination and assume it is not illegal. Since this item actually measures people's answers to a question that

they more than likely do not know the answer to, it is the *perception of* discrimination rather than the *knowledge about* discrimination that is demonstrated in the response.

Transmission Questions

Main Findings

Overall, people's perceptions of the relative likelihood of transmission of HIV through various activities are accurate. Sharing needles when using drugs was considered the most risky activity, followed by unprotected sexual intercourse, followed by unprotected oral sex, and followed finally by the activities in which the risk of transmission is either very low or impossible. Also, the respondents perceived sex (gender) differences in likelihood of transmission through sexual activities. Specifically, the risk of transmission from a male carrier of HIV was judged to be higher than the equivalent activity with a female carrier of HIV.

Though several variables—especially whether or not you have been tested for HIV, closeness to people with HIV/AIDS, whether you are a rider or crew, and whether or not you have previous experience with either ACT or other AIDS fundraising—seem to influence the ways participants responded to these items, there is no obvious explanation for some of these correlations. The low R^2 values are further indication of the weakness of these associations. Additionally, the design of this section probably does not allow respondents to accurately mark their perceptions of risk. Thus, there is no strong conclusion that can be drawn from these correlations; the relative evaluations of likelihood of transmission discussed in the "Description" section give the best information about these questions.

Description

There were 12 items asking respondents to rate the likelihood of getting HIV through various activities. The response categories were: Impossible (1), Not likely (2), Likely (3), and Absolutely certain (4).
The questions, means (standard deviation), and distribution of responses are in Table 1 below.

There were several noteworthy findings.

On the whole, people's perceptions were accurate (the frequency distributions make this clear). Since the ways respondents interpreted the response categories would differ from person to person (for example, can anything be "absolutely certain"?), the absolute mean scores should not be taken too seriously. However, this section is useful for gauging the *relative* assessment of risk; that is, in relation to the other items, by which activities is one more or less likely to contract HIV.

The respondents rated as the most risky activity "When using drugs, sharing needles with someone who has HIV" (3.50, $p<.001$).

The activity considered least risky was "Getting a body piercing with a new needle" (1.15, $p<.001$). This was followed closely by "Getting a tattoo with sterilized needles" (1.28), "Donating blood" (1.38), and "Being bitten by a mosquito that has previously bitten someone with HIV" (1.49).

Table 1: Perceptions of the Likelihood of HIV Transmission

	Mean (s.d.)	1	2	3	4	Total (N)
1. Kissing someone who has HIV	1.67 (0.55)	37.3	58.8	3.9		100.0 (102)
2. Performing unprotected oral sex on a male who has HIV	2.87 (0.58)	1.0	20.8	68.3	9.9	100.0 (101)
3. Performing unprotected oral sex on a female who has HIV	2.75 (0.59)	1.0	30.0	62.0	7.0	100.0 (100)
4. A man having unprotected sexual intercourse with a woman who has HIV	2.96 (0.56)		18.0	68.0	14.0	100.0 (100)
5. A woman having unprotected sexual intercourse with a man who has HIV	3.24 (0.45)		1.0	74.3	24.8	100.1 (101)
6. A man having unprotected sexual intercourse with a man who has HIV	3.26 (0.46)		1.0	72.3	26.7	100.0 (101)
7. When using drugs, sharing needles with someone who has HIV	3.50 (0.52)		1.0	49.0	50.0	100.0 (102)
8. Donating blood	1.38 (0.56)	64.7	33.3	1.0	1.0	100.0 (102)
9. Getting a blood transfusion	1.91 (0.51)	15.8	79.2	3.0	2.0	100.0 (101)
10. Being bitten by a mosquito that has previously bitten someone with HIV	1.49 (0.57)	55.0	41.0	4.0		100.0 (100)
11. Getting a tattoo with sterilized needles	1.28 (0.47)	73.3	25.7	1.0		100.0 (101)
12. Getting a body piercing with a new needle	1.15 (0.35)	85.3	14.7			100.0 (102)

All kinds of unprotected sexual intercourse were judged to be riskier activities than all kinds of unprotected oral sex . The means of questions 4, 5, and 6 were higher than the means of questions 2 and 3. In particular, it is worth noting that everyone except for one person judged the likelihood of transmission of HIV through unprotected sexual intercourse with a male carrier of HIV to be either “likely” or “absolutely certain.”

In addition, respondents judged the risk of transmission from sex (oral or intercourse) with male carriers of HIV to be higher than the risk of transmission from sex (oral or intercourse) with female carriers of HIV. Thus, the mean of question 2 was higher than the mean of question 3; similarly, the means of questions 5 and 6 were higher than the mean of question 4.

Considering these last two points, it is interesting that the means and response patterns for the two questions on oral sex (“Performing unprotected oral sex on a male who has HIV” and “Performing unprotected oral sex on a female who has HIV”) were very similar. The fact that these two questions were placed next to each other on the questionnaire may have had some impact on the similar responses to the two items. However, it is also possible that people do not

know or think about the differences between these two types of oral sex, as far as transmission of bodily fluids is concerned.

Analysis

It is significant that the responses to Questions 2-6 (and to a lesser extent, 7) are highly correlated, and Questions 11 and 12 are highly correlated. Primarily what this shows is that respondents did not differentiate much between different unprotected sexual activities in terms of risk of transmitting HIV (given the response categories available).

Of the 12 items, only questions 2, 3, and 4 had a significant number of responses in more than two categories. Consequently, the analyses of the other questions in this section do not tell us much, as is reflected in the low R^2 values. Sometimes the analysis yields nonsensical results, but I have included them below anyway. Among the variables, whether you are rider or crew, whether or not you have been tested for HIV, your closeness to people with HIV or AIDS, previous participation in ACT I, previous bike ride experience, and previous AIDS fundraising experience all appear in the analyses of multiple questions. However, the low variance in the response distributions and the lack of an obvious explanation for these differences should caution us against drawing any strong conclusions here.

One might attempt the hypothesis that people with more contact with people with HIV/AIDS, people who would choose to be tested for HIV, and people who have been involved with ACT I or some other AIDS fundraising activity in the past have more accurate perceptions of the likelihood of HIV transmission in various contexts. This is very likely to be true. However, it is also important to keep in mind that what is being analyzed here may not be factual knowledge, but rather the willingness of someone to say that something is "impossible" rather than just "not likely." The higher number of write-in responses in this section (about 15) shows that I did not include enough response categories for people to accurately mark their answers.

That said, questions 2, 3, and 4 all showed the same trends when they were analyzed. People who have been tested for HIV consistently rated the likelihood of transmission of HIV to be lower than people who have not been tested for HIV. Similarly, riders rated the likelihood of transmission to be lower than crew did. What is more, the same people who have been tested for HIV are also people who tend to know more people who have HIV and more people who have died from AIDS—these variables are highly correlated. Thus, we end up with the paradoxical finding that people who have more personal contact with HIV/AIDS do not rate the likelihood of transmission of HIV as high as people without as much personal contract with HIV/AIDS. It may be the case that these people have more accurate perceptions of risk and that others tend to overestimate the risk of HIV transmission, though this is only a hypothesis.

Tested for HIV?	Question 2 mean	Question 3 mean	Question 4 mean	Freq.
Yes	3.08	2.93	3.11	45
No	2.73	2.63	2.85	68

Rider or Crew?	Question 2 mean	Question 3 mean	Question 4 mean	Freq.
Rider	2.78	2.65	2.86	71
Crew	3.03	2.94	3.16	35
Steering	2.86	2.79	2.86	7

Question 1: Transmission due to "Kissing someone who has HIV," was rated lower by people who rode on ACT I than those who did not (t=-2.48**), when controlling for age and the number of people you know who died from AIDS. People who did not ride on ACT I had a mean score of 1.51, whereas people who did ride on ACT I had a mean score of 1.24. This analysis probably means nothing since there is little variability in the responses and there is no logical explanation for this association. (R^2=0.12)

Question 2: Transmission due to "Performing unprotected oral sex on a male who has HIV," was rated lower by the group of people who has had closer social distance to HIV/AIDS. In particular, people who have been tested for HIV rated the likelihood of transmission as less than people who have not been tested (and there are high positive correlations between whether you have been tested for HIV and the number of people you know who have HIV, the number of people you know who died from AIDS, and gender (male)). Using multiple regression, none of the variables reached statistical signifiance, though there were substantive differences among people who have and have not been tested for HIV. The mean response of people who have been tested for HIV was 0.23 lower than people who have not been tested for HIV. Similarly, the mean response of riders was 0.14 points lower than crew. (R^2=0.11)

Question 3: Transmission due to "Performing unprotected oral sex on a female who has HIV," showed a similar pattern as Question 2. People who have been tested for HIV rated the probability of transmission lower by 0.25 compared to people who have not been tested (t=-2.22**). Riders also rated it lower by 0.20, when compared to crew (t=1.53 ns). (R^2=0.12)

Question 4: Like the previous two questions, transmission due to "A man having unprotected sexual intercourse with a woman who has HIV," was rated lower by riders than by crew and lower by people who are closer to PWAs (number you know with HIV, number you know who died from AIDS, and whether or not you have been tested for HIV). In addition, long distance biking experience made a difference. In multiple regression, none of the variables achieved statistical significance. However, there were substantive differences. Riders rated the likelihood of transmission 0.23 points lower than crew (t=1.82*); people who have been tested for HIV rated the likelihood of transmission 0.15 points lower than people who have not been tested; and people with long distance bike experience rated the likelihood of transmission 0.12 points lower than people without that experience. (R^2=0.12)

Question 5: Transmission due to "A woman having unprotected sexual intercourse with a man who has HIV," was rated 0.18 points higher by people without previous long distance biking experience (t=-1.97*), and women rated the likelihood of transmission 0.15 points higher than men (t=-1.70*). This analysis probably means nothing since there is little variability in the responses and there is no logical explanation for this association. (R^2=0.07)

Question 6: Like Question 5, transmission due to "A man having unprotected sexual intercourse with a man who has HIV," was rated 0.22 points higher by people without previous long distance biking experience (t=-2.31**) when controlling for education. Again, this analysis probably means nothing since there is little variability in the responses and there is no logical explanation for this association. (R^2=0.07)

Question 7, "When using drugs, sharing needles with someone who has HIV," was not correlated with any demographic variable.

Question 8: Transmission due to "Donating blood," was rated 0.26 points higher by people with previous AIDS fundraising experience (t=2.21**) but 0.30 points lower by people who participated in ACT I compared to those who did not (t=-2.52**), controlling for rider/crew. Again, this analysis probably means nothing since there is little variability in the responses and there is no logical explanation for this association. (R^2=0.13)

Question 9: Like Question 8, transmission due to "Getting a blood transfusion," was rated 0.25 points higher by people with previous AIDS fundraising experience (t=2.14**) but 0.27 points lower by people who participated in ACT I compared to those who did not (t=-2.41**). Again, this analysis probably means nothing since there is little variability in the responses and there is no logical explanation for this association. (R^2=0.12)

Question 10: Transmission due to "Being bitten by a mosquito that has previously bitten someone with HIV," was rated 0.18 points lower by people who participated in ACT I compared to those who did not (t=-1.54 ns) and 0.19 points lower by riders compared to crew (t=1.53 ns). Again, this analysis probably means nothing since there is little variability in the responses and there is no logical explanation for this association. (R^2=0.05)

Question 11: Transmission due to "Getting a tattoo with sterilized needles," was rated lower by younger people (t=2.66***) when controlling for whether or not someone was a rider or a crew member. Again, this analysis probably means nothing since there is little variability in the responses and there is no logical explanation for this association. (R^2=0.09)

Question 12, "Getting a body piercing with a new needle," was not associated with any demographic variable.

Prevention Questions

Main Findings

All 11 preventive measures were judged by respondents to be more effective than not in preventing the spread of HIV. This includes *direct* preventive measures targeting individual behavior, such as use of condoms during sex, as well as *indirect* preventive measures targeting social policies, such as increasing safe sex education. The only measure that was deemed to be significantly less effective than the others is the only one that requires compulsory influences on behavior, "requiring that everyone be tested for HIV."

There were no strong patterns of association between demographic variables and the response distributions to these questions, and the amount of explained variance (R^2) is also low. This is probably due to the fact that people did not differentiate much among these questions in terms of how they marked the surveys (a larger number of response categories available for respondents to mark would have yielded more fruitful results).

Finally, the survey analysis finds moderate support for the hypothesis that participating in ACT II increased participants' evaluation of the effectiveness of "increasing funding for AIDS service providers" like AIDS Network as a means to prevent the spread of HIV. There is good statistical evidence for this conclusion and a logical explanation for why this might be the case, but there are several reasons why such a conclusion must be considered tentative. All other questions in this section showed no evidence or only weak evidence of change in perception between the first and second surveys.

Description

There were 11 items asking respondents to gauge how effective or ineffective various actions were in preventing the spread of HIV. The response categories were: Very ineffective (1), Somewhat ineffective (2), Somewhat effective (3), Very effective (4).
The question, mean (standard deviation, and distribution of responses are in Table 2 below.

The activity judged to be the most effective at preventing the spread of HIV was "Refraining from sharing or re-using drug needles" (3.76, $p<.10$).

The activity judged to be the least effective at preventing the spread of HIV was "Requiring that everyone be tested for HIV" (2.64, $p<.001$).

It is surprising that the response distributions are so similar on so many questions. On the whole, the data indicate that very few people rated the various measures as either "very ineffective" or "somewhat ineffective." In no question did those two response categories combined get more than 42% of the responses. Thus, preventive measures targeted at individuals (such as "Using condoms properly during sex") had very similar estimates of efficacy as social policies targeted at particular groups (such as "Increasing the amount of safe sex education in schools").

It is noteworthy that the only measure that would in any way encroach on an individual's personal freedom, "Requiring that everyone be tested for HIV," is the only one that had a response distribution significantly different from the others.

Table 2: Perceptions of Preventing the Spread of HIV

	Mean (s.d.)	1	2	3	4	Total (N)
1. Entering into a monogamous sexual relationship (i.e. only having sex with one person)	3.44 (0.71)	2.0	6.9	36.3	54.9	100.1 (102)
2. Using condoms properly during sex	3.66 (0.55)	1.0	1.0	29.4	68.6	100.0 (102)
3. Using dental dams properly during sex	3.38 (0.77)	2.1	11.6	32.6	53.7	100.0 (95)
4. Making sure you know the sexual histories, including number of partners and medical history, of sex partners	3.22 (0.78)	3.9	9.8	47.1	39.2	100.0 (102)
5. Refraining from sharing or re-using drug needles	3.76 (0.57)	2.0	1.0	15.7	81.4	100.1 (102)
6. Educating others about the dangers of HIV/AIDS	3.38 (0.61)	1.0	3.9	51.0	44.1	100.0 (102)
7. Increasing government funding for medical research on HIV/AIDS	3.19 (0.78)	3.9	10.8	48.0	37.3	100.0 (102)
8. Increasing the amount of safe sex education in schools	3.45 (0.64)	1.0	5.0	42.6	51.5	100.1 (101)
9. Promoting needle exchange programs	3.34 (0.71)	2.9	4.9	47.1	45.1	100.0 (102)
10. Increasing funding for AIDS service providers	3.34 (0.70)	2.0	6.9	46.1	45.1	100.1 (102)
11. Requiring that everyone be tested for HIV	2.64 (1.04)	18.0	24.0	34.0	24.0	100.0 (100)

Analysis

Questions 3, 4, 7, and 11 have more variance than the others, suggesting that they would be more susceptible to analysis. However, on the whole, there were no strong patterns of association between demographic variables and perceptions of the effectiveness of preventing the spread of HIV by various measures. Only question 3 had both significant variation and logical reasons for association. The overwhelmingly high evaluation of the effectiveness of these various measures by participants is the logical explanation for why there are no strong patterns of association. Indeed, the responses to these questions are all highly correlated, meaning that participants did not differentiate much in the effectiveness of various measures in how they marked the survey.

Question 1: Preventing the spread of HIV by "Entering into a monogamous sexual relationship (i.e. only having sex with one person)," was rated lower by people who did have long distance

bike experience (t=-1.72*). This analysis probably means nothing since there is little variability in the responses and there is no logical explanation for this association. (R^2=0.03)

Question 2: Preventing the spread of HIV by "Using condoms properly during sex," was rated higher by people who know more people who died from AIDS (t=1.84*) when controlling for sexual orientation. Again, this analysis probably means nothing since there is little variability in the responses and there is no logical explanation for this association. (R^2=0.05)

Question 3: Preventing the spread of HIV by "Using dental dams properly during sex," was rated higher by females than by males (t=-2.59**), higher by GLBTs than by heterosexuals (t=2.77***), controlling for the number of people you know who died from AIDS. Women rated the effectiveness of this measure 0.44 points higher than men, and GLBTs rated the measure 0.41 points higher than heterosexuals. Combining these two figures, we find that lesbian women rated the effectiveness of this measure almost 1 full point higher (0.85 points) higher than heterosexual men. This no doubt reflects a higher consciousness of safe oral sex measures on behalf of lesbian women, though the comparison is striking because both lesbian women and straight men could find the need of a dental dam relevant. (R^2=0.15)

Question 4, "Making sure you know the sexual histories, including number of partners and medical history, of sex partners," was influenced by a large number of variables when looking at bivariate correlations (rider/crew, prior fundraising experience, number you know with HIV, number you know who have died from AIDS, gender, education, and age). When controlling for all these variables, prevention was rated higher by crew members when compared to riders (t=1.82*), higher by women than by men (t=-2.24**), and higher by people without prior AIDS fundraising experience (t=-2.38**). It may be the case that riders, men, and people with prior fundraising experience are more cautious or cynical in assessing how effective this measure is, though this is only a hypothesis. (R^2=0.23)

Question 5, "Refraining from sharing or re-using drug needles," was not associated with any demographic variables.

Question 6: Preventing the spread of HIV by "Educating others about the dangers of HIV/AIDS," was rated lower by older people than by younger people (t=-1.82*) and lower by people with prior AIDS fundraising experience (t=-1.82*). People with prior AIDS fundraising experience rated the effectiveness of this measure 0.22 points lower than people without prior fundraising experience. Again, this may suggest that older people and people with prior AIDS fundraising experience are more cynical about the effectiveness of education in preventing the spread of HIV, though this may not be true, since the statistical associations are somewhat weak. (R^2=0.07)

Question 7: Preventing the spread of HIV by "Increasing government funding for medical research on HIV/AIDS," was rated 0.33 points higher by crew than by riders (t=2.08**). Although there is enough variability in the responses, this analysis would be difficult to interpret because there is no logical explanation for this association, especially since riders tended to be more politically liberal than crew. (R^2=0.07)

Question 8: Preventing the spread of HIV by "Increasing the amount of safe sex education in schools," was rated higher by people who are more liberal (t=1.84*) when controlling for gender.

The analysis shows that there was an average difference of 0.13 points between each response category, moving from conservative to liberal. This is logical, but there is only weak evidence for this association, so I advise caution in interpreting it. (R^2=0.06)

Question 9, Preventing the spread of HIV by "Promoting needle exchange programs," was rated higher by people who are more liberal (t=2.08**) and higher by people who are more educated (t=1.65 ns). In this case, the average difference among any two response categories of political beliefs was 0.19. Again, this is logical, but there is little variation in the responses to this question, so I advise caution in interpreting this association. (R^2=0.09)

Question 10, "Increasing funding for AIDS service providers," was not correlated with any demographic variable.

Question 11, "Requiring that everyone be tested for HIV," was not correlated with any demographic variable.

Change at Time 2

The same set of questions was asked on the post-ride survey as well. In Table 3 below, the means for each question are compared between the first survey and the second survey. This table includes all respondents at both time 1 and time 2 (first two columns), which includes people who answered only one or the other survey. Comparing these means, it is interesting that the individual preventive measures (except for question 5) declined at time 2, whereas the preventive measures targeting social policies (questions 6-10) increased. Question 11, which was a compulsory preventive measure, declined.

It is tempting to interpret this by saying that people's sense of the effectiveness of collective action increased as a result of participating in ACT II. However, all of these differences are statistically non-significant (meaning that the change over time may in fact be zero) except for Question 10. Comparing the frequency distributions of responses for Question 10, a much higher percentage of people rated this item "very effective" at time 2 (59.5%) than at time 1 (45.1%). Similarly, the percentage of people rating this item "very ineffective or somewhat ineffective" declined from 8.8% at time 1 to 3.6% at time 2. Furthermore, the change between the respondents at time 1 and the respondents at time 2 affects these differences as well.

To gain a better understanding of how people's attitudes changed, we must look at the changes among the 73 people who filled out *both* surveys (shown in the last column of the table).

For each question that appeared on both surveys, and for each respondent, a change score was created by subtracting their response at time 1 from their response at time 2. Then, the mean of those change scores were calculated, and I compared them to zero (a score of zero would indicate that attitudes did not change at all between the first and second surveys).

Table 3: Change in Perceptions of Preventing the Spread of HIV

	Time 1 (n=102) (s.d.)	Time 2 (n=85) (s.d.)	T2 - T1 (n=73) (s.e.)
1. Entering into a monogamous sexual relationship (i.e. only having sex with one person)	3.44 (0.71)	3.38 (0.71)	-0.01 (0.09)
2. Using condoms properly during sex	3.66 (0.55)	3.61 (0.56)	0 (0.08)
3. Using dental dams properly during sex	3.38 (0.77)	3.33 (0.73)	-0.02 (0.11)
4. Making sure you know the sexual histories, including number of partners and medical history, of sex partners	3.22 (0.78)	3.15 (0.87)	0.03 (0.10)
5. Refraining from sharing or re-using drug needles	3.76 (0.57)	3.88 (0.42)	0.16 (0.09)*
6. Educating others about the dangers of HIV/AIDS	3.38 (0.61)	3.42 (0.59)	0.07 (0.08)
7. Increasing government funding for medical research on HIV/AIDS	3.19 (0.78)	3.31 (0.77)	0.11 (0.10)
8. Increasing the amount of safe sex education in schools	3.45 (0.64)	3.56 (0.57)	0.14 (0.08)*
9. Promoting needle exchange programs	3.34 (0.71)	3.46 (0.66)	0.11 (0.08)
10. Increasing funding for AIDS service providers	3.34 (0.70)	3.56 (0.57)	0.19 (0.09)**
11. Requiring that everyone be tested for HIV	2.64 (1.04)	2.46 (1.06)	0.05 (0.12)

The difference in response was statistically significant for three questions:

Question 10, "Increasing funding for AIDS service providers": The mean score increased from 3.39 at time 1 to 3.58 at time 2 (t=2.28**). This indicates that people's perception of the effectiveness of increasing funding for organizations like AIDS Network in order to prevent the spread of HIV increased. Of the 72 respondents who answered this question both times, 20 people increased their evaluation of the effectiveness of this measure, while only 9 decreased their evaluation of the effectiveness of this measure. Before the ride, 48.6% of respondents rated this measure as "very effective"; but after the ride, 61.1% of respondents rated the measure as "very effective." Similarly, before the ride, 6.9% rated this measure as either "very ineffective" or "somewhat ineffective"; but after the ride, no one rated the measure to be "very ineffective," and only 2.8% rated the measure to be "somewhat ineffective." No demographic variable was associated with the likelihood of a respondent to change their score, though there is high correlation (.36) between satisfaction with ACT II and the likelihood of increasing the evaluation of how effective this item is.

	Before the ride	After the ride
Very ineffective	2 (2.8%)	0
Somewhat ineffective	3 (4.2%)	2 (2.8%)
Somewhat effective	32 (44.4%)	26 (36.1%)
Very effective	35 (48.6%)	44 (61.1%)
Total	72 (100%)	72 (100%)

This finding is the most significant of the changes in perception of preventing the spread of HIV, and it matches the expectation that participating in ACT II increases one's perception that the tasks performed by AIDS Network are vital for helping people with HIV/AIDS. *Thus, we have moderately strong evidence that participation in ACT II increased people's evaluation of the effectiveness of services provided by AIDS Network at preventing the spread of HIV.*

Question 5 "Refraining from sharing or re-using drug needles": The mean score increased from 3.71 at time 1 to 3.88 at time 2 (t=1.93*), a smaller change than for Question 10. Of the 73 people who answered this question both times, 13 increased their evaluation of its effectiveness, while only 3 decreased their evaluation. The main source of change seems to be that almost everyone (90.4%) rated this activity to be "very effective" after the ride. This indicates that some people's perception of how effective refraining from this activity was in preventing the spread of HIV increased. In particular men were more likely to increase their evaluation of the effectiveness of this measure than women (t=2.17**), though there is no obvious explanation for this. (R^2=0.07)

	Before the ride	After the ride
Very ineffective	2 (2.7%)	1 (1.4%)
Somewhat ineffective	1 (1.4%)	0
Somewhat effective	13 (17.8%)	6 (8.2%)
Very effective	57 (78.1%)	66 (90.4%)
Total	73 (100%)	73 (100%)

Question 8, "Increasing the amount of safe sex education in schools": The mean score increased from 3.46 at time 1 to 3.60 at time 2 (t=1.69*), a smaller change than for Question 10. Of the 72 people who answered this question both times, 16 people increased their evaluation of its effectiveness, while 9 people decreased their evaluation of its effectiveness. Like Question 10, the number of respondents rating this measure to be "very ineffective" or "somewhat ineffective" decreased, while the number of respondents rating this measure to be "very effective" increased. This indicates that people's perception of the effectiveness of increasing the amount of safe sex education in order to prevent the spread of HIV increased. People who rode in ACT I were more likely to increase their evaluation of the effectiveness of this measure than people who did not (t=2.55**), though there is no obvious explanation for this. (R^2=0.11)

	Before the ride	After the ride
Very ineffective	1 (1.4%)	0
Somewhat ineffective	3 (4.2%)	1 (1.4%)
Somewhat effective	30 (41.7%)	27 (37.5%)
Very effective	38 (52.8%)	44 (61.1%)
Total	72 (100.1%)	72 (100%)

I must emphasize that we must exercise caution when drawing conclusions about these changes between the before survey and the after survey (this holds true not only for these questionnaire items, but for all measures of the change that will be discussed below). There are four reasons for this:

1. A substantial amount of the changes in people's scores is random. We have to assume that it reflects more about the participant's mood at the times when the filled out the surveys than any substantive change in their attitudes.
2. There is no association (that makes much sense) between the changes and any demographic variables. The amount of variation in responses explained by these variables (shown by R^2) is relatively small. Thus, we lack any logical explanation for *who* was more likely to change their views and *why*. Particularly puzzling is that people who did not participate in ACT I (in almost all cases) were not more likely to change their views.
3. Some of the changes that will be discussed below are statistically significant but in the *opposite* of the expected direction. Thus, even changes for which statistical evidence is strong (such as Question 10 above), may not represent a real change in attitudes.
4. Similarly, the questions that showed change between time 1 and time 2 seem to be random. There is no obvious reason why the questions that showed change should be the ones to show change. For example, while Question 10 above ("Increasing funding for AIDS service providers,") *does* show change, Opinion Question 23 below ("Organizations that provide service and support to people with AIDS are not very important in the fight against HIV/AIDS") *does not* show change, even though they measure very similar attitudes.

Thus, for the above three questions, I recommend that Questions 5 and 8 be interpreted as showing only weak evidence of change in attitude due to ACT II, while Question 10 shows only moderate evidence of change in attitude due to ACT II.

Progression Slowing Questions

Main Findings

Like the prevention questions above, all six measures listed for slowing the progression of HIV were judged to be more effective than ineffective. Those measures judged to be most effective were the medical measures, like taking antiretroviral drugs, while "alternative" measures like regular physical exercise were judged to be slightly less effective. "Taking dietary and herbal supplements" was judged to be the least effective of the measures.

Four of the six items were judged to be significantly more effective by crew than riders, which is a strong pattern of association. It is not entirely clear why this association would prove to be the case; it may be that crew members are more optimistic than riders, or it may be due to correlations rider/crew has with other variables, such as political or religious beliefs. Nevertheless, riders and crew judged the effectiveness of these measures very differently.

The mean scores for all six of these items were higher on the post-ride survey than on the pre-ride survey, but only three of them were statistically significant. Upon closer examination of the possible explanations for these changes, we find that only the evaluation of the effectiveness of "Keeping a positive mental outlook" for slowing the progression of HIV might have increased due to the ride (there is only moderate support for this hypothesis).

Description

There were six items asking respondents to estimate how effective or ineffective various actions were in slowing the progression of HIV (once a person is infected). The response categories were: Very ineffective (1), Somewhat ineffective (2), Somewhat effective (3), Very effective (4). The question, mean (standard deviation, and distribution of responses are in Table 4 below.

Table 4: Perceptions of Slowing the Progression of HIV

	Mean (s.d.)	1	2	3	4	Total (N)
1. Antiretroviral drugs or "cocktails" designed to combat HIV	3.37 (0.52)		2.0	59.6	38.4	100.0 (99)
2. Keeping a positive mental outlook	3.16 (0.64)	1.0	10.9	59.4	28.7	100.0 (101)
3. Getting regular physical exercise	3.18 (0.59)		7.0	68.0	25.0	100.0 (100)
4. Refraining from use of illegal drugs or alcohol	3.17 (0.66)	2.0	8.9	59.4	29.7	100.0 (101)
5. Taking dietary and herbal supplements	2.68 (0.66)	5.0	28.0	61.0	6.0	100.0 (100)
6. Taking care to minimize the risk of contracting other STDs	3.39 (0.60)		5.9	49.0	45.1	102 (100.0)

The means and frequency distributions for questions 2, 3, and 4 are very similar, as are the means and distributions for questions 1 and 6. Though these two groups of questions have statistically different means ($p<.01$), the response distributions are as similar as they are different. This is interesting in that strictly medical measures, such as taking antiretroviral drugs or "cocktails," were not seen as that much more effective at slowing the progression than HIV than more seemingly "alternative" measures like "keeping a positive mental outlook," "getting regular physical exercise," or "refraining from use of illegal drugs or alcohol."

The least effective measure was judged to be "taking dietary and herbal supplements (mean = 2.68). Even on this measure, only 33% of respondents thought it was either "very ineffective" or "somewhat ineffective." On the whole then, all six methods were judged to be at least more effective than not.

Analysis

Like the last set of questions, the responses to these six questions are all highly correlated, meaning that respondents answered all the items very similarly. However, there were some interesting patterns. For all except questions 1 and 3, crew members rated the items significantly higher than riders (in the table, the effect is masked by correlations with other variables). Furthermore, except for questions 1 and 3, steering committee members rated the items almost exactly as crew members (and thus higher than riders). Thus, crew and steering committee members seem more optimistic about the various methods for slowing the progression of HIV. The reason for this is not obvious, and it may have to do with the high correlation between this variable and political beliefs or religious beliefs (for example, riders are more likely than crew to say they are not religious).

Mean Response for Riders, Crew, and Steering Committee

	Q1	Q2	Q3	Q4	Q5	Q6	Freq.
Rider	3.36	3.07	3.18	3.03	2.58	3.29	71
Crew	3.36	3.31	3.13	3.44	2.84	3.56	35
Steering	3.57	3.29	3.43	3.43	2.86	3.57	7

In addition, having prior AIDS fundraising experience had a strong negative effect on the scores for questions 2 and 3. Thus, people without prior fundraising experience were more likely to rate those two measures as being more effective.

Question 1, "Antiretroviral drugs or 'cocktails' designed to combat HIV," was not significantly associated with any demographic variable.

Question 2: For slowing the progression of HIV, "Keeping a positive mental outlook," was rated 0.27 points higher by crew than by riders ($t=1.93$*) and 0.29 points lower by people with previous AIDS fundraising experience ($t=-2.22$**). ($R^2=0.08$)

Question 3: For slowing the progression of HIV, "Getting regular physical exercise," was rated 0.24 points lower by people with previous AIDS fundraising experience ($t=-2.29$**) compared to those without prior fundraising experience. ($R^2=0.05$)

Question 4: For slowing the progression of HIV, "Refraining from use of illegal drugs or alcohol," was rated 0.41 points higher by crew than by riders (t=3.12***) and 0.27 points lower by people who participated in ACT I compared to those who did not (t=-2.11**). (R^2=0.13)

Question 5: For slowing the progression of HIV, "Taking dietary and herbal supplements," was rated 0.27 points higher by crew than riders (t=1.81*) and lower by older people compared to younger people (t=-1.83*), controlling for education. For each additional year of age, the measure was rated 0.01 points lower by participants. (R^2=0.09)

Question 6: For slowing the progression of HIV, "Taking care to minimize the risk of contracting other STDs," was rated 0.27 points higher by crew than by riders (t=2.16**). (R^2=0.05)

Changes at Time 2

The same set of questions was asked on the post-ride survey as well. In Table 5 below, the means for each question are compared between the first survey and the second survey. For each item, the mean response on the second survey was higher than that on the first survey.

Table 5: Change in Perceptions of Slowing the Progression of HIV

	Time 1 (n=102) (s.d.)	Time 2 (n=85) (s.d.)	T2 - T1 (n=72) (s.e.)
1. Antiretroviral drugs or "cocktails" designed to combat HIV	3.37 (0.52)	3.41 (0.56)	0.09 (0.06)
2. Keeping a positive mental outlook	3.16 (0.64)	3.35 (0.63)	0.24 (0.09)**
3. Getting regular physical exercise	3.18 (0.59)	3.31 (0.68)	0.18 (0.09)*
4. Refraining from use of illegal drugs or alcohol	3.17 (0.66)	3.22 (0.71)	0.10 (0.10)
5. Taking dietary and herbal supplements	2.68 (0.66)	2.77 (0.71)	0.19 (0.10)*
6. Taking care to minimize the risk of contracting other STDs	3.39 (0.60)	3.50 (0.57)	0.10 (0.08)

Among people who responded to both surveys (last column), three questions had statistically significant changes in means at time 2 compared to time 1:

Question 2, "Keeping a positive mental outlook": The mean score increased from 3.15 at time 1 to 3.39 at time 2 (t=2.64**). Of the 72 people who answered this question both times, 26 increased their evaluation of its effectiveness, while 8 people decreased their evaluation of its effectiveness. The percentage of people rating this measure "somewhat effective" or "very effective" increased from 88.9% before the ride to 95.8% after the ride. This indicates that the perception of the effectiveness of keeping a positive mental outlook for slowing the progression of HIV increased. This is logical, given that positivity was such a prominent characteristic of the ACT II experience. It is important to note, however, that people who participated in ACT I were

more likely to increase their evaluation of this item than people who did not participate (t=2.03**) (R^2=0.06). This is the opposite of what we would expect, since it would seem more logical that people who have already participated in ACT would less likely to change their evaluation due to ACT II. Therefore, we have only moderate support for the hypothesis that participating in ACT II increases participants' evaluation of keeping a positive mental outlook as important for slowing the progression of HIV.

	Before the ride	After the ride
Very ineffective	1 (1.4%)	1 (1.4%)
Somewhat ineffective	7 (9.7%)	2 (2.8%)
Somewhat effective	44 (61.1%)	37 (51.4%)
Very effective	20 (27.8%)	32 (44.4%)
Total	72 (100%)	72 (100%)

Question 3, "Getting regular physical exercise": The mean score increased from 3.15 at time 1 to 3.33 at time 2 (t=1.93*). Of the 72 people who answered this question both times, 24 people increased their evaluation of its effectiveness, while 8 decreased their evaluation of its effectiveness. The percentage of people rating this measure as "very effective" jumped from 25% before the ride to 41.7% after the ride. This indicates that the perception of the effectiveness of physical exercise for slowing the progression of HIV increased. This is also logical, since ACT II drew explicit parallels between physical exertion and the experience of living with HIV. However, the associations with demographic variables do not really explain the change. As with the previous question, people who participated in ACT I were more likely to increase their evaluation of the effectiveness of this measure (t=2.01**). In addition, people who claimed to have no religion were more likely to decrease their evaluation of the effectiveness of this measure (t=-2.67**) (R^2=0.16). Neither of these associations is logical, so we have only weak support for the hypothesis that participating in ACT II increases participants' evaluation of getting regular exercise as important for slowing the progression of HIV.

	Before the ride	After the ride
Very ineffective	0	2 (2.8%)
Somewhat ineffective	7 (9.7%)	2 (2.8%)
Somewhat effective	47 (65.3%)	38 (52.8%)
Very effective	18 (25.0%)	30 (41.7%)
Total	72 (100%)	72 (100.1%)

Question 5, "Taking dietary and herbal supplements": The mean score increased from 2.64 at time 1 to 2.83 at time 2 (t=1.89*). Of the 69 people who answered this question both times, 25 increased their evaluation of its effectiveness, while 13 decreased their evaluation of its effectiveness. The percentage of respondents rating this measure "somewhat effective" or "very effective" increased from 63.8% before the ride to 72.5% after the ride. This indicates that the perception of the effectiveness of herbal/dietary supplements for slowing the progression of HIV increased. This change would be difficult to explain, and indeed, the associations with

demographic variables do not clarify things. People with prior AIDS fundraising experience were more likely to increase their evaluation of this measure's effectiveness (t=2.48**), as were students compared to all other occupational categories (t=1.73*) (R^2=0.14). For this item, we should conclude that the ride had no significant effect on people's evaluations of this measure.

	Before the ride	After the ride
Very ineffective	5 (7.3%)	2 (2.9%)
Somewhat ineffective	20 (29.0%)	17 (24.6%)
Somewhat effective	39 (56.5%)	41 (59.4%)
Very effective	5 (7.3%)	9 (13.0%)
Total	69 (100.1%)	69 (99.9%)

Rate of New Infections

Main Findings

Only 18.6% of respondents answered correctly that the rate of HIV infections each year in the U.S. has stayed about the same. Most thought that the rate had been increasing, indicating a sort of pessimism on the part of ACT II participants. The people who were more likely to answer "pessimistically," that the rate of HIV infections has been increasing, are people who have not been tested for HIV and people who said they are religious or spiritual.

Description

One question asked, "In the U.S. in recent years, the number of new HIV infections each year has ____." The correct answer, "stayed about the same," was marked by only 18.6% of respondents. The vast majority (76.5%) believed that it had "been increasing." This may indicate that survey respondents were somewhat pessimistic about current trends in HIV infections, or it may indicate that respondents believe HIV/AIDS to be a very serious problem and therefore tend to overestimate how quickly HIV is spreading.

Analysis

People who have not been tested for HIV were more likely to say that the rate has been increasing (t=-2.32**). In addition, people who wrote "none" for religion were more likely to answer "stayed about the same" or "been decreasing" than all other religion categories (t=-3.30***); they were more likely to be optimistic about the rate of HIV infection compared to others. As can be seen in the table below, 27.6% of people with no religion answered the question correctly. Stated differently, 4 of 5 people (80%) who said "been decreasing" and 16 of 19 people (84.2%) who said "stayed about the same" had "no" religion. (R^2=0.12)

	Been decreasing	Stayed the same	Been increasing	Total
No religion	4 (6.9%)	16 (27.6%)	38 (65.5%)	58 (100%)
Christian	1 (4.0%)	2 (8.0%)	22 (88.0%)	25 (100%)
"Other" religion	0	1 (9.1%)	10 (90.9%)	11 (100%)
Spiritual	0	0	8 (100%)	8 (100%)
Total	5 (4.9%)	19 (18.7%)	78 (76.4%)	102 (100%)

Demographic Comparisons

Main Findings

When comparing two groups of people on the statistical likelihood that they are infected with HIV, survey respondents identified the correct answer in 9 of 10 comparisons. The only exception was the comparison between a heterosexual man and a heterosexual woman, and the most frequently chosen response was "equal." This provides further evidence that ACT II participants are highly educated about HIV/AIDS and who the at-risk populations are.

Only 6 of 10 comparisons were significantly associated with any demographic variable, and there were no strong patterns of association that made much theoretical sense. Here again, the demographic variables explain very little of the overall variation in responses. Whether one was a rider or crew influenced the response on three questions, for example, but there is no obvious reason why riders would more likely answer these questions correctly than crew or vice versa. Therefore, no strong conclusions can be drawn about who was more likely to answer questions correctly.

Description

There were ten items asking respondents to judge which of two groups of people listed was "statistically more likely to already be infected with HIV/AIDS." On each question, respondents were also able to choose the option "equal," meaning that they didn't think there was a difference between the two groups or that they didn't know. The right answer was coded as "2," the wrong answer coded as "0," and "equal" was coded with a 1. Thus, the higher the mean, the more accurate people's perceptions were. The questions did not specify the location of the comparisons (among people in the United States? In the whole world?), which confused some respondents. Therefore, the results may not be entirely accurate.
The choices are listed in Table 6 below (correct answer underlined), along with the mean (standard deviation), and the distribution of responses.

In 9 of 10 questions, the majority of respondents answered correctly. The one exception, asking them to compare a straight (heterosexual) man with a straight (heterosexual) woman, had a very flat distribution (39% chose "equal," 33% chose "straight woman," and 28% chose "straight man").

Since very few people would actually know the correct answer to these comparisons, these questions are significant in that they show that ACT II participants are educated enough about HIV/AIDS that they can make the correct educated guesses about the extent to which each group is affected by HIV.

Table 6: Perceptions of Who is More Likely to Have HIV

	Mean (s.d.)	0	1	2	Total (N)
1. Gay (homosexual) man or Straight (heterosexual) man	1.71 (0.52)	3.1	22.5	74.5	100.1 (98)
2. Lesbian (homosexual) woman or Straight (heterosexual) woman	1.61 (0.62)	6.9	24.8	68.3	100.0 (101)
3. Straight (heterosexual) man or Lesbian (homosexual) woman	1.57 (0.56)	3.0	37.0	60.0	100.0 (100)
4. Straight (heterosexual) man or Straight (heterosexual) woman	0.95 (0.78)	33.0	39.0	28.0	100.0 (100)
5. White person or Black person	1.67 (0.55)	4.0	24.8	71.3	100.1 (101)
6. White (non-Latino) person or Latino person	1.38 (0.77)	17.2	27.3	55.6	100.1 (99)
7. Latino person or Black person	1.59 (0.61)	6.1	29.3	64.7	100.1 (99)
8. White person or Asian American person	1.48 (0.65)	8.3	35.1	56.7	100.1 (97)
9. Black person or Asian American person	1.77 (0.44)	1.0	20.6	78.4	100.0 (97)
10. Latino person or Asian American person	1.64 (0.52)	2.0	31.6	66.3	99.9 (98)

Analysis

There are no strong patterns of association between these questions and demographic variables. The only variable that appears significant in multiple items is rider/crew. In comparisons 1, 2, 3, and 6, riders were more likely to answer the question correctly than crew. However, the levels of statistical significance are relatively low, so this is probably not a strong or meaningful trend.

Comparison 1, between a gay (homosexual) man and a straight (heterosexual) man, was more likely to be answered correctly by riders than by crew (t=-1.81*) and by older people than by younger people (t=2.59**). (R^2=0.10)

Comparison 2, between a lesbian (homosexual) woman and a straight (heterosexual) woman, was more likely to be answered correctly by riders than by crew (t=-2.07**), by younger people (t=-3.43***), and by people who know more people with HIV (t=2.51**). (R^2=0.22)

Comparison 3, between a straight (heterosexual) man and a lesbian (homosexual) woman, was more likely to be answered correctly by riders than by crew (t=-1.78*) and by people who know more people who have died from AIDS (t=2.30**). (R^2=0.10)

Comparison 4, between a straight (heterosexual) man and a straight (heterosexual) woman, was more likely to be answered correctly by heterosexuals than by GLBTs (t=-2.66***). (R^2=0.07)

Comparison 6, between a white (non-Latino) person and a Latino person, was more likely to be answered correctly by riders than by crew (t=-1.63*), by men than by women (t=1.66*), and by GLBTs than by heterosexuals (t=1.69*). (R^2=0.11)

Comparison 7, between a Latino person and a black person, was more likely to be answered correctly by people with prior AIDS fundraising experience (t=2.21**). (R^2=0.05)

Comparisons 5, 8, 9, and 10 were not correlated with any demographic variables.

V. Motivation Questions

Main Findings

The most important reasons that ACT II participants gave for their decision to participate has to do with their values—because of their compassion, their desire to help people with HIV/AIDS, their desire to do something for an important cause. The least important reasons that ACT II participants gave for their decision to participate have to do with personal career advancement and their personal feelings of guilt, anxiety, or loneliness. Among the reasons that people gave for participating that were moderately important had to do with concern about the gay community, knowing others who are participating, and personal desire to challenge oneself, gain a new understanding of HIV/AIDS, and to meet new people. Love of cycling was also only a moderately important reason that people gave for participating.

Motivations related to one's values were most strongly influenced by whether or not the participant had prior AIDS fundraising experience; people with that experience rated these items to be more important than people without that experience. Motivations related to personal development were more important for people who know fewer people with HIV and who know fewer people who died from AIDS, more important for younger people, and more important for women compared to men. Motivations related to the gay community, not surprisingly, were significantly more important to people who are GLBT, and the love of riding one's bicycle was significantly more important to people who were riders and people with prior cycling experience.

These findings are very similar to all comparable research on the motivations of volunteers (Omoto and Snyder 1995; Clary, Snyder, et al. 1998; and Stewart and Weinstein 1997), with the notable exception that ACT II participants' motivation scores are more "extreme" than the volunteers in these other studies (e.g. "values" are more important for ACT volunteers than for other volunteers and "personal protection" is less important for ACT volunteers than for others). This suggests that these findings should be considered very reliable and also that ACT II participants are substantively different from most volunteers. This may be due to the nature of the volunteer opportunity or to the peculiar demographic characteristics of the ACT participants or both.

Description

There were 19 items asking respondents how unimportant or important (on a scale of 1 to 7) various reasons were in their decision to participate in ACT II. The response categories ranged from "not at all important" (1) to "extremely important" (7), with middle category of "neither unimportant nor important" (4).
The questions, means (standard deviation), and distribution of responses are in Table 7 below.

Table 7: Motivations of ACT Participants
(on following page)

	Mean (s.d.)	1	2	3	4	5	6	7	Total (N)
1. To feel better about myself.	4.85 (1.73)	8.9	5.0	1.0	19.8	22.8	27.7	14.9	100.1 (101)
2. To meet new people and make new friends.	4.89 (1.51)	5.9	2.0	6.9	15.8	31.7	26.7	10.9	99.9 (101)
3. To help people with HIV/AIDS.	6.52 ((0.86)		1.0	1.0		8.8	21.6	67.7	100.1 (102)
4. Because of my personal values, convictions, and beliefs.	6.25 (1.05)		1.0	2.0	3.9	11.8	27.5	53.9	100.1 (102)
5. Because I love riding my bike.	4.52 (2.04)	16.3	3.1	8.2	15.3	19.4	17.4	20.4	100.1 (98)
6. To escape other pressures and stress in my life (e.g. from work, from home).	3.29 (1.90)	28.4	11.8	9.8	20.6	14.7	10.8	3.9	100.0 (102)
7. To gain a new perspective on things.	5.26 (1.57)	4.9	2.9	5.9	7.8	24.5	33.3	20.6	99.9 (102)
8. I feel compassion towards people with HIV/AIDS.	6.25 (1.04)		2.0		2.9	15.7	25.5	53.9	100.0 (102)
9. To help members of the gay community.	5.19 (1.64)	5.9	2.0	3.0	18.8	22.8	21.8	25.7	100.0 (101)
10. To challenge myself and test my skills.	5.45 (1.61)	5.9	2.0	2.0	10.9	17.8	33.7	27.7	100.0 (101)
11. To understand HIV/AIDS and how it affects people with HIV/AIDS.	4.55 (1.70)	8.8	4.9	6.9	26.5	19.6	21.6	11.8	100.1 (102)
12. To feel less lonely.	2.30 (1.66)	50.0	15.7	7.8	13.7	8.8	1.0	2.9	99.9 (102)
13. By participating, I can do something for a cause that is important to me.	6.30 (1.00)		1.0	1.0	3.9	11.8	25.5	56.9	100.1 (102)
14. People I know share an interest in volunteering and community service.	5.12 (1.46)	2.9	2.0	5.9	21.6	25.5	21.6	20.6	100.1 (102)
15. Because of my concern about the gay community.	4.72 (1.69)	5.9	6.9	5.9	23.8	20.8	20.8	15.8	99.9 (101)
16. By participating, I can make new contacts that might help my career.	1.82 (1.40)	66.7	10.8	5.9	9.8	4.9	1.0	1.0	100.1 (102)
17. Participating relieves me of some of the guilt over being more fortunate than others.	1.92 (1.34)	56.9	18.6	8.8	9.8	2.9	2.9		99.9 (102)
18. To deal with my personal fears and anxiety about HIV/AIDS.	1.84 (1.34)	62.8	15.7	4.9	8.8	6.9	1.0		100.1 (102)
19. I know other friends/family members who are participating.	4.22 (2.16)	22.6	3.9	4.9	16.7	23.5	6.9	21.6	100.1 (102)

The clarity of the results from these questions is quite remarkable. The four items with the highest means were all intended to measure the same thing: the importance of participants' "values" in their decision to participate. The items measuring a participant's values are: (3)"To help people with HIV/AIDS (6.52)," (4)"Because of my personal values, convictions, and beliefs (6.25)," (8)"I feel compassion towards people with HIV/AIDS (6.25)," and (13)"By participating, I can do something for a cause that is important to me (6.30)." Thus, the most important reason that people who participate in ACT II say that they are doing so is because they believe it is the right thing to do and they want to help others.

Conversely, career-related motivation and motivation related to "personal protection" were the least important reasons for participation. These had the lowest means: (16)"By participating, I can make new contacts that might help my career (1.82)," (18)"To deal with my personal fears and anxiety about HIV/AIDS (1.84)," (17)"Participating relieves me of some of the guilt over being more fortunate than others (1.92)," (12)"To feel less lonely (2.30)," and (6)"To escape other pressures and stress in my life (3.29)." Thus, on the whole, people do not participate in ACT II because of a desire to advance their career or to deal with personal feelings of guilt, loneliness, or anxiety.

One question (5) measuring participants' motivations due to love of cycling scored moderately high (4.52).

Two questions (9 and 15) measuring participants' motivations due to concern for the "gay community" also scored moderately high (5.19 and 4.72).

Four questions were intended to measure motivation based on a desire for "personal development." These four questions also scored moderately high. The items were (2)"To meet new people and to make new friends" (4.89), (7)"To gain a new perspective on things" (5.26), (10)"To challenge myself and test my skills" (5.45), and (11)"To understand HIV/AIDS and how it affects people with HIV/AIDS" (4.55). Thus, the desire to improve oneself was also an important reason for people to participate.

Finally, two questions (14 and 19) were intended to measure motivation due to people's relationship with others who are active in volunteering/community service or who are participating on the ride. These two items scored moderately high (5.12 and 4.22 respectively).

Analysis

Values--As mentioned above, the four items (Questions 3, 4, 8, and 13) that had the highest mean score were all intended to measure the same motivation, which is most aptly described as "values." Since participants' scores on each of these items were similar enough, I combined the scores for each item to create a new variable called "Values." This variable measures how important the participants said their values were in their decision to participate in ACT II.

"Values" were more important motivators for those who had done prior fundraising activities for an AIDS organization, for people who know a more people with HIV, for people who know more people who have died from AIDS, and for GLBTs. When looking at all these factors together, only prior fundraising experience significantly predicted the response (t=1.89*).

Controlling for sexual orientation and the number of people you know who died from AIDS, people with prior fundraising experience rated these motivations an average of 0.32 points higher than people without prior fundraising experience. Thus, prior fundraising experience was by far the most powerful influence on how people responded to these questions. This is logical, as people who hold altruistic values are more likely to volunteer, and volunteering may in fact reinforce those values. (R^2=0.09)

Question 3, "To help people with HIV/AIDS" was a more important motivator for crew than for riders, as well as it being a more important motivator for people who did not ride in ACT I. When controlling for these factors, people's social distance from HIV/AIDS and people's occupation significantly predicted the response. Specifically, people who know more people with HIV or who have died from AIDS were more likely to say this was a more important reason for participating (t=1.72*), and people with blue collar/service jobs were less likely to say this was an important reason for participating (t=-2.00**). As illustrated in the table below, people in different occupational categories answered this question very differently. (R^2=0.10)

Question 3		
Occupation	Mean	Freq.
"Other"	6.92	15
White collar	6.43	65
Blue collar/service	6.00	10
Student	6.76	24

Question 4, "Because of my personal values, convictions, and beliefs," was a more important motivator for people with prior AIDS fundraising experience (t=2.27**), who rated it 0.49 points higher than people without that experience. It was also a more important motivator for people who knew a greater number of people who have died from AIDS (b=0.15, t=2.79***). It was also more important for people who were more liberal (b=0.28, t=2.15**). It was also more important for GLBTs compared to heterosexuals, but was not statistically significant when controlling for these other variables (b=0.13). (R^2=0.20)

Question 8, "I feel compassion towards people with HIV/AIDS," was a more important motivator for people with prior AIDS fundraising experience (t=2.17**), rated 0.49 points higher than people without previous AIDS fundraising experience. It was also rated 0.58 points higher by people who did not know anyone on the ride prior to signing up for ACT II (t=-2.67***). (R^2=0.08)

Question 13, "By participating, I can do something for a cause that is important to me," was a more important motivator for people with prior AIDS fundraising experience (t=2.07**), rated 0.47 points higher than for people without it. It was also rated 0.52 points higher by women compared to men (t=-2.40**). (R^2=0.10)

Personal Development—Four questions (2, 7, 10, and 11) were all intended to measure the motivation of "personal development." Since participants' scores on each of these items were similar enough, I combined the scores for each item to create this new variable. This variable measures how important the participants said their desire to improve themselves, to challenge themselves, and to gain a greater understanding of HIV/AIDS was in their decision to participate in ACT II.

In general, these items were especially important for people who knew fewer people with HIV/AIDS and fewer people who have died from AIDS (i.e. farther social distance); it was especially more important for women than for men; and it was especially more important the younger the age of the participant. It is logical that those who do not know as many people who either have or have died from HIV/AIDS would be especially interested in gaining a new perspective or understanding of it, and it is also logical that younger people would be more interested in personal development; why it would be more important for women than men is plausible, though not entirely clear.

"Personal Development" was a more important motivator for those who rode in ACT I than for those who did not (b=0.32, t=1.47, ns), for those without prior AIDS fundraising experience (b=-0.20, t=-0.79, ns), for those with a farther in social distance from people with HIV/AIDS (b=-0.23, t=-2.42**), for those who are more liberal (b=0.21, t=1.71*), and for women compared to men (b=-0.58, t=-2.34**). (R^2=0.24)

Question 2, "To meet new people and make new friends," was influenced by a number of demographic variables. People without prior AIDS fundraising experience rated this reason for participating 0.77 points higher than people with prior fundraising experience (t=-2.99***). Similarly, people who are more liberal rated this motivation as being more important (b=0.51, t=3.02***), and people who said they had no religion rated this motivation 0.63 points higher than others (t=2.03**). Other variables showed important differences in responses, but were not statistically significant. People who rode in ACT I rated this motivation 0.29 points higher than people who had not ridden in ACT I, and people who know fewer people who died from AIDS rated this motivation higher than people who know more people who died from AIDS (b=-0.14, t=-1.49, ns). (R^2=0.25)

Question 7, "To gain a new perspective on things," was rated as being a more important reason for participating by people who are farther in social distance from people with HIV/AIDS (b=-0.38, t=-3.11***). Two other variable, gender and sexual orientation showed significant effects but were not statistically significant. Women rated this motivation 0.30 points higher than men (t=-0.99, ns), and heterosexuals rated this motivation 0.46 points higher than GLBTs (t=-1.35, ns). (R^2=0.20)

Question 10, "To challenge myself and test my skills," was rated as being a more important reason for participating by people who know fewer people with HIV (b=-0.33, t=-3.28***). Riders rated this motivation 1.12 points higher than crew (t=-3.09***), and people who participated in ACT I rated it 0.38 points higher than people who did not participate (t=1.20, ns). This reason for participating was more important for younger people; with each one year increase in age, the average importance of this motivation decreased by 0.02 points (t=-1.94*). Finally, people with white-collar jobs rated this motivation as 0.55 points more important than all others (t=1.93*), and women rated it 0.51 points more important than men (t=-1.41, ns). (R^2=0.35)

Question 11, "To understand HIV/AIDS and how it affects people with HIV/AIDS," was more important for those who knew fewer people with HIV/AIDS and for those who knew fewer people who died from AIDS, for people with less education, for women, and for younger people. When controlling for all of these variables, only gender showed a statistically significant effect

on the motivation: women rated the motivation 0.63 points more important than men (t=-1.74*). However, the number of people you know who died from AIDS and one's amount of education showed important (but not statistically significant effects): people who knew fewer people who died of AIDS were more likely to rate this motivation as more important (b=-0.18, t=-1.46 ns), as were people with less education (b=-0.11, t=-1.05, ns). (R^2=0.13)

Gay Community--Finally, two questions (9 and 15) were intended to measure the motivation of "concern for the gay community." Participants answered these two questions similarly as well, so I combined the scores for each item to create a new variable called "Gay Community." This variable measures how important the participants said their concern about the gay community was in their decision to participate in ACT II.

Not surprisingly, "Gay Community" was a more important motivator for GLBTs than for heterosexuals (b=0.97, t=3.30***). (R^2=0.09)

Also, for question 15, "Because of my concern about the gay community," the motivation was also more important for older participants (b=0.02, t=2.29**). (R^2=0.14)

Love of Cycling—Question 5, "Because I love riding my bike," was rated to be more important by 1.40 points by riders compared to crew (t=-2.96***), rated 1.33 points higher by those who did not crew in ACT I (t=-2.63**), and rated 1.13 points higher by those who had previous overnight biking experience (t=3.02***). (R^2=0.29)

Career Advancement—This was among the least important reasons people gave for participating. Question 16, "By participating, I can make new contacts that might help my career," was rated to be more important by 0.54 points by people without prior AIDS fundraising experience (t=-1.80*) and more important the younger the participant was (b=-0.015, t=-1.75*). (R^2=0.06)

Personal Protection—Several items were placed on the survey intended to gauge how important personal protection, or enhancing one's self-esteem, were to the decision to participate. These items scored among the lowest of reasons that people chose to participate in ACT II. Only two of the five questions were associated with particular demographic variables.

Question 1, "To feel better about myself," was rated to be a more important motivation by 0.86 points by riders compared to crew (t=-2.10**), and it was a more important motivation for people who were more liberal (b=0.51, t=2.38**). (R^2=0.15)

Question 12, "To feel less lonely," was rated 1.20 points higher by people who did not know any friends or family on the ride (t=-2.32**) and 0.90 points higher by GLBTs compared to heterosexuals (t=2.74***), and 0.70 points higher by women compared to men (t=-2.25**). (R^2=0.13)

The following questions were not associated with any demographic variable:
Questions 6 "To escape other pressures and stress in my life (e.g. from work, from home)"
Question 17 "Participating relieves me of some of the guilt over being more fortunate than others"
Question 18 "To deal with my personal fears and anxiety about HIV/AIDS"

Social—Finally, two questions were intended to gauge the importance of having friends and family who are involved for people's decisions to participate in ACT II.

Question 14, "People I know share an interest in volunteering and community service," was more important the farther the social distance from people with HIV/AIDS (b=-0.21, t=-2.59**). (R^2=0.04)

Question 19, "I know other friends or family members who are participating," was (obviously) more important for people who knew a friend or family member who is on the ride (t=11.74****), and it was also rated 1.25 points higher by crew than riders (t=3.53***). (R^2=0.41)

VI. Policy Questions

Main Findings

ACT II participants strongly support liberal or progressive HIV/AIDS policies. Government and social policies that resemble a public health approach to dealing with HIV/AIDS, as well as policies that would increase government funding for research, prevention, and treatment of HIV/AIDS, all received exceptionally strong support from survey respondents. Conversely, policies that would have a stigmatizing or discriminatory effect on people with HIV/AIDS were strongly opposed by survey respondents. Policies that were a mix of these two approaches received only moderate support; it seems that these policies would be viewed ambivalently by participants.

How liberal one's political beliefs and how close one's social distance to people with HIV/AIDS influenced people's answers to these questions the most. Support for increasing government funding was stronger the more liberal their political beliefs and the more people they know who have HIV or who have died from AIDS. Support for preventive policies was generally strongest for people who are more politically liberal. Similarly, opposition to coercive policies was stronger by people with closer social distance to people with HIV/AIDS, particularly by people who know more people who have died from AIDS. Thus, the fact that ACT II participants tend to have personal contact with people with HIV/AIDS and tend to be politically liberal largely explains why participants show such strong support for preventative and public health policies. These associations are all logical and consistent, so these findings should be considered to be reliable.

The existence of such strong support and opposition for various policies also would make it unlikely that participating in ACT II would significantly alter people's support or opposition to these policies. Indeed, despite moderate evidence that support for policy question 3 increased, most all evidence suggests that there was no measured change in support or opposition for the policies in this survey due to ACT II.

Description

There were 14 items asking how much respondents would support or oppose various policies related to HIV/AIDS. The response categories were Strongly oppose (1), Oppose (2), No opinion (3), Support (4), and Strongly support (5).
The questions, means (standard deviation), and distribution of responses are in Table 8 below.

As the table shows, the response was very polarized. Strong support was expressed for policies advocating a public health approach to prevention, increasing government funding, and "establishing a group home in your neighborhood where people with AIDS could live and get good care." The means for all these items (Questions 1, 2, 3, 5, 7, 8, 9, 10, and 11) were higher than 4.3 (out of 5).

Conversely, strong opposition was expressed to policies that would have negative or stigmatizing effects on people with HIV/AIDS. The means for these items (Questions 12, 13, and 14) were 1.62 or lower (with 1 being the lowest possible).

Table 8: Support for HIV/AIDS Policies

	Mean (s.d.)	1	2	3	4	5	Total (N)
1. Government funding of needle exchange programs	4.34 (0.78)	1.0	1.0	9.9	39.6	48.5	100.1 (101)
2. Mandatory sex education in public schools	4.67 (0.53)		1.0		30.4	68.6	100.0 (102)
3. Giving condoms away for free	4.51 (0.79)	1.0	2.9	3.9	28.4	63.7	99.9 (102)
4. Requiring by law that women who are pregnant be tested for HIV in order to protect the health of their unborn baby	3.61 (1.12)	3.9	13.7	24.5	33.3	24.5	99.9 (102)
5. Free family planning services for anyone who wants them	4.66 (0.61)		1.0	3.9	23.5	71.6	100.0 (102)
6. Requiring by law that people HIV/AIDS identify all their sex partners so that they can be traced and warned that they might have been exposed to HIV	3.21 (1.27)	9.8	23.5	21.6	26.5	18.6	100.0 (102)
7. More government funding for HIV/AIDS prevention, even if it means raising taxes	4.32 (0.69)		2.0	6.9	48.0	43.1	100.0 (102)
8. More government funding for HIV/AIDS treatment, even if it means raising taxes	4.36 (0.77)		3.9	5.9	40.2	50.0	100.0 (102)
9. More government funding for medical research on HIV/AIDS, even if it means raising taxes	4.41 (0.78)		3.9	5.9	35.3	54.9	100.0 (102)
10. Requiring by law that pharmaceutical companies provide low-cost, generic HIV treatment drugs in addition to name-brand drugs	4.61 (0.75)	1.0	2.0	3.9	21.6	71.6	100.1 (102)
11. Establishing a group home in your neighborhood where people with AIDS could live and get good care	4.31 (0.77)		1.0	15.7	34.3	49.0	100.0 (102)
12. Requiring by law that people with HIV/AIDS tell their landlords about it when renting a house or apartment	1.27 (0.51)	75.5	21.6	2.9			100.0 (102)
13. Allowing a life insurance company to be able to require that people taking out life insurance have a test to show they don't carry HIV	1.62 (0.92)	61.8	20.6	12.8	3.9	1.0	100.1 (102)
14. Requiring by law that people with HIV/AIDS tell their employers about it	1.31 (0.58)	74.3	21.8	3.0	1.0		100.0 (101)

The two items which had moderate support were (6) "Requiring by law that people with HIV/AIDS identify all their sex partners so that they can be traced and warned about that they might have been exposed to HIV (3.21)" and (4) "Requiring by law that women who are

pregnant be tested for HIV in order to protect the health of their unborn baby" (3.61). These two items were unique in that potential harm to the person with HIV/AIDS can be seen as an unfortunate by-product of the necessity to protect the health of others. In other words, they are a mix of a public health approach to handling HIV/AIDS and an approach that might stigmatize PWAs. Thus, survey respondents would overwhelmingly support politically liberal policies for dealing with the problem of HIV/AIDS, whereas they would oppose (or give less support to) more politically conservative policies.

Analysis

The most important demographic variables affecting how people answered these questions were political beliefs, the number of people they know who have HIV/AIDS, and the number of people they know who have died from AIDS.

Government Funding--Questions 7, 8, and 9 were all very similar, and the response patterns by the participants were so similar, that I was able to combine the responses to these questions into a single variable, called "Government Funding." Thus, the participants' answers to each of these three items can be summed up as support or opposition to increasing government funding to solve the problem of HIV/AIDS.

Increasing government funding was supported more by people with a closer social distance to people with HIV/AIDS (b=0.08, t=2.12**) and more by people who were more liberal (b=0.19, t=2.16**). (R^2=0.08)

Question 7, "More government funding for HIV/AIDS prevention, even if it means raising taxes," was supported by people who are more liberal (b=0.20, t=2.18**). (R^2=0.06)

Question 8, "More government funding for HIV/AIDS treatment, even if it means raising taxes," was supported more by people with a closer social distance to people with HIV/AIDS (b=0.10, t=2.45**) and more by people who are more liberal (b=0.20, t=2.27**). (R^2=0.09)

Question 9, "More government funding for medical research on HIV/AIDS, even if it means raising taxes," was supported more by people with a closer social distance to people with HIV/AIDS (b=0.11, t=2.64**). (R^2=0.04)

Prevention—Four items (Questions 1, 2, 3, and 5) all were about policies aimed at preventing the spread of HIV/AIDS. The participants' responses to these four items were similar enough to combine the scores into a single new variable, which I call "Prevention." This variable measures the support or opposition to public health policies aimed at preventing the spread of HIV/AIDS. The most important predictor of responses for these items was, by far, people's political beliefs.

Prevention policies were supported an average of 0.19 points more by riders than by crew (t=-1.91*), more by people who are more liberal (b=0.23, t=4.04****), and 0.16 points more by GLBTs compared to heterosexuals (t=1.69*). (R^2=0.29)

Question 1, "Government funding of needle exchange programs," was supported an average of 0.34 points more by riders than by crew (t=-1.98**), was supported more by people who know

more people who died from AIDS (b=0.09, t=2.22**), was rated 0.33 points higher by people who were more liberal (t=3.29***), and was rated 0.25 higher by people with white collar jobs compared to people with all other occupations (t=1.67*). In bivariate correlations, it was supported more by people who rode in ACT I, by people who have been tested for HIV, and people who know more people with HIV, but these variables were not statistically significant when controlling for all other factors. (R^2=0.35)

Question 2, "Mandatory sex education in public schools," was supported an average of 0.24 points more by people who were not crew in ACT I compared to those who were (t=-2.01**), and it was supported more by people who were more liberal (b=0.14, t=2.30**). (R^2=0.09)

Question 3, "Giving condoms away for free," was supported more by people who were more liberal (b=0.21, t=2.44**), was supported an average of 0.38 points more by people who are not Christians (t=-1.73*), and was supported 0.45 points more by people who had some "other" occupation (t=-1.95*). Though not statistically significant when controlling for these factors, people who have been tested for HIV, GLBTs, and younger people were also more supportive of this policy. (R^2=0.26)

Question 5, "Free family planning services for anyone who wants them," was supported more by people who were more liberal (b=0.16, t=1.81*). (R^2=0.06)

Coercion--Finally, 3 items (Questions 12, 13, and 14) talked about policies that would have a negative or stigmatizing effect on people with HIV/AIDS in order to protect the public health. The participants' responses to these three items were similar enough to combine the scores into a single new variable, which I call "Coercion." This variable measures support or opposition to public health policies that have a coercive or stigmatizing effect on PWAs. The most important predictor of these responses was the degree of closeness with PWAs, especially the number of people you know who died from AIDS.

Coercion was supported more by people who know fewer people who have died from AIDS (b=-0.12, t=-4.77****). People who knew fewer people with HIV and people who have not been tested for HIV also supported these policies more, though they were not statistically significant when controlling for all three variables. (R^2=0.16)

Question 12, "Requiring by law that people with HIV/AIDS tell their landlords about it when renting a house or apartment," was supported more by people who know fewer people who have died from AIDS (b=-0.10, t=-4.33****). It is also rated 0.33 points higher by Christians (t=2.54**). People who know fewer people with HIV also supported this policy more, though it was not statistically significant when controlling for all three variables. (R^2=0.17)

Question 13, "Allowing a life insurance company to be able to require that people taking out life insurance have a test to show they don't carry HIV," was supported more by people who know fewer people who have died from AIDS (b=-0.12, t=-2.46**) and was rated 0.36 points higher by heterosexuals compared to GLBTs (t=-2.15**). It was also supported more by people who know fewer people with HIV and people who have not been tested for HIV, though they were not statistically significant when controlling for all variables. (R^2=0.17)

Question 14, "Requiring by law that people with HIV/AIDS tell their employers about it," was supported more by people who know fewer people who have died from AIDS (b=-0.09, t=-2.99***), was supported an average of 0.23 points more by men compared to women (t=-2.33**), and was rated 0.28 points less by white collar workers than all others (t=-1.99**). It was also supported more by people who know fewer people with HIV and by people with less education, but they were not statistically significant effects when controlling for the other variables. (R^2=0.14)

Other Policy Items—There were four items that did not measure a specific concept as expected. Below are the demographic variables that influenced the responses.

Question 4, "Requiring by law that women who are pregnant be tested for HIV in order to protect the health of their unborn baby," was supported more by crew than by riders (b=0.44, t=1.90*) and more by people who older (b=0.015, t=2.11**). (R^2=0.07)

Question 6, "Requiring by law that people with HIV/AIDS identify all their sex partners so that they can be traced and warned that they might have been exposed to HIV," was supported by an average of 0.42 points more by people without prior AIDS fundraising experience (t=1.67*). It was also supported more by people who know fewer people who have died from AIDS and more by people who have not been tested for HIV, but these effects were not statistically significant. (R^2=0.08)

Question 10, "Requiring by law that pharmaceutical companies provide low-cost, generic HIV treatment drugs in addition to name-brand drugs," was supported by people who are more liberal (b=0.22, t=1.86*). (R^2=0.07)

Question 11, "Establishing a group home in your neighborhood where people with AIDS could live and get good care," was supported more by people with a closer social distance to people with HIV/AIDS (b=.0.10, t=1.87*). It was also supported more by GLBTs and people who have been tested for HIV, though the effects were not statistically significant when controlling for all other variables. (R^2=0.08)

Change at Time 2

The same set of questions was asked on the post-ride survey as well. In Table 9 below, the means for each question are compared between the first survey and the second survey (first two columns). There seems to be very little change when comparing the mean of those who responded to the pre-ride survey with the mean of those who responded to the post-ride survey. Indeed, when comparing the response distributions on the two surveys (not shown), all except Question 4 appear to be essentially unchanged. The fact that 12 of 14 items already show extremely strong support or opposition to the various policies is further evidence that people already had well-formulated opinions about these policies when they signed up for the ride

However, among people who responded to *both* surveys (last column), three questions had statistically different means at time 2 compared to time 1:

Table 9: Change in Support for HIV/AIDS Policies

	Time 1 (n=102) (s.d.)	Time 2 (n=85) (s.d.)	T2 - T1 (n=73) (s.e.)
1. Government funding of needle exchange programs	4.34 (0.78)	4.43 (0.57)	0.10 (0.07)
2. Mandatory sex education in public schools	4.67 (0.53)	4.65 (0.59)	0.07 (0.06)
3. Giving condoms away for free	4.51 (0.79)	4.58 (0.64)	0.16 (0.07)**
4. Requiring by law that women who are pregnant be tested for HIV in order to protect the health of their unborn baby	3.61 (1.12)	3.36 (1.18)	-0.01 (0.13)
5. Free family planning services for anyone who wants them	4.66 (0.61)	4.64 (0.61)	-0.11 (0.08)
6. Requiring by law that people HIV/AIDS identify all their sex partners so that they can be traced and warned that they might have been exposed to HIV	3.21 (1.27)	3.04 (1.28)	-0.19 (0.15)
7. More government funding for HIV/AIDS prevention, even if it means raising taxes	4.32 (0.69)	4.31 (0.76)	-0.08 (0.08)
8. More government funding for HIV/AIDS treatment, even if it means raising taxes	4.36 (0.77)	4.33 (0.76)	-0.15 (0.08)*
9. More government funding for medical research on HIV/AIDS, even if it means raising taxes	4.41 (0.78)	4.42 (0.75)	-0.12 (0.08)
10. Requiring by law that pharmaceutical companies provide low-cost, generic HIV treatment drugs in addition to name-brand drugs	4.61 (0.75)	4.68 (0.64)	0 (0.06)
11. Establishing a group home in your neighborhood where people with AIDS could live and get good care	4.31 (0.77)	4.34 (0.70)	0 (0.07)
12. Requiring by law that people with HIV/AIDS tell their landlords about it when renting a house or apartment	1.27 (0.51)	1.33 (0.54)	0.10 (0.05)**
13. Allowing a life insurance company to be able to require that people taking out life insurance have a test to show they don't carry HIV	1.62 (0.92)	1.73 (0.98)	0.08 (0.08)
14. Requiring by law that people with HIV/AIDS tell their employers about it	1.31 (0.58)	1.35 (0.68)	0.06 (0.08)

Question 3, "Giving condoms away for free": The mean increased from 4.43 at time 1 to 4.59 at time 2 (t=2.25**). Of the 73 people who answered this question both times, 14 people increased their support for this policy, while only 5 decreased their support. The percentage of people saying they would either "support" or "strongly support" this policy increased from 89% before the ride to 97.3% after the ride. This suggests that support for this policy increased between the first and second surveys. Of all participants, non-students were more likely to increase their support (b=-0.40, t=-2.71***), heterosexuals were more likely than GLBTs to increase their support of the policy (b=-0.28, t=-2.15**), and women were more likely to increase their support than men (b=-0.29, t=-2.09**) (R^2=0.15). That the change is due to the ride is plausible, since it may be the case that students, men, and people who are GLBT may be more likely to support this policy in the first place. However, 85% of the change in scores is still left unexplained, and most of it is probably due to random changes in the way people respond to these types of questions, so we have only moderate support that attitudes about giving condoms away for free changed due to ACT II.

	Before the Ride	After the Ride
Strongly Oppose	1 (1.4%)	0
Oppose	3 (4.1%)	1 (1.4%)
No Opinion	4 (5.5%)	1 (1.4%)
Support	21 (28.8%)	25 (34.3%)
Strongly Support	44 (60.3%)	46 (63.0%)
Total	73 (100.1%)	73 (100.1%)

Question 8, "More government funding for HIV/AIDS treatment, even if it means raising taxes": Surprisingly, the mean decreased from 4.49 at time 1 to 4.34 at time 2 (t=-1.84*). Of the 73 people who answered this question both times, 18 decreased their support for this policy, while 10 increased their support. The percentage of people who said they "strongly support" this policy decreased from 57.5% before the ride to 46.6% after the ride, and while no one said they opposed this policy before the ride, 3 people (4.1%) said they opposed this policy after the ride. This suggests that support for this policy decreased between the first and second surveys, which is the opposite of what would be expected. It is difficult to say how to interpret this, since the table also shows that the number expressing any amount of support for the policy stayed the same. The associations with demographic variables unfortunately do not shed more light on these changes: people who know more people with HIV were more likely to increase their opposition to this policy (b=-0.14, t=-2.95***), while blue collar/service workers were more likely to increase their support of this policy (b=0.40, t=2.58**) (R^2=0.15). It is not obvious why this would be the case, so much of the change measured here may not actually be explained by participation in ACT II and may instead be due to random changes in how people respond to these types of questions. Thus, it is most plausible that participation in ACT II did not yield any change in attitude regarding this policy.

	Before the Ride	After the Ride
Strongly Oppose	0	0
Oppose	0	3 (4.1%)
No Opinion	6 (8.2%)	3 (4.1%)
Support	25 (34.3%)	33 (45.2%)
Strongly Support	42 (57.5%)	34 (46.6%)
Total	73 (100%)	73 (100%)

Question 12, "Requiring by law that people with HIV/AIDS tell their landlords about it when renting a house or apartment": Surprisingly, the mean increased from 1.25 at time 1 to 1.36 at time 2 (t=2.03**). Of the 73 people who answered this question both times, 11 people increased their support for this policy, while only 4 people increased their opposition. The percentage of people saying they strongly opposed this policy decreased from 76.7% before the ride to 68.5% after the ride. This suggests that support for this policy increased between the first and second surveys, which is the opposite of what would be expected since this is a coercive and stigmatizing policy. It is clear from the table, though, that the change was a result of changing their answer from "strongly oppose" to "oppose." Therefore, it would probably be a mistake to conclude that support for this policy increased; rather, much of the change is probably due to random change in the way people gauge how "strong" their opposition is. Indeed, the seeming randomness of the demographic variables that were associated with changing attitudes supports this conclusion: blue collar/service workers were more likely to increase their opposition to the policy (b=-0.41, t=-2.68***), and people with friends or family on the ride were more likely to increase their support for the policy (b=0.23, t=3.14***) (R^2=0.12). Thus, it is most plausible that participation in ACT II did not yield any change in attitude regarding this policy.

	Before the Ride	After the Ride
Strongly Oppose	56 (76.7%)	50 (68.5%)
1.5	1 (1.4%)	
Oppose	14 (19.2%)	20 (27.4%)
No Opinion	2 (2.7%)	3 (4.1%)
Support	0	0
Strongly Support	0	0
Total	73 (100%)	73 (100%)

Given the lack of any strong explanation of these changes, and given the lack of an explanation of why these three policy items would show change while others would not, I interpret these results as showing that there was no significant measurable change in participants' support of various policies as a result of participating in ACT II. This is not surprising since those people who chose to participate in ACT II already were largely politically liberal and close to people who either have HIV or who have died from AIDS. Furthermore, since discussion of HIV/AIDS policy was not a part of the ACT II experience, it would be quite surprising if people's opinions of these policies *did* change.

VII. Opinion Questions

Main Findings

The responses to these opinion questions seem to match the demographic, motivational, and political characteristics revealed by the other parts of the survey quite well. The responses to these questions show that ACT II participants strongly believe that government funding and organizations like AIDS Network are very important in the fight against HIV/AIDS, and they show that ACT II participants strongly believe in the importance of preventing people with HIV/AIDS from being discriminated against. The responses also show that participants believe that HIV/AIDS is a preventable medical and social problem. Even though respondents acknowledge the role of the individual in prevention, they also think that there is a good deal of collective responsibility to fight HIV/AIDS and to help people with HIV/AIDS.

These opinion questions were difficult to analyze because people's responses to the questions did not group together as I thought they would. As a result, no strong patterns developed among the opinion items and the R^2 values are relatively low, so we lack good explanations for why people answered the questions the way they did. A few things are worthy of note, though. People who are more conservative were more likely to say that HIV prevention and treatment should be left up to individuals, and people with a closer social distance to HIV/AIDS were more likely to agree that HIV/AIDS is a serious problem.

Overall, there is almost no evidence suggesting that participating in ACT II changed people's attitudes about HIV/AIDS.

Description

There were 24 items asking respondents how much they agreed or disagreed with various statements about HIV/AIDS. The response categories were Strongly disagree (1), Disagree (2), No opinion (3), Agree (4), and Strongly agree (5).
The questions, means (standard deviation), and distribution of responses are in Table 10 below.

The most strongly agreed upon statement was (19)"The government should play an active role in prevention and treatment of HIV/AIDS" (4.50). This is consistent with participants' strong support of policies that would increase government funding for HIV research, prevention, and treatment. Other statements to which people agreed strongly are (13) "The stigmatization of people with HIV/AIDS is a serious problem" (4.25), (4) "Our country needs civil rights laws to protect people with HIV/AIDS from discrimination" (4.18), and (24) "We should try to eradicate HIV/AIDS, no matter what it costs" (4.01). These items also show participants' support for increasing funding to deal with the problems due to HIV/AIDS, as well as their belief that people with HIV/AIDS must be protected from discrimination.

Table 10: Opinions about HIV/AIDS

	Mean (s.d.)	1	2	3	4	5	Total (N)
1. HIV/AIDS is one of the most serious problems in the U.S.	3.72 (1.04)		20.6	9.8	47.1	22.6	100.1 (102)
2. HIV/AIDS is one of the most serious problems in Wisconsin	3.37 (1.04)	3.0	21.8	21.8	42.6	10.9	100.1 (101)
3. The US government is doing enough to prevent discrimination against people with HIV/AIDS	1.88 (0.79)	34.3	46.1	16.7	2.9		100.0 (102)
4. Our country needs civil rights laws to protect people with HIV/AIDS from discrimination	4.18 (0.88)	2.0	4.0	6.9	48.5	38.6	100.0 (101)
5. People with HIV/AIDS are a serious risk to the rest of society	1.48 (0.69)	59.8	35.3	2.0	2.9		100.0 (102)
6. I am not worried about getting HIV	3.23 (1.22)	5.9	31.7	10.9	36.6	14.9	100.0 (101)
7. I would like to learn more about HIV/AIDS	3.76 (0.97)	2.9	8.8	16.7	52.0	19.6	100.0 (102)
8. In my opinion, there is no such thing as "safe" or "safer" sex so far as HIV is concerned	2.30 (1.02)	18.0	55.0	8.0	17.0	2.0	100.0 (100)
9. Most people are trying to protect themselves against HIV these days	2.54 (1.01)	8.8	54.9	12.8	20.6	2.9	100.0 (102)
10. AIDS is a serious affliction, but I can think of others that would be even worse to have	2.93 (1.09)	9.9	27.7	26.7	30.7	5.0	100.0 (101)
11. You are at serious risk of contracting HIV, even if you are married	2.73 (1.09)	6.9	47.5	17.8	20.8	6.9	99.9 (101)
12. I feel helpless against a disease like AIDS	2.15 (0.94)	19.6	61.8	4.9	11.8	2.0	100.1 (102)
13. The stigmatization of people with HIV/AIDS is a serious problem	4.25 (0.62)		1.0	6.9	58.8	33.3	100.0 (102)
14. HIV/AIDS treatment should be left up to individuals and families	2.68 (1.25)	15.0	44.0	9.0	22.0	10.0	100.0 (100)
15. HIV/AIDS prevention should be left up to individuals and families	1.99 (0.93)	30.7	51.5	6.9	9.9	1.0	100.0 (101)
16. The preventive measures that exist now give good protection against HIV infection	2.95 (1.02)	6.1	33.7	20.4	37.8	2.0	100.0 (98)
17. AIDS has caused a lot of people to think more seriously about sex	3.79 (0.84)		12.8	8.8	64.7	13.7	100.0 (102)

Table 10 continued, next page

Table 10, Opinions about HIV/AIDS, continued

	Mean (s.d.)	1	2	3	4	5	Total (N)
18. AIDS is a problem that can be solved	3.87 (0.81)	1.0	6.9	12.9	62.4	16.8	100.0 (101)
19. The government should play an active role in prevention and treatment of HIV/AIDS	4.50 (0.64)		1.0	5.0	37.6	56.4	100.0 (101)
20. Most people with AIDS are responsible for having their illness	2.10 (0.95)	27.7	46.5	14.9	9.9	1.0	100.0 (101)
21. There is really very little a person can do to keep from getting AIDS	1.39 (0.53)	62.8	35.3	2.0			100.1 (102)
22. Parents should not have to send their children to a school where another child with AIDS is enrolled	1.42 (0.72)	67.7	25.5	4.9	1.0	1.0	100.1 (102)
23. Organizations that provide service and support to people with AIDS are not very important in the fight against HIV/AIDS	1.29 (0.62)	76.2	20.8		3.0		100.0 (101)
24. We should try to eradicate HIV/AIDS, no matter what it costs	4.01 (1.05)	1.0	13.0	9.0	38.0	39.0	100.0 (100)

The statement with which people most strongly disagreed was "Organizations that provide service and support to people with AIDS are not very important in the fight against HIV/AIDS" (1.29). This is logical, given that ACT II was undertaken to benefit precisely one such organization. Other statements to which people disagreed strongly are (21) "There is really very little a person can do to keep from getting AIDS" (1.39), (22) "Parents should not have to send their children to a school where another child with AIDS is enrolled" (1.42), (5) "People with HIV/AIDS are serious risk to the rest of society" (1.48), and (3) "The US government is doing enough to prevent discrimination against people with HIV/AIDS" (1.88). These items also show participants' beliefs that people with HIV/AIDS must be protected from discrimination and that HIV/AIDS represents a serious (but not preventable) problem.

The responses to all other questions show more moderate agreement or disagreement, and there are no strong patterns among them.

Other noteworthy results were that HIV/AIDS was considered to be less of a problem in Wisconsin than in the United States as a whole ($p<.001$). There was also a significant difference between two very similar questions about what role individuals and families should play in the treatment and prevention of HIV/AIDS ($p<.001$). People agreed more that *treatment* should be left up to individuals and families (2.68), when compared with leaving *prevention* up to individuals and families (1.99).

Analysis

Private Responsibility--Questions 14 and 15 were very similar questions, and participants answered them similarly. Therefore, I was able to combine the scores from these two questions and create a new variable called "Private Responsibility." This variable measures how much the participants think that treatment and prevention of HIV/AIDS is the responsibility of individuals and families (as opposed to public responsibility).

Private Responsibility was agreed with more by people who are more conservative politically (b=-0.29, t=-2.08**) and by younger people (b=-0.02, t=-1.94*). It was also agreed with more by crew than by riders and by people who are less educated, but the results were not statistically significant when controlling for the other variables. (R^2=0.14)

Question 14, "HIV/AIDS treatment should be left up to individuals and families," was agreed with more by people who are younger (b=-0.03, t=-3.31***). (R^2=0.08)

Question 15, "HIV/AIDS prevention should be left up to individuals and families," was agreed with an average of 0.69 points more by people who crewed in ACT I compared to those who did not (t=2.51**) and 0.23 points more by people who were more conservative politically (t=-1.75*). It was also agreed with more by crew and by people who are less educated, though the effects were not statistically significant when controlling for the other variables. (R^2=0.16)

Serious Problem--Questions 1, 2, 3, 13, and 24, all indicated the degree to which participants thought HIV/AIDS is a serious problem in the United States. The response patterns on each of the questions were similar enough that I was able to combine the scores from each of these items to create a new variable, called "Serious Problem." This variable measures how great of a problem HIV/AIDS is perceived to be by participants in ACT II.

Overall, HIV/AIDS was considered a serious problem more by people who have a closer social distance to people with HIV/AIDS (b=0.11, t=2.58**). (R^2=0.06)

Question 1, "HIV/AIDS is one of the most serious problems in the US," was agreed with an average of 0.63 points more by people who did not participate in ACT I compared to those who did (t=-2.83***), was agreed with more by people who have a closer social distance to people with HIV/AIDS (b=0.25, t=3.51***), and was agreed with an average of 0.57 points more by blue collar/service workers compared to others (t=2.81***). It was also agreed with more by people who rode in ACT I, men, and people with less education, but the effects were not statistically significant when controlling for the other variables. (R^2=0.21)

Question 2, "HIV/AIDS is one of the most serious problems in Wisconsin," was agreed with more by people who have a closer social distance to people with HIV/AIDS (b=0.18, t=2.94***) and more by men than women (b=0.35, t=1.71*). (R^2=0.11)

Question 3, "The US government is doing enough to prevent people with HIV/AIDS from discrimination," was agreed with an average of 0.28 points more by people who did not crew in ACT I (t=-1.80*) and an average of 0.37 points more by heterosexuals than by GLBTs (t=-2.33**). It was also agreed with more by people who know fewer people with HIV, but the effect was not statistically significant when controlling for the other variables. (R^2=0.11)

Question 13, "The stigmatization of people with HIV/AIDS is a serious problem," was not associated with any demographic variable.

Question 24, "We should try to eradicate HIV/AIDS, no matter what the cost," was agreed with more by people who are more politically liberal (b=0.29, t=2.04**). (R^2=0.06)

Other Opinion Items—Most opinion items did not group as neatly with other questions as was intended. The demographic variables that affect the responses for each question are below.

Question 4, "Our country needs civil rights laws to protect people with HIV/AIDS from discrimination," was agreed with 0.97 points less by blue collar/service workers than by other workers (t=-2.27**). It was also agreed with more by people who know more people who have died from AIDS and by people with more education, but these effects were not statistically significant when all variables were examined together. (R^2=0.18)

Question 5, "People with HIV/AIDS are a serious risk to the rest of society," was agreed with more by people who did not crew in ACT I (b=-0.27, t=-2.20**) and more by Christians than by others (b=0.31, t=1.70*). It was also agreed with more by people who know fewer people who have died from AIDS, people who have not been tested for HIV, and people who are heterosexuals, but none of the effects were statistically significant when controlling for all these variables. (R^2=0.13)

Question 6, "I am not worried about getting HIV," was agreed with less by blue collar/service workers than by others (b=-0.85, t=-2.55**), and it was agreed with more by heterosexuals than by GLBTs (b=-0.54, t=-2.28**). (R^2=0.10)

Question 7, "I would like to learn more about HIV/AIDS," was agreed with an average of 0.47 points more by women than by men (t=-2.32**). It was also agreed with more by people who did not participate in ACT I, by people who have not been tested for HIV, and by younger people, but none of these effects were statistically significant when all variables were controlled for. (R^2=0.13)

Question 9, "Most people are trying to protect themselves against HIV these days," was agreed with more strongly by people who have no prior AIDS fundraising experience (b=-0.35, t=-1.73*), more strongly by people who know fewer people who have died from AIDS (b=-0.17, t=-3.09***), and more by students compared to other workers (b=0.48, t=1.79*). It was also agreed with more by younger people, more by people who have not been tested for HIV, and more by people who know more people with HIV, but these effects were not statistically significant when all variables were looked at together. (R^2=0.17)

Question 11, "You are at serious risk of contracting HIV, even if you are married," was agreed with more strongly by people who have a closer social distance to people with HIV/AIDS and by people who crewed on ACT I, but no variables were statistically significant when examined together. (R^2=0.07)

Question 12, "I feel helpless against a disease like AIDS," was agreed with an average of 1.02 points more by people who are "spiritual" compared to other religious/nonreligious people

(t=2.40**) and was agreed with more by people with less education (b=-0.09, t=-1.88). (R^2=0.12)

Question 16, "The preventive measures that exist now give good protection against HIV infection," was agreed with an average of 0.50 points more by GLBTs than by heterosexuals (t=2.37**). (R^2=0.06)

Question 17, "AIDS has caused a lot of people to think more seriously about sex," was agreed with more strongly by people with less education (b=-0.10, t=-2.27**). (R^2=0.04)

Question 18, "AIDS is a problem that can be solved," was agreed with an average of 0.42 points more strongly by people who have been tested for HIV (2.52**). It was also agreed with more by people who know more people with HIV and people who know more people with AIDS, but the effects were not statistically significant when all variables were examined together. (R^2=0.10)

Question 19, "The government should play an active role in prevention and treatment of HIV/AIDS," was agreed with more strongly by people who know more people who have died from AIDS (b=0.08, t=2.41**). (R^2=0.04)

Question 21, "There is really very little a person can do to keep from getting AIDS," was agreed with more strongly by people who know fewer people who have died from AIDS, by people who have not been tested for HIV, and by people who rode in ACT I compared to those who did not. However, when all of these variables were examined together, none of them were statistically significant. (R^2=0.04)

Question 22, "Parents should not have to send their children to a school where another child with AIDS is enrolled," was agreed with more by crew than by riders (b=-.40, t=2.18**). (R^2=0.07)

Question 23, "Organizations that provide service and support to people with AIDS are not very important in the fight against HIV/AIDS," was agreed with more strongly by people who did not crew in ACT I than those who did (b=-0.27, t=-2.73***). (R^2=0.03)

Three questions, Question 8 (In my opinion, there is no such thing as "safe" or "safer" sex so far as HIV is concerned), Question 10 (AIDS is a serious affliction, but I can think of others that would be even worse to have), and Question 20 (Most people with AIDS are responsible for having their illness), were not significantly associated with any demographic variable.

Change at Time 2

The same set of questions was asked on the post-ride survey as well. In Table 11 below, the means for each question are compared between the first survey and the second survey (first two columns). There are no obvious patterns here, although the increase in means of Questions 1 and 2 seem to show that respondents evaluate HIV/AIDS to be a more serious problem after having done ACT II, and the change in means of questions 14, 15, and 19 seem to suggest that participating has caused people to think government should play less of a role in dealing with the problems posed by HIV/AIDS. Further analysis does not show such patterns to hold.

Table 11: Change in Opinions about HIV/AIDS

	Time 1 (n=102) (s.d.)	Time 2 (n=85) (s.d.)	T2 - T1 (n=73) (s.e.)
1. HIV/AIDS is one of the most serious problems in the U.S.	3.72 (1.04)	3.93 (0.94)	0.16 (0.10)
2. HIV/AIDS is one of the most serious problems in Wisconsin	3.37 (1.04)	3.58 (0.95)	0.15 (0.11)
3. The US government is doing enough to prevent discrimination against people with HIV/AIDS	1.88 (0.79)	1.87 (0.77)	-0.05 (0.08)
4. Our country needs civil rights laws to protect people with HIV/AIDS from discrimination	4.18 (0.88)	4.20 (0.84)	0.08 (0.12)
5. People with HIV/AIDS are a serious risk to the rest of society	1.48 (0.69)	1.48 (0.61)	-0.04 (0.08)
6. I am not worried about getting HIV	3.23 (1.22)	3.52 (1.14)	0.28 (0.14)**
7. I would like to learn more about HIV/AIDS	3.76 (0.97)	3.77 (0.85)	0.03 (0.09)
8. In my opinion, there is no such thing as "safe" or "safer" sex so far as HIV is concerned	2.30 (1.02)	2.27 (0.99)	0.01 (0.14)
9. Most people are trying to protect themselves against HIV these days	2.54 (1.01)	2.74 (0.94)	0.27 (0.12)**
10. AIDS is a serious affliction, but I can think of others that would be even worse to have	2.93 (1.09)	2.92 (1.04)	-0.06 (0.14)
11. You are at serious risk of contracting HIV, even if you are married	2.73 (1.09)	2.72 (1.03)	0 (0.14)
12. I feel helpless against a disease like AIDS	2.15 (0.94)	2.05 (0.83)	-0.10 (0.09)
13. The stigmatization of people with HIV/AIDS is a serious problem	4.25 (0.62)	4.21 (0.68)	-0.08 (0.07)
14. HIV/AIDS treatment should be left up to individuals and families	2.68 (1.25)	2.93 (1.22)	0.08 (0.16)
15. HIV/AIDS prevention should be left up to individuals and families	1.99 (0.93)	2.26 (1.16)	0.17 (0.13)
16. The preventive measures that exist now give good protection against HIV infection	2.95 (1.02)	3.04 (1.08)	0.08 (0.13)
17. AIDS has caused a lot of people to think more seriously about sex	3.79 (0.84)	3.91 (0.73)	0.01 (0.09)

Table 11, continued next page

Table 11, Change of Opinions about HIV/AIDS, continued

	Time 1 (n=102) (s.d.)	Time 2 (n=85) (s.d.)	T2 - T1 (n=73) (s.e.)
18. AIDS is a problem that can be solved	3.87 (0.81)	3.99 (0.76)	0.17 (0.10)
19. The government should play an active role in prevention and treatment of HIV/AIDS	4.50 (0.64)	4.38 (0.64)	-0.08 (0.07)
20. Most people with AIDS are responsible for having their illness	2.10 (0.95)	2.27 (1.05)	0.07 (0.10)
21. There is really very little a person can do to keep from getting AIDS	1.39 (0.53)	1.47 (0.53)	0.10 (0.06)
22. Parents should not have to send their children to a school where another child with AIDS is enrolled	1.42 (0.72)	1.35 (0.68)	-0.04 (0.08)
23. Organizations that provide service and support to people with AIDS are not very important in the fight against HIV/AIDS	1.29 (0.62)	1.28 (0.61)	0.02 (0.08)
24. We should try to eradicate HIV/AIDS, no matter what it costs	4.01 (1.05)	4.05 (1.00)	0.13 (0.10)

Indeed, among people who responded to both surveys (last column), only two questions had a significantly different mean at time 2 compared to time 1:

Question 6, "I am not worried about getting HIV": The mean increased from 3.25 at time 1 to 3.53 at time 2 (t=2.04**). Of the 72 people who answered this question on both surveys, 26 agreed with it more the second time, while 12 disagreed more the second time. The percentage of people who either "agree" or "strongly agree" with this opinion increased from 54.2% before the ride to 62.5% after the ride. This suggests that people agreed more strongly with this statement after the ride than they did before the ride. However, no demographic variable was strongly associated with this change, and the response distributions below appear quite similar. Thus, since our best explanation for the changes is that it is due to random changes in how people responded to this question, we have only weak evidence that people are less worried about getting HIV due to participating in ACT II.

	Before the Ride	After the Ride
Strongly Disagree	5 (6.9%)	2 (2.8%)
Disagree	22 (30.6%)	18 (25.0%)
No Opinion	6 (8.3%)	7 (9.7%)
Agree	28 (38.9%)	30 (41.7%)
Strongly Agree	11 (15.3%)	15 (20.8%)
Total	72 (100%)	72 (100%)

Question 9, "Most people are trying to protect themselves against HIV these days": The mean increased from 2.53 at time 1 to 2.81 at time 2 (t=2.37**). Of the 73 people who answered this question on both surveys, 24 agreed with it more the second time, while 11 disagreed more the second time. The percentage of respondents who said they "agree" or "strongly agree" with this statement increased from 23.3% before the ride to 32.9% after the ride. This suggests that people agreed more strongly with this statement after the ride than they did before the ride. However, it is odd that no one said they "strongly agree" on the second survey, and it does not make much sense that only people with prior fundraising experience were more likely to increase their agreement with this question (b=0.56, t=2.87***) (R^2=0.08). Thus, there is only weak evidence that there was actually any change in attitude between time 1 and time 2.

	Before the Ride	After the Ride
Strongly Disagree	7 (9.6%)	2 (2.7%)
Disagree	40 (54.8%)	34 (46.6%)
No Opinion	9 (12.3%)	13 (17.8%)
Agree	14 (19.2%)	24 (32.9%)
Strongly Agree	3 (4.1%)	0
Total	73 (100%)	73 (100%)

Like the policy questions, it would be difficult to explain why these two items had significantly different means on the post-ride survey, while other items did not. And due to the lack of an explanation for why either of these two items changed the way they did, the most plausible conclusion is that participating in ACT II had little measurable effect on participants' opinions about HIV/AIDS-related issues. Most all changes between the responses at time 1 and the responses at time 2 are probably due to the random variation in the ways that people responded to these questions.

VIII. Post-ride Satisfaction/Evaluation

Main Findings

Survey respondents seem to be extremely satisfied with their ACT II experience. On a scale of 1 to 10, the mean score of participants' satisfaction was 9.0. Survey respondents also overwhelmingly said they planned to continue or expand their future participation in AIDS-related fundraising activities: almost 80% said they planned to participate in a future AIDS ride, almost 95% said they would recommend that others participate in a future ACT, and almost 50% said they planned to get more involved with an AIDS organization in the future. Finally, respondents' estimates of how many people they met on the ride were about as expected.

People who were more liberal were more likely to be satisfied with ACT II, and people with prior participation (whether in terms of ACT I or in terms of prior AIDS fundraising experience) were more likely to say they would participate in the future. This confirms the findings by others that past participation is a good predictor of future intention to participate in volunteer activities. Finally, people who participated in ACT I, who had previous long distance cycling experience, people who have a closer social distance to HIV/AIDS, and white collar workers all thought they would stay in touch with more people in the future than all others.

The six questions to which respondents could write as much or as little as they want also show how satisfied participants were with their experiences on ACT II. A lot of respondents emphasized how wonderful ACT II was for them, how it changed their life, or how satisfied they were with the experience. In addition, when writing about "the worst thing" about ACT II, there were very few complaints about the general principles or execution of the ride; most answers had to do with very specific logistical problems or discomforts. The relative lack of harsh critiques is notable. "The best things" about ACT II were considered to be community, the people, and the ways that people treated each other on the ride. The most important things accomplished by ACT II were judged overwhelming to be the money raised for AIDS Network and the awareness raised about HIV/AIDS.

It is important to note that the survey results probably overstate how satisfied *all* ACT II participants were with ACT II, since the people who were most satisfied were also more likely to respond to the survey. Nevertheless, it is safe to conclude that ACT II participants were, on the whole, extremely satisfied with their experiences in ACT II.

Description

Survey respondents were overall very happy and enthusiastic in their post-ride evaluation of ACT II. On a scale of 1 to 10, with 10 being most satisfied, the mean score of how satisfied the survey respondents were with ACT II was 9.0. All except six respondents rated their happiness at 8 or above, and 47% of respondents rated it a perfect 10.

Additionally, the respondents showed a high degree of willingness to participate in or promote the event in the future. Fully 78.8% of respondents said they planned to participate in other AIDS rides in the future, while only 3.5% said they did not. Similarly, 94.1% of respondents

said they would recommend to a friend or relative that they participate in a future ACT, while only one person (1.2%) said they would not. Finally, in response to the question, "Do you plan to get more involved with AIDS Network or some other AIDS organization in the future," 47.1% answered affirmatively, and 41.2% said "maybe." This finding is congruent with other research (Penner and Finkelstein 1998; Lee, Piliavin et al. 1999; Grube and Piliavin 2000) that shows that past participation is a significant predictor of intention to participate in the future.

On the whole, therefore, the survey respondents were very satisfied with ACT II. It should be noted that there is likely a self-selection bias—people who had more positive experiences on the ride were probably more likely to fill out the post-ride survey. However, it would also be a mistake to assume that everyone who did not respond was less enthusiastic; many non-respondents also would have given positive answers to these questions, too. Therefore, while the numbers are not exact, there is no reason to suspect that the "true" numbers would offer a drastically different image of the ride.

Lastly, respondents were asked "How many people that you met on ACT II do you think you will stay in touch with in 6 months? In 1 year? In 3 years?" Predictably, most respondents thought that as time progressed, they would stay in touch with a progressively smaller number of people. Thus, the percentage answering "none" increased steadily from 7.3% (6 months) to 13.4% to 16.3% (3 years). Conversely, the percentage answering "5 or more" decreased from 45.1% (6 months) to 41.5% to 32.5% (3 years).

Analysis

Satisfaction—People who are more liberal were more likely to be satisfied with their ACT II experience (b=0.29, t=1.74*), and women rated their satisfaction 0.38 points higher than men (t=-1.45 ns). (R^2=0.08)

Plan to participate in future rides--People who crewed in ACT I were more likely to say they would participate in a future AIDS ride (b=0.26, t=4.09****). In general, people who participated in ACT I were more likely to say they would participate in a future ride, and people who had gone on a long-distance, overnight bike ride before ACT II were more likely to say they would participate in a future ride. However, these two factors were not statistically significant when all these variables were considered together. (R^2=0.09)

Recommend to friend/relative to participate--People who had some "other" occupation were less likely than students, white collar workers, or blue collar/service workers to recommend to others that they participate in a future ACT (b=-0.34, t=-2.07**). (R^2=0.18)

Get more involved in AIDS org. in future—People who know more people with HIV were more likely to say they would get more involved with an AIDS organization in the future (b=0.12, t=2.57**), as were people with prior fundraising experience (b=0.23, t=1.46 ns). (R^2=0.14)

People will you stay in touch with—Three items asked how many people you met on the ride do you think you will stay in touch with in 6 months, in 1 year, and in 3 years.

After 6 months, people with previous biking experience (b=0.49, t=2.24**), people who have a closer social distance to people with HIV/AIDS (b=0.17, t=2.32**), and white collar workers (b=0.63, t=2.25**) thought they would stay in touch with more people than other participants. People who participated in ACT I, people who were not students, and people with more education also thought they would stay in touch with more people than others, but these variables were not statistically significant when evaluated together. (R^2=0.27)

After 1 year, people who participated in ACT I (b=0.62, t=2.93***), people who have a closer social distance to people with HIV/AIDS (b=0.14, t=2.02**), and white collar workers (b=0.47, t=2.06**) thought they would stay in touch with more people than other participants. People who crewed in ACT I, people with prior overnight cycling experience, people who are not students, and older people also thought they would stay in touch with more people, but these variables were not statistically significant when evaluated together. (R^2=0.30)

Finally, after 3 years, people who participated in ACT I (b=0.59, t=2.64**), people who know more people who have died from AIDS (b=0.16, t=2.09**), and white collar workers (b=0.50 t=2.24**) thought they would stay in touch with more people than other participants. People who crewed in ACT I, people with long distance cycling experience, people who know more people with HIV, and people who were not students also thought they would stay in touch with more people, but these variables were not statistically significant when evaluated together. (R^2=0.20)

Open-Ended Response

1. Based on your experience, what was the best thing about participating in ACT II?
By far, the most commonly mentioned things that participants liked best about ACT II can be described as "community" (written by 33 respondents), "people" (26 respondents), and "social relations" (23 respondents). Other things, like the ride itself (8 respondents) and a feeling of accomplishment (14 respondents), were written by a lot of participants, but not as frequently. Therefore, I think it is worth focusing on the first three. I use "social relations" to refer to the ways that people treated each other on the ride, the spirit of helping and compassion, etc. I would argue that a distinct form of social relations—in this case, a culture of caring—and an identifiable group of people are two integral elements in what riders are calling "community." Another critical element of "community" is a common task or experience, and in this case, ACT II represents this. One respondent's answer to this question illustrates these connections quite clearly:

> The community established in our own little 'world of kindness.' The people I was able to meet and spend time with… the numerous acts of kindness I witnessed and was able to participate in. The overwhelming beauty of being part of a group of people out there to change the world and make a difference.

The word "camaraderie" appeared several times in this context, and that word suggests similar social relations. Thus, the things that people liked best about participating in ACT II had to do with the people who participated and the ways that people treated each other.

2. Based on your experience, what was the worst thing about participating in ACT II?
Most of the things respondents wrote as answers to this question were very specific complaints, having to do with the perhaps inevitable difficulties that organizers face in putting on a ride such as this. Thus, a few people complained about the food or the showers or particular decisions that organizers made (like how to deal with the rain). Several people complained that directions were sometimes difficult to understand or that there was not enough time in the pit stops for them. These types of complaints made up the majority of the things that participants wrote, which organizers should take as a compliment; indeed, many of these comments seem to be not meant as complaints, but simply "the worst thing" about the ride. That food or directions is all that people could come up with as "the worst thing" about the ride is testament to how satisfied people were with the ride.

Other things that were mentioned frequently in response to this question were the protestors (11 respondents), physical pain due to riding (11 respondents), and difficulties in socializing with other participants (7 respondents). Finally, it is worth noting that 7 respondents actually wrote "nothing," and 9 respondents wrote that the fact that the ride ended was the worst part about the ride. Again, this is a testament to how satisfied people were overall with their experience on ACT II.

3. What do you think is the most important thing that ACT II accomplished?
The most commonly mentioned thing accomplished by ACT II, written by 52 respondents, was the money raised for AIDS Network. The second most commonly mentioned thing was the awareness that was raised about HIV/AIDS among participants and in the communities ACT II passed through; 33 people wrote this. After these two things, building/creating community was mentioned by 13 people, and 10 people wrote something having to do with empowering participants or the sense of empowerment created by ACT II. The fact that a large number of people mentioned two or more of these four things shows that participants saw multiple significant benefits of participating in ACT II. Also, many of the responses show that people were aware of not only the personal benefits of participating, but that they were also well aware of the broader social benefits and even direct benefits to others that participating in ACT II brought about. In other words, people acting either self-interestedly or altruistically would see benefits from participating in ACT II.

4. How serious of a problem do you think HIV/AIDS is, compared to other social problems, such as racism, the environment, or the war in Iraq?
In general, people judged all these problems to be very serious, and most people were reluctant to make any comparisons among the problems. People's responses varied slightly, but most people seemed to realize that the problems are relative and that judging what problems are more or less important would be difficult to do.

5. What suggestions would you make for how to improve future ACTs?
Suggestions for improving the ride ranged from minute logistical details, like providing more fans for the gyms and suggestions for how to make directions better, to large-scale changes, like publicizing the route more so that more people in the communities they ride though know about the ride and to increase the amount of educational activities for participants. People disagreed over the appropriate length of the ride (4 vs. 6 or more days), and a lot of people thought that there was very little that should be improved and that the steering committee did a wonderful

job. Since such a wide range of suggestions were offered, I refer you to that list, rather than discuss them here.

6. Do you have any other comments about your experience with ACT II or about HIV/AIDS?
People wrote a wide variety of things in response to this question (including some comments from people who expressed some displeasure about aspects of the ride, but most striking were the large number of comments expressing how wonderful they thought ACT II had been. People described it as “amazing,” “wonderful,” “awesome,” “a life changing experience,” “a beautiful, beautiful thing,” “one of the most rewarding experiences of my life.” These comments are further evidence of how satisfied with ACT II the participants were.

IX. Appendix A

Research Subject Information and Consent Form

Title of Study: The Experience of Participants on the ACT II AIDS Bike Ride

Study Investigator: Peter Brinson

You are invited to participate in a research study about the opinions and beliefs of participants on the ACT II AIDS bike ride. I am also a participant in this bike ride, and this study is being carried out as a master's thesis in the department of sociology at the University of Wisconsin-Madison.

The purpose of this study is to examine the ways in which individual participants are affected by choosing to participate in athletic events like ACT II that serve as fundraisers for organizations such as AIDS Network. The survey is designed to measure your knowledge and opinions about issues relevant to HIV/AIDS.

All participants in ACT II are being asked to participate. Your participation is voluntary. It will entail the completion of two surveys about your opinions and your experiences regarding this event. Each survey should take only 15-30 minutes. You may choose not to participate simply by not completing the surveys. Additionally, you may skip any questions on the surveys that you do not wish to answer. If you do decide to participate, you may change your mind at any time.

The results of the study are intended for publication, and will thus be shared with others. By participating, the only risk you entail—being identified as having a particular opinion or experience regarding AIDS and the ACT II event—will be minimized by keeping all names and survey responses strictly confidential. The individual survey responses will not be shown to anyone, not even to AIDS Network. These consent forms will be stored separately from the completed surveys; both will be stored separately in locked cabinets in a private location. In the write-up and presentation of the results of this study, all names and any information that would allow someone to identify you will not be used.

Though you will receive no direct benefit, this study is intended to benefit society by helping us learn more about people's opinions and attitudes about HIV/AIDS and what effects events like ACT II have on these opinions.

In light of the potential benefits of such a survey, I encourage you to participate in this study and sign and return this letter.

If you have questions about this study, please contact the study investigator,

Peter Brinson	(608) 256-1702	pbrinson@ssc.wisc.edu, or
Pamela Oliver	(608) 262-6829	oliver@ssc.wisc.edu

(continued on reverse side)

If you have questions about your rights as a research subject you should contact the Social and Behavioral Science IRB at 263-2320.

Authorization to participate in the research study, entitled "The Experience of Particpants on the ACT II AIDS Bike Ride":

I have read the information in this consent form, understand the risks and benefits, and I voluntarily agree to participate in this study.

_____ _____

Name **Date**

Appendix B

ACT II Opinion Survey

The purpose of this survey is to measure the knowledge and opinions of participants in ACT II about issues relating to HIV and AIDS.

Instructions: Please mark clearly your response to each item on this survey. **There are items on both the front and the back of the pages**. You may use either pen or pencil. It should take approximately 15-30 minutes to complete the survey. You may skip any item that you do not wish to answer, though you are encouraged to answer every question to the best of your ability.

Mail completed surveys to:
AIDS Network
Attn: Peter Brinson
P.O. Box 731
Madison, WI 53701

If you have questions about this study, please contact the study investigator,
Peter Brinson (608) 256-1702 pbrinson@ssc.wisc.edu, or
Pamela Oliver (608) 262-6829 oliver@ssc.wisc.edu

Many of the items on this survey are (adapted) from Rhodes and Wolitski (1988), Herek and Glunt (1991), Ornstein (1992), Omoto and Snyder (1995), Clary, Snyder, et al. (1998), and Herek ("AIDS and Stigma Survey Items (1999)")

On the following questions, please circle"True" or "False"

There is no known cure for AIDS	True	False
The official difference between a diagnosis of "HIV positive" and a diagnosis of "AIDS" is your viral load or the number of T-cells in your blood	True	False
A person who has HIV can pass it on to someone else, even though the infected person has no signs or symptoms of illness	True	False
Discrimination against people with HIV/AIDS in housing and employment opportunities is illegal in the U.S.	True	False

In your opinion, please rate the likelihood of getting HIV through the following activities. Circle the corresponding number.

1= Impossible 2=Not likely 3=Likely 4=Absolutely certain

	Impossible			Certain
Kissing someone who has HIV	1	2	3	4
Performing unprotected oral sex on a male who has HIV	1	2	3	4
Performing unprotected oral sex on a female who has HIV	1	2	3	4
A man having unprotected sexual intercourse with a woman who has HIV	1	2	3	4
A woman having unprotected sexual intercourse with a man who has HIV	1	2	3	4
A man having unprotected sexual intercourse with a man who has HIV	1	2	3	4
When using drugs, sharing needles with someone who has HIV	1	2	3	4
Donating blood	1	2	3	4
Getting a blood transfusion	1	2	3	4
Being bitten by a mosquito that has previously bitten someone with HIV	1	2	3	4
Getting a tattoo with sterilized needles	1	2	3	4
Getting a body piercing with a new needle	1	2	3	4

In your opinion, how effective are the following methods for preventing the spread of HIV? Circle the corresponding number.

1 = Very ineffective 2 = Somewhat ineffective 3 = Somewhat effective 4 = Very effective

	Very ineffective			Very effective
Entering into a monogamous sexual relationship (i.e. only having sex with one person)	1	2	3	4
Using condoms properly during sex	1	2	3	4
Using dental dams properly during sex	1	2	3	4
Making sure you know the sexual histories, including number of partners and medical history, of sex partners	1	2	3	4
Refraining from sharing or re-using drug needles	1	2	3	4
Educating others about the dangers of HIV/AIDS	1	2	3	4
Increasing government funding for medical research on HIV/AIDS	1	2	3	4
Increasing the amount of safe sex education in schools	1	2	3	4
Promoting needle exchange programs	1	2	3	4
Increasing funding for AIDS service providers	1	2	3	4
Requiring that everyone be tested for HIV	1	2	3	4

How effective do you think the following things are at slowing the progression of HIV?

1 = Very ineffective 2 = Somewhat ineffective 3 = Somewhat effective 4 = Very effective

	Very ineffective			Very effective
Antiretroviral drugs or "cocktails" designed to combat HIV	1	2	3	4
Keeping a positive mental outlook	1	2	3	4
Getting regular physical exercise	1	2	3	4
Refraining from use of illegal drugs or alcohol	1	2	3	4
Taking dietary and herbal supplements	1	2	3	4
Taking care to minimize the risk of contracting other STDs	1	2	3	4

Circle the phrase that best completes the sentence:

In the U.S. in recent years, the number of new HIV infections each year has _____	Been increasing	Stayed about the same	Been decreasing

For each of the following comparisons, which of the following people do you believe is statistically **more** likely to already be infected with HIV/AIDS? Circle your answer.

Gay (homosexual) man	Straight (heterosexual) man	Equal
Lesbian (homosexual) woman	Straight (heterosexual) woman	Equal
Straight (heterosexual) man	Lesbian (homosexual) woman	Equal
Straight (heterosexual) man	Straight (heterosexual) woman	Equal
White person	Black person	Equal
White (non-Latino) person	Latino person	Equal
Latino person	Black person	Equal
White person	Asian American person	Equal
Black person	Asian American person	Equal
Latino person	Asian American person	Equal

How important are each of the following reasons for why you decided to participate in ACT II? Please circle your answer.

1 = not at all important 4 = neither unimportant nor important 7 = extremely important

	Unimportant ←----------→ Important						
To feel better about myself.	1	2	3	4	5	6	7
To meet new people and make new friends.	1	2	3	4	5	6	7
To help people with HIV/AIDS.	1	2	3	4	5	6	7
Because of my personal values, convictions, and beliefs.	1	2	3	4	5	6	7
Because I love riding my bike.	1	2	3	4	5	6	7
To escape other pressures and stress in my life (e.g., from work, from home).	1	2	3	4	5	6	7
To gain a new perspective on things.	1	2	3	4	5	6	7
I feel compassion towards people with HIV/AIDS.	1	2	3	4	5	6	7
To help members of the gay community.	1	2	3	4	5	6	7
To challenge myself and test my skills.	1	2	3	4	5	6	7
To understand HIV/AIDS and how it affects people with HIV/AIDS.	1	2	3	4	5	6	7
To feel less lonely.	1	2	3	4	5	6	7
By participating, I can do something for a cause that is important to me.	1	2	3	4	5	6	7
People I know share an interest in volunteering and community service.	1	2	3	4	5	6	7

Continued, next page

1 = not at all important 4 = neither unimportant nor important 7 = extremely important

	Unimportant ←----------→ Important						
Because of my concern about the gay community.	1	2	3	4	5	6	7
By participating, I can make new contacts that might help my career.	1	2	3	4	5	6	7
Participating relieves me of some of the guilt over being more fortunate than others.	1	2	3	4	5	6	7
To deal with my personal fears and anxiety about HIV/AIDS.	1	2	3	4	5	6	7
I know other friends or family members who are participating.	1	2	3	4	5	6	7

How much would you oppose or support the following? Please circle your answer.

SO = Strongly Oppose O = Oppose N.O. = No opinion S = Support SS = Strongly Support

Government funding of needle exchange programs	SO	O	N.O.	S	SS
Mandatory sex education in public schools	SO	O	N.O.	S	SS
Giving condoms away for free	SO	O	N.O.	S	SS
Requiring by law that women who are pregnant be tested for HIV in order to protect the health of their unborn baby	SO	O	N.O.	S	SS
Free family planning services for anyone who wants them	SO	O	N.O.	S	SS
Requiring by law that people with HIV/AIDS identify all their sex partners so that they can be traced and warned that they might have been exposed to HIV	SO	O	N.O.	S	SS
More government funding for HIV/AIDS prevention, even if it means raising taxes	SO	O	N.O.	S	SS
More government funding for HIV/AIDS treatment, even if it means raising taxes	SO	O	N.O.	S	SS
More government funding for medical research on HIV/AIDS, even if it means raising taxes	SO	O	N.O.	S	SS
Requiring by law that pharmaceutical companies provide low-cost, generic HIV treatment drugs in addition to name-brand drugs	SO	O	N.O.	S	SS
Establishing a group home in your neighborhood where people with AIDS could live and get good care	SO	O	N.O.	S	SS
Requiring by law that people with HIV/AIDS tell their landlords about it when renting a house or apartment	SO	O	N.O.	S	SS
Allowing a life insurance company to be able to require that people taking out life insurance have a test to show they don't carry HIV	SO	O	N.O.	S	SS
Requiring by law that people with HIV/AIDS tell their employers about it	SO	O	N.O.	S	SS

Please circle the answer that best corresponds to your opinion regarding each statement.

SD = Strongly Disagree D = Disagree N.O. = No Opinion A = Agree SA = Strongly Agree

HIV/AIDS is one of the most serious problems in the U.S.	SD	D	N.O.	A	SA
HIV/AIDS is one of the most serious problems in Wisconsin	SD	D	N.O.	A	SA
The US government is doing enough to prevent discrimination against people with HIV/AIDS	SD	D	N.O.	A	SA
Our country needs civil rights laws to protect people with HIV/AIDS from discrimination	SD	D	N.O.	A	SA
People with HIV/AIDS are a serious risk to the rest of society	SD	D	N.O.	A	SA
I am not worried about getting HIV	SD	D	N.O.	A	SA
I would like to learn more about HIV/AIDS	SD	D	N.O.	A	SA
In my opinion, there is no such thing as “safe” or “safer” sex so far as HIV is concerned	SD	D	N.O.	A	SA
Most people are trying to protect themselves against HIV these days	SD	D	N.O.	A	SA
AIDS is a serious affliction, but I can think of others that would be even worse to have	SD	D	N.O.	A	SA
You are at serious risk of contracting HIV, even if you are married	SD	D	N.O.	A	SA
I feel helpless against a disease like AIDS	SD	D	N.O.	A	SA

Continued, next page.

SD = Strongly Disagree D = Disagree N.O. = No Opinion A = Agree SA = Strongly Agree

The stigmatization of people with HIV/AIDS is a serious problem	SD	D	N.O.	A	SA
HIV/AIDS treatment should be left up to individuals and families	SD	D	N.O.	A	SA
HIV/AIDS prevention should be left up to individuals and families	SD	D	N.O.	A	SA
The preventive measures that exist now give good protection against HIV infection	SD	D	N.O.	A	SA
AIDS has caused a lot of people to think more seriously about sex	SD	D	N.O.	A	SA
AIDS is a problem that can be solved	SD	D	N.O.	A	SA
The government should play an active role in prevention and treatment of HIV/AIDS	SD	D	N.O.	A	SA
Most people with AIDS are responsible for having their illness	SD	D	N.O.	A	SA
There is really very little a person can do to keep from getting AIDS	SD	D	N.O.	A	SA
Parents should not have to send their children to a school where another child with AIDS is enrolled	SD	D	N.O.	A	SA
Organizations that provide service and support to people with AIDS are not very important in the fight against HIV/AIDS	SD	D	N.O.	A	SA
We should try to eradicate HIV/AIDS, no matter what it costs	SD	D	N.O.	A	SA

Background

How are you participating in ACT II this year? Circle all that apply.	☐ Riding ☐ Crew ☐ Steering Committee
Did you ride in ACT I?	☐ Yes ☐ No
Did you crew in ACT I?	☐ Yes ☐ No
How did you hear about ACT II?	_____
Have you ever done a long-distance, overnight bike ride before?	☐ Yes ☐ No
Have you done any other AIDS fundraising activities (**not** including ACT I)?	☐ Yes ☐ No
How many people do you know who have HIV/AIDS? If more than 0, what is the closest relation he/she has to you (e.g. friend, family, etc.)?	☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7 or more _____
How many people do you know who died because they had AIDS? If more than 0, what is the closest relation he/she has to you?	☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7 or more _____
Do you have any friends or relatives on this ride (either riding or on crew) that you knew prior to signing up for ACT II?	☐ Yes ☐ No
Have you ever been tested for HIV? If so, about how long ago?	☐ Yes ☐ No _____
Political beliefs	☐ Very liberal ☐ Liberal ☐ Moderate ☐ Conservative ☐ Very conservative
Religion	_____
Occupation	_____

Education	□Some school □GED or high school equivalency degree □High school degree □Trade or vocational school □Some college □Associate (2 year) degree □College (4 year) degree □Some graduate or professional school □Graduate or professional degree
Gender	□Female □Male □Transgender
Sexual Orientation	□Heterosexual □Gay/Lesbian □Bisexual
Race/ethnicity	□White (non-Hispanic) □Black/African-American □Hispanic/Latino(a) □Asian-American □American Indian □Other (Please specify) _____
Age	_____

Appendix C

ACT II Follow-up Survey

Thank you to everyone who filled out and returned my initial survey regarding the knowledge and opinions about issues relating to HIV and AIDS. And thank you to everyone for allowing me to conduct my study on the ride; your participation will contribute to a more thorough sociological understanding of events like ACT II.

The following survey is the final element of my study of ACT II. The survey is designed to measure your opinions about ACT II and HIV/AIDS as a person who recently rode or volunteered in ACT II. This survey is a crucial element to my study. If you filled out the first survey, I invite you to fill this one out, too. If you did not fill out the first survey, I invite you to complete this one instead. In either case, your response to this survey is extremely important.

Instructions: Please mark clearly your response to each item on this survey. **There are items on both the front and the back of the pages**. You may use either pen or pencil. It should take approximately 15-30 minutes to complete the survey. You may skip any item that you do not wish to answer, though you are encouraged to answer every question to the best of your ability.

Mail completed surveys to:
AIDS Network
Attn: Peter Brinson
P.O. Box 731
Madison, WI 53701

If you have questions about this study, please contact the study investigator,
Peter Brinson (608) 886-6951 pbrinson@ssc.wisc.edu, or
Pamela Oliver (608) 262-6829 oliver@ssc.wisc.edu

Many of the items on this survey are (adapted) from Rhodes and Wolitski (1988), Herek and Glunt (1991), Ornstein (1992), Omoto and Snyder (1995), Clary, Snyder, et al. (1998), and Herek ("AIDS and Stigma Survey Items (1999)")

Page 2 was the same as Page 3 of the first survey.

Page 3 was the same as Page 4 of the first survey, except for the last question.

Pages 4-6 were the same as Pages 8-10 on the first survey.

The last two pages, below, did not appear on the first survey.

Please circle your answer.

On a scale of 1 to 10, how happy are you with ACT II (1= least satisfied; 10= most satisfied)?	1 2 3 4 5 6 7 8 9 10
Do you plan to participate in other AIDS rides in the future?	Yes No Maybe
Would you recommend to a close friend or relative that they participate in a future ACT?	Yes No Maybe
Do you plan to get more involved with AIDS Network or some other AIDS organization in the future?	Yes No Maybe
How many people that you met on ACT II do you think you will stay in touch with in 6 months?	None 1-2 3-4 5 or more
In 1 year?	None 1-2 3-4 5 or more
In 3 years?	None 1-2 3-4 5 or more

Open-ended Response—The following questions are designed to be answered in whatever way you wish. I am interested in your thoughts and opinions about ACT II and about issues surrounding HIV/AIDS. Write as much or as little as you would like, and feel free to attach additional pages if you run out of room.

Based on your experience, what was the best thing about participating in ACT II?

Based on your experience, what was the worst thing about participating in ACT II?

What do you think is the most important thing that ACT II accomplished?

How serious of a problem do you think HIV/AIDS is, compared to other social problems, such as racism, the environment, or the war in Iraq?

What suggestions would you make for how to improve future ACTs?

Do you have any other comments about your experience with ACT II or about HIV/AIDS?

X. Bibliography

The following articles were instructive in helping me construct the surveys and are relevant to AIDS volunteerism.

Clary, E. G., M. Snyder, et al. (1998). "Understanding and Assessing the Motivations of Volunteers: A Functional Approach." Journal of Personality and Social Psychology **74**(6): 1516-1530.

Davis, M. H., J. A. Hall, et al. (2003). "The First Year: Influences on the Satisfaction, Involvement, and Persistence of New Community Volunteers." Personality and Social Psychology Bulletin **29**(2): 248-260.

Gillett, J., R. Cain, et al. (2002). "Moving beyond the Biomedical: The Use of Physical Activity to Negotiate Illness." Sociology of Sport Journal **19**(4): 370-384.

Grube, J. A. and J. A. Piliavin (2000). "Role Identity, Organizational Experiences, and Volunteer Performance." Personality and Social Psychology Bulletin **26**(9): 1108-1119.

Harris, J. C. (1998). "Civil Society, Physical Activity, and the Involvement of Sport Sociologists in the Preparation of Physical Activity Professionals." Sociology of Sport Journal **15**(2): 138-153.

Herek, G.M. (1999). "AIDS and Stigma:1999 Survey Items." Unpublished paper, University of California-Davis.

Herek, G. M. and E. K. Glunt (1991). "AIDS-Related Attitudes in the United States: A Preliminary Conceptualization." Journal of Sex Research **28**(1): 99-123.

Klawiter, M. (1999). "Racing for the Cure, Walking Women, and Toxic Touring: Mapping Cultures of Action within the Bay Area Terrain of Breast Cancer." Social Problems **46**(1): 104-126.

Lee, L., J. A. Piliavin, et al. (1999). "Giving Time, Money, and Blood: Similarities and Differences." Social Psychology Quarterly **62**(3): 276-290.

Omoto, A. M. and M. Snyder (1995). "Sustained Helping Without Obligation: Motivation, Longevity of Service, and Perceived Attitude Change Among AIDS Volunteers." Journal of Personality and Social Psychology **68**(4): 671-686.

Omoto, A. M. and M. Snyder (2002). "Considerations of Community: The Context and Process of Volunteerism." American Behavioral Scientist **45**(5): 846-867.

Ornstein, M. (1992). "Aspects of the Political and Personal Sociology of AIDS: Knowledge, Policy Attitudes and Risk." The Canadian Review of Sociology and Anthropology **29**(3): 243-265.

Penner, L. A. and M. A. Finkelstein (1998). "Dispositional and Structural Determinants of Volunteerism." Journal of Personality and Social Psychology **74**(2): 525-537.

Seale, C. (2001). "Sporting Cancer: Struggle Language in News Reports of People with Cancer." Sociology of Health and Illness **23**(3): 308-329.

Simon, B., S. Sturmer, et al. (2000). "Helping Individuals or Group Members? The Role of Individual and Collective Identification in AIDS Volunteerism." Personality and Social Psychology Bulletin **26**(4): 497-506.

Stewart, E. and R. S. Weinstein (1997). "Volunteer Participation in Context: Motivations and Political Efficacy within Three AIDS Organizations." American Journal of Community Psychology **25**(6): 809-837.