

The poster features a background image of several hands of different skin tones stacked together in a supportive gesture. The text is overlaid on this image.

SAVE THE DATE

YMSM Summit

Thursday, May 1, 2008
8:00 AM to 2:00 PM

Club 2020
2020 Leeland Street
Houston, TX 77003

To increase knowledge of the HIV/STD epidemic among young men who have sex with men and to stimulate institutional and community mobilization.

Logos at the bottom of the poster include:
- Harris County Hospital District HCPHES Public Health & Environmental Services
- HOUSTON AREA HACS COMMUNITY SERVICES
- Houston Department of Health and Human Services (with a family icon)
- THE RESOURCE GROUP (with a red and black ribbon icon)
- TEXAS Department of State Health Services (with a star icon)
- ST. HOPE FOUNDATION (with a tree icon)

Program Evaluation Report

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On behalf of
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Bureau of HIV/STD and Viral Hepatitis Prevention
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YMSM SUMMIT BREAKOUT SESSION REPORT

I. INTRODUCTION

Young Men who Have Sex with Men (YMSM) Summit Epidemiological Profile

Men who have sex with men (MSM) account for 71% of HIV infections among adult men and adolescents in the United States who identify themselves as MSM (CDC, 2007). The numbers of HIV diagnoses have increased to nearly 12% among young men who have sex with men (CDC, 2007). Significant racial/ethnic disparities in HIV diagnosis exist within the MSM population. While White MSM have an HIV prevalence of 21%, Black MSM experience an HIV prevalence of 46%, which is more than twice the prevalence that exists among white MSM (CDC 2007). Not only do MSM have increased rates of HIV prevalence, but MSM also experience increased rates of syphilis. In 2006, 64% of primary and secondary syphilis cases were reported among MSM (CDC, 2007).

In Texas (2002-2006), 60,571 people per 100,000 were reported as being HIV positive (Texas DSHS, 2006). Of these, 50.7% were reported to be MSM. In a comparison of this data according to ethnicity, Black men had the highest incidence of HIV compared to White and Hispanic MSM (Texas DSHS, 2006).

In 2003, the HIV infection rate was 14 per 100,000 for both HIV and AIDS. Half of new HIV diagnoses were among Black, non-Hispanics, compared to 51% of AIDS diagnoses. Twenty-seven percent (27%) of HIV diagnoses were among White, non-Hispanics, compared to 26% for AIDS diagnoses. Blacks had the highest rate of new HIV and new AIDS infections (40/100,000 for both HIV and AIDS). This is four times greater than that of Hispanics (10/100,000) and five times that of Whites (8/100,000) (Sanchez, 2005; Texas DSHS, 2005).

An analysis of the number of persons with HIV/AIDS by areas in Texas revealed that Houston led with approximately 32.1% (Texas DSHS, 2006). In the Houston HSDA, the most frequent mode of HIV transmission is male to male sex, with one-third of people living with HIV reporting this as their mode of infection and nearly 47% of those with AIDS identifying it as the method by which they were infected (Sanchez, 2005; Texas DSHS, 2005).

Harris County is the epicenter of the epidemic, with 92% of newly diagnosed HIV and AIDS cases in 2003. Significantly, it was home to the highest proportion of new HIV and AIDS infections during 2003. Among all newly diagnosed HIV infections in the Houston HSDA, 552 (91%) were in Harris County, compared to 20 (3%) in Montgomery County, 17 (3%) in Fort Bend County, and 8 (1%) in Liberty County. Five hundred forty-six (546, 92%) new AIDS cases were in Harris County, compared to 18 (3%) in Fort Bend County, and 17 (3%) in Montgomery County (Sanchez, 2005; Texas DSHS, 2005). Additionally, Harris County is home to nearly 95% of people living with both HIV and AIDS. Fort Bend County has over 350 residents with HIV or AIDS, and Montgomery County has 264. Most other counties

have less than 50 people living with HIV or AIDS (Sanchez, 2005; Texas DSHS, 2005).

YMSM Summit Background

HIV-prevention outreach educational efforts are necessary to curb the increased HIV and syphilis epidemics experienced by YMSM, especially in the Houston area. The Texas Department of State Health Services (DSHS) and the Houston Department of State Health Services (HDHHS), in collaboration with the Harris County Hospital District, Harris County Public Health and Environmental Services (HCPHES), Houston Area Community Services (HACS), AIDS Resource Group, and St. Hope Foundation, aimed to address this pertinent community health issue through the implementation of the YMSM Summit, an HIV-/STD-prevention action summit. The YMSM Summit was held at the local nightlife hotspot Club 2020 during the Black Pride Celebratory Weekend "Splash". The program goals, educational and participatory activities, and evaluation procedures are illustrated in the YMSM Summit program implementation and evaluation logic model described below.

YMSM Summit Goal:

To increase knowledge of the HIV/STD epidemic among YMSM and to stimulate institutional and community mobilization.

YMSM Summit Purpose I:

- ❖ To convene local agencies, businesses, organizations, and community members who interact YMSM in order to reduce HIV- and STD-transmission rates among YMSM at the agency or provider level.

YMSM Summit Purpose II:

- ❖ To increase knowledge of the HIV and STD epidemic affecting this population among local agencies, businesses, organizations, and community members who interact with YMSM.

YMSM Summit Purpose III:

- ❖ To stimulate action and garner commitment from attendees to begin or continue addressing this issue at the agency or provider level in a manner feasible to them.

YMSM Summit Purpose IV:

- ❖ To gather input on how community organizations strengthen prevention, intervention, and linkage to care efforts with YMSM, as well as to develop and offer capacity building for attendees to address these issues at their own agencies, businesses, or organizations.

YMSM Structural Inputs

- ◆ Host Facility: Club 2020.
- ◆ Program Staff Resources:
 - Planning committee.

- Didactic presentation speakers.
- Professional scholars.
- Group discussion facilitators.
- ◆ Catered Breakfast and Luncheon.
- ◆ Group Discussion Materials:
 - Critical objective question and discussion guide.
 - Flip chart, markers, name tags.

YMSM Educational Inputs and Activities

- ◆ HIV/STD among YMSM Literature Package.
 - Didactic presentations.
 - HIV/STD fact sheets.
 - Participant contact list.
- ◆ Breakout Sessions Discussion Groups.
- ◆ Report from Breakout Sessions.
- ◆ Open Plenary Discussion.
- ◆ YMSM Summit Evaluation Tool.

HIV/STD among YMSM Literature Package

Each participant received a YMSM Summit folder that contained copies of the didactic PowerPoint presentations, up-to date fact sheets, and peer-review research articles on the impact of HIV/STD among YMSM. The fact sheets and peer review research articles include the following items.

Summit Didactic Presentations:

- ◆ Introduction, Wrap-up and Closing Remarks.
 - Dr. Mark Colomb.
 - My Brother's Keeper.
- ◆ Epidemiological Overview.
 - Karen Chonsister, Ph.D.
 - Houston Department of Health and Human Services (HDHHS).
- ◆ Social Landscape of YMSM.
 - F. Sonny Ballard.
 - Houston Department of Health and Human Services (HDHHS).
- ◆ Overview of Local YMSM Initiatives.
 - YMSM Program (HACS).
 - SPNS Demonstration Project (HCPHES, HCHD, HDHHS).
 - Fusion (St. Hope Foundation).
 - W. Jeffery Campbell.
 - St. Hope Foundation.

HIV/STD Factsheets and Peer Review Literature Articles:

- ◆ HIV/AIDS among Youth.
 - Center for Disease Control and Prevention (CDC) fact sheet, June 2006.
- ◆ HIV/AIDS among MSM.

- Center for Disease Control and Prevention (CDC) fact sheet, June 2007.
- ◆ Syphilis and MSM.
 - Center for Disease Control and Prevention (CDC) fact sheet, December 2007.
- ◆ Four Peer-Review Research Articles (see appendix for full reference information):
 - Vulnerability, Human Rights, Comprehensive Health Care Needs of Young People Living with HIV/AIDS.
 - Circumcision Status and HIV Infection among Blacks and Latino Men Who Have Sex with Men in 3 U.S. Cities.
 - Greater Risk for HIV Infection of Black Men Who Have Sex with Men: A Critical Literature Review.
 - Recruiting Minority Men Who Have Sex with Men for HIV Research: Results from a 4-city Campaign.

YMSM Summit Breakout Discussion Session Format

- ◆ Participants: Approximately 150 representatives from community-based organizations, health-services providers, and local, state, and federal health organizations.
- ◆ Participants assigned to 20 groups composed of five (5) to eight (8) invitees and one (1) facilitator.
- ◆ Participants engaged in two 45-minute group discussions on each of the two (2) critical questions (1 1/2 hours).
- ◆ Each group answered a series of objective questions and recorded their responses manually on flip charts.

II. METHODOLOGY

Summit Breakout Session Data Collection Methodology

- ◆ Breakout Discussion Session Data.
 - Manually recorded responses to each of the critical objective questions completed by the 20 groups on flip charts.
- ◆ Report from Breakout Sessions.
 - DVD-recorded discussion, which included a brief verbal summary of 20 groups' responses to each of the two (2) critical breakout questions.

Summit Breakout Session Data Analysis Methodology

Content Analysis

- ◆ Written text from the 20 focus groups was transferred verbatim and coded into categorical thematic units.

Constant Comparison Method

- ◆ Categorically coded texts from the 20 breakout groups were constantly compared for similarities and dissimilarities.

Memo-Writing

- ◆ Formulated and conceptualized themes that emerged from the group discussions.

Data Saturation

- ◆ Repetition of responses and establishment of consistent themes occurred after the analysis of 13 groups' responses.

Triangulation

- ◆ Ensure credibility of findings acquired from data collection.
- ◆ Verify consistency of findings discussed in the didactic presentations.

Triangulation Methodology

- ◆ Triangulation of the qualitative data was performed by analyzing the breakout session group responses in conjunction with the following:
 - a) DVD-recorded open plenary breakout discussion responses.
 - b) Didactic presentations.
 - c) Peer-reviewed articles.

YMSM Summit Summary of Qualitative Data Analysis

Content analysis of the YMSM breakout sessions involved the transcription and coding of verbal and written text verbatim into categorical thematic units. Once the text is transcribed and categorically coded, the constant comparison method is utilized to document similarities and dissimilarities in the text and themes that emerged through content analyses of the breakout discussion sessions. The constant comparison method also captured patterns and prominent themes that emerged from the merging of transcribed YMSM text and dissection of transcribed YMSM text into thematic units. Following the constant comparison of thematic units, several memos are created to summarize the results of the breakout session discussions' categorical thematic units. Finally, the triangulation was performed through the simultaneous analysis of the categorized thematic units, DVD-recorded summary of the breakout discussion, and other sources of data (i.e., didactic presentations and peer-reviewed articles). Table 1 is a logic model depicting the intended outcomes of the meeting.

Table 1. YMSM Summit Program Implementation and Evaluation Logic Model.

YMSM Summit Goals and Objectives	Input Activities	Measures	Expected Impact Outcome
<p><u>YMSM Summit Purpose I:</u></p> <ul style="list-style-type: none"> To convene local agencies, businesses, organizations, and community members who interact with young men who have sex with men (YMSM) to reduce HIV and STD transmission rates among YMSM at the agency or provider level. 	<ul style="list-style-type: none"> Invite community leaders, workers, and representatives from a wide range of local, state, and community-based organizations to participate in an interactive summit addressing the STD/HIV prevention and treatment needs of YMSM. 	<ul style="list-style-type: none"> Breakout session summaries completed by all (20) breakout groups. Self-administered post-program evaluation. 	<ul style="list-style-type: none"> Participation of persons from wide range of local organizations. Networking and collaborative capacity building among a wide range of local organizations.
<p><u>YMSM Summit Purpose II:</u></p> <ul style="list-style-type: none"> To increase knowledge of the HIV and STD epidemic affecting this population among local agencies, businesses, organizations, and community members who interact with YMSM. 	<ul style="list-style-type: none"> Didactic educational presentations that provide epidemiological, social, and cultural information about the STD/HIV epidemic in YMSM sessions. Breakout discussion session. 	<ul style="list-style-type: none"> Breakout session summaries completed by all (20) breakout groups. Self-administered post-program evaluation. 	<ul style="list-style-type: none"> Increased knowledge and awareness of STD/HIV epidemic among YMSM. Increased knowledge of factors associated with YMSM STD/HIV epidemic.
<p><u>YMSM Summit Purpose III:</u></p> <ul style="list-style-type: none"> To stimulate action and garner commitment from attendees to begin or continue addressing this issue at the agency or provider level in a manner feasible to them. 	<ul style="list-style-type: none"> Didactic educational presentations that foster open communication and provide information on local community initiatives. Breakout discussion session about successful outreach and service programs. 	<ul style="list-style-type: none"> Breakout session summaries completed by all (20) breakout groups. Self-administered post-program evaluation. 	<ul style="list-style-type: none"> Increased dialogue between members of various organizations and increased commitment to addressing the HIV/STD epidemic within their organizations.
<p><u>YMSM Summit Purpose IV:</u></p> <ul style="list-style-type: none"> To gather input on how the community organizations strengthen prevention, intervention, and linkage to care efforts with YMSM, as well as to develop and offer capacity building for attendees to address these issues at their own agencies, businesses, or organizations. 	<ul style="list-style-type: none"> Breakout discussion session about successful strategies and service programs 	<ul style="list-style-type: none"> Breakout session summaries completed by all (20) breakout groups. Self-administered post-program evaluation. 	<ul style="list-style-type: none"> Increased awareness of strategies and techniques for addressing STD/HIV epidemic among YMSM. Increased awareness of strategies and techniques to strengthen prevention, intervention, and linkage to care efforts. Increased awareness of successful techniques for improving and sustaining collaborations among various agencies.

III. CRITICAL QUESTION #1, BREAKOUT SESSION OBJECTIVES AND OBJECTIVE QUESTIONS

Critical Question 1:

What causes YMSM to be disproportionately affected by HIV and other STDs?

Breakout Session Objectives

- 1) To identify high-risk behaviors among YMSM.
- 2) To determine the importance and feasibility of addressing high-risk behaviors among YMSM.
- 3) To identify five key factors influencing high-risk behaviors among YMSM.
- 4) To create standard definitions of those five key factors.
- 5) To determine the importance and feasibility of addressing factors influencing high-risk behaviors among YMSM.

Objective Questions

- 1) What are the high-risk behaviors in which YMSM engage?
- 2) Which high-risk behaviors are the most important to address?
- 3) Which high-risk behaviors are the most feasible to address?
- 4) What are the factors influencing these high-risk behaviors among YMSM?
- 5) How would you define each of these factors?
- 6) How do these factors lead to high-risk behaviors among YMSM?
- 7) Of these overall factors, what are the most important to address?
- 8) Of these overall factors, what are the most feasible to address?

YMSM Critical Question #1 Thematic Results

Critical Question 1:

What causes YMSM to be disproportionately affected by HIV and other STDs?

Breakout Session Objective:

- ❖ To identify high-risk behaviors among YMSM.

High-risk behaviors:

- ◆ Unprotected sex (anal, oral and vaginal).
- ◆ Anonymous sex.
- ◆ Multiple partners (serial monogamy).
- ◆ Drugs and alcohol use.
- ◆ Limited HIV/STD testing.

Breakout Session Objective:

- ❖ To determine the importance and feasibility of addressing high-risk behaviors among YMSM.

Important and feasible high-risk behaviors to address:

- ◆ Unprotected sex.
- ◆ Anonymous sex.
- ◆ Drug abuse.

Breakout Session Objective:

- ❖ To identify and define five key factors influencing high-risk behaviors among YMSM.

Factors influencing high-risk behaviors:

- ◆ Attitudes.
- ◆ Psychobiological issues.
- ◆ Knowledge.
- ◆ Culture and norms.
- ◆ Culture and norms (internet).
- ◆ Social and economic factors.

Attitudes:

- ◆ Youth, feelings of invincibility, and defiant attitudes.
- ◆ Low self-esteem.
- ◆ Lack of emotional and psychological development.
- ◆ Mental illness.
- ◆ Internalized homophobia.
- ◆ Lack of perceived choices.

Psychobiological issues:

- ◆ Biological development, hormones, and puberty.
- ◆ Sexual-identity development.
- ◆ Early sexual initiation.
- ◆ Sexual experimentation.
- ◆ STD/HIV infection rates higher among YMSM.

Knowledge:

- ◆ Limited comprehensive sexuality education.
- ◆ Lack of perceived susceptibility and severity of STD/HIV risks.
- ◆ No images of persons living with HIV/AIDS (PLWHA).
- ◆ Lack of information on the HIV-status of partners.
- ◆ Lack of knowledge about the impact of STD/HIV.

Culture and norms:

- ◆ Homophobia.
- ◆ Parental attitudes.
- ◆ Drugs/alcohol abuse.
- ◆ Social networks.
- ◆ Peer pressure.
- ◆ Sexual norms.
- ◆ Limited role models for monogamous relationships (i.e., lack of gay role models/couples).

Culture and norms (internet):

- ◆ Availability of sexual partners through online social networks.
- ◆ Anonymity of online sexual partners.

- ◆ Support of sexual-identity development.
- ◆ Materialistic culture (beauty, popularity etc.).
- ◆ Sexual and social norms.
- ◆ Norm of unprotected sex.
- ◆ Acceptability of having anonymous sexual partners.
- ◆ Hyper-sexuality.
- ◆ "Metro-sexuality."

Social and economic factors:

- ◆ Homelessness/shelters.
- ◆ Limited financial resources and instability.
- ◆ Limited access and utilization of health facilities.
- ◆ Food.
- ◆ Prostitution.

Summary of Major Findings

Major findings from the breakout session's discussion of key factors influencing high-risk behaviors among YMSM indicate that attitude, psychobiological issues, cultural norms, and socioeconomic factors greatly influence YMSM engagement in high-risk behaviors. The discussion groups cited youth invincibility and lack of perceived susceptibility to HIV/STDs as key factors that influence high-risk behaviors. The participants stated that young men who have sex with men believe that they are not at risk for contracting HIV or STDs, and their "it can't happen to me" mentality serves as a barrier to adopting safer sex practices, such as condom use and HIV/STD testing among YMSM.

Analysis of the discussion also reveals that most participants also mentioned cultural norms and social networks as being most influential on YMSM engagement in high-risk behaviors. Social norms in the YMSM community—as well as internet-based social networks, such as Facebook, MySpace, and Manhunt—perpetuate sexual norms that not only support promiscuity but also increase the availability and acceptability of anonymous sex with partners courted via internet-based social networks. In addition, analysis of discussions indicates that the relationship between the cultural norms of homophobia and socioeconomic factors may increase MSM vulnerability to homelessness, financial instability, and prostitution, particularly among YMSM. Participants stated that YMSM are at risk for being disowned by their families and not accepted by their communities; as a result, they may be living on the streets and utilizing prostitution as a means for survival.

Breakout Session Objective:

- ❖ To determine the importance and feasibility of factors to address.

Most important behaviors and factors to address:

- ◆ Unprotected sex.
- ◆ Anonymous sex.
- ◆ Alcohol/drug use -> most often reported reason for unprotected sex.
- ◆ Homelessness -> hierarchy of needs make other factors unimportant.
- ◆ Sexual health education.

- ◆ Parental attitudes and communal support systems.

Most feasible to address:

- ◆ Access and use of medical care and testing services.
- ◆ YMSM self-esteem and psychological well-being.
- ◆ Comprehensive sexual health education.
- ◆ Skills-based training. (i.e., condom-use negotiation with partner).
- ◆ HIV/STD prevention forums and summits (safe spaces) where YMSM and organizations can explore these issues.
- ◆ Targeted messages through public service announcements (PSAs).
- ◆ Outreach with YMSM social networks.

Activities to reach YMSM:

- ◆ Foster meaningful and supportive dialogue (feeling of comfort).
- ◆ Use internet and innovative technology to deliver tailored messages.
- ◆ Word-of-mouth via cliques and subcultures within YMSM community.
- ◆ Wide-range of incentives (gift cards, food vouchers, bus tokens, clothing)
- ◆ Popular age- and culture-appropriate social events (movie/game nights, potlucks).
- ◆ Outreach and educational workshops at schools.
- ◆ Having a targeted strategy for each specific age group.
- ◆ Incorporate HIV/AIDS information into YMSM social gay events.
- ◆ Peer-mediated support groups (i.e., HATCH).

Linkages and collaborations:

- ◆ Supportive outreach activities.
- ◆ Shared volunteer networks between agencies.
- ◆ Collaborative HIV/STD prevention health fairs.
- ◆ Forums and summits to share outreach best practices for diverse audiences.
- ◆ Streamlining of complimentary services provided at collaborating agencies.

Summary of Major Findings

Major findings from the breakout discussion of the importance and feasibility of factors to address HIV/STD emphasize the importance of addressing the complex factors that influence high-risk behaviors among YMSM. The discussion groups reiterated the need to foster meaningful dialogue among YMSM and stimulate community-based participatory action and collaborations between agencies and the YMSM community. The representatives also emphasized the need to enhance linkages between agencies through jointly sponsored health summits that promote responsible sexual behaviors among YMSM and communicate best practices between agencies that serve YMSM.

IV. YMSM CRITICAL QUESTION #2 AND THEMATIC RESULTS

Critical Question 2:

How can we address the issues contributing to the HIV/STD epidemic among YMSM?

Breakout Session Objectives

- 1) To identify five physical locations/venues where YMSM are likely to engage in high-risk behaviors.
- 2) To identify at least four activities or strategies to successfully reach YMSM.
- 3) To identify and define at least three successful characteristics (i.e., what makes these activities or strategies work with this population?).
- 4) To define at least one action item for each agency, business, or organization represented.
- 5) To identify at least two ways that agencies, businesses, and organizations can increase their community collaborations to address the HIV/STD epidemic among YMSM.

Objective Questions

- 1) Where might YMSM engage in these high-risk behaviors?
- 2) How can YMSM be reached in these places?
- 3) What current activities or strategies are effectively reaching YMSM?
- 4) How would you define success in an activity or strategy that reaches YMSM?
- 5) What specific characteristics of these activities or strategies are effective or successful?
- 6) What other activities or strategies might be successful in reaching YMSM and should be tried?
- 7) How can we make the key factors that influence high-risk behavior among YMSM less influential among this population?
- 8) What action(s) can you take at your agency, business, or organization to address the factors influencing high-risk behaviors among YMSM?
- 9) How can you increase your community collaborations to address the factors influencing high-risk behaviors among YMSM?

YMSM Critical Question #2 Thematic Results

Critical Question 2:

How can we address the issues contributing to the HIV/STD epidemic among YMSM?

Breakout Session Objective:

- ❖ To identify five physical locations/venues where YMSM are likely to engage in high-risk behaviors (Table 2).

Table 2. Physical Locations and Venues.

Physical Locations and Venues		
Nightclubs	Prostitution areas (street-based):	Other Venues
<ul style="list-style-type: none"> ▪ South Beach ▪ JR ▪ Club 2020 ▪ Bartini ▪ EJ ▪ Ripcord 	<ul style="list-style-type: none"> ▪ San Jacinto/Main/Elgin ▪ Fannin ▪ Fairview/Montrose ▪ Southwest Houston ▪ Fondren 	<ul style="list-style-type: none"> ▪ Spas/bathhouses ▪ Adult video stores ▪ Bookstores ▪ Hotels/motels ▪ College campuses ▪ Parks, truck stops, rest areas ▪ Internet hook-ups (arranged online) ▪ Malls/shopping stores ▪ Bathroom stalls

Summary of Major Findings

Major findings from the breakout discussion on the physical location and venues where YMSM engage in high-risk behaviors demonstrate the representative commitment to tackling YMSM risk factors and high-risk behavior head on in the venues and communities where YMSM live, congregate, and socialize. These areas and locations include communities with high rates of MSM prostitution, popular nightclubs, and public areas (Table 2). According to the breakout discussion groups, it's imperative to stem YMSM engagement in high-risk behaviors at well-known venues through education, outreach, and the redefinition of social norms that deem it acceptable to engage in anonymous and unprotected sex in and around the venues listed in Table 2.

Breakout Session Objective:

- ❖ To identify at least four activities or strategies to successfully reach YMSM.

Address generational divide:

- ◆ Explore online dating and dilemmas associated with the age of technology.
- ◆ Address familial and communal homophobia.
- ◆ Get church congregations and leaders involved.
- ◆ Increase and enhance parent-to-teen communication.

- ◆ Address health providers' attitudes and cultural sensitivity to YMSM culture and social norms.

Outreach activities:

- ◆ Utilize formal and informal social networks and peer educators to perform grassroots outreach.
- ◆ Utilize multiple media outlets: TV, radio, billboards, internet.
- ◆ Utilize YMSM-preferred venues to conduct outreach activities.
- ◆ Train, recruit, and educate employees at popular venues to conduct peer-education activities.
- ◆ Utilize YMSM-preferred venues to host forums, concerts, and entertainment/awareness events.
- ◆ Utilize social networking internet sites:
 - Facebook.
 - MySpace.
 - Manhunt.
 - Gay.com.
- ◆ Increase local community involvement.
- ◆ One-on-one outreach.
- ◆ Culturally sensitive social-marketing campaigns.

Prevention activities:

- ◆ Condom distribution.
- ◆ HIV/STD testing in high-risk areas.
- ◆ Intervention.
- ◆ Tailoring the messages to be technologically and age-appropriate.
- ◆ Client-centered services (i.e., client-initiated risk reduction).
- ◆ Innovative social-marketing campaigns.
- ◆ Providing educational material to CBOs and health providers that serve YMSM.
- ◆ Integration of prevention services with social events.

Summary of Major Findings

Major findings of the breakout discussion of successful strategies to reach YMSM indicate that addressing HIV/STD prevention and testing through social networks is a major priority among the organizations represented at the summit. Many participants argue for the need to foster meaningful and supportive relationships between organizations and YMSM community. In addition, the representatives insisted that agencies use contemporary and age-appropriate mediums not only to perform outreach with the YMSM community, but also to deliver prevention and treatment services. Furthermore, participants cited the need to utilize social cliques and YMSM-frequented venues to implement social events that include HIV-/STD-prevention activities, information, and services.

Breakout Session Objective:

- ❖ To identify and define at least three successful characteristics, i.e., what makes these activities or strategies work with this population.

Characteristics of effective outreach strategies with YMSM:

- ◆ Build trusting relationships between service providers and target population.
- ◆ Build relationships with venues that serve target population.

- ◆ Involve target community in development of prevention messages and interventions.
- ◆ Identify, recruit, and train gatekeepers from social networks in the community to work as peer educators.
- ◆ Focus on the role of cliques and social norms associated with subcultures.
- ◆ Obtain buy-in and acceptance of clique leaders.

Summary of Major Findings

Major findings from the discussion of successful effective prevention and treatment programs revealed several characteristics of successful programs. These characteristics include building meaningful partnerships between organizations, the target population, and community leaders. Secondly, the representatives stated that programs must include the recruitment and training of leaders of YMSM social networks to assist with community outreach and the development of culturally relevant and age-appropriate prevention and treatment activities. In addition to building ties with the YMSM community, participants also emphasized the need to establish relationships with the owners of popular venues and locations that serve the YMSM community.

Breakout Session Objective:

- ❖ To define at least one action item for each agency, business, or organization represented.

Action items for social network capacity building and YMSM community outreach:

- Establish youth coalition to address homelessness in the GLBT community.
- Utilize online social networking to disseminate educational information and delivery of prevention interventions.
- Conduct focus groups with YMSM.
- Increase individualized service/planning.
- Integrate prevention and client services.
- Recruit younger peer mentors.
- Work with parents to address homophobia and to educate parents about YMSM issues.
- Involve religious leaders in outreach activities.

Action items for business in the YMSM community:

- Involve bookstore owners/educators by recruiting and training bookstore employees in peer education.
- Establish rapid testing and counseling at bathhouses.
- Provide educational materials and peer-education training to owners of barbershops and beauty supply stores that serve YMSM.
- Encourage nightclub owners to distribute HIV-prevention information
- Advertise local health agency special events on nightclub websites.
- Host YMSM forums and special events at nightclubs venues.

Action items for health clinics, community-based organizations (CBOs), and local, state, and federal agencies:

- Develop a database of volunteers or advocates who can provide assistance with outreach and special events.

- Address substance abuse among YMSM.
- Address mental health among YMSM.
- Improve sexual health curriculum in community, organizations, schools, businesses, churches, etc.
- Attain funding to address GLBT homelessness.
- Employ successful techniques employed by other agencies to facilitate coalition building.
- Actively seek (collaborative) opportunities.
- Increase involvement in policymaking.
- Increase cultural relevancy of program activities.
- Increase cultural competence of employees and volunteers at public health clinics and community-based organizations.

Summary of Major Findings

Specific action items to increase social networks' capability building and improve outreach activities with YMSM include conducting age-specific peer-education and focus groups with YMSM to address the psychosocial and behavioral issues that influence high-risk behaviors among YMSM. In addition, agencies should reach out to leaders in the local Houston area, specifically parents and religious leaders, to address homophobia and socio-cultural issues impacting the self-esteem and sexual identity development of YMSM.

Representatives at the summit emphasized the need for businesses in the YMSM community to take a more active role in prevention outreach and treatment activities by increasing the availability of educational materials and through hosting prevention and treatment social events at the business and venues trusted by young men in the gay community.

Representatives at the summit argued that health clinics, CBOs, and state/federal agencies should increase their community-based participatory activities that include the active participation of peer educators and members of the YMSM community. The representatives also advocate the employment of innovative strategies to increase the coalition's capacity to serve YMSM in culturally specific ways that comprehensively address issues pertinent to prevention of HIV/STD among YMSM.

Breakout Session Objective:

- ❖ To identify at least two ways that agencies, businesses, and organizations can increase their community collaborations to address the HIV/STD epidemic among YMSM.

Recommended collaborative activities:

- ◆ Increase awareness of available services and programs between community organizations.
- ◆ Increase referrals to available services in the community.
- ◆ Increase financial support for YMSM prevention efforts.
- ◆ Enhance communication channels between organizations.
- ◆ Increase availability of education materials and trainings for organizations that serve YMSM.

Successful interventions with YMSM:

- ◆ Decrease STD/HIV cases among YMSM.
- ◆ Increase STD/HIV testing.
- ◆ Increase condom use and communication.
- ◆ Provide comprehensive education/communication.
- ◆ Increase STD/HIV knowledge and awareness.
- ◆ Increase perceived susceptibility to and severity of STD/HIV.
- ◆ Decrease alcohol/drug abuse.
- ◆ Increase awareness of status.
- ◆ Increase self-esteem and mental wellness.

Summary of Major Findings

Major findings from the breakout group discussion on mechanisms to increase agencies' and organizations' involvement indicate the need to increase awareness of successful prevention and treatment services at local agencies, to enhance communication channels between agencies, and to improve referral practices between agencies. Additionally, many representatives called for the need to increase the availability of educational training resources and financial support for community-based collaborative efforts that aim to reduce the HIV/STD epidemic among YMSM.

YMSM Summit Evaluation Summary

I. EVALUATION PROCEDURES

- ◆ YMSM Summit participants completed a self-administered 19-item Likert scale survey at the end of summit activities.
- ◆ Data analysis was conducted to examine the frequency of responses to the survey questions.

II. YMSM EVALUATION KEY QUESTIONS

YMSM Summit Evaluation Question I

- ❖ To what extent did the breakout session successfully convene local agencies, businesses, organizations, and community members who interact with young men who have sex with men (YMSM) to reduce HIV- and STD-transmission rates among YMSM at the agency or provider level?

YMSM Summit Evaluation Question II:

- ❖ To what extent did the breakout session increase participants' awareness of those disproportionately affected by HIV and other STDs among YMSM?

YMSM Summit Evaluation Question III

- ❖ To what extent did the breakout session garner commitment from attendees to begin or continue addressing this issue at their own agencies, businesses, or organizations in a manner feasible to them?

YMSM Summit Evaluation Question IV

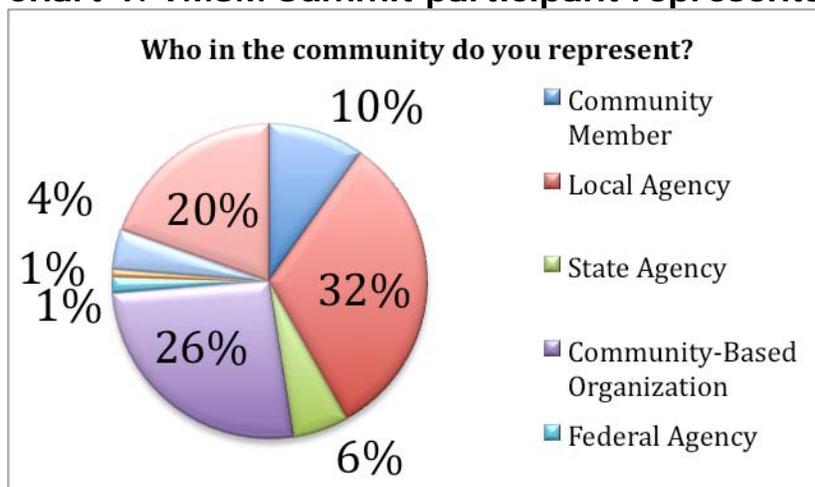
- ❖ To what extent did the breakout sessions provide participants with feasible techniques to address factors contributing to the HIV/STD epidemic among YMSM?

III. Summit Evaluation Results

Participant Demographics

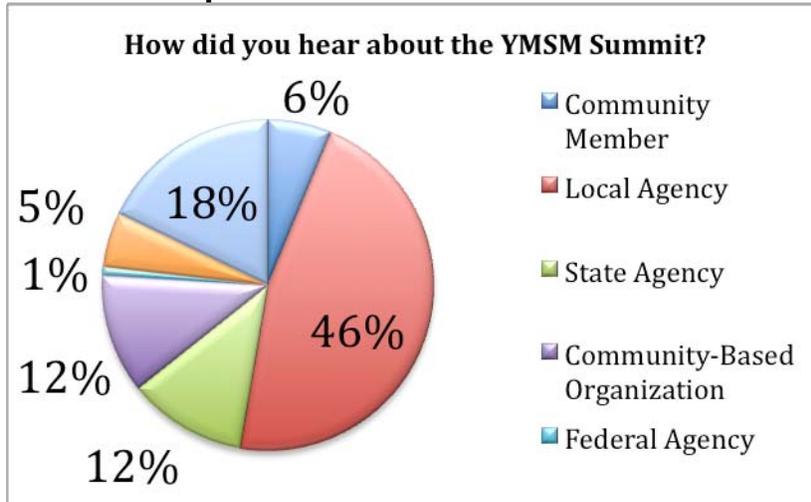
As illustrated in Chart 1, participants at the YMSM summit represented a wide range of agencies and organizations in the Houston community. Approximately 32% represented local agencies, and 26% represented community-based organizations. Some participants (20%) marked "other" when asked whom in the community they represented. Further analysis of their responses reveals that the majority represented local health departments, and others indicated that they represented state agencies, such as the Harris County Jail.

Chart 1. YMSM Summit participant representation.



The majority of participants (46%) heard about the YMSM summit from a local agency, while 12% heard about it from state agency, and 12% learned of it from a community-based organization. Approximately 18% of participants indicated that they heard about the summit from members of the planning committee, through e-mail listserves, and from members of their church community (Chart 2).

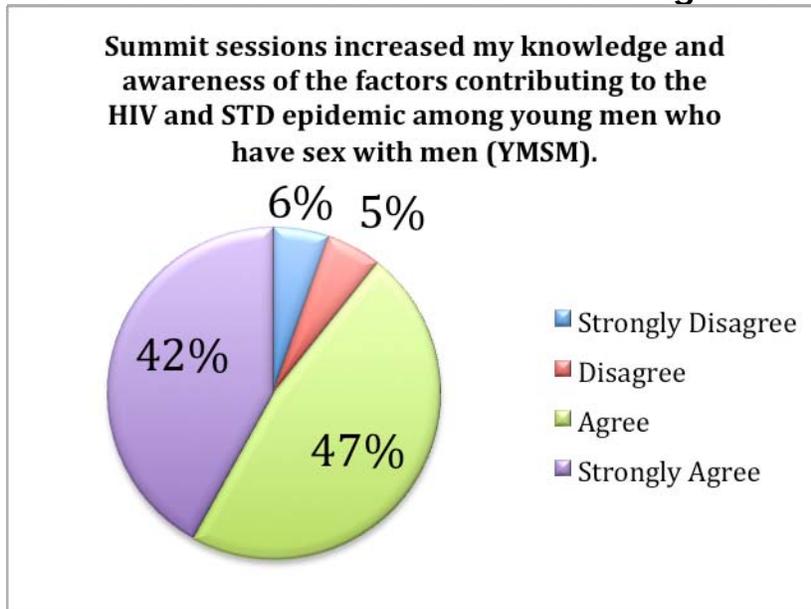
Chart 2. Representative invitation to YMSM Summit.



Information

The results illustrated in Chart 3 reveal that nearly 90% of participants agree that summit sessions increased their knowledge and awareness of the factors and socio-cultural issues contributing to the HIV/STD epidemic among YMSM.

Chart 3: Increased HIV/STD knowledge among participants.



Over 89% of participants agree that summit sessions provided information on available community programs that deliver HIV/STD prevention and treatment services to the YMSM population. Nearly 82% of participants agree that summit sessions discussed the characteristics of effective prevention and treatment services with YMSM populations (see appendix for Charts A-10, A-11, A-13, and A-14).

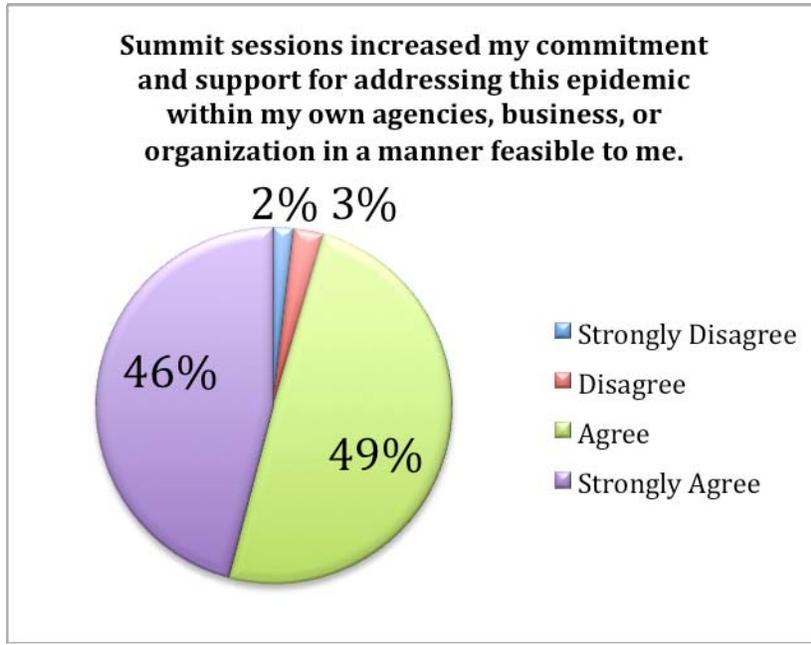
Collaborations

A majority of participants (95%) agree that summit sessions fostered interaction a between a wide range of local community agencies and increased their commitment to feasibly address the epidemic within their own agencies, business, or organization (see Charts 4-5). Approximately 83% of participants responded that the sessions addressed concerns expressed by CBOs, agencies, and businesses (see appendix for Chart A-9).

Chart 4. Summit addressed agency concerns.



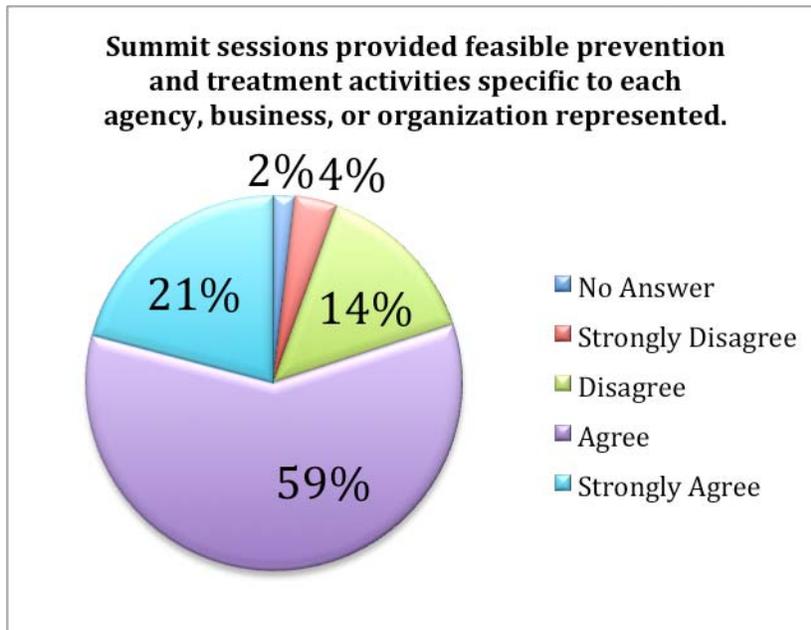
Chart 5. Summit increased commitment to addressing HIV/STD epidemic.



Strategies Statements

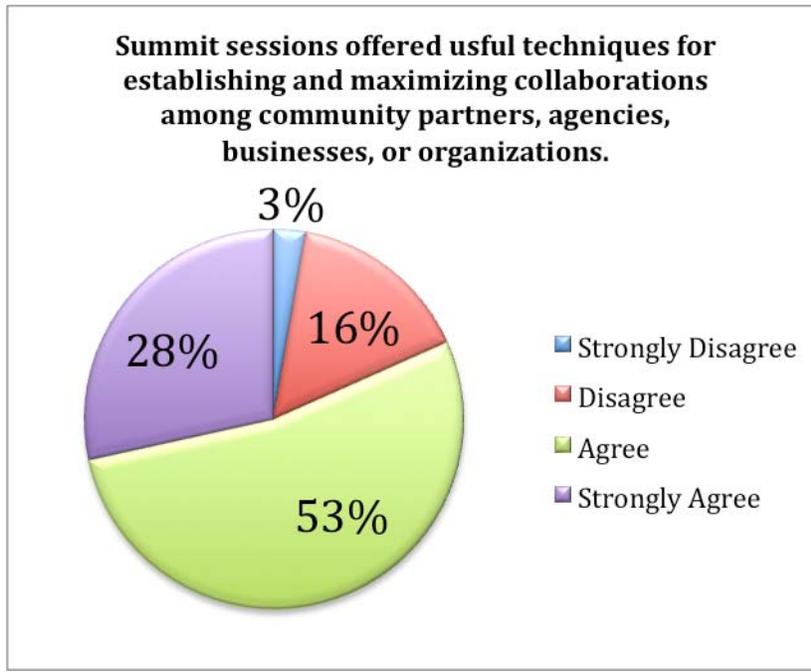
Most respondents (over 80%) agreed that the summit sessions provided feasible strategies for addressing high-risk behaviors among YMSM (Chart 6).

Chart 6. Summit provided feasible, agency-specific activities.



In addition, nearly 80% of participants agree that summit sessions provided (1) feasible prevention and treatment activities, (2) offered useful techniques for maximizing collaborations among community partners, or (3) provided capacity-building resources for attendees to address these issues at their own agencies, businesses, or organizations (see Charts 7 and appendix for Chart A12).

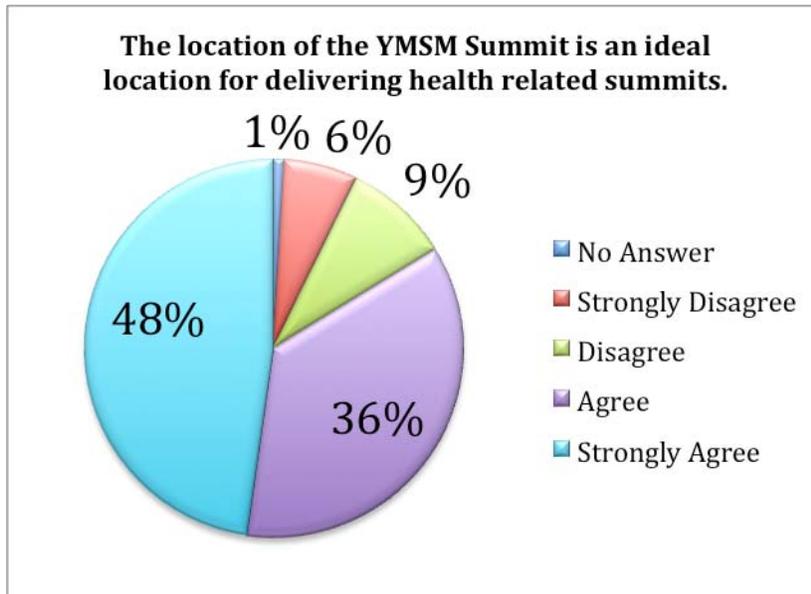
Chart 7. Summit offered collaborative techniques.



Process

A majority of participants (84%) agree that the nightclub (Club 2020) was an ideal location for delivering health-related summits, and 88% agreed that the facility was appropriate for the implementation of presentations and breakout sessions (Chart 8). Approximately 88% of participants agree that the summit session speakers delivered information in a clear and concise manner (see appendix for Chart A-15).

Chart 8: Appropriateness of YMSM Summit location.



IV. SUMMARY OF FINDINGS

An analysis of summit evaluation results reveals that the majority of participants agree that the summit increased their knowledge and awareness of the complex factors that contribute to the increasing rates of HIV/STDs among YMSM. Representatives agreed that the summit breakout session and didactic presentations increased their commitment to addressing the HIV//STD epidemic within their agencies through collaborative partnerships. Additionally, representatives agree that the discussion session helped facilitate the development of strategic action items specific to each agency for addressing HIV/STDs among YMSM. In addition, participants agree that the implementation of the YMSM Summit at Club 2020 was appropriate for the delivery of health-related summits.

APPENDIX

- I. Additional YMSM Summit Evaluation Tables
- II. YMSM Summit Evaluation Report References

I. ADDITIONAL YMSM SUMMIT EVALUATION TABLES

Chart A-1. YMSM Summit participant representation.

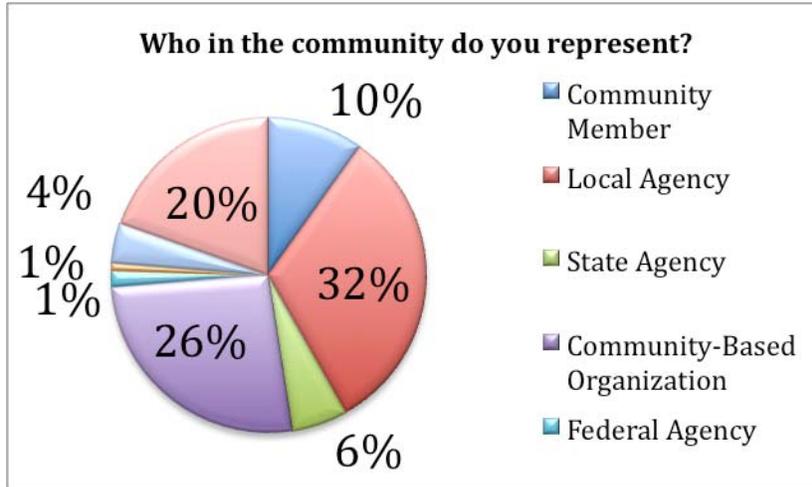


Chart A-2. Representative invitation to YMSM Summit

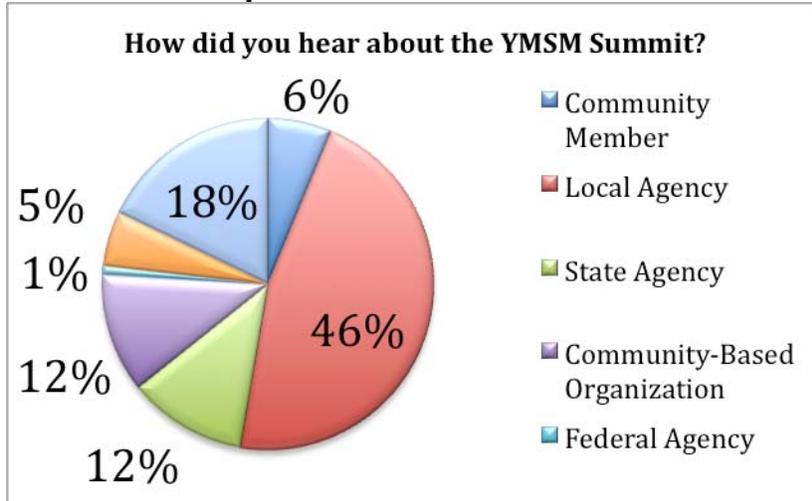


Chart A-3: increased HIV/STD knowledge among participants

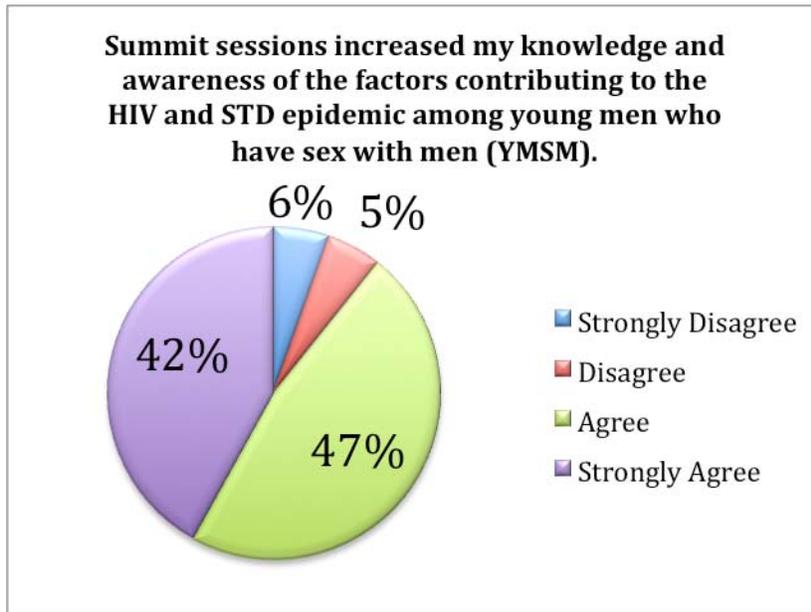


Chart A-4: Summit addressed agency concerns.

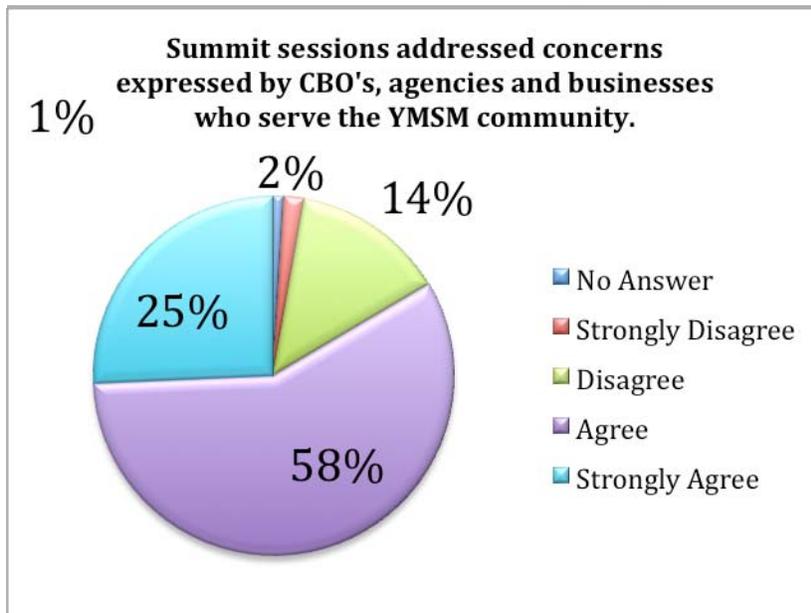


Chart A-5. Summit increased commitment to addressing HIV/STD epidemic.

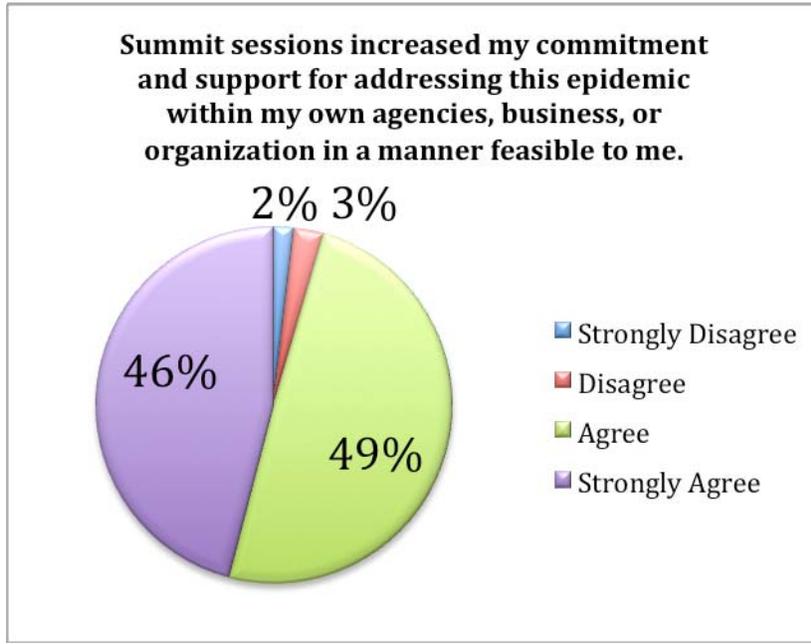


Chart A-6. Summit provided feasible, agency-specific activities.

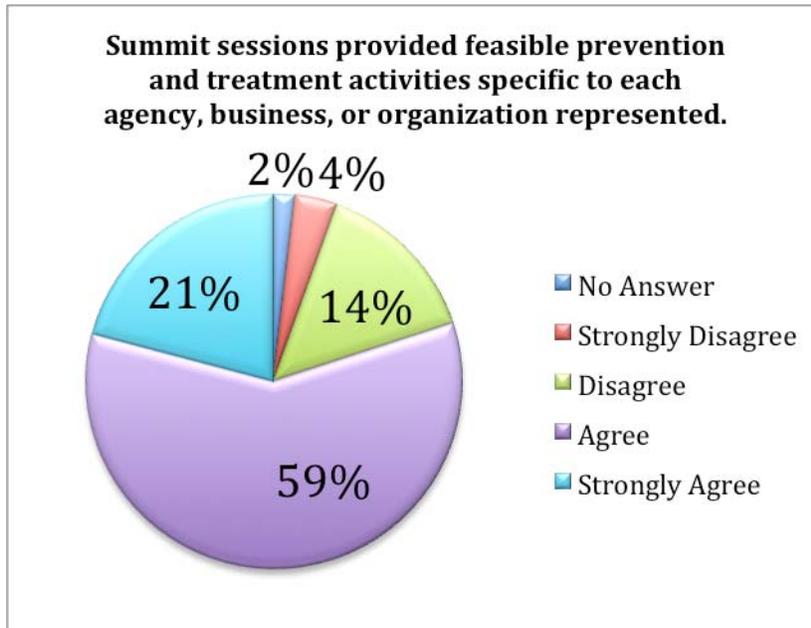


Chart A-7. Summit offered collaborative techniques.

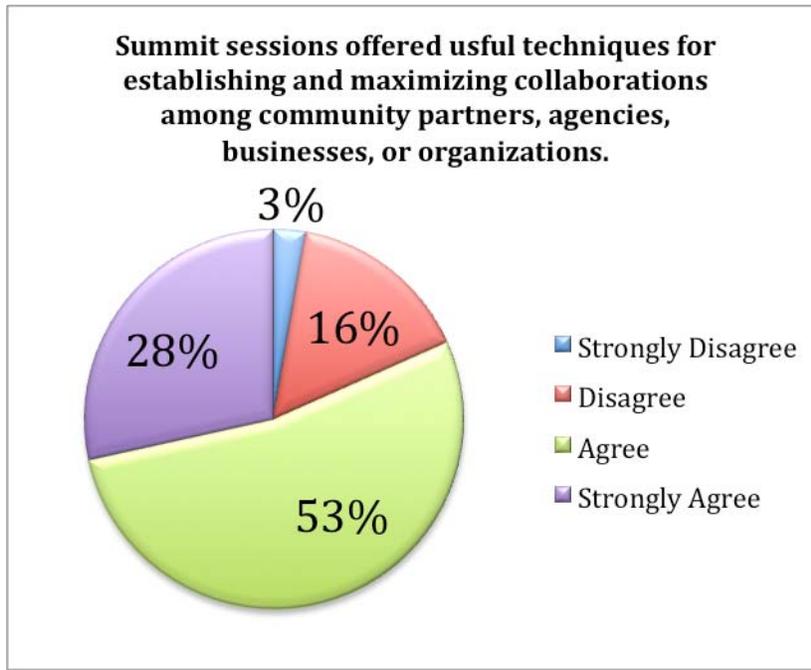


Chart A-8: Appropriateness of YMSM Summit location.

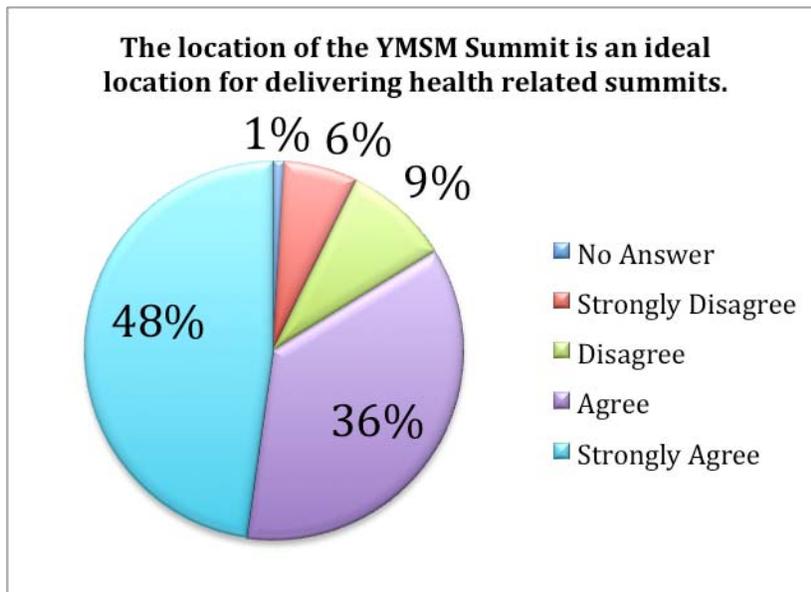


Chart A-9: Interaction between wide range of organizations.

Summit sessions fostered interaction between a wide-range of local agencies, businesses, organizations and community members.

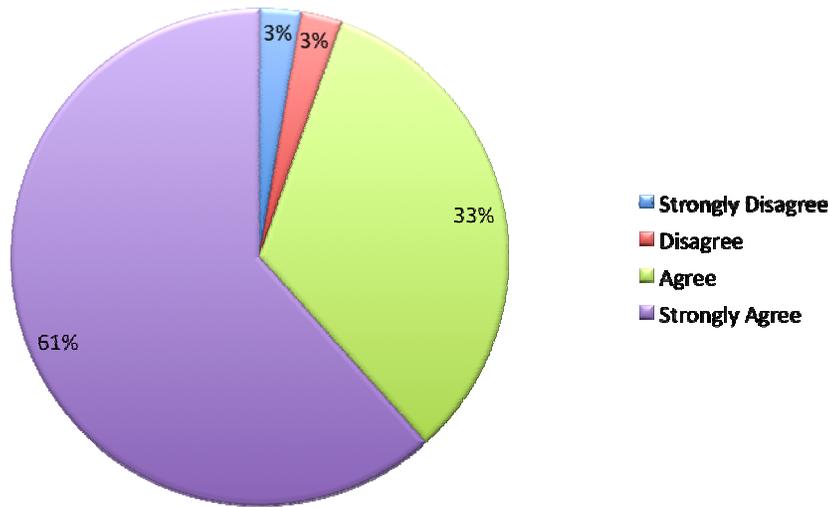


Chart A-10. Increased comprehension of five key factors.

Summit sessions increased my comprehension of the five key-factors influencing high-risk behaviors among YMSM.

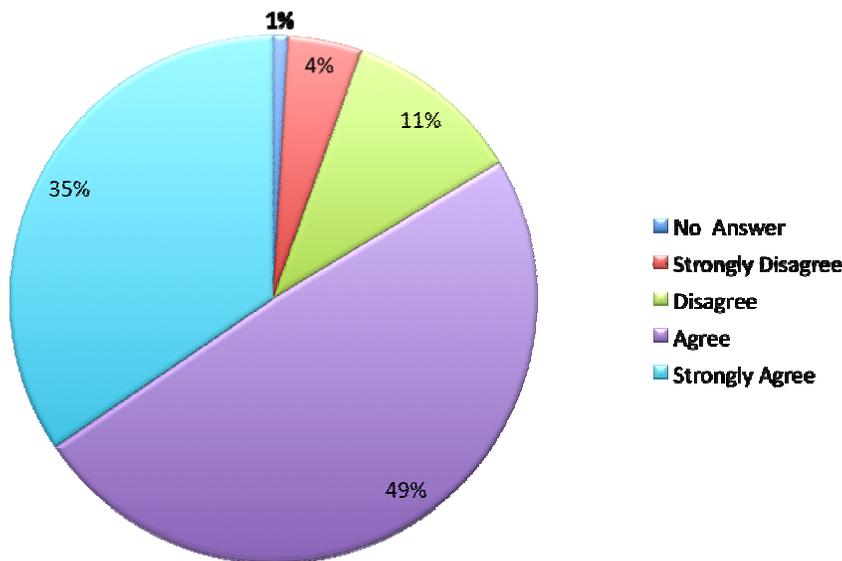


Chart A-11. Addressed socio-cultural issues.

Summit sessions discussed the socio-cultural issues relevant to the delivery of prevention and treatment services with YMSM.

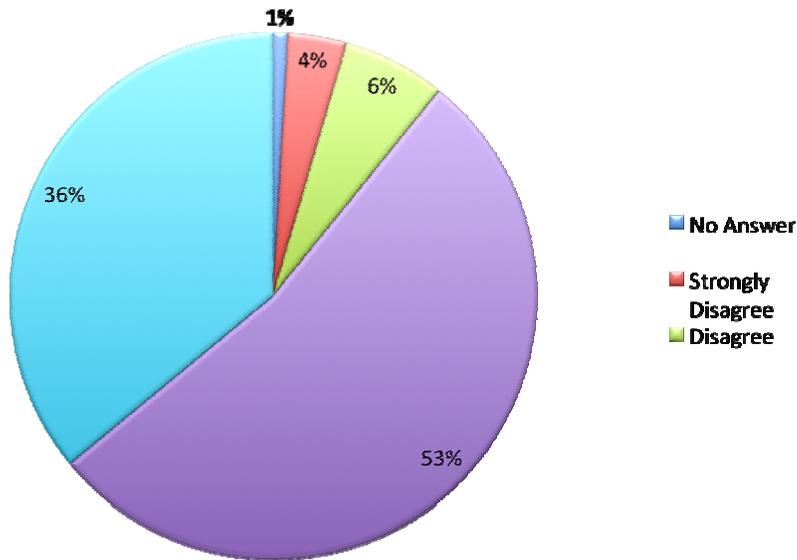


Chart A-12. Provided feasible strategies for addressing high-risk behaviors.

Summit sessions provided feasible strategies for addressing high-risk behaviors among YMSM.

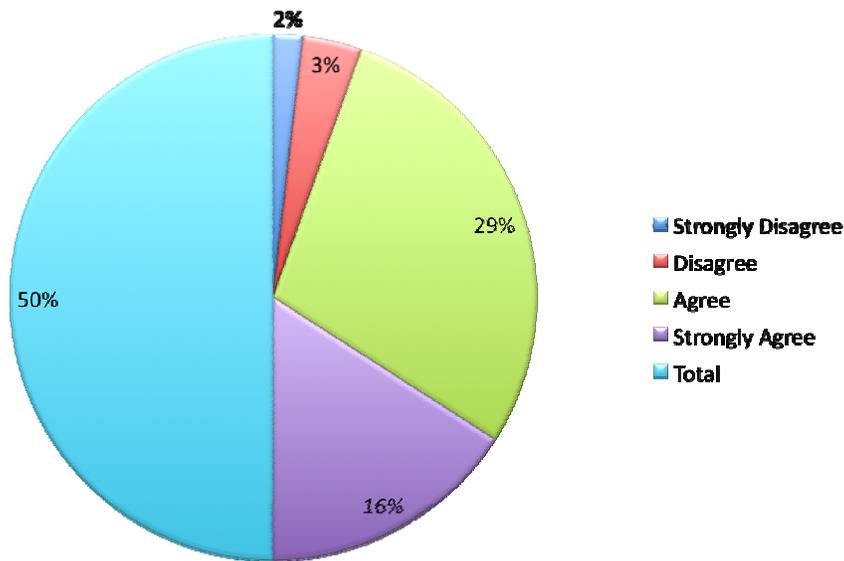


Chart A-13. Discussed characteristics of effective services with YMSM.

Summit sessions discussed the characteristics of effective prevention and treatment services with YMSM populations.

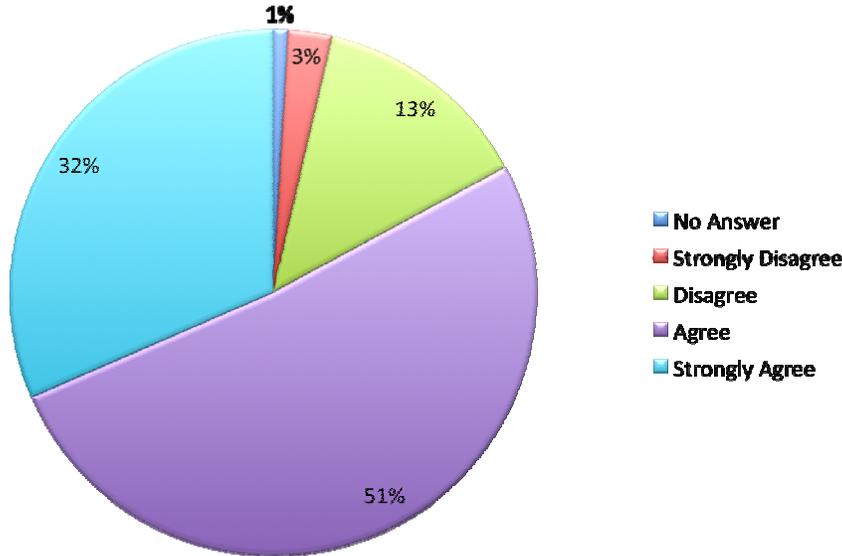


Chart A-14. Summit provided information about programs available in the community.

Summit sessions provided information on available community programs that deliver HIV and STD prevention and treatment services to YMSM population.

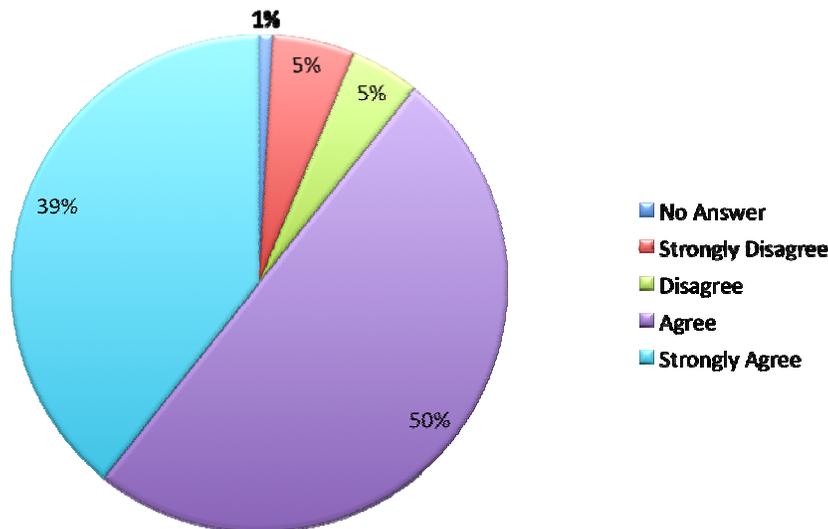
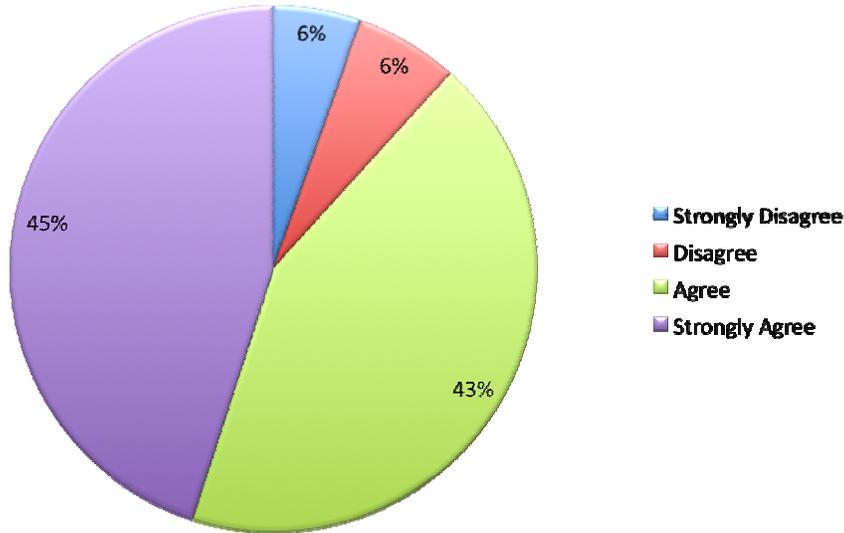


Chart A-15. Summit session delivery.

Summit session speakers delivered information in a clear and concise manner.



II. YMSM SUMMIT EVALUATION REPORT REFERENCES

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