



## National HIV Prevention Conference

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### [TITLE:] ASSESSMENT OF HIV PREVENTION PROGRAMS TARGETING YOUNG MEN OF COLOR WHO HAVE SEX WITH MEN

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**BACKGROUND:** People of color are disproportionately affected by HIV/AIDS. Specifically, young men of color who have sex with men (YMSM) are at very high risk for contracting and transmitting HIV. To address these disparities, beginning in 2001, CDC directly funded 27 community-based organizations (CBOs) to implement HIV prevention interventions for YMSM, their sexual partners, and transgendered youth. This group oral session highlights CBO efforts to reduce YMSM risk for HIV by reaching, recruiting, and involving YMSM in HIV prevention programs.

**METHODS:** CDC used a standardized protocol, with multiple on-site and off-site approaches, to conduct a programmatic assessment of the CBO activities and gain an understanding of the context in which HIV prevention services were delivered. Data collection included review of secondary data, on-site interviews with key CBO staff, and direct observation of interventions. Data were summarized and aggregated for analysis using EZText.

**RESULTS:** Twenty-seven CBOs, the majority providing services to African Americans and fewer than half targeting Hispanics, were funded to reach, recruit and involve YMSM in HIV prevention activities using various methods. To reach and recruit YMSM, all CBOs conducted street outreach, usually consisting of delivering prevention messages and distributing safer sex kits, at locations where YMSM congregate such as bars and parks. To engage a wider audience, at least 22 CBOs conducted health communication activities, such as media campaigns and educational presentations. An approach CBOs reported particularly effective in reaching YMSM, and conducted by at least ten CBOs, was the use of technology, such as websites and Internet chat rooms. According to CBOs, these strategies were reported to engage populations (e.g., men on the down-low and

transgendered youth) who were difficult to reach through traditional means. Collaboration with other service organizations and health departments was another common strategy used by more than half of the CBOs to access YMSM. Collaborations also occurred with correctional institutions, schools, and churches. To involve YMSM in programmatic activities, nearly all CBOs hired peer educators and the majority developed Youth Advisory Boards, whose members provided input into the development and implementation of interventions. Also, over half of CBOs developed programs to train YMSM in leadership skills and intervention facilitation, and eleven CBOs created youth drop-in centers to provide a safe space for YMSM to congregate and receive prevention messages. These strategies aided to recruit YMSM into more intensive interventions such as prevention case management in an effort to change risk behaviors and encourage involvement in CBO prevention activities.

**CONCLUSIONS:** The results from this programmatic assessment detail the strategies used by CBOs to reach and provide HIV prevention services to YMSM intended to reduce the risk of HIV transmission. Organizations working with this population may benefit from these findings and choose to adopt those strategies reported to be most effective. While future initiatives need to empirically assess and evaluate these strategies, the results from this assessment have been used by funded CBOs for programmatic improvements. The findings have also provided valuable information to CDC for new initiatives.



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