

## Community Mobilization to Prevent HIV Transmission in Adolescent MSM

by  
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## **ABSTRACT**

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**Objectives:** As of 2006, the CDC reported that of men who have sex with men (MSM), HIV/AIDS cases increased most among 12-24 year-old young men who have sex with men (YMSM). In response to this epidemic, Connect to Protect ® (C2P) Philadelphia employs a collaborative approach to the development and implementation of HIV prevention strategies for YMSM. The mission of C2P, based on the theoretical concepts of structural change and community mobilization, is aimed at modifying programs, practices, laws and policies linked to HIV transmission in YMSM. This project sought to facilitate the identification and implementation of structural change objectives aimed at reducing the HIV risk behaviors of YMSM.

**Methods:** The data in this project consisted of the ideas, structural change objectives, and action plans generated by the coalition. Through the interaction with coalition members at subcommittee meetings, structural change objectives (SCOs) and action plans were formulated. The variables of interest in this study are the SCOs, operationally defined as the specific modifications to programs, policies, and practices proposed by the coalition. After SCOs were identified by the coalition, they were recorded on Action Plan Worksheets (APW) and in the Community Activities Log (CAL). All data from the APWs and CALs was entered into the Adolescent Trials Network database.

**Results:** This project explored the linkage between the disproportionate rate of unstable housing among LGBTQ (lesbian, gay, bisexual, transgender, questioning) youth and their risk of engaging in survival sex and contracting HIV. Two structural change objectives aimed at reducing this risk were completed: (1) a hygiene kit donation drive was held and the proceeds were distributed to housing insecure youth through community based agencies and (2) the Philadelphia LGBTQ Alliance of Students Organized for Health (LASOH) was created as a city-wide health students coalition that supports LGBTQ-health initiatives and serves as a vehicle of sustainable structural change.

**Conclusions:** The collaborative work of LASOH is a powerful way to provide service to the city's LGBTQ community. Through coalition building and community mobilization, LASOH and C2P create sustainable structural change and ultimately contribute to decreasing the rate of HIV transmission in YMSM and LGBTQ youth.



## **Introduction**

Young men who have sex with men (YMSM) are at high risk for HIV and the rates of infection in this group have substantially increased within the last decade. Nationally from 2001 to 2006, of all age groups of MSM, the rise in HIV/AIDS cases among 12-24 year-olds was the most dramatic (CDC, 2009). In response to this epidemic, Connect to Protect ® (C2P) Philadelphia is collaboratively developing and implementing HIV prevention strategies for YMSM at the local level. The mission of C2P is based on the theoretical concepts of structural change and community mobilization. Unlike prevention activities focused on individuals and behavior change, the C2P coalition of community partners targets structural factors that influence HIV transmission and thereby takes a systems-level approach. C2P Philadelphia, via its three subcommittees (Condom, Ballroom, and Housing), specifically focuses on modifying programs, practices, laws and policies that can be linked to HIV transmission in YMSM.

One structural factor that influences the prevalence of HIV infection in YMSM is the disproportionate rate of unstable housing among LGBTQ (lesbian, gay, bisexual, transgender, queer) youth and their subsequent risk of engaging in survival sex (National Alliance to End Homelessness, 2009). In order to reduce this risk and contribute to the goals of C2P, this project aimed to: (1) provide hygiene kits to housing insecure youth through community based agencies and (2) create a city-wide LGBTQ health students coalition to serve as a sustainable vehicle for structural change objectives and to facilitate the implementation of related LGBTQ-health initiatives. By achieving these structural change objectives, the project directly benefited homeless LGTBTQ youth, raised local awareness about the relationship between housing-insecure youth and HIV, and augmented the housing subcommittee's momentum as it works toward realizing changes that will ultimately reduce HIV infection in YMSM.



## **Background and Significance**

### **HIV in YMSM**

The estimated number of HIV cases in adolescent MSM continues to increase (CDC, 2009, p.1). Between 2001 and 2006, male-to-male sex was the largest means of HIV transmission in the United States and the only category with an increasing number of HIV diagnoses (CDC, 2009, p.1). Alarming, the population of MSM with the greatest rise in HIV/AIDS was the YMSM group, aged 13-24, who made up 54% of all new cases between 2003 and 2006 (CDC, 2009, p.1). Within YMSM, youth of color are predominantly impacted, namely young black men. The cases of HIV in black YMSM increased 93%, from 938 cases in 2001 to over 1800 cases in 2006 (CDC, 2009, p.1). According to Millet, Flores, Peterson, and Bakeman (2007) this racial disparity in HIV incidence and transmission cannot be explained by individual differences in risk behavior. A meta-analysis found no significant differences between black and white MSM in their levels of the following: unprotected anal intercourse, commercial sex work, sex with a known HIV-positive partner, or HIV testing history (Millet et al., 2007). To effectively curb the epidemic, new HIV prevention approaches must be tailored to the needs of this subpopulation of YMSM.

In response to the increasing number of reported cases of HIV infection among 13-24 year olds nationwide, Connect to Protect (C2P) was developed as a community-level prevention research project of the Adolescent Trials Network (ATN) for HIV/AIDS Interventions. The mission of C2P is based on the theoretical concepts of structural change and community mobilization. By establishing a coalition of community partners, C2P employs a collaborative approach to the development and implementation of HIV prevention strategies for YMSM at the structural level.

## **Community Mobilization and HIV Prevention**

Connect to Protect, as its name suggests, seeks to “initiate and maintain partnerships with local community-based organizations (CBOs), agencies, and individuals so that a community mobilization intervention can be effectively put into action, evaluated, and sustained” (ATN, 2005). C2P mobilizes the community from the “bottom-up” via coalition-building: it brings individuals, with diverse educational and professional backgrounds, from various organizations and segments of the community to the same table in order to collaboratively problem-solve.

Wolff (2001) asserts that a community coalition is necessarily:

Composed of community members; it focuses mainly on local issues rather than national issues; it addresses community needs, building on community assets; it helps resolve community problems through collaboration; it is community-wide and has representatives from multiple sectors; it works on multiple issues; it is citizen influenced if not necessarily citizen driven; and it is a long term, not ad hoc, coalition. (p. 166)

These community members assemble as a coalition to prioritize concerns, discuss potential solutions, articulate structural change objectives, and create action plans with the goal of reducing HIV acquisition and transmission among YMSM. Research suggests that engaging the community in this type of iterative process not only facilitates the formative phase of the project but also reinforces the eventual structural changes and thereby contributes to its overall sustainability (Jana et al., 2004). Public health programs that help build coalitions and spur policy change also offer longer-term effects on health (Randolph and Viswanath, 2004, p. 433).

The power of community mobilization lies in the local nature of both the members and the issue being addressed, here HIV prevention in Philadelphia’s YMSM community. Advocates of this strategy posit that, “local leaders and organizations are best positioned to understand and address the particular risk factors experienced by a community in a manner consonant with local culture, need, politics, and dynamics” (Feinberg, Gomez, Puddy, & Greenberg, 2008, p. 9).

When the coalition members, from various sectors of the community, work together to define the problem they also become invested in the implementation of action steps aimed at solving it.

Schiavo (2007) asserts that, “emphasis of community mobilization efforts should be primarily on building the capacity of the community to address its own problems” (p.154). In other words, the coalition takes collective ownership of the health issue and its strategies toward ameliorating it.

The benefits of the community mobilization approach to HIV prevention are many. By engaging individuals and organizations from across Philadelphia that serve YMSM and housing-insecure youth, coalitions can maximize their human power and influence, pool resources, increase the breadth of their expertise, facilitate cooperative action, and minimize the redundancy of services (Feinberg et al. 2008; Rosales et al. 2010). Building the social capacity of the coalition’s members enables communities to “prolong and multiply public health efforts, and to gather the resources necessary to collectively solve current and future problems” (Rosales, C.B., Coe, M.K., Stroupe, N.R., Hackman, A., & Guernsey de Zapien, J., 2010, p. 5). Community empowerment also lends itself to sustainability. Gomez, Greenberg, and Feinberg (2005) contend that prevention efforts hold the most promise of being sustainable when coalitions have members who are “knowledgeable about prevention, particularly in the selection of empirically based prevention programs; when their coalitions show effective internal functioning, i.e. members’ motivation and effective communication and support, and when the coalitions show high fidelity of implementation to the prescribed intervention model” (p. 201). Based on these tenets, Connect to Protect’s community mobilization model brings cohesion to the city’s youth service providers by providing them with a space to collectively assemble, facilitating communication within the coalition, and catalyzing their efforts to collaboratively develop structural change objectives targeted at reducing HIV among YMSM.

## **Structural Change and HIV Prevention**

Historically, HIV prevention strategies have focused on individual behavioral changes. This approach is problematic because it fails to acknowledge that when individuals have an interest in continuing risky behaviors (e.g. as do those who rely on survival sex for shelter or money) or have limited control over such behaviors (e.g. as is young men's control over condom use with an older partner), they become difficult to influence (Blankenship, Bray, & Merson, 2000, p. S19). A more promising approach, offered by the CDC (2009) in its recent report on the HIV epidemic in YMSM, argues that, "HIV prevention activities are more likely to have an impact if they take into account the context in which risk behaviors occur" (p.3). In relation to YMSM, this necessitates thoughtful consideration of the unique environmental and social factors that contribute to HIV risk behavior. As such, the traditional prevention paradigm must shift away from the individual and toward the overarching systemic elements that affect HIV transmission. According to Ziff et al. (2006), "public health research strongly suggests that changes to a community's structural elements...may result in more effective and sustainable outcomes" (p.506) than those based on individual level behavior modifications. Ziff et al. (2006) also claim that, "despite a call for HIV prevention interventions at the structural level, this method is clearly underutilized in the United States as a way of thwarting the spread of infection among adolescents" (p.507).

Structural change, in the context of C2P, is defined as new or modified programs, policies, or practices that are logically linked to HIV acquisition and transmission and can be sustained over time, even when the coalition is no longer involved (ATN, 2005). Unlike individual-level prevention programs, C2P targets the structures themselves and thereby takes a systems-level approach to HIV prevention. Structural level determinants of health are the

elements of the environment that are beyond the realm of individual control and form the larger milieu in which people operate. While macro-structural determinants such as discrimination based on race or sexual orientation are major contributors to the HIV epidemic in YMSM (Ziff et al., 2006, p.508), it is the intermediate-structural determinants that are the targets of change for this project. They include “the availability of resources, physical structures in the environment, organizational structures, and laws and policies” (Ziff et al, 2006, p.508). For YMSM, condom availability and access to safe housing are two examples of intermediate-structural determinants of HIV risk. Finally, it is necessary to remain cognizant of the larger, more pervasive structural barriers faced by YMSM; these include, but are not limited to, homophobia, racism, social stigma, and poverty. Each of these factors contributes to other health problems (e.g. substance abuse, mental health issues, interpersonal violence) that concurrently influence HIV risk (HIV Prevention Justice Alliance, 2010).

In line with C2P’s mission to decrease the incidence of HIV in YMSM, its approach to structural change is two-fold: it establishes prevention strategies and concurrently removes the obstacles to their attainment. Ziff et al. (2006) describe how these strategies are used to transform the intermediate-structural elements:

- Structural changes to programs generally improve the availability, accessibility, or acceptability of resources (p. 508).
- New or modified practices can improve the effectiveness of an organizational structure to better address the determinants of HIV acquisition and transmission (p.508).

- Laws and policies are defined as written or unwritten guidelines that regulate the environment and individuals within the environment. Existing laws and policies can themselves be structural determinants that influence the transmission of HIV (p.509).

C2P's theoretical framework is centered on structural change because intervening at the systems-level provides a sustainable means of HIV prevention and facilitates the long-term reduction in the prevalence of infection. Ultimately, C2P aims to create a blueprint for community action designed to transform the physical and social environment in ways that reduce the burden of HIV in YMSM. To that end, this project helps modify structural variables in Philadelphia that are logically linked to HIV transmission.

### **C2P Subcommittees**

In order to hone in on the structural determinants of HIV transmission most germane to the YMSM community of Philadelphia, Connect to Protect has three subcommittees, each dedicated to transforming a particular aspect of adolescents risk environment. The condom subcommittee works to increase condom availability for YMSM while concurrently teaching youth about the importance of condom usage. With these goals in mind, the subcommittee creates structural change objectives focused on both access and education. Its major projects are (1) Increasing condom distribution through the Adopt-a-School project which pairs coalition representatives with different Philadelphia high schools (2) Promoting condoms through social media and networking, (3) Developing a radio show and PSA about safe sex and prevention.

The ballroom subcommittee delves into the aspects of the Philadelphia ballroom community that impact HIV risk behaviors in YMSM. The ballroom scene blossomed in Philadelphia in the 1980s, where it provided social refuge for men of color seeking escape from the homophobia that plagued black and Latino communities (Johnson, 2010, p. 10). The

community was and is a semi-underground network of primarily African-American MSM organized into social houses. Each house takes a name and operates as a family led by a mother and father, irrespective of gender. The house's children assemble at balls where they walk different performance categories like dance, "vogue" and drag. The contestants compete for a panel of judges and the winners receive monetary prizes, awards, and notoriety within the community.

While ballroom still provides a comfortable alternative for young men of color who are not accepted in their racial and ethnic enclaves, it has also become home to a number of risk factors that contribute to the high rate of HIV/AIDS within YMSM. These include unsafe sex practices with multiple partners, sex with older partners where a power imbalance negatively influences condom negotiation, coercive sex between current and new house members as a form of initiation, needle-sharing among intravenous-drug users, and commercial sex work a means to fund the costs of participation in balls. Given the variety of risk behaviors that occur in this community, the ballroom subcommittee works to elucidate the root causes of this risk and brainstorm SCOs that will reduce these risk factors. Its top priorities are (1) creating a youth advisory board within the ballroom scene to help develop age-appropriate and effective prevention strategies and (2) outreach to house leaders as a means to increase their awareness about HIV in the ballroom community and encourage their direct participation in the coalition.

The final subcommittee, housing, recognizes homelessness and unstable housing as structural variables associated with increased HIV risk behaviors among LGBTQ youth. Nationally, conservative estimate finds 1 in 5 homeless youth self-identifying as LGBTQ (National Alliance to End Homelessness, 2009). The disproportionate rate of unstable housing among LGBTQ youth majorly impacts their risk of engaging in survival sex (National Alliance

to End Homelessness, 2009). By trading sex for money, drugs, or shelter, YMSM increase their likelihood of contracting HIV. “Housing status is thus a significant structural or ‘environmental’ risk factor that itself affects the ability of individuals to avoid risky situations or effectively use risk reduction resources” (HIV Prevention Justice Alliance, 2010).

Though the shelter system exists to provide sanctuary to youth fleeing the rejection and abuse they may experience at home, LGBTQ adolescents often encounter equal or more violence in these environments. Rather than offering asylum, the institutionalized homophobia of the shelter system often drives LGBTQ teens back to the streets. For these reasons the housing subcommittee works toward the following goals: (1) gathering housing status and sexual orientation/identity data from Philadelphia’s youth-serving organizations in order to write a white paper on the status of local youth homelessness and HIV prevalence, (2) using this data to advocate for more LGBTQ-specific shelter beds, (3) drafting a Youth Bill of Rights with non-discrimination clauses to be visible at all youth shelters, (4) encouraging LGBTQ training for shelter support staff, (5) implementing HIV testing at youth shelters, (6) providing hygiene kits to housing-insecure youth as a distal means to decreasing their HIV risk behavior.

### **Housing Insecurity and HIV Risk Behavior in YMSM**

The alarming rates of new HIV infection in YMSM are inextricably linked to their high rate of housing instability and homelessness. While LGBTQ youth make up approximately 3-5% of the general population (Ray, 2006, p.1), conservative estimate finds that 1 in 5 homeless youth identify as LGBTQ (NAEH, 2009, p. 1). Other studies have found the prevalence estimates of LGBTQ youth among the homeless population to range from 11 to 35 percent (Kruks, 1991; Tenner et al., 1998; Whitbeck et al., 2004). While prevalence may vary temporally and



geographically, it remains abundantly clear that LGBTQ youth are overrepresented in the homeless population.

Housing insecurity not only puts youth at risk for sexual exploitation, it often forces homeless youth into sex work as a means of meeting their basic needs for food, shelter, and clothing, thereby further increasing their risk of contracting sexually transmitted infections. Disturbingly, Ennet, Federman, Bailey, Ringwalt, & Hubbard (1999) found that nearly half of homeless youth engaged in survival sex. Among the males engaging in survival sex, 72% identify as gay or bisexual (Kruks, 1991, p.516). In their study on risks associated with HIV, Valleroy et al. (2000) reported higher HIV prevalence among YMSM who reported having run away from home than those who had not (p.201). The impact of housing instability on the rate of high-risk sexual behavior is further emphasized by Kidder, Wolitski, Pals, & Campsmith (2008) who found that housing status was a significant predictor of the number of sexual partners in the last year, sex exchange, and having unprotected sex with an unknown HIV-status partner (p. 451). Because YMSM disproportionately engage in survival sex and are more likely to interact with populations with high HIV seroprevalence, such as adult MSM, they are at high risk of HIV infection (Lankenau, Clatts, Welle, Goldsamt, & Gwadz, 2005).

While the shelter system is designed to be the safety net that catches homeless youth, its failure to meet the needs of LGBTQ adolescents demonstrates some of its holes. Hunter (2008) reported that among queer youth in group homes, 100% were verbally harassed and 70% were physically assaulted because of their sexuality or gender expression (p. 545). Furthermore, in another study, “one hundred percent of the youth participants stated they *often* did not share their sexual orientation with service providers because they feared judgment, retaliation, or refusal of services” (Berberet, 2006, p.380), clearly demonstrating the unpreparedness of shelter staff in

dealing with issues specific to queer youth. The shelter system's incapacity to provide sensitive and culturally-competent care leaves LGBTQ youth with few options except to sleep outdoors, "couch-surf", or exchange sex for housing (Hunter, 2008).

### **Specific Aims**

The mission of Connect to Protect calls for the use of community mobilization and coalition building to achieve structural change objectives that are anticipated to reduce the rates of HIV infection within the YMSM community of Philadelphia. This vision will be advanced through the specific aims of this project. The main a priori hypothesis under examination in the current project supposes the following:

Increasing levels of community mobilization will be associated with increasing the number of structural change objectives that seek to modify programs, policies, and practices, within and across intervention communities (ATN, 2005, p.8).

In line with this theoretical framework, the aims of the current project were as follows:

1. Facilitate the implementation of structural change objectives as prioritized by the housing subcommittee, specifically the assembly of hygiene kits for housing-insecure LGBTQ youth
2. Create an inter-school LGBT coalition for the city as a sustainable entity that will further health initiatives for the city's LGBTQ population
3. Describe the social determinants of health and the contextual factors relevant to YMSM and HIV transmission in Philadelphia and nationally
4. Investigate how structural factors impact the prevention and transmission of HIV in adolescents, specifically YMSM
5. Determine the benefits of coalition-building and community mobilization as the means to achieving structural change through informal conversations with coalition members, observations, and notes made at subcommittee meetings

## **Research Design and Methods**

### **Overview:**

A two-stage project was conducted to facilitate the realization of specific structural change objectives that are logically linked to HIV acquisition and transmission among Philadelphia YMSM. The first stage involved the creation of an inter-school LGBTQ coalition of students (LASOH) to serve as a sustainable means of furthering health initiatives for the city's LGBTQ population. Stage two of the project utilized LASOH to hold a hygiene kit donation drive; the donated supplies were assembled into hygiene kits and distribute to housing-insecure LGBTQ youth.

### **Subjects:**

There were no individual subjects being studied in this project. The main unit of analysis was the housing subcommittee.

(For further explanation, see: "Sample Definition")

### **Sample size:**

The coalition itself, specifically the housing subcommittee, comprised the sample.

### **Source(s) of subjects:**

The coalition was the source of the individuals who made up the housing subcommittee.

### **Recruitment and enrollment procedures:**

Not applicable: There was no recruitment or enrollment necessary as the student was a coalition and housing subcommittee member.

### **Sample definition:** Connect to Protect Coalition Members

The coalition consists of partnerships with Official Community Partners established during earlier phases of C2P. Building community coalitions composed of members from local

organizations was the first step toward identifying the most salient determinants of HIV risk for YMSM. In Philadelphia, the C2P coalition consists of the following organizations: The Mazzoni Center, The Attic Youth Center, GALAEI (Gay and Lesbian Latino AIDS Education Initiative), YHEP (Youth Health Empowerment Project), University of Pennsylvania, YES (Youth Emergency Services), YSI (Youth Services, Inc.), Philadelphia FIGHT, COLOURS, Inc., CHOICE, AACO, Drexel University, Philadelphia Health Department, The Office of HIV Planning, The Family Planning Council/Circle of Care, Safeguards, ACT UP, and St. Christopher's Hospital. Representatives from these various organizations serve on the following three subcommittees of the project: Condom Availability, Housing, and Ballroom. This project was conducted within the Housing subcommittee.

#### **Methods of Data Collection:**

The data in this project consist of the ideas, structural change objectives, and action plans generated by the coalition at working group and subcommittee meetings. Through attendance at monthly subcommittee meetings (Housing, Condom Availability, and/or Ballroom) and the working group meetings every 2 months, specific SCOs were identified and chosen as the focal points of this project. Data was also collected from subcommittee meeting minutes. Through participation in meetings and interacting with the coalition members structural change objectives were identified and action plan steps were formulated.

#### **Variable definition and measurement:**

The variables of interest in this study are the structural change objectives (SCOs). After SCOs were identified by the coalition, they were recorded on an "Action Plan Worksheet (APW) – Part I" (appendix A). The progress on each SCO was reviewed by the coalition at working group meetings with in-depth reviews occurring every 6 months. The APW Part I addressed the

following: the organizational level at which the SCO is expected to occur (e.g. intra-organization, neighborhood, city, state, etc.), the primary sector targeted for this SCO (e.g. youth individuals, social service organizations, etc.), the presence or development of a supporting infrastructure already in place that increases the likelihood that the change will be sustained, and the strategies the coalition plans to use to address the SCO (e.g. advocacy, education, creating linkages, etc.).

Next, an “Action Plan Worksheet – Part II” (appendix B) was completed in a diary format. It is used to record each Action Step the coalition intends to take or has taken to achieve the listed SCO. The relevant information was recorded after each subcommittee meeting or working group meeting where a listed action step was reviewed and/or modified, discontinued or completed. This form detailed the description of the action step taken in achieving the SCO, the person(s) responsible, the potential barriers and plans to address these barriers, the potential facilitators and plans to address the facilitators, and a list of persons to invite or inform about the action step.

Lastly, the “Community Activities Log” (appendix C) was used to document community activities or structural changes related to C2P and/or its mission that were accomplished. Community activities include: (a) completed action steps to meet SCO as outlined in the APWs; (b) completed action steps to meet core elements of the CDC program as outlined in the APWs; (c) working group meetings held; (d) in-depth review of action plan completed. The community activities log also noted structural changes that were: (a) a direction result of the C2P action plan; (b) an indirect result of the C2P action plan; or (c) independent of or external to C2P’s efforts and are logically linkable to HIV acquisition and transmission.

**Data Management:**

All data from the Action Plan Worksheets and Community Activities Logs was entered into the Adolescent Trials Network (ATN) database. Database access is restricted to trained individuals and can be accessed remotely from the ATN website. Data was also save on a shared drive in the Connect to Protect office and the APWs and CALs were printed and filed in a binder.

**Institutional Review Board Considerations:**

Because the unit of analysis in this project was the coalition of community partners, there were no individual subjects being studied. There was no individual recruitment or informed consent necessary. There was no exposure to harm, risk, or hazard associated with participation in this project. An application for release letter was submitted to Jack Mendendorp and the Drexel University College of Medicine Office of Research Compliance approved the protocol. The Office of Research Compliance deemed this research as falling under the rubric of evaluation and quality improvement of program and therefore is not human subject research requiring IRB approval.

**Data Analysis:**

This project saw the completion of three action steps that ultimately led to the implementation of a structural change objective, SCO #039. These action steps were recorded on the APW II and CALs (appendices B-C) and are as follows:

1. Action Step #1: LASOH held its first meeting with representatives from each Philadelphia Medical School in attendance.
2. Action Step #2: LASOH met with Ron Powers and Alecia Manly from the Mazzoni Center and discussed opportunities for collaboration.

3. Action Step #3: LASOH received confirmation from Ron Powers that collaboration is underway with the Mazzoni Center.
4. Completion of SCO #039 which stated that: By April 2010 the Mazzoni Center will begin a new program collaborating with the city-wide inter-health school student coalition (LASOH) to facilitate and sustain LGBTQ youth health initiatives.

While this project completed a structural change objective via the creation of LASOH, measuring the long-term impact of this achievement is both premature and beyond the scope of this paper's analysis. At this time it is only feasible to measure the more proximal outcomes of this SCO as discussed in the "results" section.

## **Results**

This project was focused on participating in the collaborative process of the Connect to Protect coalition and its subcommittees whose members work together to prioritize the salient issues of concern, brainstorm potential solutions, and construct and apply a plan of action that will accomplish their goals. The structural change objectives undertaken in this project, aimed at preventing and reducing HIV infection in YMSM, consisted of assembling and distributing hygiene kits for housing-insecure LGBTQ youth and the creation of Philadelphia LASOH (LGBTQ Alliance of Students Organized for Health).

Philadelphia LASOH was the outgrowth of informal projects focused on LGBTQ health initiatives coordinated by students at a number of Philadelphia medical schools. Through these collaborations it became evident that the wealth of health professions students in the Philadelphia region was a powerful means of effecting change. In order to harness the abilities and enthusiasm of health students dedicated to serving the LGBTQ community, LASOH was created.



Composed of students from Drexel University, Temple University, Thomas Jefferson University, University of Pennsylvania, Philadelphia College of Osteopathic Medicine, LASOH is a cohesive body that facilitates the implementation of LGBTQ health initiatives. In order to assure the group's sustainability, a formal partnership with the Mazzoni Center was established.

LASOH's current activities include the following:

- Staffing the Mazzoni Center Adolescent Drop-In Clinic once a week
- Organizing biannual hygiene kit donation drives
- Holding a health fair at Philadelphia's annual Equality Forum

Discussions are underway with the Mazzoni Center, Attic Youth Center, COLOURS, and St. Christopher's Hospital for Children regarding LASOH's participation in future activities such as:

- Working on Mazzoni Center's mobile testing unit
- Mentoring at the Attic Youth Center
- Drop-in health screenings at COLOURS once a month
- Tutoring youth living with HIV/AIDS at St. Christopher's Hospital

The structure of LASOH consists of an elected President and a senior and junior school representative from each participating academic institution. Currently, LASOH has approximately 20 members from 8 different health professions schools, including medical schools, a nursing school, and a school of public health. The group meets monthly to discuss the progress of its activities and to discuss future ideas. The coalition's partnership with the Mazzoni Center anchors LASOH to an existing and enduring community organization. Its elected board members further ensure that LASOH remains a collaborative and sustainable means of supporting LGBTQ-focused health initiatives and SCOs.

One specific structural change objective formulated by C2P and facilitated by LASOH was the provision of hygiene kits to housing-insecure LGBTQ youth. LASOH held a hygiene kit donation drive to gather supplies for the assembly of hygiene kits (appendix E). Over 40 people were in attendance and donated hundreds of items including toothpaste, toothbrushes, soap, shampoo, lotion, deodorant, etc. Following the drive, the C2P Housing Subcommittee assembled 135 hygiene kits, which were given to the Mazzoni Center, GALAEI, Youth Emergency Services, and the Attic Youth Center for distribution to youth. By providing essential items like hygiene supplies to homeless and housing-insecure youth, those individuals are less likely to resort to survival sex to obtain them, thereby reducing their risk of HIV infection. Due to the success of the donation drive, it will become a biannual event organized by LASOH. As such, LASOH will ensure the sustainability of this project. The creation of LASOH and its collaboration with C2P in implementing action steps aimed at HIV reduction in YMSM speaks to the strength of community mobilization and the collective power of coalition building.

**Table 1:** Organizations and Individuals that made donations of items for hygiene kit donation drive in February 2010

<b>Donor</b>	<b>Donation</b>
Philadelphia Department of Public Health	200 Hand Sanitizers
AIDS Activities Coordinating Office	100 Lip balms
Society Hill Dental Associates	106 Tubes of toothpaste 48 Toothbrushes
Valley Youth House	Shampoo, Conditioner, Lotion, Body Wash
Mazzoni Center	200 Drop-In Center Information Cards
Covenant House	200 Crisis Center Information Cards
Johnson & Johnson	Deodorant, Mouthwash, Foot Powder, Washcloths, Lotion, Shampoo, Conditioner, Soap, Bandages, Toothbrushes, Toothpaste, Combs, Lip Balm, Tissues
Individual Donors	Deodorant, Mouthwash, Foot Powder, Washcloths, Lotion, Shampoo, Conditioner, Soap, Bandages, Toothbrushes, Toothpaste, Combs, Lip Balm, Tissues

### **Significance of Project and Contributions to Community**

Through its effectuation of these structural changes in Philadelphia the project took important steps toward meeting the basic needs of YMSM and may potentially contribute to reducing HIV infection in this community in the years ahead. The provision of hygiene kits, in concert with larger policy changes in the shelter system, helps decrease the likelihood that youth will resort to exchanging sex for these basic needs and thereby is logically linked to HIV prevention. By including information cards in each hygiene kit, youth are also receiving linkages to care and resources to help them with other aspects of their lives that may contribute to HIV risk behaviors. While the hygiene kit donation drive directly benefited youth, the event had the indirect effect of increasing awareness within the greater Philadelphia community about the prevalence of homelessness and housing-insecurity among LGBTQ youth. Raising awareness about the problem is necessary to incite policy changes that will ultimately address it. Lastly, completing this small, yet concrete action step adds to housing subcommittee's momentum as it works to achieve its larger structural change objectives.

The creation of Philadelphia LASOH was an innovative approach to assembling a coalition of LGBTQ health professions students from Philadelphia universities. As such, this project established a sustainable means of service to the local LGBTQ community. In the years ahead, LASOH will continue and expand its current activities and create new projects by collaborating with other community-based organizations.

**Discussion:**

The project's main hypothesis reasoned that increasing levels of community mobilization would be associated with increased levels of structural change as measured by new or modified programs, policies, and practices logically linked to HIV prevention in YMSM. The results of this project fulfilled these a priori assumptions. The mobilization of two different communities, (1) the C2P coalition members and youth-serving CBOs and (2) LGBTQ health professions students, occurred via the hygiene kit donation drive and the creation of LASOH. Through the work of both coalitions, structural changes aimed at reducing the incidence and prevalence of HIV in YMSM were implemented. The programs and practices begun in this project, including the hygiene kit donation drive and formalization of LASOH, will become sustainable activities through the continuing work of LASOH members.

The strengths of the study include the community-based participatory research approach that engaged members from CBOs, agencies, and health-care facilitates who regularly work with adolescents, YMSM, and LGBTQ youth. As such, the structural change objectives were formulated and carried out in culturally appropriate and sensitive ways. Nesting the prevention-focused activities within coalitions and existing organizations significantly increases their potential sustainability.

The specific strengths of LASOH lie in the uniqueness and diversity of the group. A coalition of health professions students provides an innovative way to raise awareness about the health problems most affecting the LGBTQ population and to serve the local community. LASOH also benefits from its heterogeneity. The coalition, composed of students of different genders, races, ethnicities, sexual orientations and identities, draws on the diverse spectrum of knowledge brought by each member from his or her particular health field of study (e.g.

Osteopathic and Allopathic Medicine, Nursing, Dentistry, Public Health) at his or her respective college or university. In this way, LASOH offers a variety of perspectives, services, and skills in its support of Philadelphia LGBTQ health initiatives.

The most apparent limitation is the inability to measure the impact within the timeframe of the project. While proximal outcomes, like the number of people directly served by the provision of hygiene kits and health screenings can be quantified, measurement of the distal outcomes is beyond the scope of this paper. Furthermore, while this project hopes to make initial steps toward structural changes that will reduce the rates of HIV in YMSM, knowing whether its contributions have done so, cannot be discretely measured.

### **Conclusions and Recommendations:**

The main conclusion of this study reinforces the concept that community mobilization increases the sustainability of structural changes by collectively garnering support from individuals and organizations that come together to formulate and implement action steps aimed at accomplishing a common goal. Furthermore, this project demonstrated the power of collaboration as a means to positively impact Philadelphia's LGBTQ community. The coalition-building efforts of C2P and LASOH are a means to changing structures, such as shelter policies, condom distribution programs, and ballroom community practices, linked to HIV transmission in YMSM and will thereby help to reduce the incidence and prevalence of infection in this subpopulation and ultimately contribute to curbing the epidemic.

Future research is needed to elucidate the factors contributing to the racial disparity in HIV/AIDS cases among black YMSM. There is also a need for research that examines the temporal relationship between same-sex sexual relationships, housing-insecurity, and HIV

diagnosis in order to ascertain whether or not the relationship between these variables is linear or more complex than the current literature suggests. In order to better contextualize the burden of HIV cases in different geographic locales, an infrastructure for the collection of data about sexual and gender minority youth is greatly needed. One proposed way to capture this information within Philadelphia is the inclusion of questions relevant to sexual orientation, identity, and behavior on its version of the Youth Risk Behavior Survey. For example, the Massachusetts YRBS results indicated that YMSM who experienced harassment at school “were more likely to have ever been diagnosed with an STD, injected drugs, had more than four sex partners, and not used a condom the last time they had sexual intercourse” (CDC, 2009). Furthermore, it must be emphasized that anyone conducting research on housing-insecurity is likewise obliged to study how sexual orientation, identity, and behavior contribute to and influence youth homelessness. Until the linkages between housing-insecurity, sexual behavior, and sexual orientation data among youth are qualitatively explored and quantified, it will remain difficult to advocate for concrete actions that will reduce their HIV risk.

To this end, Connect to Protect should continue to collect data about the housing status, HIV status, and sexual orientation of youth clients from its community partners. Once the aggregate data has been analyzed, the housing subcommittee will report the results in a white paper discussing the relationship between housing insecurity and HIV status among YMSM and other sexual minority youth in Philadelphia. C2P ultimately seeks to create a full report on the HIV epidemic within homeless YMSM as a call to action for local policy makers. Bringing this invisible population of youth to the attention of city officials will give C2P the quantitative power to effectively advocate for policies and services that match the demand. As one voice for disenfranchised YMSM, C2P should persist on its laudable path to reduce this health disparity.

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## BIBLIOGRAPHY

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## APPENDICES

## APPENDIX A

## Action Plan Worksheet – Part 1

## ATN 040

**ACTION PLAN WORKSHEET (PART I)  
STRUCTURAL CHANGE OBJECTIVES AND CDC CORE  
ELEMENTS**

**INSTRUCTIONS:** Record the Structural Change Objective (SCO) to be achieved or the CDC core element to be addressed on this form. SCO/CDC core element may have been identified during the VMOSA process or during periodic review of the action plan. Complete one form per SCO or CDC core element. An initial Action Plan Worksheet (APW-Part I), will be completed in conjunction with Working Group Meeting (WGM) #1. Subsequent forms will be completed, as necessary, to indicate a *new, reviewed, modified, discontinued or completed* SCO. APWs will be reviewed by the coalition at each WGM with in-depth reviews occurring every 6 months.

**NOTE: Submit a Logic Model to the NCC any time an APW-Part I is completed for a new SCO.**

**If you are recording an SCO:** In the header, record the date of awareness that the SCO was formulated, reviewed, modified, discontinued or completed and the staff code of the individual completing the form. Use the same unique 3-digit SCO number that was assigned on the HCQ Section II Survey of Structural Change Objectives and always use the same SCO number when referring to this SCO and completing the APW Part II.

**If you are recording a CDC core element:** In the header, record the date of awareness that plans were first put into place to address the CDC core element. Assign the relevant CDC core element code (Refer to CDC core element code list on the last page of this form) and complete the APW-Part II.

If only an action step to achieve a previously recorded SCO or CDC core element is reviewed, added or modified, do NOT complete this form. Only the APW-Part II needs to be completed.

Enter this form in RDC within 14 days of the header date and approve the data within 10 days of entry.

1. This form is being completed for a: **(Select one)**

<sub>1</sub> SCO **(Go to Q2)**

<sub>2</sub> CDC core element **(STOP. Complete APW Part II)**

2. This SCO recorded on this form is: **(Select one):**

- <sub>1</sub> Reviewed only. No modifications to the SCO and no variables changed. **(End of Form)**
- <sub>2</sub> Reviewed. Modifications and/or variables changed **(Go to Q5)**
- <sub>3</sub> New **(Go to Q4)**
- <sub>4</sub> Discontinued **(Go to Q3)**
- <sub>5</sub> Completed **(End of Form. Record on Community Activities Log)**

3. Reason(s) why SCO was discontinued before it was completed: **(End of Form)**
4. SCO to be achieved: **(Go to Q7)**
5. How has this SCO been modified and/or which variable(s) about this SCO has/have changed since the previous APW was completed for this SCO. **(Select all that apply)**

**NOTE: After you have made your selection(s), complete the remainder of the form by answering only those question(s) indicated in the parenthesis on your selection(s). Do not follow the usual skip patterns.**

- <sub>1</sub> **(Q6)** SCO modification.
- <sub>2</sub> **(Q7)** Organizational level of this SCO.
- <sub>3</sub> **(Q8)** Primary sector targeted for this SCO.
- <sub>4</sub> **(Q9)** Secondary sector(s) that may also be affected by this change.
- <sub>5</sub> **(Q10)** Supporting infrastructure that increases the likelihood that the change will be sustained.
- <sub>6</sub> **(Q11)** Type(s) of infrastructure the C2P coalition will try to create or will ensure are in place to increase the likelihood that the change will be maintained.
- <sub>7</sub> **(Q12)** Strategy(ies) the coalition plans to use to address this SCO.
5. Describe the SCO modification:
7. Organizational level at which this SCO is expected to occur: **(Select only one)**
- <sub>1</sub> Intra-organization
- <sub>2</sub> Neighborhood
- <sub>3</sub> City
- <sub>4</sub> State

5 Region

8. Primary sector targeted for this SCO: **(Select only one)**

<input type="checkbox"/> 01 Parents/guardians/other family members: specify:_____	<input type="checkbox"/> 07 Civic organizations: specify:_____
<input type="checkbox"/> 02 Youth individuals not representing a particular organization or agency: specify:_____	<input type="checkbox"/> 08 Government: specify:_____
<input type="checkbox"/> 03 Social service organizations: specify:_____	<input type="checkbox"/> 09 Media: specify:_____
<input type="checkbox"/> 04 Faith-based/Spiritual organizations: specify: _____	<input type="checkbox"/> 10 Law Enforcement: specify:_____
<input type="checkbox"/> 05 Businesses: specify:_____	<input type="checkbox"/> 11 Legal justice system: specify:_____
<input type="checkbox"/> 06 Education/Schools: specify:_____	<input checked="" type="checkbox"/> 12 Health care organizations/hospital networks/clinics/individual providers: specify:_____
	<input type="checkbox"/> 13 Other, specify:_____

9. Secondary sector(s) that may also be affected by this change: **(Select all that apply)**

<input type="checkbox"/> 01 Parents/guardians/other family members: specify:_____	<input type="checkbox"/> 07 Civic organizations: specify:_____
<input checked="" type="checkbox"/> 02 Youth individuals not representing a particular organization or agency: specify:_____	<input type="checkbox"/> 08 Government: specify:_____
<input checked="" type="checkbox"/> 03 Social service organizations: specify:_____	<input type="checkbox"/> 09 Media: specify:_____
<input type="checkbox"/> 04 Faith-based/Spiritual organizations: specify: _____	<input type="checkbox"/> 10 Law Enforcement: specify:_____
<input type="checkbox"/> 05 Businesses: specify:_____	<input type="checkbox"/> 11 Legal justice system: specify:_____
<input checked="" type="checkbox"/> 06 Education/Schools: specify:_____	<input type="checkbox"/> 12 Health care organizations/hospital networks/clinics/individual providers: specify:_____
	<input type="checkbox"/> 13 Other, specify:_____

10. Is there a supporting infrastructure already in place that increases the likelihood that the change will be sustained?

1 Yes

0 No **(Go to Q11)**

<sub>9</sub> Not known at this time (*Go to Q11*)

10a. Explain the type(s) of supporting infrastructure(s):

---

11. Explain the type(s) of infrastructure the C2P coalition will try to create or will ensure are in place to increase the likelihood that the change will be maintained:

<sub>9</sub> None or Not known at this time

12. What strategy(ies) does/do the coalition plan to use to address this SCO: (*Select all that apply*)

<b>Strategy</b> <i>(Provide an example for each strategy selected below)</i>	<b>Example:</b>
<input checked="" type="checkbox"/> <sub>1</sub> Creating linkage (bring people together)	
<input type="checkbox"/> <sub>2</sub> Advocacy (motivate people)	
<input type="checkbox"/> <sub>3</sub> Technical Assistance/Building Capacity	
<input type="checkbox"/> <sub>4</sub> Educating/Creating Awareness	
<input type="checkbox"/> <sub>5</sub> Altering or creating incentives/Disincentives	

**ATN 040**

**ACTION PLAN WORKSHEET (PART I)**

**STRUCTURAL CHANGE OBJECTIVES AND CDC CORE ELEMENTS**

**INSTRUCTIONS:** Record the Structural Change Objective (SCO) to be achieved or the CDC core element to be addressed on this form. SCO/CDC core element may have been identified during the VMOSA process or during periodic review of the action plan. Complete one form per SCO or CDC core element. An initial Action Plan Worksheet (APW-Part I), will be completed in conjunction with Working Group Meeting (WGM) #1. Subsequent forms will be completed, as necessary, to indicate a *new, reviewed, modified, discontinued or completed* SCO. APWs will be reviewed by the coalition at each WGM with in-depth reviews occurring every 6 months.

**NOTE:** Submit a Logic Model to the NCC any time an APW-Part I is completed for a new SCO.

**If you are recording an SCO:** In the header, record the date of awareness that the SCO was formulated, reviewed, modified, discontinued or completed and the staff code of the individual completing the form. Use the same unique 3-digit SCO number that was assigned on the HCQ Section II Survey of Structural Change Objectives and always use the same SCO number when referring to this SCO and completing the APW Part II.

**If you are recording a CDC core element:** In the header, record the date of awareness that plans were first put into place to address the CDC core element. Assign the relevant CDC core element code (Refer to CDC core element code list on the last page of this form) and complete the APW-Part II.

If only an action step to achieve a previously recorded SCO or CDC core element is reviewed, added or modified, do NOT complete this form. Only the APW-Part II needs to be completed.

Enter this form in RDC within 14 days of the header date and approve the data within 10 days of entry.

1. This form is being completed for a: (**Select one**)

<sub>1</sub> SCO (**Go to Q2**)

<sub>2</sub> CDC core element (**STOP. Complete APW Part II**)

2. This SCO recorded on this form is: (**Select one**):

<sub>1</sub> Reviewed only. No modifications to the SCO and no variables changed. (**End of Form**)

<sub>2</sub> Reviewed. Modifications and/or variables changed (**Go to Q5**)

<sub>3</sub> New (**Go to Q4**)

<sub>4</sub> Discontinued (**Go to Q3**)

<sub>5</sub> Completed (**End of Form. Record on Community Activities Log**)



## APPENDIX B

## Action Plan Worksheet – Part II

## ATN 040

**ACTION PLAN WORKSHEET (PART II)**

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**INSTRUCTIONS:** This form is in a diary format and will be used to record each Action Step the coalition *intends to take or has taken* to achieve the listed Structural Change Objective (SCO) or address the CDC Core Element.

Complete a separate form for each SCO or CDC Core Element. On the following pages, complete a separate table for each Action Step. Assign a number in consecutive order to each Action Step and record this number along with the requested initial information. Record relevant information after each Subcommittee Meeting (SCM) or Working Group Meeting (WGM) where a listed action step is reviewed and/or modified, discontinued or completed. There is no limit to the number of Action Steps required to accomplish a SCO or address a CDC Core Element and no limit to the number of updates/modifications recorded for each Action Step. Copy and paste as many rows in the tables as needed. Insert a page break before each new table to ensure that Action Steps are separated.

**TO SUBCOMMITTEE MEETING FACILITATOR:** Please return the completed form to C2P site staff within 1 week of the SCM. In the first column of the Action Step tables, include the name of the person completing the form.

**TO C2P SITE STAFF** Maintain the master APW-II Form at your site. Provide copies of the form to WGM or SCM chairs and transcribe information provided by these persons on the master copy. Electronically transmit the initial form for each SCO or CDC Core Element to your C2P National Coordinator within 14 days of initiation. Continue to transmit the form within 14 days of knowledge of any new information regarding reviews, updates or modifications recorded on the form as described in the ATN 040 Manual of Operations. Keep the original form on site. Do not enter this form in Remote Data Capture (RDC).

**INSTRUCTIONS:** Complete a separate table per Action Step. Record all dates numerically as MM/DD/YYYY. All new entries, whether initial or updated information, must be recorded in **blue type font**. Each time an update is recorded, carry forward all unchanged items since the previous entry and change the color of the ongoing items to **black type font**.

**INITIAL INFORMATION:** SCO#: 0 3 9 or CORE ELEMENT CODE:       AS #: 0 1

**Briefly describe the SCO or CDC Core Element being addressed:** By April 2010 the Mazzone Center will begin a new program collaborating with the city-wide inter-health school student coalition (LASOH) to facilitate and sustain LGBT youth health initiative.

DEMOGRAPHICS (MM/DD/YYYY)	ACTION STEP DESCRIPTION	PERSON(S) RESPONSIBLE	POTENTIAL BARRIERS & PLANS TO ADDRESS	POTENTIAL FACILITATORS & PLANS TO ADDRESS	PERSONS TO INVITE / INFORM
<b>DATE CREATED:</b> 1/26/2010 <b>START DATE:</b> 1/26/2010 <b>DUE DATE:</b> 2/4/2010 <b>RECORDED BY:</b> AEM	<b>UPDATE / OUTCOME:</b> LASOH Meeting	Allison Myers	<b>BARRIERS:</b> Finding meeting space  <b>PLANS:</b> Email Tony Daniel about using space at Washington West	<b>FACILITATORS:</b> Novelty of the group – people excited to be involved  <b>PLANS:</b>	<b>INVITE:</b> LGBT group presidents at health schools  <b>INFORM:</b> C2P coalition
<b>MODIFICATION / STATUS UPDATE:</b> (Select one only and <u>enter date</u> of occurrence as MM/DD/YYYY)					
<b>REVIEWED ONLY:</b>		<b>REVIEWED &amp; MODIFIED:</b>		<b>DISCONTINUED:</b>	
<b>COMPLETED: 02/04/2010</b>					
<b>START DATE:</b> 02/04/2010 <b>DUE DATE:</b> 02/04/2010 <b>RECORDED BY:</b> AEM	<b>UPDATE / OUTCOME:</b> Met with LASOH	Allison Myers	<b>BARRIERS:</b> Deciding on the group structure and leadership  <b>PLANS:</b> Draft a tentative structure and vote on it at the next meeting	<b>FACILITATORS:</b> Representatives from each medical school were in attendance  <b>PLANS:</b>	<b>INVITE:</b> Other health professions students  <b>INFORM:</b> C2P coalition

**INITIAL INFORMATION:** SCO#: 0 3 9 or CORE ELEMENT CODE:       AS #: 0 2

**Briefly describe the SCO or CDC Core Element being addressed:** By April 2010 the Mazzone Center will begin a new program collaborating with

the city-wide inter-health school student coalition (LASOH) to facilitate and sustain LGBT youth health initiative.					
DEMOGRAPHICS (MM/DD/YYYY)	ACTION STEP DESCRIPTION	PERSON(S) RESPONSIBLE	POTENTIAL BARRIERS & PLANS TO ADDRESS	POTENTIAL FACILITATORS & PLANS TO ADDRESS	PERSONS TO INVITE / INFORM
<b>DATE CREATED:</b> 03/02/2010 <b>START DATE:</b> 03/02/2010 <b>DUE DATE:</b> 03/12/2010 <b>RECORDED BY:</b> AEM	<b>UPDATE / OUTCOME:</b> Propose collaboration with the Mazzoni Center	Allison Myers	<b>BARRIERS:</b> Locating a person within the Mazzoni center who will be a liaison to LASOH <b>PLANS:</b> Hold initial meeting with Kate Gormely to discuss collaboration	<b>FACILITATORS:</b> Existing involvement with the Adolescent Drop-in Clinic <b>PLANS:</b>	<b>INVITE:</b> Kate Gormely LASOH representatives <b>INFORM:</b> C2P coalition LASOH
<b>MODIFICATION / STATUS UPDATE: (Select one only and enter date of occurrence as MM/DD/YYYY)</b> <b>REVIEWED ONLY:</b> <b>REVIEWED &amp; MODIFIED:</b> <b>DISCONTINUED:</b> <b>COMPLETED:</b> 03/12/10					
<b>START DATE:</b> 03/12/2010 <b>DUE DATE:</b> 03/12/2010 <b>RECORDED BY:</b> AEM	<b>UPDATE / OUTCOME:</b> Met with Mazzoni Center and discussed opportunities for collaboration	Allison Myers Alison Lin Jason Duran Thais Davis	<b>BARRIERS:</b> Maintaining communication between LASOH and Mazzoni <b>PLANS:</b> Establish faculty advisors at each LASOH participant school	<b>FACILITATORS:</b> Existing involvement with Adolescent Drop-in Clinic Successful hygiene kit donation drive <b>PLANS:</b>	<b>INVITE:</b> <b>INFORM:</b> C2P coalition LASOH
DEMOGRAPHICS (MM/DD/YYYY)	ACTION STEP DESCRIPTION	PERSON(S) RESPONSIBLE	POTENTIAL BARRIERS & PLANS TO ADDRESS	POTENTIAL FACILITATORS & PLANS TO ADDRESS	PERSONS TO INVITE / INFORM

<b>DATE CREATED:</b> 03/15/2010 <b>START DATE:</b> 03/05/2010 <b>DUE DATE:</b> 04/21/2010 <b>RECORDED BY:</b> AEM	Confirmation from Ron Powers that a partnership is underway between Mazzone and LASOH for Equality Forum Health Fair	Allison Myers Jason Duran	<b>BARRIERS:</b> Scheduling a sufficient number of volunteers for the health fair  <b>PLANS:</b> Solicit volunteers through LASOH and at medical schools	<b>FACILITATORS:</b> LASOH listserv and shared google document for scheduling  <b>PLANS:</b>	<b>INVITE:</b>  <b>INFORM:</b> LASOH Drexel Med Temple Med Penn Med Jefferson Med PCOM
<b>MODIFICATION / STATUS UPDATE: (Select one only and <u>enter date</u> of occurrence as MM/DD/YYYY)</b>					
<b>REVIEWED ONLY:</b>	<b>REVIEWED &amp; MODIFIED:</b>	<b>DISCONTINUED:</b>	<b>COMPLETED:</b>	<b>4/21/10</b>	
<b>START DATE:</b> 03/15/2010 <b>DUE DATE:</b> 04/21/2010 <b>RECORDED BY:</b> AEM	<b>UPDATE / OUTCOME:</b> SCO #039 completed		<b>BARRIERS:</b>  <b>PLANS:</b>	<b>FACILITATORS:</b>  <b>PLANS:</b>	<b>INVITE:</b>  <b>INFORM:</b>

## APPENDIX C

## Community Activities Logs

**ATN 040**  
**COMMUNITY ACTIVITIES LOG 1**

**INSTRUCTIONS:** Beginning with Working Group Meeting #1, complete this form to document community activities related to C2P and/or its mission that have been accomplished. Complete a separate form for each community activity (CA).

Community activities include:

**1. Community Actions** that are:

- (a) completed action steps to meet Structural Change Objectives (SCOs) as outlined in the Action Plan Worksheets (APWs);
- (b) completed action steps to meet core elements of the CDC program as outlined in the APWs.
- (c) Working Group Meeting (WGM) held; and
- (d) in-depth review of Action Plan completed.

**2. Structural Changes** that are:

- (a) a **direct** result of the C2P Action Plan;
- (b) an **indirect** result of the C2P Action Plan (see ATN 040 Manual of Operations (MOO) definition of direct and indirect structural changes); and
- (c) **independent** of or external to C2P's efforts and are logically linkable to HIV acquisition and transmission.

In the header, record the form completion date, the staff code of the individual completing the form and a unique 4-digit community activity number (CA#), assigned in consecutive order, beginning with 0001. Record community activities regularly, enter completed forms in RDC at a minimum of every 2 weeks and approve the data within 10 days of entry. If no community activities occurred during the 2 week interval since the last Community Activities Log (CAL) was completed, a CAL must still be completed and entered in RDC on schedule. If this is the case, complete the header information, including the date that the form was completed, the staff code of the individual completing the form and mark the box indicating there are no community activities to report.



<input checked="" type="checkbox"/> <sub>1</sub> Related to a specific SCO from the Action Plan →	0   3   9   Record 3-digit code (from the APW) of the relevant SCO ( <b>Go to Q7</b> )
<input type="checkbox"/> <sub>2</sub> Related to a specific CDC Program Core Element from the Action Plan →	_   _   Record 2-digit code (from the APW) of the relevant CDC Program Core Element ( <b>Go to Q6</b> )
<input type="checkbox"/> <sub>3</sub> A completed WGM →	<b>(End of Form)</b>
<input type="checkbox"/> <sub>4</sub> An in-depth review of the overall Action Plan →	<b>(End of Form)</b>

6. Briefly describe how this Community Action is relevant to the CDC Program Core Element:

7. Record the key actors who contributed to this Community Action (**Complete table below, then End of Form**)

**NOTE: Refer to WGM minutes and APW for a list of key actors and your Coalition Member & Key Actor Code List for the assigned codes. Attach another CAL if more spaces are needed. (REMINDER: END OF FORM)**

a.   0   4   H   0   3   H   1   2   H   0   2   H   0   0   6   9   SITE #    COAL TYPE    SECTOR    TRGT POP    KEY ACTOR CODE
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## ATN 040 COMMUNITY ACTIVITIES LOG 2

**INSTRUCTIONS:** Beginning with Working Group Meeting #1, complete this form to document community activities related to C2P and/or its mission that have been accomplished. Complete a separate form for each community activity (CA).

Community activities include:

**1. Community Actions** that are:

- (a) completed action steps to meet Structural Change Objectives (SCOs) as outlined in the Action Plan Worksheets (APWs);
- (b) completed action steps to meet core elements of the CDC program as outlined in the APWs.
- (c) Working Group Meeting (WGM) held; and
- (d) in-depth review of Action Plan completed.

**2. Structural Changes** that are:

- (a) a **direct** result of the C2P Action Plan;
- (b) an **indirect** result of the C2P Action Plan (see ATN 040 Manual of Operations (MOO) definition of direct and indirect structural changes); and
- (c) **independent** of or external to C2P's efforts and are logically linkable to HIV acquisition and transmission.

In the header, record the form completion date, the staff code of the individual completing the form and a unique 4-digit community activity number (CA#), assigned in consecutive order, beginning with 0001. Record community activities regularly, enter completed forms in RDC at a minimum of every 2 weeks and approve the data within 10 days of entry. If no community activities occurred during the 2 week interval since the last Community Activities Log (CAL) was completed, a CAL must still be completed and entered in RDC on schedule. If this is the case, complete the header information, including the date that the form was completed, the staff code of the individual completing the form and mark the box indicating there are no community activities to report.

8. Date this community activity took place or was completed \*    0 | 3 | H | 1 | 2 | H | 2 | 0 | 1 | 0 |

Month                      Day                                      Year

9. Describe the community activity:

Action Step #02:

The LGBT Alliance of Students Organized for Health (LASOH) met with Ron Powers and Alecia Manly from the Mazzoni Center and discussed opportunities for collaboration.

10. Identify the data source for this community activity (**Select all that apply**)



- <sub>1</sub> Action Plan Worksheet (APW)
- <sub>2</sub> Healthy Coalition Interview (HCI)
- <sub>3</sub> Working Group/Subcommittee Meeting (WGM/SCM) minutes
- <sub>4</sub> Other, specify \_\_\_\_\_
- <sub>5</sub> Other, specify \_\_\_\_\_

11. Type of community activity this is **(Select one)**:

- <sub>1</sub> Community Action **(Go to Q5)**
- <sub>2</sub> Structural Change **(Go to Q8)**

12. This Community Action is: **(Select one)**

<input checked="" type="checkbox"/> <sub>1</sub> Related to a specific SCO from the Action Plan →	0   3   9   Record 3-digit code (from the APW) of the relevant SCO <b>(Go to Q7)</b>
<input type="checkbox"/> <sub>2</sub> Related to a specific CDC Program Core Element from the Action Plan →	__ __  Record 2-digit code (from the APW) of the relevant CDC Program Core Element <b>(Go to Q6)</b>
<input type="checkbox"/> <sub>3</sub> A completed WGM →	<b>(End of Form)</b>
<input type="checkbox"/> <sub>4</sub> An in-depth review of the overall Action Plan →	<b>(End of Form)</b>

13. Record the key actors who contributed to this Community Action (**Complete table below, then End of Form**)

**NOTE: Refer to WGM minutes and APW for a list of key actors and your Coalition Member & Key Actor Code List for the assigned codes. Attach another CAL if more spaces are needed. (REMINDER: END OF FORM)**

a.	0   4	0   3	1   2	0   2	0   0   6   9
	SITE #	COAL TYPE	SECTOR	TRGT POP	KEY ACTOR CODE
b.	0   4	5   9	0   3	0   2	0   0   7   3
	SITE #	COAL TYPE	SECTOR	TRGT POP	KEY ACTOR CODE
c.	0   4	5   9	0   3	0   2	0   0   7   4
	SITE #	COAL TYPE	SECTOR	TRGT POP	KEY ACTOR CODE

## ATN 040 COMMUNITY ACTIVITIES LOG 3

**INSTRUCTIONS:** Beginning with Working Group Meeting #1, complete this form to document community activities related to C2P and/or its mission that have been accomplished. Complete a separate form for each community activity (CA).

Community activities include:

**1. Community Actions** that are:

- (a) completed action steps to meet Structural Change Objectives (SCOs) as outlined in the Action Plan Worksheets (APWs);
- (b) completed action steps to meet core elements of the CDC program as outlined in the APWs.
- (c) Working Group Meeting (WGM) held; and
- (d) in-depth review of Action Plan completed.

**2. Structural Changes** that are:

- (a) a **direct** result of the C2P Action Plan;
- (b) an **indirect** result of the C2P Action Plan (see ATN 040 Manual of Operations (MOO) definition of direct and indirect structural changes); and
- (c) **independent** of or external to C2P's efforts and are logically linkable to HIV acquisition and transmission.

In the header, record the form completion date, the staff code of the individual completing the form and a unique 4-digit community activity number (CA#), assigned in consecutive order, beginning with 0001. Record community activities regularly, enter completed forms in RDC at a minimum of every 2 weeks and approve the data within 10 days of entry. If no community activities occurred during the 2 week interval since the last Community Activities Log (CAL) was completed, a CAL must still be completed and entered in RDC on schedule. If this is the case, complete the header information, including the date that the form was completed, the staff code of the individual completing the form and mark the box indicating there are no community activities to report.

14. Date this community activity took place or was completed \*      0   |   4   |   1   |   5   |   2   |   0   |   1   |   0   |  
Month                      Day                      Year

15. Describe the community activity:

Action Step #03:

The LGBT Alliance of Students Organized for Health (LASOH) received confirmation from Ron Powers that collaboration is underway with the Mazzoni Center.

16. Identify the data source for this community activity (**Select all that apply**)

- <sub>1</sub> Action Plan Worksheet (APW)
- <sub>2</sub> Healthy Coalition Interview (HCI)
- <sub>3</sub> Working Group/Subcommittee Meeting (WGM/SCM) minutes
- <sub>4</sub> Other, specify \_\_\_\_\_
- <sub>5</sub> Other, specify \_\_\_\_\_

17. Type of community activity this is (**Select one**):

- <sub>1</sub> Community Action (**Go to Q5**)
- <sub>2</sub> Structural Change (**Go to Q8**)

18. This Community Action is: (**Select one**)

<input checked="" type="checkbox"/> <sub>1</sub> Related to a specific SCO from the Action Plan →	0   3   9   Record 3-digit code (from the APW) of the relevant SCO ( <b>Go to Q7</b> )
<input type="checkbox"/> <sub>2</sub> Related to a specific CDC Program Core Element from the Action Plan →	__ __  Record 2-digit code (from the APW) of the relevant CDC Program Core Element ( <b>Go to Q6</b> )
<input type="checkbox"/> <sub>3</sub> A completed WGM →	<b>(End of Form)</b>

<input type="checkbox"/> 4 An in-depth review of the overall Action Plan →	<i>(End of Form)</i>
--	----------------------

19. Briefly describe how this Community Action is relevant to the CDC Program Core Element:

20. Record the key actors who contributed to this Community Action **(Complete table below, then End of Form)**

**NOTE: Refer to WGM minutes and APW for a list of key actors and your Coalition Member & Key Actor Code List for the assigned codes. Attach another CAL if more spaces are needed. (REMINDER: END OF FORM)**

a.	0   4	0   3	1   2	0   2	0   0   6   9
	SITE #	COAL TYPE	SECTOR	TRGT POP	KEY ACTOR CODE
b.	0   4	5   9	0   3	0   2	0   0   7   3
	SITE #	COAL TYPE	SECTOR	TRGT POP	KEY ACTOR CODE

## ATN 040 COMMUNITY ACTIVITIES LOG 4

**INSTRUCTIONS:** Beginning with Working Group Meeting #1, complete this form to document community activities related to C2P and/or its mission that have been accomplished. Complete a separate form for each community activity (CA).

Community activities include:

**1. Community Actions** that are:

- (a) completed action steps to meet Structural Change Objectives (SCOs) as outlined in the Action Plan Worksheets (APWs);
- (b) completed action steps to meet core elements of the CDC program as outlined in the APWs.
- (c) Working Group Meeting (WGM) held; and
- (d) in-depth review of Action Plan completed.

**2. Structural Changes** that are:

- (a) a **direct** result of the C2P Action Plan;
- (b) an **indirect** result of the C2P Action Plan (see ATN 040 Manual of Operations (MOO) definition of direct and indirect structural changes); and
- (c) **independent** of or external to C2P's efforts and are logically linkable to HIV acquisition and transmission.

In the header, record the form completion date, the staff code of the individual completing the form and a unique 4-digit community activity number (CA#), assigned in consecutive order, beginning with 0001. Record community activities regularly, enter completed forms in RDC at a minimum of every 2 weeks and approve the data within 10 days of entry. If no community activities occurred during the 2 week interval since the last Community Activities Log (CAL) was completed, a CAL must still be completed and entered in RDC on schedule. If this is the case, complete the header information, including the date that the form was completed, the staff code of the individual completing the form and mark the box indicating there are no community activities to report.

21. Date this community activity took place or was completed \*    0 | 4 | 1 | 5 | 2 | 0 | 1 | 0 |

Month                      Day                                      Year

22. Describe the community activity:

SCO #039: By April 2010 the Mazzone Center will begin a new program collaborating with the city-wide inter-health school student coalition (LASOH) to facilitate and sustain LGBT youth health initiatives is completed.

23. Identify the data source for this community activity (**Select all that apply**)

- <sub>1</sub> Action Plan Worksheet (APW)
- <sub>2</sub> Healthy Coalition Interview (HCI)
- <sub>3</sub> Working Group/Subcommittee Meeting (WGM/SCM) minutes
- <sub>4</sub> Other, specify \_\_\_\_\_
- <sub>5</sub> Other, specify \_\_\_\_\_

24. Type of community activity this is (**Select one**):

- <sub>1</sub> Community Action (**Go to Q5**)
- <sub>2</sub> Structural Change (**Go to Q8**)

25. This Community Action is: (**Select one**)

<input type="checkbox"/> <sub>1</sub> Related to a specific SCO from the Action Plan →	_ _ _ _  Record 3-digit code (from the APW) of the relevant SCO ( <b>Go to Q7</b> )
<input type="checkbox"/> <sub>2</sub> Related to a specific CDC Program Core Element from the Action Plan →	_ _  Record 2-digit code (from the APW) of the relevant CDC Program Core Element ( <b>Go to Q6</b> )
<input type="checkbox"/> <sub>3</sub> A completed WGM →	<b>(End of Form)</b>

<input type="checkbox"/> 4 An in-depth review of the overall Action Plan →	<b>(End of Form)</b>
--	----------------------

26. Briefly describe how this Community Action is relevant to the CDC Program Core Element:

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27. Record the key actors who contributed to this Community Action **(Complete table below, then End of Form)**  
**NOTE: Refer to WGM minutes and APW for a list of key actors and your Coalition Member & Key Actor Code List for the assigned codes. Attach another CAL if more spaces are needed. (REMINDER: END OF FORM)**

a. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 15%;"></td> <td style="border-bottom: 1px solid black; width: 15%;"></td> <td style="border-bottom: 1px solid black; width: 15%;"></td> <td style="border-bottom: 1px solid black; width: 15%;"></td> <td style="border-bottom: 1px solid black; width: 15%;"></td> <td style="border-bottom: 1px solid black; width: 15%;"></td> <td style="border-bottom: 1px solid black; width: 15%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">SITE #</td> <td style="text-align: center; font-size: small;">COAL TYPE</td> <td style="text-align: center; font-size: small;">SECTOR</td> <td style="text-align: center; font-size: small;">TRGT POP</td> <td style="text-align: center; font-size: small;">KEY ACTOR CODE</td> <td></td> <td></td> </tr> </table>								SITE #	COAL TYPE	SECTOR	TRGT POP	KEY ACTOR CODE		
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f.	_	_	_	_	_	_	_	_	_	_
	SITE #	COAL TYPE	SECTOR	TRGT POP	KEY ACTOR CODE					
g.	_	_	_	_	_	_	_	_	_	_
	SITE #	COAL TYPE	SECTOR	TRGT POP	KEY ACTOR CODE					

28. This Structural Change is: **(Select one)**

<input checked="" type="checkbox"/> <sub>1</sub> A <i>direct</i> result of the C2P Action Plan →	0   3   9   Record 3-digit code (from the APW) of the relevant SCO <b>(Go to Q15)</b>
<input type="checkbox"/> <sub>2</sub> An <i>indirect</i> result of C2P efforts →	<b>(Go to Q9)</b>
<input type="checkbox"/> <sub>3</sub> <i>Independent</i> of or <i>external</i> to C2P's efforts and is logically linkable to HIV acquisition and/or transmission →	<b>(Go to Q11)</b>

9. Describe how the *indirect* Structural Change may be logically linked to C2P efforts

10. Is this *indirect* Structural Change linkable to a specific SCO?

- <sub>1</sub> Yes
- <sub>0</sub> No **(Go to Q13)**

10a. Record 3-digit code (from APW) of the SCO to which this is linked

| 0 | | | **(Go to Q13)**

11. Describe how this *independent* or *external* structural change is logically linked to HIV acquisition and/or transmission:

12. Is this *independent* or *external* Structural Change related in some way to any C2P SCO (e.g. another coalition has achieved the same or similar SCO, but there is no link and no collaborative efforts between the C2P coalition and this coalition's efforts)?

<sub>1</sub> Yes

<sub>0</sub> No (**Go to Q13**)

12a. Record 3-digit code (from APW) of the SCO to which this external Structural Change may be related:

\_\_\_\_|\_\_\_\_|\_\_\_\_|

13. Ultimately, this *indirect* or *independent/external* Structural Change will most likely be associated with: (**Select one**)

<sub>1</sub> A **decrease** in HIV acquisition/transmission

<sub>2</sub> An **increase** in HIV acquisition/transmission

<sub>3</sub> Unknown or unable to determine at this time (**Go to Q14**)

14. Will this *indirect* or *independent/external* Structural Change affect the efforts or direction of the C2P coalition?

<sub>1</sub> Yes

<sub>0</sub> No (**Go to Q16**)

14a. If yes, explain: \_\_\_\_\_ (**Go to Q16**)

15. Which strategies were utilized to accomplish this C2P SCO: (**Select all that apply**)

<sub>1</sub> Creating linkages (brought people together)

<sub>2</sub> Advocacy (motivated people)

- <sub>3</sub> Technical assistance/capacity building
- <sub>4</sub> Educating/creating awareness
- <sub>5</sub> Altering or creating incentives/disincentives
- <sub>6</sub> Other, specify \_\_\_\_\_

16. In which primary sector did the Structural Change occur? (**Select one only**)

<input type="checkbox"/> 01 Parents/guardians/other family members <input type="checkbox"/> 02 Youth individuals not representing a particular organization or agency <input type="checkbox"/> 03 Social service organizations <input type="checkbox"/> 04 Faith-based/Spiritual organizations <input type="checkbox"/> 05 Businesses <input type="checkbox"/> 06 Education/Schools	<input type="checkbox"/> 07 Civic organizations <input type="checkbox"/> 08 Government <input type="checkbox"/> 09 Media <input type="checkbox"/> 10 Law Enforcement <input type="checkbox"/> 11 Legal justice system <input checked="" type="checkbox"/> 12 Health care organizations/hospital networks/clinics/individual providers <input type="checkbox"/> 13 Other, specify: _____
--	---

17. Secondary sector(s) that may also be affected by this change: (**Select all that apply**)

<input type="checkbox"/> 01 Parents/guardians/other family members	<input type="checkbox"/> 07 Civic organizations
<input checked="" type="checkbox"/> 02 Youth individuals not representing a particular organization or agency	<input type="checkbox"/> 08 Government
<input checked="" type="checkbox"/> 03 Social service organizations	<input type="checkbox"/> 09 Media
<input type="checkbox"/> 04 Faith-based/Spiritual organizations	<input type="checkbox"/> 10 Law Enforcement
<input type="checkbox"/> 05 Businesses	<input type="checkbox"/> 11 Legal justice system
<input checked="" type="checkbox"/> 06 Education/Schools	<input type="checkbox"/> 12 Health care organizations/hospital networks/clinics/individual providers
	<input type="checkbox"/> 13 Other, specify:

## APPENDIX D

## Institutional Review Board Consent Form

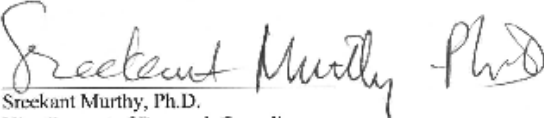


**DREXEL UNIVERSITY  
COLLEGE OF MEDICINE**

Office of Regulatory Research Compliance

## MEMORANDUM

**TO:** Randall Sell, Ph.D. **MS:** 660

**FROM:**   
Sreekant Murthy, Ph.D.  
Vice Provost of Research Compliance

**SUBJECT:** Protocol – **Community Mobilization to Prevent HIV Transmission in Adolescent Men who have Sex with Men (MSM)**

Sponsor: Internal  
Univ. Project No.: 1043583 Univ. Protocol No.: 18785

**DATE:** January 11, 2010

The subject study was reviewed by the Office of Research Compliance. Per our review, the study consists of developing a quality improvement (QI) plan. According to the new modified guidance from OHRP (January 2009), it has been determined that the quality improvement study you are planning is considered non-human subject research.

Therefore, the proposed project does not require consenting subjects for the purpose of the implementation of structural change objectives, identified by a coalition of community partnership organizations, aimed at reducing and preventing HIV transmission among MSM aged 12 to 24 in Philadelphia. This research falls under the rubric of evaluation and quality improvement of program and therefore is not human subject research requiring IRB approval.

If you have any further questions on this, please feel free to contact me at 215-255-7857.

1501 Cherry Street, 3 Parkway Building, Suite 10444 • Philadelphia, PA 19102 • Phone 215-255-7857 • Fax 215-255-7874  
www.research.drexel.edu • www.drexelmed.edu

**In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College\***  
Philadelphia Union of Graduate Corporations & the Drexel University College of Medicine is a separate not-for-profit subsidiary of Drexel University.  
Drexel University is not to be held liable for any of the actions of this subsidiary.

APPENDIX E

Hygiene Kit Donation Drive Flyer

 <b>HAPPY HOUR for HYGIENE KITS</b>  <b>Mazzoni Center Attic Youth Center Youth Emergency Services</b>  Organized by the Connect to Protect® + LASOH Questions? Contact Alison: <a href="mailto:linal@email.chop.edu">linal@email.chop.edu</a>	<b>\$4 Well drinks</b>  <b>\$4 Wine</b>  <b>\$4 Domestic Beer</b>	<b>With a donation of 2+ of the following items at the door:</b>  (or \$5-10 donation)
	<b>TRAVEL SIZED:</b> Soap/body wash Antibacterial hand gel Lotion Shampoo Conditioner Toothbrush Toothpaste Mouth Wash	Quart-size zip lock bags Wash cloth Comb Deodorant Band aids Foot powder



**Thursday, February 25th  
6-8 pm**

**Q Lounge 1234 Locust St.**

APPENDIX F

Connect to Protect March Newsletter

# C2P Monthly

VOLUME 5, ISSUE 15 MARCH 2010

## HAPPY HOUR for HYGIENE KITS

**THE FLIP SIDE**

Happy Hour for Hygiene was a success with over forty people attending despite snowy weather. Attendees provided numerous items for kits including toothpaste, foot powder, washcloths, shampoo, and lotions. At least three canvas shopping bags were filled with supplies. Representatives from Youth Emergency Services, The Attic, The Mazzoni Center, and LASOH members from Drexel University, University of Pennsylvania, and Philadelphia College of Osteopathic Medicine attended, as well as many community members. Pictured are from top to bottom are Francine Williams, Bevin Gwiazdowski, Jay Grant, Alison Lin, and Allison Myers.

**U-Do-It Laundry and Dry Cleaning**  
1513 Spruce St  
Philadelphia, PA 19102  
U-Do-It Laundry and Dry Cleaning support C2P's Laundry Project donating laundry services to youth with insecure housing.  
**THANK YOU!**

**MAZZONI CENTER**  
DROPPIN' WEDNESDAYS 6-7PM  
WALK IN APPOINTMENTS  
AGES 14-25  
215-593-2828

**MPOWERMENT SURVEY, LINKAGE TO CARE, and MAPS – WGM Thursday March 25<sup>th</sup> from 10am to 1PM, be there!**  
At this Working Group meeting we'll feature data from the Mpowerment Survey that were collected in November at Woody's and The Attic Youth Center. In addition we'll talk about a new protocol (see welcome note) and possibly take a gander at maps of Philadelphia that we've compiled to look at STD rates, poverty rates, and more. You won't want to miss it!

