

## **WEBINAR VIDEO TRANSCRIPT**

Partnership for Care HIV TAC

### **Engaging and Linking Young MSM into Health Care**

8 October 2015

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STEVE LUCKABAUGH: Good morning. My name is Steve Luckabaugh, and I'd like to welcome you to the Engaging and Linking Young MSM into Health Care webinar. This webinar is brought to you by the LGBT Health Education. Center in collaboration with the Partnerships for Care HIV Training, Technical Assistance and Collaboration Center, or HIVTAC.

The Partnership for Care project is a three year multi-agency project funded by the Secretary Minority AIDS Initiative Fund and the Affordable Care Act. The goals of this project are to one, expand provision of HIV testing, prevention, care, and treatment in health center serving communities highly impacted by HIV; two, build sustainable partnerships between health centers in their state health department; and three, improve health outcomes among people living with HIV, especially among racial and ethnic minorities.

The project is supported by the HIV Training, Technical Assistance and Collaborations Center, HIVTAC. Our speaker today will be Dwayne Steward. Dwayne Steward is an award-winning journalist, LGBTQ rights activist, and anti-bullying advocate. He is currently the Fenway Institute Community Engagement Coordinator at Fenway Health in Boston, Massachusetts.

Prior to Fenway, he was the inaugural LGBTQ health advocate for the city of Columbus Public Health Department, where he created and implemented the city's groundbreaking LGBTQ Health Initiative. Dwayne is also the founder and director of the Make It Better Foundation, a bullying prevention organization focused on building communities of inclusion in small towns nationwide.

In 2010, he was published in the New York Times bestseller *It Gets Better: Coming Out, Overcoming Bullying, and Creating a Life Worth Living*, edited by Dan Savage and Terry Miller, and contributed to the anthology *Students, Teachers, and Leaders Addressing Bullying in Schools*, a collegiate textbook published in partnership with Kent State University and the New Mexico State University in 2015.

Dwayne is a former columnist at *Outlook Ohio*, the state's leading LGBTQ news magazine, where he founded "The Other Side," a monthly column focused on the intersections of race and sexuality. He is also the founding co-host of *Queer Minded*, a top-rated LGBT news entertainment talk show on [talktainmentradio.com](http://talktainmentradio.com).

Dwayne previously served on the board of directors with Kaleidoscope Youth Center-- a safe drop-in center for LGBTQ youth in central Ohio-- and is the founder and former executive

committee chair of Columbus Urban Pride, an organization committed to the advancement of LGBTQ people of color in Ohio.

Dwayne received his Bachelors of Science in Journalism from Ohio University, and you could visit [DwayneSteward.com](http://DwayneSteward.com) for more information. Please join me in welcoming Dwayne Steward.

DWAYNE STEWARD: All right. Thank you so much, Steve, for that wonderful introduction. And thank you, Adrianna, and all the folks involved in putting this webinar together. I'm very honored to be here speaking with you all today.

So really quick, just really quick housekeeping-- or disclosure statement, I guess you could say-- this presentation is just for continuing education. I do not have any relevant relationships that are a conflict of interest. So quickly wanting to go through the objectives for today, we're going to be really focusing on some best practice when it comes to linking and engaging young men who have sex with men into health care.

So we're going to start with summarizing the state of health care among young MSM in the United States. We're going to describe the intersections of race, stigma, and health equity, and it's important as it relates to community engagement and linkage to care. And we're going to discuss some important and cultural competency points and identify best practices for linking, engaging, and retaining young MSM into health care.

And lastly, we're going to describe evidence-based examples for successful community engagement and linkage to care within young men who have sex with men population. So please, like Adrianna was saying, please interact with us today. We really want to answer all of your questions, and let this webinar best serve you and your role.

So really quickly want to start with just talking about some terms. What terms are we going to be using? Terms are very important in the LGBTQ community, and we're going to go over what some of that language means, just to start everyone at a basic level of understanding. I don't want to assume that anyone knows what certain terms mean, so we want to all start on the same page when it comes to identifying and defining some of these terms.

So there are many terms. The terms [INAUDIBLE]. They change over time, and it's important to have a working knowledge of the most commonly used terms as you are likely to encounter them if you are actively engaging with young MSM communities. Understanding and using certain terms can be very affirming for the client and patient that you work with. And showing an understanding of these terms in clinical settings is also a very quick and easy way to build a client and patient trust.

So really quickly, the terms on your screen, the terms on the left hand side are the general phrasing we see when it comes to LGBTQ communities. So most people are familiar with L-G-B and T, and there were a few other terms that were added to that acronym over the years-- Q, I, and A. And so just really want to quickly go over them really quickly.

So as many of us know, lesbian means women who are sexually and/or romantically attracted to women. Gay typically refers to someone who has sex with a man-- who is sexually or romantically attracted to men. Bisexual typically refers to someone who has sexual, romantic attractions or relationships to both men and women. And transgender refers to someone whose gender identity does not align with the sex they were born with.

Queer is more of a counterculture term, mostly used by youth that encompasses all gender and sexualities. Questioning, a term typically used in behavioral health settings that represents someone who is going through kind of a coming out or discovery process regarding their sexual orientation or gender identity. And there's a term intersex that some may or may not have seen. Most, I think, may have seen this in the medical field. But it's a term that refers to someone who was born with both male and female genitalia, or combination thereof.

Some of you may have heard the outdated term hermaphrodite. This is no longer an acceptable term, and it's considered offensive. Intersex is becoming somewhat outdated as well, that term, as many clinicians are actually moving away from intersex and moving towards the phrase Differences of Sex Development or DSD. And asexual refers to someone who does not have sexual or romantic attractions typically. And an ally is someone who is openly affirming for LGBT communities.

So those are the general terms we typically hear or encounter when it comes to LGBTQIA communities. So the terms on the right are kind of more important to the discussion that we're having today. I just want to make sure that we're all on the same page. So MSM as in the title refers to men who have sex with men.

This is more of a clinical term that most men don't necessarily identify with. We typically do this within clinical settings. I don't think I've ever heard a gay man identify themselves as MSM or say, when they introduce themselves, I'm MSM. That doesn't typically happen, so it's important to understand that as we're having this conversation today.

Bisexual, we talked about that before, but it's a man who has sex with both men and women, in this context. And it's a crucial group but we often leave out of research and outreach. And it's important that we name that group and make sure that we're always including them when we're talking about outreach to MSM populations.

The term gay-- I'm going to get a little more specifically into this term-- like I mentioned earlier, it's men who have sexual or romantic relationships with men. But it's a broad term with many definitions. So gay, there are many women who use the term gay. There are men, some transgender people consider themselves a part of the gay community.

The term the gay liberation movement has often been used in past to talk about gay rights. We used the term in the gay rights conversation, get marriage. So the term gay is more a broader term. And it can mean something different to different people.

Now there's are also-- this term is not on your slide, but I think it's important to discuss-- there's a term called same gender loving that is commonly used among African American MSM

communities. And it's an alternative term to the term gay, as many see the term gay as a loaded term that is the most associated with Caucasian communities. A lot of African American MSM don't identify with that term. A lot of African American MSM use same gender loving instead.

There's also an important term-- an important group of men-- that we should also make sure we're discussing today, that we in the clinical realm or outreach and engagement realm refer to as heterosexual MSM. And these are men who may be married to women or otherwise consider themselves heterosexual. But they do also maybe some time or another have sex with men. This is also a clinical term that most men do not identify with who may fit in this category.

And this is a group that is also generally ignored by researchers outreach workers. And it's usually connected to a term in the community called "on the down-low." But that is a colloquial phrase that many associate with the African American community. And men consider that phrase to be offensive, and much of the conjectures about men who this term is placed upon are false. For instance, there is no research that proves the down low just exists in African American communities, or that is the sole cause of the increase of HIV infection among African American women. And that's something that has been in the new in the past.

And then lastly, I want to briefly mention on this slide the term transgender, or talk about transgender male to female. We often in the past have lumped transgender women into the MSM category. And this is something that we in the present-- many organizations have been moving away from it. And that's actually the best practice.

Historically, HIV research and service in this field have incorrectly put these two groups together. Trans-women are not men who have sex with men, and MSM outreach and engagement strategies should not include trans women. Distinctly separating strategic outreach plans are needed for both communities for successful community engagement.

All right, so we should all be on the same page with these terms. If you have any questions about these terms, please make sure you ask during the presentation. But also I just want to make sure that everyone knows that if you do go to the website of the Nationality LGBT Health Education Center, you can also find webinars about many of these different groups if you want to look at those webinars on your own time.

So I'll also talk about quickly sexual orientation. And it can be useful to think about sexual orientation as being composed of three dimensions-- identity, behavior, and attraction or desire. For most people, identity and behavior and attraction/desire do align. For example, a woman who was attracted to a man may have sexual relationships with men, and identifies as straight.

However, sometimes these dimensions do not always align. So for example, a man who identifies as straight is married to a women, but feels a strong attraction to men. It's very important when we have this discussion that we separate sexual orientation from gender identity and sexual behavior. A lot of times-- and we'll talk about this more-- but when we talk about risk behavior, we often lump groups together or kind of put a risk factor on the one community. But really, it's not the community and how they identify, it's about the sexual behavior that they're engaging in.

So it's important that we have that discussion. So really quickly, sexual orientation refers to one pattern of physical and emotional attraction to others. While traditionally, one sexual orientation has been described as homosexual or heterosexual, newer terminology like questioning, queer, or bisexual make more accurately reflect labels adolescents are comfortable with.

Sexual behavior refers to the way one chooses to express one's sexual feelings. Sexual behavior often does not correlate with sexual orientation, like I was mentioning earlier. Especially among adolescents. In other words, heterosexually identified youth may have same gender sexual experiences, and homosexual identified youth may have opposite gender sexual experiences. So it's just really important with this slide to just to understand to not make assumptions just because someone identifies a certain way about their sexual behavior.

So we're going to, again, like I mentioned, go into talking about some of the specific health disparities that men who have sex with men typically face, and in order to really guide our conversation today, and help out. We get into later the best practices for engagement and linkage, we will refer back to-- these disparities are the reasons why we are engaging in these ways. And it's important for us to know what this population's facing.

So this quote, "LGBTQ Youth who experience family and caregiver rejection are most at risk for serious health problems in adulthood." That came from a Child Welfare League of America Recommended Practices. And Child Welfare League put this amazing report together that talked about the issues, especially among LGBTQ youth.

And we're going to get more into this later, but when it comes to young MSM, if you already are, or you're going to be working with this population in more intentional ways, they may be experiencing a lot of oppression in their lives. Some of that oppression may be occurring daily in the home as well, simply just for being who they are. And this is at a baseline level. So when you pile on top of that the regular struggles of a youth population that typically experience issues in adolescence, this exacerbates their potential for health care.

So you're seeing a polling question on your screen that we want you to just quickly have you answer. So get a sense of just what the group understands and knows about with this population. So the question is, "Which of the following health disparities have not been found among young MSM?" So quickly take a moment and fill in your answer.

The answers A, HIV, B, substance abuse, C, respiratory illness, D, homelessness, and E, suicide risk. So which of the following health disparities have not been found among young MSM? And we're going to, in a moment, get into the details of each of these. And again, wanting to know what you guys know or think or understand, or to get an understanding of [INAUDIBLE] around this issue. And we're going to go to get very detailed into health disparities of the MSM population, and what exactly is going on.

All right. So-- Oh, most people got it right. It is C, respiratory illness. So there is no significant research findings right now regarding respiratory illness in MSM. But HIV, substance use, homelessness, and suicide risk are all health disparities within this population that we're going to get into.

So I think many may already be aware of this. This is a slide just putting some information from the CDC. New HIV infections among MSM rose 12% between 2009 and 2013. And it's been on a constant ride, really since then. And we often in health care-- or in the field of HIV, or people who work with Ryan White, the Ryan White Program. We talk about this as the reason why we do this work for specifically within LGBT community, because MSM still make up 60% percent of new infection. So HIV among MSM is still a problem, and it's still an epidemic that we need to be discussing.

Also I wanted to make sure that we are talking about the disparities when it comes to race as well. There's a very important report that came out back in 2012 called *Back of the Line, The State of AIDS Among Black Gay Men in America*. If you have not seen this report, I definitely recommend that you find it online-- it's available-- and look through it. It was around this time, really, that we were starting to talk about MSM of color, and how they're very much being disproportionately affected.

And one of the very stark numbers that came out of this report is by the time a black man reaches age 20, he stands a roughly one in eight chance of being infected with HIV. And by age 40, the odds reach an astonishing 60%. So many in the black community really mobilized around this, and started doing a lot of great work to decrease the infection among African American MSM.

African Americans still make up more than half the people living with HIV. And still today, MSM of color are disproportionately affected. So it's important that we get more into how race plays a factor in health disparities, and why that's important to this conversation.

Now, many of you have seen the HIV continuum of health care and are very familiar with it. I wanted to, within this conversation of health disparities when it comes to HIV, quickly discuss the continuum of care as it relates to youth specifically. So when we talk about youth, the treatment cascade is very different. The numbers look very different.

And when you add being a man who has sex with men to it as well, the numbers can be very stark. As of March 25, 2015, these are numbers from the CDC. The US total population was 309 million people. Black Americans make about 12.6% of the population, but like I mentioned before, make up almost half-- 44%-- of new infections among adults and adolescents.

And in 2010, African American gay, bisexual, and other men who have sex with men represented an estimated 72% of new infections among all African American men, and 30% of an estimated 29,800 new HIV infections among all gay and bisexual men. More new infections occurred among young African American gay and bisexual men than any other subgroup of gay and bisexual men.

And I think the link to the report that talked about this is in the slide. It's very important to understand the cascade-- and when we talk about the number of people who are infected-- the number of youth who are infected-- versus the number of youth who are actually virally retaining care and virally suppressed, the numbers are so starkly different. Only 6% of youth who are infected with HIV are actually suppressed. And that's really insane, and why we need to be focusing on young MSM of color when it comes to outreach and engagement with health care.

So the number one health disparity we mention is suicide. As many of you know, suicide is the second leading cause of death among young people ages 10 to 24. But lesbian, gay, and bisexual youth are four times more likely, and question youth are three times more likely to attempt suicide as their straight peers.

And this presentation focuses on MSM, but when we're talking about transgendered youth, those numbers sometimes triple. And I will go through the details of all of the statistics on this slide, But when you are MSM and of color, suicide rates can often skyrocket.

So homelessness is also something that's definitely a problem with among young LGBT communities, and especially young MSM. 40% of homeless youth served by agencies identified LGBT. 43% of clients served by drop in centers identified as LGBT. And in some major cities, 60% of homeless youth populations identify as LGBT. So this is a huge disparity within our population.

And also within homelessness, there was an interesting finding that was put out by the Williams Institute. And this chart here just shows some of the main reasons why youth are homeless or are at risk for being homeless. And much of it does have to do simply with their identity. Because they ran away for family rejection or sexual orientation, gender identity. They were forced out by parents. Almost half say that they faced this kind of rejection in their home.

Alcohol and drug abuse also is a major health disparity among young MSM. The lack of social acceptance LGBT youth experience can lead to dangerous behavior. LGBT youth experience high rates of cigarettes, alcohol, marijuana use, as well as other illicit drugs, including cocaine, meth, and injection drugs.

Research done by the University of Pittsburgh found that LGBT youth are 190% more likely to resort to substance abuse, including an increase of 340% for bisexual youth and 400% of lesbian youth. So this is a major issue that we definitely think about as we're engaging with young MSM.

And also just want to talk briefly about access to care. And it's just two quick slides about this. There's been a lot of reports and surveys done around access to care when it comes to LGBT populations. So I just want to briefly touch base on the fact that these are some numbers from the Lambda Legal's report, that shows the numbers when it comes to LGBT people receiving questions like, health care professionals refuse to touch me or use excessive precaution.

And 35% of people living with HIV said that this happened to them, and 10% of LGBT folks, and 15% of transgender. Health professionals are physically rough or abusive. The fact that anyone is saying this is happening is a problem. But we're seeing that because of just the sheer fear of discrimination, LGBT people are not going to the doctor.

ADRIANNA SICARI: So I'm going to interrupt you. I do have a question, I think it's related to the slide just prior to this, but I want to interrupt, because I think it's a good question. The question is, do we know what percentage of young black MSM acquired infection during incarceration?

DWAYNE STEWARD: That's actually a very good question, and not information that I have for the slides today. But that is definitely an issue. And there's a lot of-- we could do a whole presentation on HIV and incarceration, especially among African American men who are disproportionately targeted by police and incarcerated. And so there's a lot of compounding issues.

And one is condoms are not allowed in prison. And there are many reasons for that. I know the main argument right now is they don't want to promote-- if there are condoms available-- to promote sexual abuse within the prison system by having condoms available. But there is a fine line between how we protect and how we protect a community, and also how we, especially with the prison, and how we give them the tools to protect themselves.

So that's a very good question. I don't have the exact numbers for you on that, but there's a lot of information out there. And I can definitely do some research and get back to you guys on that. But yes, it is a major issue.

So also, the Center for American Progress just wanted to quickly really show this issue. Talk about the report with title how to close the LGBT health disparities gap. And this specific section talks a lot about the issue when it comes to race. So this is within LGBT population. And it breaks it down by race, heterosexual verses homosexual-- or heterosexual verses LGB. The T is not included here in this graph.

But it really shows that if you look at the blue line at the top, the percentage adults delaying or seeking health care among African Americans, 21% for heterosexual, 29% for African American LGB communities. And within each racial population, LGB communities are showing that they more so are not seeking health care. Especially if you look in the Latino population, that's a very stark difference, 13% to 28%. So it's important for us to understand that when you're dealing with these communities, you're already starting from this place where they may not trust wanting to come into a medical environment.

We have another fun question for you. A lot of what we talked about what we're some of the statistics and health disparities. So now we're going to go into how we do good community engagement and how we do good linkage to care. So quickly the polling question, if you guys could quickly answer this for us, so we can get a better sense of where many of you are at your facilities.

"How would you rate your organization's current linkage to care and community engagement efforts for young men who have sex with men?" Would you say poor, fair, good, excellent, or you don't feel like this question is applicable. So quickly put in your answers for that, and let us know what you think about your organization and how you think you guys are currently doing with recruiting or with linking and engaging with young men who have sex with men. So take a moment, give us your answers, and we're going see what you guys think of that.

All right, I think the results are about to be pulled up. OK. So most of you said C: Good, which is great. And even some said excellent, which is also really good. So about 8% fair, 15% poor. So

hopefully this webinar will be very helpful to many of you. But it looks like some of you are already starting off on a really great start. Hopefully this will just strengthen your programming.

All right, so really briefly, just wanted to highlight that there are many reputable documents from organizations, from the government, leading governmental organizations, around influencing community engagement. And so we often-- community engagement often can sometimes be the first thing that's cut when it comes to budget cuts. And we talk about how community engagement should be a part of the job.

But actually, to do intentional community engagement, it does take a lot of thought, a lot of thought process, a lot of processing, a lot of strategic planning that goes into it. And so there are these three documents I definitely recommend that you check out after this presentation if you want to get more in-depth into some specific guidelines around good community engagement.

So what are some principles of good community engagement? So setting clear goals is very important. Community engagement must meet the needs of the population and/or communities in the health care service area, and strengthening the community's role and capacity to actively participate in a health care services and the research process. So it's important to learn about the communities. Economic conditions, political leadership, demographic trend, history, overall, and with regard to research or with regard to the work that you're doing. And prior experiences with engagement activities.

So really, fostering transparency is important, building partnerships and trust, provide and promote capacity building around strategically interacting with the community. And make sure you are maintaining a long-term commitment. The main complaint that we get-- that I get from a lot of folks that I interact with, a certain organization, they needed to get so many MSM tested or into this program, and they worked with us a lot to do that.

And then once the grant ended, they were gone, we never heard from them. And then when you get maybe another grant that focuses on this population, they remember that. And so you may have a much more difficult time reengaging with them. So continue to maintaining a long-term commitment is very, very important.

So a bit about community involvement. So the community must inform your strategic planning. So scheduling regular community conversation, there's a style called Art of Hosting that I often use. And we're going to talk about that more at the end when I give some examples of community engagement. But really convening the community around-- so for instance, if you're planning any kind of engagement with young MSM, convening a large group-- even, if you can, 100 or so young folks who are MSM or who are allies with that community.

I love to get everyone in the room who's a stakeholder. So from the young MSM themselves, to their parents, to their providers, getting a equal amount of these different groups into one room to discuss how they would like your community engagement to be, and what actually they feel like is the best way to reach them, is really a great way to start any type of community engagement because it gets immediate buy-in from the community.

And you also immediately know what that community wants from you. And so you can immediately include that in your strategic planning. This can also be done through community advisory boards, so having maybe a subset, maybe 15 to 20 folks who meet regularly to comment on your strategic plan around your community engagement. And also building stakeholder relationships, and continuing those relationships is very important. So the people who are the popular opinion leaders, or the people who are the community leaders among that population.

So what are some consequences of poor community engagement? It's important that we talk about what can happen when you don't do the necessary best practices when it comes to community engagement. And you can create some mistrust. The community-- like I mentioned earlier-- the community is likely to view your institution and you with mistrust. Like I mentioned, drive-by engagement. Only engage in the community when you feel like you may need something.

Tokenism can sometimes often happen when community members may feel that they were being used by your organization for the purposes of meeting its goals, and that the voices and wishes of the community weren't truly respected or honored. And it can sometimes be duplication of efforts. If there's a lot of AIDS service organizations in an area, when stakeholders don't communicate with each other, the risk of duplication of effort increases. And in a time of diminishing resources, this is particularly problematic. So if there are organizations doing the same thing, somehow working together to actually help one another.

And you can also kind of create echo chamber over time. So when organizations don't engage stakeholders effectively, they miss out on important input, and run the risk of believing that their perspectives are best. You may get some good points from your community conversation and use those within your organization. But it's going to continue to get the input of the community, so you're not creating this echo chamber within your organization.

And poor recruitment and retention. It should go about saying that ineffective engagement can result in poor enrollment in a program. This is really important. Clinicians love data and evidence. But communities, they love stories. To be good community engagement requires telling a compelling story.

Especially when we're talking about young folk, young MSM, they don't respond often to clinical jargon. Just the simple fact which you need a certain number of people, they may not even respond to the fact that you feel like this is going to be great for them or be good for their health. With the program you're trying to engage them in.

And so we need to do better with telling a good, compelling story when it comes to our community engagement. How is this going to help the community in the long-run? How is this going to help them in the short-run? How it's going to help them immediately.

So we're going to talk briefly about how equity and cultural humility, and how that's important when you're engaging young MSM. So this is a quote that I love from Nelson Mandela. "Poverty

is not an accident. Like slavery and apartheid, it is man-made and can be removed by the actions of human beings."

And I love that, because you can replace the word poverty which many ills in society. You can replace the word poverty with transphobia, with homophobia, with health inequity. And I do believe that none of these things are accidents. And with the work of human beings and the actions, that these things can be removed from society.

ADRIANNA SICARI: So I'm going to stop you again, but there's another question that I'd like to bring up mid-talk here. And I'm just going to go ahead and read it. So the question is, social media is the current main mode of sexual connection, for example, Grindr or Tinder. How is Fenway using-- or in your experience, do you know of any other way to use social media to increase engagement in health care HIV services?

DWAYNE STEWARD: That's a very good question. Actually, there's going to be a lot of talk about that in a moment. But that's very important. And so when you're talking about high risk populations, and you're talking about-- especially with MSM. There are a lot MSM-- in today's youth, especially, today's society, that the mode of a lot of youth are engaging and hooking up and meeting each other on these apps.

And so there are many, so if you look into the different apps, though, Grindr-- and there's one called Scruff-- they actually have departments and advertising directors who are very much aware that they're app is used to connect people sexually. So they understand the importance of them being socially responsible.

So we in many cases have partnered with Grindr. We partnered with an organization called Manhunt, Scruff, these many different apps, and partnered with their advertising departments to promote advertising of STD testing, or if there's a research study happening, that they can push out to all of their followers. And you can also geo-target to your area as well. So it's very effective, and definitely something that should be used, it should be focused on when you're with young MSM. And we're going to get to more examples of that in a moment.

All right, so I want to briefly define cultural competency. We're not going to be on this slide for very long, but I think many of you know what that term means, and this is the definition that the NIH uses. And I wanted to highlight the cause in the cultural competency does have a positive effect on patients. So when you are working with young MSM, it is very important that you understand their culture.

It is very important that you also move to a place kind of away from cultural competency and towards cultural humility. Because when you do that, it has a positive effect on patient care delivery, by enabling a provider to deliver services that are respectful and responsive to the health beliefs, practices, and cultural and logistic needs of a diverse population. And this definitely applies to young MSM.

So when we talk about health equity, that should be the goal. So we understand that health equity-- health inequity-- is systematic, it can be socially produced, and it is, in many cases,

unfair. But when we get to a place of health equity, then we're kind of leveling the playing field and giving people the opportunity to engage in good health care.

But we have to be intentional and understand when we talk about health equity, what are we talking about? So racial justice does not equal diversity. The term diversity means a variety. It means you have lots of different things, lots of different people in a room. But all those people are not the same. So it's important that when we're doing this work, we're doing it from a place of equity.

And equality is a term we use all the time that equals sameness. And the same thing may not work for everybody. And really, we want to be moving to a place of equity. Something that's fair and just for everyone. And I love to use this slide, because it really visually shows what we're talking when we talk about health equity.

So everyone on the same level playing field, many people have barriers in front of them, as you're seeing in this slide. Not everyone can see the game well, because the different barriers that people face. But if we create a situation where everyone can watch the game, can be in the game, we create equitable space.

So really quick, let's talk about some of the causes of health disparity. These are the core determinants of health. For many of you, this is the foundation of all health centers around country. But I don't need to go into too much detail in to this. But it's important for us when we're talking about MSM to understand that there are many causes of health disparity.

And most of it we talk about housing and health care, talk about education and literacy and physical environment, what's going on at home. Many of the social determinants that we talk about of health can-- if they're not inline or not doing well at home or doing well in other aspects-- can definitely lead to poor outcome.

Getting into linkage to care. The number one role-- and this is a quote from the famous Patch Adams. The number one rule of successful linkage to care-- and he said it really best. "You treat a disease, you win, you lose. You treat a person, I guarantee you, you'll win, no matter what the outcome." That's how we move to a place of cultural humility, when we're treating each individual person and the issues that they're facing.

And so if you meet their needs, they'll meet yours. So when a young MSM walks into your office and they're dealing with maybe homelessness-- they're sleeping on an aunt's couch because their mom kicked them out of the home. Or a parent recently lost their job, or they're unemployed, so they don't know where their next meal's coming from. So HIV or any health issues you're talking about isn't going to make it on the top of that priority list for that young MSM.

So it's important that you're addressing all the issues they're facing, or you're at least acknowledging the issues that they're facing in their life before you tell them about the needs that your organization trying to do to engage them, for good community engagement, or for them to want to continue to engage.

And it really moves this towards a place of holistic health to looking-- and that's a the key need when it comes to working with young MSM. Looking at all of their emotional, intellectual, physical, social, environmental, financial, spiritual needs. Because when you at least affirm all of these different parts of their existence, they're much more likely to want to engage with your organization.

And that moves us to a place of holistic engagement. So you're treating the whole person is very crucial. And sometimes, family engagement is necessary. Like I mentioned earlier, a lot of youth who are MSM experience family rejection, and then they don't feel safe at home.

And this increases their health risk. And so when you are addressing that issue, you are also addressing their health care. And that's why I was mentioning earlier, housing is health care. If someone doesn't have a place to lay their head at night, or they're worried about where they're going to sleep that night, their health is the last thing on their mind.

And this term intersectionality, many have heard it. I also wanted to make sure we discuss the issues related to the multiple marginalized identities. So we talked about earlier, a young African American male is considered at much higher risk for HIV, for suicide, for many of these other issues, because of their compounding, marginalized identities.

"The interconnected nature of social categorizations such as race, class, and gender, as a part of an individual or group regarded as creating a overlapping and interdependent of discrimination and disadvantage." And that's from the Oxford English Dictionary. But we have to be including or thinking about intersectionality when we are doing human engagement. Especially when it comes to intersections of race and sexuality and gender.

Going into more details of how you do good communication with young MSM. Strategic preparation is really key. You have to have a strategic plan, you can't just decide one night to go to a gay bar and engage the community. There needs to be a lot of planning involved. There needs to be a lot of training of staff. So when they come into your office, from the front desk to the CEO, they feel respected and they feel accepted. Because if they're at any point in my process that they don't feel accepted, they're not coming back.

So best practice is having also what we call at Fenway, awesome relatable provider. So clients look for providers who look like them, talk like them, and someone they can trust. Eradicating what we call the white coat syndrome. So when a young MSM walks into your doors and there's automatic understanding, if you see somebody in a white coat, that means that they're a doctor, and they're above you, and they're not going to understand you. So having even clinicians, they can be awesome relatable providers, and can connect with youth if you do it strategically.

Now also, finding out where they are is important. So in your area doing needs assessments of where young MSM congregate, where they're located. And then you have to go there. Young MSM are not going to come to you. Like I said, they're dealing with so many-- like we discussed in the beginning of this presentation, so many compounding issues. Probably discrimination, possibly homelessness, suicide ideology, lots of different things going on. So they more than

likely will not to get to you. So if you go to them, if you're providing services in their community, they're much more likely to engage.

Creating youth and MSM-friendly spaces is very important, like I mentioned, from the front door to the CEO. Needing to make sure that all spaces in your organization are accepting. Community inclusion from the planning to implementation. So like I mentioned earlier, having those community conversations is very important.

Or even if you are not able to convene 100 folks that are MSM or allies of young MSM, having smaller community advisory boards, or having smaller community conversation. Making sure you're doing needs assessment. Getting thoughts from the community that you are including in your strategic outreach and engagement plan.

And again, this goes back to doing strategic community engagement. So these are some things when a youth walks in your door, they instantly ask themselves some of these questions. And this is actually from a report that that many youth said these things. Oh my god, everyone here positive? They're thinking about when you walk into a place like Fenway Health, we are a lot times in the community known as the place-- we actually, in New England, have the most patients who are HIV positive.

So there's that stigma still there. I think that my cousin's baby's father's little sister is at the front desk. So them thinking that they may know somebody there, and not wanting that to happen. Will everyone know that I'm gay if I come in here? What will they think me? This is way too much.

So this quote is very important. In a multicultural study like ours, the issue of belonging is especially important. One of the first issues of an adolescent walking through the door or even thinking about trying a community program is whether he or she can belong to this group of people. So making a space where they feel like they belong is crucial to retaining, linking, and engaging with young MSM.

So how do you do this well? So you need to create unprecedented community partnership. Like I said, they're not going to just automatically come to you if you put a flier in a gay bar. You need to be really engaging with LGBTQ youth groups in your area, partnering with organizations that serve homeless youth. It that workers working that's where the workers or human trafficking advocacy groups. Working with LGBT fraternities. Open and affirming churches.

And also the ballroom community. For many of you who don't know what the ballroom community, just by google Paris is Burning and you'll learn everything you need to know. But the ballroom community is a underground-- not really underground anymore, it's more if you seen-- of course, all of you may have heard of Madonna's "Vogue." She got that from the ballroom community.

But many African American MSM and trans folk-- trans women, specifically-- come together, and they have what they call dance off or compete to do dancing and fashion shows. And this

happens on a regular basis. There's a very large ballroom community. The ballroom community is very involved in HIV education and outreach.

So if there's a ballroom community in your area, that's a great way to connect with the community. And again, when you're connecting with these different groups, it's important that you are sustaining that relationship and maintaining that relationship, with or without the deliverables that they have from your agency.

So it's also very important to have community-tailored marketing strategies. Like we talked about before, they need to know that they belong, if they're going to engage and stay engaged. So these are some examples of a community-tailored marketing strategies. They need to see their face in your advertising.

The Testing to Makes us Stronger. I'm sure many of you have heard that phrase, possibly from the CDC or the CDC program. Specifically geared toward MSM, African American MSM, because of the high infection rate. This was created by and for African American MSM. This program. And if you look up Testing Makes us Stronger, you can see the many iterations of the flier. Also this is again another example. So these are just examples of really good fliers that include MSM and cater to MSM. Like I said, they need to see their faces in what you're doing.

So what does successful community engagement look like for young MSM? So these are some programs that I've been involved with that have done this well. There's a group here in Boston called C2P Boston. This is a part of the National Adolescent Trials Network. That's where the funding comes from.

But the Smile Linkage to Care program, while the main focus of the program also has a research component with the Adolescent Trials Network, the study seeks to utilize the existing Connect 2 Protect Coalition infrastructure to address structural barriers that hinder the ability of HIV infected youth to link to care or remain engaged in care. Through the work of Smile, [INAUDIBLE] Coalition, have added a focus of identifying and achieving structural change to improve linkage to care, of engagement in care, and retention in care outcomes for HIV infected youth.

So if you've not heard of Connect 2 Protect, it is a national-- there's many different Connect 2 Protects around the country. It's a perfect model for how you address many of the structural barriers that MSM face so that they can-- so when you remove those barriers, they have better chances of connecting and being retained into care. So I definitely recommend you check that out and look them up.

Empowerment is also a program and I was involved in. Empowerment was a specific intervention from the CDC that basically created community testing centers around the country, specifically for MSM of color. I ran one of these testing centers in Ohio. And it goes back to the holistic engagement. When you create a space that is made for and by young MSM, they are more likely to flock to that space.

And also in that space, in the empowerment spaces, there are behavioral health specialists. There are regular nightly social events. There are regular support group meetings. But also as a part of that component, there's HIV testing also happening at the same time. And so you are connecting HIV testing. One, you're normalizing HIV testing. You're normalizing sex positivity while they're engaging in normal everyday activities that they relate to.

And the center in Ohio was called the Greater Columbus Empowerment Center that I ran. Also in Ohio, I helped create what's called the Greater Columbus LGBTQ Health Coalition. So this was a group of people who met on a regular basis. They were a part of all the different LGBT and health organizations in the city coming together every week to talk about-- much like C2P-- what can we do to remove structural barriers at an institutional level. So need outreach workers on the ground, out in the community, doing the work. But you also need folks who are in the background strategically thinking about how we remove structural barriers institutionally.

And then the Young Black Gay Men Leadership Initiative is a program that does a national conference every year that brings young black MSM leaders together to talk about how they can be leaders in their community. So it's a really great leadership development program, and really empowering young black gay men to take control, become leaders in our community. And like I said, when MSMs see their faces, they're more likely to engage.

And it's important that we create a space, because a lot young MSM face structural barriers where they may not be in a position to acquire leadership skill. And so this creates a space specifically for that so that we are developing leaders who look like the community.

ADRIANNA SICARI: There's one question before we get to the next slide. The question is, based on your experiences besides gay bars, where are some other locations to reach out to the MSM community?

DWAYNE STEWARD: Yeah, and we can go back. There we slide around four-- oh, [INAUDIBLE] partnerships. So really looking into some of these things in your area. So thinking more specifically, besides gay bars. If there is an LGBT center in your area that may host a coming out group, a support group. Or there's lots of LGBT sports leagues. There a gay rugby group back from Homan, Ohio where I lived. There's an international LGBT softball organization.

So looking at partnering with-- maybe sponsoring some of their events may be a great way to do that. Also, like I mentioned, looking into if there is a human trafficking or sex worker advocacy organization in your area. A lot of young MSMs who have been kicked out of their homes unfortunately do sometimes turn to sex work, or survival sex.

And a lot of the colleges in America now have LGBT fraternity. So there are gay male fraternities, and you can partner with them to do some outreach. I hope that answers your question. But there are lots of different ways, lots of different places where you can engage young MSMs. And I can't stress enough to connect with the bar community in your area. That is already a group of folks of color who are MSM mostly identify, that are willing and wanting to work with AIDS service organization other agencies that do HIV related work.

We're going to attempt to show a video to-- and this an example of the National Minority AIDS Council created a video about interviewing some young black gay men about PrEP-- Pre-Exposure Prophylaxis. I think many of you may be familiar with that. If you're not, you can either email the LGBT Hub Education Center. There's lots of tutorials off of webinars on PrEP. We could take up three hours talking about PrEP.

But this is an example of a video that is inconclusive. That when the community sees their face, they are much more likely to engage. And I can't drive that home enough. So we're going to try to show this video.

[VIDEO PLAYBACK]

[MUSIC PLAYING]

-I would definitely encourage them to have a conversation about PrEP and explore it as an option for them. I do think that for a black man, this can radically change how HIV effects our community.

-I would probably actually talk mostly to my black gay friends just to let them know what the experience is like. Because I'm sure a lot of people are very curious. There aren't a lot of people who I know that are on it. But everyone wants to know what it's like, what's the side effects. Could you see yourself doing this for the rest of your life? So would definitely tell people, because I want everyone else to know. Because I feel like there's a lack of knowledge around what's going on with PrEP.

-I have met more black gay men who are HIV positive than are negative. So there's a strong likelihood that I may in fact be in a relationship-- a long term loving relationship, or something short term-- with somebody who is HIV positive. And for that reason, I felt like it was necessary to take that extra level of protection.

-I feel like for black gay men, PrEP could be difficult in terms of this drug adherence. Like I just don't know if I see that completely working out, just because of our strained relationship with health care and medications and things like that. But I feel like in a number of ways, there are a lot of black gay men who need PrEP, who PrEP is the perfect option. Who condoms do not work for. Who all this other messaging around HIV just does not work for. And I feel like I'm in that group as well.

[MUSIC PLAYING]

[END PLAYBACK]

DWAYNE STEWARD: All right. So that was a really great example of how a health organization went out into the community, interviewed folks, and talked about the realities of what PrEP in black gay male communities looked like, and felt like, and what it was like. And this might be a great example video you might show at the beginning of a community

conversation, or at the beginning of a community advisory board meeting to kind of our conversation around a certain health issue. This one being PrEP access.

Other example of what successful community engagement with young MSM looks like-- and these are examples from my personal professional experience. So in Ohio where I was, like was mentioned the bio, was where I was the LGBT health advocate for the city of Columbus. We did several community conversations when we began this initiative. So we started the initiative with several community conversations. This is just one of them.

And in Ohio, in the Midwest it's still different. I'm not sure where everyone's from on the call. But this is the first time in Ohio we were even broaching the subject of LGBT health care. And the city was actually paying the initiative to happen. It was actually putting money into decreasing health disparity within LGBT populations. So we had a great turn out simply because until then, that wasn't really being talked about.

And so we held several of these events, improving LGBT health care was the first one. We did improving transgender health care, we did improving lesbian health care, we just went through the letters. In each community, we went out in the community, and we partnered-- as you see the bottom of it, the logos we have Columbus Public Health. And then the local LGBT center was Stonewall Columbus. That's their logo.

And we did that with each organization, with each event. With transgender, and improving transgender health care, we partnered with the Trans Ohio, which is how trans advocacy group. So each event had a community partner that was in that community. And we did a structure. We had a speaker at the top of the event. And we did a structured community conversation.

And using the Art of Hosting style, which I mentioned before, at the end of the event, we created a community action plan that was created by that community-- by those folks in the room-- that we then used to help build the LGBTQ health initiative. So whenever we went out on the community, we could always say this was built by the community. And that definitely helps with buy-in along way.

What's known as Obamacare, but the Affordable Care Act, we hosted several LGBT-specific health insurance enrollment events with Enroll America. There's also lots of statistics about health insurance within LGBT that we didn't talk about today, and it's much lower than the national average. Especially within transgender communities.

So we did the specific events that were geared towards and for LGBT communities when it came to health insurance enrollment. There is in Boston here a very big and important event called Coming Out and Keeping the Faith that happens every year. And this, I think, is going to be the third or fourth year it's happening. The Fenway Institute here puts on this event. And it's really about connecting base leaders with young LGBT population.

And that's important, because-- and we didn't talk about this in great detail-- but a lot of family rejection comes from-- and there's a lot of faith-based rejection that happens within LGBT

communities. And especially when we're talking about African American MSM, many face the rejections from they consider their church family. And that can be very devastating.

And so this event specifically breaks down that stigma that religious leaders do not care about young MSM. And at this event, there are health information disseminated, there's information about the different healthcare services that happen at Fenway, and across the city of Boston. But it creates a really great moment where you're addressing a various specific structural barrier. And it's connecting that to someone's health care.

And then more recently, we did a screening of the film called Blackbird, which is a film by Patrik-Ian Polk about a young black gay man and his experiences growing up in rural Mississippi. And there are some HIV themes that are a part of this film. So what we did, the film was heading to DVD, and so we partnered with the distributor of the film to do a special screening right before the film was released to promote the release of the DVD.

But also to create a moment of community discussion around what were the missing needs in Boston when it came to LGBT communities of color, specifically. And this event had over 150 people that came out to it. I think most of the film was a [INAUDIBLE]. But if you can connect, again, health care to something that's popular, that's happening, that people care about, they will come out. And in the process, they will also receive important health information, and are they are more likely to engage because you are investing in something that's important to them.

All right, so we're going to do another quick video-- another example-- of how to include a MSM in a marketing strategy, a marketing video. This is also about PrEP, but it's an animation. And it actually comes from a group in Nigeria, and it's actually a really great example of how to be culturally competent in your outreach and marketing.

[VIDEO PLAYBACK]

-You know, I get I'm supposed to use a condom every time. But that's so not my reality. Sometimes I'm kicking it, and it feels so good, and I just want to go with the moment. Sometimes the guy is just so hot. And sometimes, I just feel alone. Or I want to connect and finally get real with somebody.

It might not make sense, but I really do want to protect myself. It's just that the next day, all I can think about is HIV. I hate that, you know? I want to live my life, but for real, I do not want to get HIV. And that's why when I learned about PrEP, I was like, there's something besides a condom I could use to prevent getting HIV?

I was all telling my doctor, I want that. She said, PrEP stand for Pre-Exposure Prophylaxis. It's like you know those pills people take when they travel to another country so they don't get malaria? It works so long as you take it, but it stops working when you don't. My doctor says nothing can protect you perfectly. But taking PrEP can reduce your risk.

Here's the serious part. If you take it, and try to use condoms, and get tested and be smart about using all your prevention strategies. So I wanted to try it. She said taking PrEP is a big decision, because it means you have to see your doctor every few months. I was like, I can work with that.

She gave me a lot of information. She told me about how it works, and about side effects that some people may have, and steps I can take to make sure that PrEP protects me as much as possible. I know PrEP is not a magic pill that just makes HIV go away. But it's one more thing that I can do to improve my chances of never getting HIV. I can just relax and live my life.

[MUSIC PLAYING]

-For more information about taking PrEP, talk to your doctor or go to this website.

[END PLAYBACK]

DWAYNE STEWARD: That's just a really great example of hearing from the voice of the community in an advertising campaign, and gearing a specific advertising campaign, when it comes to health care, towards a specific community. And doing in a way that's culturally competent, that's affirming of that population as well.

In these videos, PrEP was the focus. And that was somewhat intentional for this conversation. I know at many health centers around the country, PrEP and MSM are kind of the big topics right now. We're talking about how we can be better engaged and make sure people like MSM understand that PrEP exists, and that it's an option. And PrEP is kind of the big next step for HIV research and HIV prevention and engagement.

So this is a really hot topic. And so I know I wanted to take a moment to talk about specific community engagement when it comes to PrEP. And so there are events-- We've a couple of events here-- actually several events here at Fenway Institute in a partnership with AIDS Action Committee and the Multicultural AIDS Coalition to specifically talk about PrEP.

And so there's been two. We're currently in the middle of what we're calling a PrEP education series. And so this is a series that's making conversations that are geared toward the conversations around PrEP, but specifically within LGBT communities of color. Especially MSM of color. Because as we're seeing, MSM of color have the highest-hit population when it comes to HIV. But they're also the population in our needs assessment that have shown here locally who know least about the option of PrEP. And so intentionally kind of creating engagement events and programming around PrEP is important.

So what can you do right now today to kind of better increase your-- to include best practices in what you're doing when it comes to engaging young MSMs? So you can send staff to conferences around. Actually put funds into sending staff to specific conferences and trainings around LGBT communities. These are some great conferences to hear, Creating Change, Philadelphia Transgender Health Conference.

We just actually here at Fenway had our first transgender health conference just this past weekend. It was very well attended. And there's also the Gay and Lesbian Medical Association, their annual conference. You could right now go to the store, go online, order these magazine and have culturally competent magazines and posters in your waiting room. As soon as somebody walks in and they see this magazine called Swerve, which is very well known amongst black gay communities, they're like, oh, wow. They know about Swerve? They must really affirm who I am.

And that's a really simple thing you can do to create trust right at the beginning when they walk in the door. And there's some other magazines listed there. Like we talked about earlier, sponsor local LGBT events. Do drag shows sponsor the ballroom community. Did LGBT sports events. There's lots of different events that LGBT--

Partner with your local Pride event. The local LGBT community center. Actually showing openly-- well one, coming out as ally, that's another thing we could talk about for hours. But when you do things like that, you come out to the community as an ally, and that's very important.

And hire a health care navigator. One thing when it comes to engaging and retaining, linking and retaining MSM into care is all the red tape. Especially when we're dealing with young folks, they're not used to going to the doctor. They have HIV, may have never been to the doctor before in their lives. They don't know how to navigate insurance and health care. So having specific awesome relatable health care navigator to help them cut through that red tape is very important.

So lastly, I just want to conclude with a quote from author Arthur Ashe that I love. And it's very applicable to any type of community engagement. If you want to do well, "You have to start where they are. You have to use what you have. And you do what can." If you start those basic levels, you'll be successful. Start where you are, use what you have, and do what you can. That's really the basics of community engagement.

Thank you guys all so much. There are some other resources attached to this slide. If you guys have any other questions, please make sure you send it, shoot a message. And Adrianna will read it for you. Like I mentioned, there are lots of other resources. The National LGBTQ Health Education Center has many resources specifically about youth. Those are included in this slide set.

Other national resources for either also available. The Trevor Project Lifeline, I use that almost every day whenever I'm talking to LGBT youth. Especially if they're in a rural community where they don't have anyone to talk to. Call in to the Trevor Project line, a great way to have somebody just to talk to that will affirm who you are. There's lots of resources for families. We've talked about that, make sure you check those out.

And there's lots of resources for community engagement. So these are a lot of the reports that I mentioned throughout the presentation today. So you have those you can check those out at your leisure. And these are also some resources on the health disparities that we discussed. Make sure you check those out in these slides.

All right. Thank you guys all so much. If you guys have any questions, I will try to have some answers. So thank you all, it's been a pleasure.

ADRIANNA SICARI: Awesome. Thanks so much, Dwayne. So we do have time right now for Q&A, about 10 minutes. And as we're for some questions to come in, I do want to remind participants that the slides are available for download as soon as you leave today's session. So when you close the WebEx software, a page will pop up, and you'll be able to download the slides. So you'll have access to all those great resources that Dwayne was talking about.

As well as both of those videos. We included links to those video. So you'll be able to view those again, or share them, or use them however you'd like to. So again, to send us a question, type it in to either the chat or the Q&A box. Then hit send and make sure it comes to me the webinar host so that I can read it out loud.

And while we're waiting a question, if you want to-- there was a comment that I missed earlier in the presentation from a participant. It's not a question, but I think it's worth just kind of putting out there to all the [INAUDIBLE]. Same gender loving is not just used by African Americans, of course, that other communities may use it. But I think that's Dwayne was kind of highlighting that with the populations that he works with, it's a commonly used term.

DWAYNE STEWARD: Yeah, definitely. And I did not mean to imply that is just use with African Americans. It's just with my personal experience, that's where I've seen it you the most. And also, for that reason, because the term they don't really identify the term gay. But yes, I agree. And thank you for that comment. It's definitely used across many different populations and identities.

ADRIANNA SICARI: So we don't have any questions yet, but I don't want to cut anybody off. So again, just to remind folks. Just type in your question to the chat or into the Q&A box and hit send. And also as a reminder as we're waiting for some questions. The webinar is available for CME credit. And in order to get your CME credit, all you have to do is fill out an evaluation. End that's on that page that pops up automatically as well with the slides.

So that page will pop up. And we really appreciate everybody's feedback on the evaluation, even if you're not interested in crafts and what you've got evaluation you'll be able to download your certificate of completion to prove that you came to today's webinar.

So here we are. The question is, what has been successful used to advocate on behalf of transgender people during incarceration and reentry? Do you have any resources suggestions?

DWAYNE STEWARD: That's a very good question. So there is an organization called Black and Pink that is national. There's one in Boston. I know they were just starting a group in Ohio when I left. And yes, because there's a documentary by Laverne Cox called Freeing CeCe about a young lady named CeCe McDonald. So there's a lot of activism, a lot of work happening around and around that.

It's unfortunately a very controversial issue, although it doesn't seem like it should be. Someone identifies as LGBT, they should be able to be placed in a safe environment in prison. And a lot of time we talk about this issue, the main issue is the safety of the individual being placed where they should be placed. And so yeah, there's a lot-- I don't know, I'm sorry. I don't know the question with statistics.

I don't have any specific statistics about that right now. But again, that's something I can send out to the group. But there are groups are working on this, and there is information that can be accessed. And I would start with Blank and Pink. They actually work with LGBT groups in prison, and have a lot of those statistics. And there are some other activism efforts, like a documentary that's being produced Laverne Cox called Freeing CeCe.

ADRIANNA SICARI: Thank you. We still do have a few minutes. I want to hang on the line here and make sure there aren't questions. So going back to the use of mobile apps, have you heard of any outreach workers creating profiles to use as a form of outreach to educate and encourage positive individuals to reach out for help? And if so, were those efforts successful?

DWAYNE STEWARD: Yes, actually. And I mentioned the empowerment program that I helped run in Columbus before. But that's something we did on a regular basis. But all it really depends on the app policies. Because they are some apps who do not like that happening on their app. And so you really have to do that and upfront strategic engagement, and talking with the advertising directors, or the folks who are running the app. Reaching out to those groups and kind of thing where you are allowed to do.

For instance, we use Adam4Adam, which is a app for outreach. Online it's called Adam4Adam. I think the app is called Radar. But we had a profile that was actually a member. Some members of our outreach workers had profiles. An they just on their profiles they explicitly stated they were a health outreach worker, if you have any questions about HIV, please let me know.

And we often, every day at least, we were getting some kind of response or question from members. And it was all anonymous. And that's also a great thing, because our funders, they like us to track stuff. But you could easily print those interactions without, of course, suing their name or their screen name. To show that that work was done and show what you're actually educating on.

We also do the same thing with Grindr. But again, make sure that you check with the policies of these different apps. Because again, it's different for each group. Some, like Scruff, they actually have free advertising that they offer to community health centers instead of doing that kind of outreach of having someone have a profile.

ADRIANNA SICARI: Awesome. Thank you, Dwayne. And thanks for the question. Again, we'll hang out here and see if any other questions kind of trickle in now for the end of our session. Again, I want to thank everybody, including Dwayne for your participation. It's been really great to have everyone online. Start off our Thursday mornings together.

It looks like we don't have any more questions. So I will take the lack of questions in the chat and Q&A as the end of our session. So thanks so much to everyone that at the Partnerships for Care team for today's webinar and to Dwayne Steward for presenting, and to all of our participants for joining us. So when you close out of the webinar today, you'll be automatically directed to a page where you can download the slides and fill out an evaluation. And that will make you eligible for your CME credit. So thanks everyone, again. And we'll see you at the next seminar.