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Walden University

College of Social and Behavioral Sciences

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Dean Michael Aguon

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Walden University
2021

Abstract

Community-Based HIV Prevention Strategies for African American

Men Who Have Sex with Men

by

Dean Michael Aguon

MPPA, Walden University, 2019

MPA, Bellevue University, 2011

BS, Bellevue University, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

August 2021

Abstract

The success of community-based organizations (CBOs) that provide HIV prevention services depends on strong evaluations to ensure the effective use of resources for HIV prevention strategies. However, there is lack of frameworks or process models to provide best practices for implementing HIV interventions by CBOs, and there is a gap in understanding regarding interventions focused on reducing HIV among African American men who have sex with men (MSM). This study addressed CBO employees' lived experiences within a single organization in Las Vegas, examining program creation, implementation, and measurable outcomes for the African American MSM population, which the research question was designed to answer. Mohr's program evaluation theory was used to analyze the CBO strategies in HIV prevention. A participatory approach was used to aid in the qualitative analysis process and assess CBO program impact. Five CBO employees provided information regarding why African American MSM continue to experience a high rate of HIV infection. The results illustrated three themes: (a) relationships, (b) resources, and (c) messaging. The findings point to the importance of ensuring the effectiveness of HIV/AIDS programs specific to African American MSM. New insights from the study may bring positive social change by influencing policies and procedures as CBO leaders seek to improve the impact of their organizations on the communities they serve.

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Dedication

I dedicate this dissertation to Marcus Alexander Allen and Marcus Warmsley, two of the most influential people in my life. They are no longer here on Earth but will forever be in my heart. I love you more than you will ever know!

Acknowledgments

I want to acknowledge my dissertation chair Dr. Matarelli for all your time, support, and dedication to getting me to the finish line. I also want to acknowledge Dr. Forsythe committee member and, Dr. Cole the University Research Reviewer, thank you so much for your expertise. It would be naïve to say my path to completion has been without challenges. On several occasions, I heard an inner voice telling me to give up. It was in these moments that I became even more motivated. I reflected on the military deployments, the constant moves to keep American citizens and our allies safe. I reflected on the military men and women who were aware of my educational journey and took moments to provide me coverage to write one line or complete one more paragraph. For my fellow Airmen, I could not give up! I reflected on the childhood of my siblings and I, the memories of not thinking of an education accomplishment beyond a high school diploma. For my family, I could not give up! I reflect on the countless miles I would run each day to clear my head from the military, from the hospital patients, from the tragedy of another Black person being killed to transition that energy to pen to paper. For these countless miles, I could not give up! Most importantly, I reflected on the countless times God has pulled me from the bottom, saying, ok, Dean Michael, it's time to get up, determination and perseverance. For God, I could not give up! I am thankful that even in my darkest movements I DID NOT GIVE UP!

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Chapter 1: Introduction to the Study

HIV/AIDS has remained a health problem in the United States for over four decades, with one of the highest infection rates occurring among African American men who have sex with men (MSM). According to the Centers for Disease Control and Prevention (CDC, 2019f), approximately 1,100,000 people were living with HIV in the United States in 2019, and MSM have the highest rate of new HIV infections, accounting for at least 26,000 new HIV infections annually. The lifetime risk of acquiring HIV has been greater among African American MSM (1 in 2) than among European American MSM (1 in 11), and Hispanic/Latino MSM (1 in 4).

In the United States, community-based organizations (CBOs) working locally have been responsible for much of HIV/AIDS care and prevention education (CDC, 2019a). Because the HIV epidemic has expanded and persisted for decades, the CDC, CBOs, and health departments have raised questions about whether existing HIV care and prevention programs have been reaching their target populations. The CDC has therefore mandated on behalf of the federal government that CBOs focus on special groups in the fight against HIV/AIDS (CDC, 2019b). In 2019, the CDC gave $109,000,000 to U.S. CBOs to use over 5 years to provide HIV prevention strategies to communities and subgroups of society at high risk of HIV infection (CDC, 2019b). However, CDC administrators concluded that the success of CBOs depends on strong evaluations ensuring limited resources go to HIV prevention strategies that are effective at disseminating skills and knowledge needed to alter risky behaviors, reduce risk, and eventually reduce the incidence of HIV (CDC, 2019e).

This dissertation involved exploring CBO employees' lived experiences concerning creation, implementation, and measurable outcomes of HIV risk-reduction programs for African American MSM. I conducted this study to aid African American MSM and the CBOs that assist them. The results could lead to prevention of new HIV cases. The rest of this chapter includes a discussion of the study's background and the need for the study. It also discusses the problem targeted, the purpose of the study, and the research question that guided the study. The chapter then presents the conceptual framework used, definitions of terms, and the assumptions, limitations, and significance of the study.

Background

The United States has prevented hundreds of thousands of HIV infections, but the impact of HIV on African American MSM has been greater than on any other group. From 2010 to 2017, infections among African American MSM aged 25–34 years rose 42% (CDC, 2019f). However, African American MSM have had inadequate access to culturally competent amenities and services supporting HIV prevention and care (Lang & Bird, 2015). Across 20 U.S. jurisdictions, only 67% of African American MSM had access to medical care within 90 days of their first diagnosis with HIV (CDC, 2019f). For years, stigma and discrimination have impeded the delivery of HIV prevention and care to African American MSM from both their sexual identity and their race (Lang & Bird, 2015). Prevention strategies should take into consideration neighborhood factors that enhance HIV prevalence, especially those within social and sexual networks. Individual factors have also contributed to the elevated rate of HIV among African American MSM. One such factor is poverty, which has limited access to high-quality health care and

prevention measures that affect the health of those with, or at risk of, HIV (CDC, 2019f; Lang & Bird, 2015).

Organizations implementing HIV prevention programs succeed when the programs are robust and involve several community members (Burns et al., 2020). The success factors for these programs include culturally appropriate interventions that address social determinants of health, focusing on stigma and discrimination to reduce the rate of new infections. Homophobia and condomless sexual intercourse result from economic and psychosocial factors that CBOs can affect to lower the rates of HIV/AIDS among African American MSM. But a gap in knowledge has developed regarding CBO performance with respect to African American MSM. These findings indicate the importance of understanding CBO employees' experiences as they work within implemented systems with multiple stakeholders to reduce HIV infection.

I conducted this study to help reduce the high rate of HIV infection among African American MSM. CBOs have limited resources, so it is important that they prioritize strategies with the strongest evidence of success. It is also imperative that CBOs address stigma, discrimination, and other social, economic, and structural issues that increase vulnerability to HIV and come between people and the care they need.

Problem Statement

Employees of CBOs implementing interventions designed to reduce HIV transmission among African American MSM have acquired unique, experience-based knowledge that can support the improvement of old interventions and the development of new interventions. But researchers have not thoroughly investigated the implementation of interventions focused on reducing HIV among African American MSM. There is also

a lack of frameworks or process models aimed at providing best practices for implementation of HIV interventions by CBOs for African American communities (Stewart et al., 2019). My study's findings support understanding of the CBO framework through descriptions of lived experiences of employees of CBOs aiding African American MSM.

Another persistent gap in the research concerns the scope of measurable determinants and outcomes of HIV risk reduction programs. It is important to establish comprehensive measures of fiscal, political, and social determinants and outcomes associated with implementation success (Hamilton et al., 2018). Further investigation is needed of differences in experiences of employees of CBOs working to implement HIV prevention and awareness programs as well as the variation in program implementation based on the communities they are in (Jeffries et al., 2017). The findings from this study can help to fill the knowledge gaps through understanding of these employees' lived experiences.

Purpose of the Study

Despite the success of CBOs in helping to reduce the rate of new HIV infections among high-risk groups, African American MSM have continued to experience a high rate of infection (CDC, 2019b; Garcia et al., 2015). The purpose of this phenomenological study was to explore the lived experiences of CBO employees regarding the creation, implementation, and outcomes of HIV risk-reduction programs. Another purpose was to better understand what CBO employees know about factors that make African American MSM vulnerable to HIV/AIDS. The high rate of HIV infection among African American MSM suggests that African American MSM face more, or

more pronounced, exposure factors than other American MSM (CDC, 2019d). CBO employees must understand the structural factors that make African American MSM vulnerable to acquiring HIV such as stigma and homophobia, which have resulted in lack of community knowledge and self-efficacy with respect to the need for pre-exposure prophylaxis (PrEP; Garcia et al., 2015). I investigated how CBOs address HIV stigma and sexuality identity, foster social support, and establish peer networks that can improve the prevention strategies that African American MSM should adopt. I also attempted to discover how CBOs can increase awareness of HIV status among African American MSM, as a large number of Americans are unaware of their HIV status, which prevents treatment and leads to a spread of the virus (CDC, 2019b).

Research Question

A single research question guided this study: What are the lived experiences of CBO employees regarding creation, implementation, and outcomes of HIV risk-reduction programs for at-risk African American MSM in Las Vegas, Nevada?

Conceptual Framework

I used Mohr's (1995) program evaluation theory because I wanted to judge the success of a medical education program (Frye & Hemmer, 2012). At a basic level, program evaluation involves making a precise value judgment on information available. Individuals performing program evaluation can use program evaluation theory to help them assess the parts of a program and determine what needs to be changed or eliminated to make the program more effective (Mohr, 1995; Pattyn et al., 2019). Program evaluators identify gaps in practice and provide feedback regarding how to address those gaps. For example, in program evaluation theory, the environment surrounding a program

is important for its performance (Frye & Hemmer, 2012). Employees of CBOs that target African American MSM have become aware of environmental factors—HIV stigma and homophobia—in this community that affect the success of their programs.

Use of program evaluation theory in this study provided a way of addressing gaps in existing literature (Pattyn et al., 2019). Use of Mohr's program evaluation theory results in timely, accurate, and focused information about assessed programs. A program evaluation process that targets education strategies involves systematic collection and thorough analysis of information that depends on the design, implementation, and outcomes of a program to improve and monitor its effectiveness and quality (Mohr, 1995). Using program evaluation theory provided a better understanding of the performance of CBOs operating in areas dominated by African American MSM. Mohr's (1995) program evaluation theory guided analysis of factors (i.e., inputs) that affect programs and how control of those factors can impact the effectiveness and efficiency of programs. I employed summative evaluations based on program evaluation theory when documenting the outcomes of programs. Outputs of summative evaluations were important for identifying areas needing improvement, specifying program conditions and statuses, and performing needs assessments (Spaulding, 2014). I also used summative evaluations to assess procedures implemented by CBO employees to reduce HIV prevalence among African American MSM.

Nature of the Study

The study had a qualitative phenomenological design. Phenomenological research focuses on understanding common factors in the lived experiences of members of a particular group by through the creation of a thorough description of a phenomenon

(Vagle, 2018). I selected qualitative methods because the research problem involved exploring the experience-based knowledge of CBO employees. The problem required application of inductive reasoning, and specific observations from interviews with employees of the CBO supported development of general conclusions related to their lived experiences. Qualitative methods also support depth of data (Ravitch & Carl, 2019). Participants in this study shared their unique lived experiences, and their experiences suggested ways to reduce risk that the participants themselves were unaware of. I explored the data from these interviews using thematic analysis, a form of qualitative data analysis (Braun & Clarke, 2006).\

Further, participatory research suited both the qualitative nature of the study and the research question (Komashie, 2017). I used a participatory approach to understand how well HIV/AIDS prevention programs perform inside CBOs, which entailed a range of methodological techniques and approaches that shift power from researchers to research participants, focusing on inquiry (Spaulding, 2014). I focused on Las Vegas CBO employees, who provided firsthand insight into how HIV/AIDS care and prevention programs perform with respect to African American MSM. CBO employees work with members of high-risk groups to reduce HIV infections and with those already infected to provide care.

Quantitative research does not support gathering data outside the scope of predefined data sources (Ravitch & Carl, 2019). Further, quantitative research requires measurement of variables, and relevant variables remained unclear in this situation. However, the findings of this study may support future quantitative research.

Definitions

This section defines key concepts and terms used throughout the study.

African American men who have sex with men (MSM): African American men who have sexual intercourse with other men (Joseph et al., 2018).

Community: A small social unit consisting of members who share common values or a common identity (Garcia et al., 2015).

Community-based organization: An institution that operates at the local level to improve conditions in a community (Zhang et al., 2020).

High-risk group: A social group with a higher rate of disease infection than other groups (Burns et al., 2020).

HIV prevention (or *HIV reduction*): A combination of biomedical, behavioral, and structural interventions to lower the number of new HIV infections through activities with sustained impact (Garcia et al., 2015; Zou & Fan, 2017).

Men who have sex with men (MSM): All men who have sexual intercourse with other men (Joseph et al., 2018).

Assumptions

This study rested on several assumptions. The first critical assumption was that the lived experiences recalled by participants directly related to their work as employees of a CBO. Although participants had experiences beyond their roles as employees of the CBO—including, perhaps with other types of intervention—I assumed that those experiences did not impact their reflections and responses to interview questions about their lived experiences. The second assumption was that personal biases and values did not impact participants' perceptions of their lived experiences. CBOs include several

different types of organizations; for example, some CBOs are churches. I assumed that although employees had personal feelings related to activities that contributed to HIV transmission among the people with whom they intervened, their biases did not impact how they perceived their lived experiences. The third assumption was that the purpose of the program participants were part of was to reduce the risk of HIV and that participants received training to support that purpose. This assumption relates to the foundational reasons for participants working in risk-reduction programs.

Scope and Delimitations

Several delimitations constrained the scope of this study. I delimited the study to employees of a single CBO with a focus on reducing the risk of transmission. The focus on HIV was due to the impact it has had on African American MSM. These employees experiences supported understanding how CBOs work in the community of interest.

The location of the study was also a delimitation. The state of Nevada ranked 18th in the United States with respect to the number of individuals diagnosed with HIV. According to the 2017 Nevada HIV/AIDS Surveillance Program, there were 486 new cases of HIV in Nevada, including 439 in Clark County, the home of Las Vegas (Nevada Division of Public and Behavioral Health [NDPBH], 2019). According to the U.S. Census Bureau (2020), Las Vegas was the most populous city in Nevada in 2019, with an estimated population of 651,319. Las Vegas was therefore the most appropriate city to focus on for this study because of the number of people to whom the findings would apply.

Another delimitation was the focus on programs serving African American MSM. HIV has disproportionately affected African Americans, who made up 42% of those

receiving new HIV diagnoses but only 13% of the U.S. population (CDC, 2019f). Among African Americans, the activity most frequently contributing to transmission of HIV has been sexual contact with MSM (CDC, 2019f). Delimiting the study to employees working on interventions focused on African Americans would therefore give the findings greater reach.

Limitations

In conducting the study, I faced various challenges hindering the presentation of an unbiased report. The first challenge was establishing trust with CBO employees. I wanted to understand the African American MSM population, but it was difficult to do so if employees did not feel comfortable. Another key limitation was that data collected were based on participants' recollection and reflections on their lived experiences. Participants' memories could have been inaccurate, and verifying the lived experiences was impossible.

Another limitation involved my role as the researcher. In qualitative research, the researcher is a data collection instrument, and factors such as experience and bias may affect treatment of participants during interviews. For example, preconceived notions regarding subject matter can lead to invalid follow-up questions in semistructured interviews that lead to unreliable responses. However, to avoid using data lacking in credibility, I focused on information provided by more than one participant. I scrutinized data to avoid the use of subjective and inaccurate information.

Significance

Information gathered during this study will assist both CBO programs and employees serving African American MSM. The designs of CBO programs targeting

African American MSM need to take into account the challenges faced by this group. Knowledge of these challenges can enhance CBO programs to increase their effectiveness. While conducting this study, I also evaluated the socioeconomic factors that affect African American MSM and ways to address these factors to reduce HIV infection. Policy administrators who seek alternative measures for CBOs targeting African American MSM can use the findings to improve and strengthen health care policies related to HIV prevention and care. Policy makers are responsible for improving the lives of those in all high-risk groups and for developing programs to address the challenges facing African American MSM in particular. But better policies are needed to cater to African American MSM, who have been experiencing a higher rate of HIV infection than other groups.

Summary

This chapter introduced the role of CBOs in HIV prevention and care among high-risk groups. The chapter also provided a brief discussion of why African American MSM have continued to experience a high HIV infection rate. The chapter addressed both the purpose and significance of the research. The phenomenological qualitative study rested on program evaluation theory and a participatory approach. I used program evaluation theory to analyze the performance of HIV prevention programs, and the participatory approach was essential to data collection. The chapter also presented an analysis of the limitations of the study, including various challenges anticipated when analyzing CBO employees' lived experiences of African American MSM in Las Vegas, Nevada. Chapter 2 presents a thorough review of existing literature.

Chapter 2: Literature Review

HIV/AIDS has been a significant health problem in the United States (CDC, 2019f). In the simplest terms, public policy is what the government does or fails to do (Dye, 1987), and it involves resolving conflicts over scarce resources, regulating behavior, motivating collective action, protecting rights, and directing benefits toward the public interest (Theodoulou, 1995). For example, on July 13, 2010, the United States released the National HIV/AIDS Strategy (NHAS), which was the nation's plan that set clear priorities and provided leadership for all public and private stakeholders, aligning their efforts toward a common purpose (CDC, 2019d). The goals of NHAS are to (a) reduce new infections, (b) increase access to care, (c) improve health outcomes for people living with HIV, and (d) reduce HIV-related health disparities. Due to Nevada being the ninth-worst affected by HIV/AIDs (NDPBH, 2019), the Nevada Integrated HIV Prevention and Care Plan 2017–2021 was developed in response to NHAS guidance (NDPBH, 2019). The statewide HIV prevention and care plan includes strategies for ongoing monitoring and improvement (CDC, 2019f).

Further, African American MSM have experienced health problems at higher than average rates because of inability to meet health care costs, limited access to biomedical tools, discrimination, and lack of access to sexual health care programs (CDC, 2019f). In 2018, 444 out of 507 people diagnosed with HIV in Nevada for the first time were men; 398 of them were from Clark County, and 91% of the newly diagnosed people were African American men (NDPBH, 2019). Despite Northwest Las Vegas having the highest rate of new HIV infections in Clark County, few researchers have addressed the performance of Northwest Las Vegas CBOs, HIV care, and prevention programs, both in

general and for African American MSM in particular. Therefore, I examined the efficiency and effectiveness of HIV prevention programs at a Northwest Las Vegas CBO targeting African American MSM. I used Mohr's (1995) program evaluation theory as the conceptual lens through which to evaluate CBO employees' experiences of their existing programs, with a specific focus on program outputs.

Chapter 2 presents an in-depth review of literature associated of the conceptual framework and existing research related to the study. This chapter discusses the literature search strategy; program evaluation theory and its evolution in public health settings; discrimination, stigma, and HIV among African American MSM; and CBOs. The chapter ends with a summary.

Literature Search Strategy

The literature was searched using the Walden University online library, the CDC website, the Nevada Department of Public Health online database, other U.S. government websites and databases, various online academic libraries and databases, and other relevant nongovernment electronic databases. I ensured research was appropriate and of theoretical value by using Boolean combinations of keywords specific to this study, primary sources, peer-reviewed articles, and reputable established governmental sources. Keywords included *Mohr, program theory, HIV, AIDS, prevention, care, community-based organizations, age, African American men who have sex with men, sexuality, gender, African American, MSM, high-impact prevention, HIV/AIDS, social support, healthcare, structural barriers, healthcare services, stigma,* and *poverty prevention*.

To understand the HIV epidemic as it currently relates to the African American MSM population as well as the role of CBOs in prevention, I structured the literature

search into four segments: (a) scholarly studies published about the U.S. HIV epidemic, (b) historical issues regarding African American MSM, (c) historical foundations of program theory and evaluation, and (d) public policies and CBO prevention efforts in Las Vegas, Nevada. All searches included date ranges from 2000 to 2020. I also searched for works by author and title referenced while reviewing the literature, which resulted in the incorporation of research prior to 2000 and not found within my initial keyword searches in the sources listed herein. Where necessary, those earlier works were incorporated into my literature body.

Conceptual Framework

Program evaluation theory was an optimal foundation for creating interview scripts and interpreting CBO employees' lived experiences of working with African American MSM to reduce the risks of HIV. The theory is useful because it stimulates discussion about components of programs that are critical to achieving desired outcomes (Guss et al., 2019). Mohr (1995) built the theory on existing empirical support for the importance of making causal links between inputs and outputs. A policy or program represents an expectation that the activities it mandates cause objectives to be met (K. B. Smith & Larimer, 2009). For example, the Aid for AIDS Network (2019) applied the theory to its prevention and education program with the objective of ensuring tools were appropriate to the target audience of the program.

Mohr's Program Evaluation Theory

Program evaluation theory assumes that the existence of a policy represents a theory in the sense of a causal link between inputs and outputs. Program evaluation theory encompasses a narrowed view, with a causal explanation derived from a logical

model limited to a single policy at a single time in a single place (Mohr, 1995). The outcome of a program or system depends on various environmental factors within the constructed logic model. Mandating certain activities in steps of the logic model therefore leads to identification of program or policy outcomes for evaluation. Thus, program evaluation theory in its purest form is a process of backward induction (Mohr, 1995), where results make explicit the causal or inferred beliefs that link policies to their desired objectives. The backward induction is indirect, and as in impact analysis, many linked activities may feed into outcomes. Mohr (1995) described these activities as subobjectives and emphasized their importance in learning crucial information regarding program or policy effectiveness. However, if the central objective of an application of program evaluation theory is to empirically assess whether a policy has had an impact on an outcome of interest, then subobjectives can be ignored, leading to a summative analysis to identify needed changes in a mature program (K. B. Smith & Larimer, 2009). But if subobjectives explain why a program or policy exists or suggest modifications, the appropriate approach is formative impact analysis (K. B. Smith & Larimer, 2009). Evaluations using formative impact analysis occur during policy or program development and implementation—particularly implementation—when programmatic changes cannot be made.

Program evaluation is a specific process to help assess program parts to determine which need alteration or elimination to enhance program effectiveness (Mohr, 1995; Pattyn et al., 2019). Program evaluation identifies gaps in actual practice and provides insight into how those gaps should be addressed. Identification and classification of program objectives were fundamental parts of my study. Using Mohr's (1995) program

evaluation theory, I examined the strategy and testing campaign program of a CBO in Las Vegas, Nevada, implemented by Nevada under the Nevada Integrated HIV Prevention and Care Plan 2017–2021. Program evaluation standards provide focus to documentation of effectiveness, impact, and accountability of programs as well as needed changes in programs (Pattyn et al., 2019; Spaulding, 2014). This served as the logical basis for my research into how the CBO operates its HIV prevention programs and how it measures program success.

Program Evaluation

Program evaluation in the context of program evaluation theory is a method for determining the effectiveness of a specific program or model and understanding why application of the program or model is or is not working (CDC, 2019e). Establishing causality typically involves experimental research, but the principle of causality suggests that there is a logical flow from one event, behavior, or belief to a subsequent development, practice, or opinion. At a fundamental level, program evaluation involves making precise value judgments based on information available (Frye & Hemmer, 2012).

Although program evaluation can help with identification of gaps in actual practice and provide insight into how those gaps should be addressed, program evaluation has both advantages and disadvantages. Program evaluations are useful in that they contribute evidence of outcomes to data-based decision making, providing a scorecard for evaluating achievement of outcomes resulting from public health spending (CDC, 2019e). Public administrators have learned that resources are finite and must be managed effectively (Kioko et al., 2011). A key area of inquiry within public administration is determining the effectiveness and value of programs supported by federal funding

(Jemmott et al., 2010; Kioko et al., 2011; Wright, 2018). Another positive application of program evaluation is identification of best practice investments and establishment and maintenance of optimal practices through a process of continuous quality improvement (CDC, 2019e).

Criticisms of program evaluation have focused on cost, time, and the perception that assessment is punitive. But the cost of program evaluation is relative, because it depends on the question asked. A simple, low-cost evaluation can deliver valuable results. Evaluations can be time consuming; however, they can also be timed strategically to provide necessary feedback (CDC, 2019e). The CDC (2019e) has encouraged those evaluating public health programs to ensure that those evaluated see evaluations not as punitive measures but as helpful and supportive of process improvement through engagement of all stakeholders.

Impact Analysis

Impact analysis, like program evaluation, has its foundation in program evaluation theory. It is a field of policy study devoted to the impacts of public policies or programs in the real world (K. B. Smith & Larimer, 2009). Impact analysis uses the conceptual tools of interest and causal belief with linkages to policy activity (Mohr, 1995; Pattyn et al., 2019). Impact analysis relies on three core concepts: (a) a problem, (b) an activity, and (c) an outcome of interest (K. B. Smith & Larimer, 2009). A problem is a predicted outcome or condition considered unsatisfactory and expected to remain unsatisfactory without a public policy or program intervention. An activity is a human-directed event that constitutes policy action. An outcome of interest is a variable used to determine program or policy impact on a defined problem (Mohr, 1995; Pattyn et al., 2019). Impact

analysis involves asking whether one event caused another to happen and to what extent other logical patterns (apparent or not) were involved in that causation. Multiple outcomes or inputs causing a single result often complicates apparent simplicity in policy and program evaluation (Mohr, 1995). Mohr (1995) used the example of death by heart attack, a process requiring various logical steps manifested as symptoms of heart damage. These steps are logically and sequentially linked with a specific expected outcome.

Logic Model

Logic models aid applications of program evaluation theory by acting as visual shared understandings of programs and resources needed to achieve outcomes (J. A. Smith et al., 2009). Logic models are useful in initial program design and investigation of improvement opportunities for existing programs (J. A. Smith et al., 2009). Logic models also help with communication by documenting where a program stands. Most importantly, a logic model indicates a balanced set of key points for performance measurement and evaluation, thus improving data collection (McLaughlin & Jordan, 2015; J. A. Smith et al., 2009).

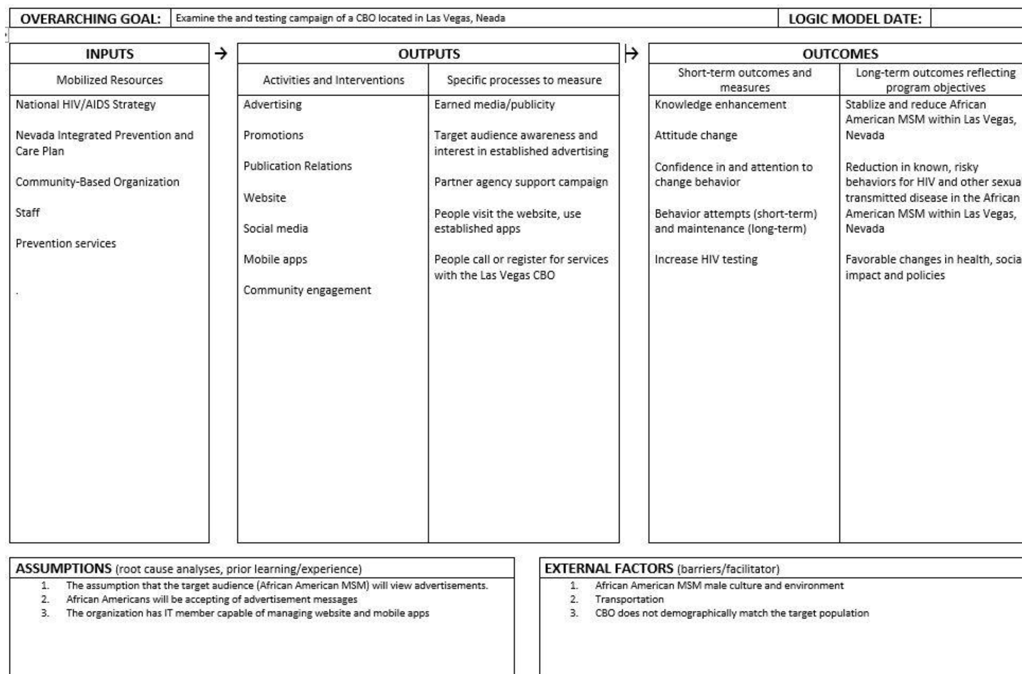
A logic model specifies the need for a concrete goal given a recognized and solvable problem or need. Logic models provide tools for visualizing relationships among short-term program-produced outcomes, intermediate system impacts, and long-term community goals (Julian, 1997; J. A. Smith et al., 2009). Accomplishment of an overall goal of a logic model depends on accomplishment of subobjectives. Accomplishment of subobjectives, in turn, requires identification and sustainable implementation of inputs of identified resources and processes. Resource inputs permit realization of short-term intervention results and long-term outcomes (Julian, 1997). A significant benefit of a

logic model is that it allows consideration of linkages between conditions, outcomes, and impacts (Julian, 1997; K. B. Smith & Larimer, 2009).

Building a logic model requires reasonably expected methods to achieve desired results and outcomes. Logic models must include full descriptions of environments, resources, characteristics, behaviors, and attitudes, of any person, organization, or population in need of evaluation of change (Alter & Egan, 1997). I examined the strategy and testing campaign program of a CBO in Las Vegas, Nevada. Although I focused on activities and interventions based on advertising, public relations, and community engagement, the logic model I created provided a fuller scope (see **Error! Reference source not found.**). System-level applications of logic models also provide mechanisms for coordinating services aimed at reaching community goals. Such coordination is a critical component of an effective and efficient delivery systems for human services (Julian, 1997).

Figure 1

Logic Model



Note. CBO = community-based organization; MSM = men who have sex with men.

Evolution of Program Evaluation Theory in Public Health Settings

Use of program evaluation theory has become common among public health practitioners. Public health practitioners have used program evaluation theory since 1999 to evaluate public health actions and program impacts (Boekeloo et al., 2015). Program evaluation complements program management by gathering the information needed for improving and accounting for program effectiveness (Boekeloo et al., 2015), such as current events and the relationship between statements and facts manifested through model inputs and outputs following logical event sequences (Mohr, 1995).

The CDC's Program Performance and Evaluation Office has applied program evaluation to help both internal and external programs to achieve desired outcomes (CDC, 2019e). The key to the success of this office has been its emphasis on practical,

ongoing evaluation strategies that involve all stakeholders. The office has used a two-part evaluation system. The first part has six steps: (a) engaging stakeholders, (b) describing the program, (c) focusing the evaluation design, (d) gathering credible evidence, (e) justifying the conclusion, and (f) ensuring shared use and identifying lessons learned. The second part involves an assessment of the evaluation with regard to utility, feasibility, propriety, and accuracy.

Program evaluation theory has also been a useful tool when studying HIV prevention programs. For example, Boekeloo et al. (2015) used the theory when assessing the effectiveness of two HIV prevention programs targeting African American women who were sexually vulnerable to HIV via oppression frameworks. Boekeloo et al. exposed how combinations of lower income, relative youth, and other social stratifications worked against African American women's social status and power in heterosexual relationships. Boekeloo et al. discussed the use of pretest, posttest, and 6-month follow-ups for evaluation of participants in the Coping with Work and Family Stress program and the Hip Hop 2 Prevent Substance Abuse and HIV program, which demonstrated that both programs had positive impacts on lower income women. Harawa et al. (2018) also used program evaluation theory when examining HIV rates among inmates, identifying the effects of similar programs on incarcerated men. Based on these studies, program evaluation theory is a useful interpretive lens for evaluation of the effectiveness of CBO HIV prevention programs among African American MSM in Las Vegas, Nevada.

Literature Review Related to Key Concepts

CBOs work to reduce HIV rates through prevention education. The U.S. government released the NHAS in 2010 and updated it in 2020. The plan's three fundamental objectives are to (a) decrease infection rates, (b) improve access to care and ensure the health of individuals living with HIV, and (c) decrease HIV-related incongruities and well-being disparities (CDC, 2019f). Effective HIV prevention interventions lessen HIV transmission. To assist communities, the U.S. government also released the Community Action Plan, which complements the NHAS, with the goal of helping organizations to develop plans for implementation of the national policy. The Community Action Plan focuses on HIV prevention, care, disparities, and stigma.

The Nevada Integrated HIV Prevention and Care Plan 2017–2021 was created in response to the national strategy. According to the NDPBH (2019), of 506 people newly diagnosed with HIV in Nevada in 2019, 437 (86.4%) were men. Of the 437 men, 383 (87.6%) received their diagnosis in Clark County, and 105 of those (27.4%) were African American men, making up the single largest racial group. In 2017, the number of African American men living with HIV in Las Vegas was three times higher than the number of European American men living with HIV. African American and European American individuals made up 10% and 48% of the Las Vegas population, respectively (NDPBH, 2019).

Nevada state officials concerned with HIV prevention have coordinated the efforts of local health districts and organizations to improve delivery of HIV prevention services. I focused specifically on the subobjective of the first goal of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention and the NHAS: reduction of

new HIV infections by 25% by increasing population awareness of the importance of HIV testing, including knowledge of testing locations (CDC, 2019f; NDPBH, 2019).

Policy has long provided the impetus for change in procedures and processes (Kioko et al., 2011). The outcomes of this study may contribute to modifications of policies and procedures for Las Vegas CBOs providing HIV/AIDS prevention programs specific to African American MSM.

Discrimination, Stigma, and HIV Among African American MSM

In the United States, African American MSM have accounted for a higher proportion of those newly diagnosed with HIV, those living with HIV, and those who have received an AIDS diagnosis than MSM who belong to other races (CDC, 2019c). During 2018, African American MSM accounted for nearly 10,000 new cases of HIV. In 2018, 2,592 African American MSM died with a diagnosis of HIV. According to Hildreth (2018), Levy et al. (2015), and Wilson et al. (2016), structural factors have led to the disproportionate rate of HIV infection among African American MSM. Levy et al. divided these structural factors into four domains: (a) health care, (b) incarceration, (c) stigma and discrimination, and (d) poverty. African American MSM have been at increased risk of exposure to HIV with each sexual encounter because of these structural factors and the higher burden of HIV in their communities (CDC, 2019c; Hildreth, 2018).

Discrimination against African American MSM may originate from their sexual identity, their race, the perception that they are at low risk, HIV-related stigma and antigay stigma, or a combination of these factors. Wilson et al. (2016) found that stigma and discrimination were linked explicitly to social class and increased the risk of poor health outcomes among African American MSM. According to Scheim and Travers

(2017), neighborhood factors contribute to the high rate of HIV infection among African American MSM.

Access to health care is a crucial social determinant of health. According to Wilson et al. (2016), prevention strategies should take into consideration neighborhood factors that increase HIV prevalence, especially within social and sexual networks. Further, Wilson et al. found that individual factors (e.g., inability to obtain employment and substance use problems) contributed to high HIV prevalence among African American MSM. According to Frye et al. (2017), few interventions at the community level address both HIV stigma and homophobia. Frye et al. focused on the Challenge HIV Stigma and Homophobia and Gain Empowerment project, a community-level intervention designed to reduce HIV stigma and homophobia in New York, New York. The program's objective was to increase access to HIV treatment and prevention programs, including intervention workshops, CBOs, and training with residents.

Incidence and Prevalence of HIV

HIV is a slow-acting virus that does not evolve into a disease state until many years after infection (CDC, 2019f). The virus is transmitted through the exchange of body fluids, including semen, vaginal fluid, blood, and breast milk. An estimated 40%–90% of those infected with HIV display flu-like symptoms (i.e., fever, fatigue, sore throat, chills, night sweats, diffuse rash) within a few weeks of infection. However, some people exhibit no symptoms of newly acquired infection. If left untreated, HIV infection develops into AIDS. According to Herring (2019), the impact of HIV on African American MSM has been of significant concern to public health officials for nearly three decades.

Overall, the number of people diagnosed with HIV has become stable; however, prevalence has continued to increase among subgroups such as African American MSM. Nearly 10,000 African American MSM received new HIV diagnoses every year between 2010 and 2018 (CDC, 2019c, 2019f). In comparison, almost 8,000 European American MSM received new HIV diagnoses in 2010, but only about 7,000 received new diagnoses in each of 2016 and 2018 (CDC, 2019f). According to the CDC (2019c), 3 out of 4 African American MSM who received an HIV diagnosis in 2018 were aged 13 to 34 years. Shepler et al. (2017) posited that African Americans are more likely to engage in condomless sex than European Americans. The CDC (2019c) cited three main challenges to prevention efforts targeting African American MSM: (a) a delay in linkage to HIV medical care, (b) low percentage of viral suppression, and (c) socioeconomic factors.

The CDC has engaged in several evidence-based studies specifically targeted at reducing national HIV infection rates among African American MSM (CDC, 2019a). The resulting interventions address HIV knowledge gaps and increase safer sex practices. Fernandez et al. (2016) found that interventions providing culturally relevant information on HIV risk and protection and increasing motivation and behavioral skills to promote the adoption of safer sex practices were both useful and needed. However, despite an increase in knowledge and condom use, HIV has remained disproportionately prevalent among African American MSM compared to MSM belonging to other races.

Nevada HIV Reduction Strategies

The Nevada Integrated HIV Prevention and Care Plan 2017–2021 and the NHAS both recommend a high-impact combination of prevention strategies for those at high risk of HIV infection (e.g., African American MSM; NDPBH, 2019). Garcia et al. (2015)

identified structural barriers and sociocultural factors that affect the acceptance of oral PrEP among African American MSM. Garcia et al. posited that the high prevalence of HIV among African American MSM results from stigma, societal prejudices, and other social factors. Homophobia and lack of condom use result from economic and psychosocial factors. Garcia et al. suggested that CBO care settings may be uniquely situated to help reduce high rates of HIV/AIDS among African American MSM and that CBOs located where they can affect HIV infection rates among this group must therefore use and design prevention programs taking into consideration the influence of stigma and societal discrimination on program outcomes.

Considering the spectrum of access to care from HIV diagnosis to viral suppression, missed opportunities for reaching African American people with HIV have remained. Despite the high rate of HIV diagnosis among African American people, 46% remained in regular care and only 43% had the virus suppressed (Kaiser Family Foundation, 2019). African American people with HIV may also be less likely to sustain viral suppression and may experience longer periods with higher viral loads than members of other groups.

Related Public Policy

CBOs have had a vital role in health care promotion since they first appeared (Painter et al., 2010). Scholars have often attributed this to the ability of those working in CBOs to understand the local community while promoting health, reducing disease, and bringing attention to racial, ethnic, and social barriers (Painter et al., 2010). The purpose of recent policy measures has been to guide HIV/AIDS change agents to ensure presentation of the best prevention programs to communities (CDC, 2019b).

The vision statement in the NHAS describes an outcome in which HIV infections are rare and, when they do happen, are met with easily accessible, high-quality, and life-extending care free from shame and segregation, regardless of the age, sex, race or ethnicity, gender identity, sexual character, and socioeconomic circumstances of infected individuals (CDC, 2019b). Aligned with this national strategic path, the Nevada integrated plan's primary objective is HIV/AIDS prevention using community-integrated tools (CDC, 2019b).

CBOs

Since the late 1980s, the CDC has formally partnered with state and local health departments to conduct HIV surveillance and expand the impact and reach of HIV prevention in affected communities (CDC, 2019b). The CDC has endorsed CBOs and health care providers to focus on preventing new infections by reducing the number of undiagnosed HIV infections and ensuring the availability of comprehensive services promoting linkage to, and engagement with, appropriate medical care for all persons diagnosed with HIV. CBOs, such as those in Las Vegas, are nonprofit organizations dedicated to improving outcomes in their local communities through the provision of specialized resources and program activities (Aid for AIDS Network, 2019). Larger organizations, such as the CDC, use CBOs to liaise with local community activities and provide services to specific underserved populations. The CDC requires CBOs that receive CDC funding to collaborate with the CDC to establish, build, and maintain such partnerships (CDC, 2019b).

Community empowerment is a way of providing HIV prevention, care, and education. According to the Kaiser Family Foundation (2019), CBOs connected to

socially vulnerable groups (e.g., African American MSM) help extend the reach of prevention and retain patients in care. CBOs providing HIV prevention and care also support sources of funding needed to sustain CBOs. Frye et al. (2017) argued that it is vital to develop community-level HIV/AIDS programs to oppose homophobia and stigma intervention, which are associated with adverse outcomes. Community-based interventions to reduce HIV stigma and discrimination have focused on provision of education and information that change values and attitudes. The following sections discuss specific strategies employed by CBOs to reduce the risk of HIV infection among African American MSM.

Safe Spaces

According to Garcia et al. (2015), CBOs have used safe spaces as a way to address environmental vulnerabilities of African American MSM. Creating and maintaining safe spaces is critical to reducing the vulnerability to HIV/AIDS of at-risk African American MSM. CBOs have used safe spaces to offer social support, prepare men for the workforce, address stigma, and to foster a sense of community and togetherness among African American MSM. Garcia et al. also described safe spaces as judgment-free access points for campaigns of testing for HIV and other sexually transmitted infections, diagnosis, and HIV prevention efforts.

Safe spaces advance strengthening and mobilization of communities against disgrace, separation, and viciousness. Safe spaces empower human advancement by giving skill-building openings to those marginalized in instruction and work (Garcia et al., 2015). Garcia et al. (2015) studied eight New York City CBOs that incorporated safe spaces and found these environments to be a central element of men’s support groups.

The researchers also found that safe spaces promoted supportive social norms and peer networks through a range of culturally relevant leisure activities free of stigma and discrimination. Community stakeholders identified these safe spaces as essential alternatives to less desirable and often dangerous hangouts (Garcia et al., 2015).

Digital Interventions

Digital interventions have been attracting growing interest among researchers investigating reduction of HIV risk for MSM. Digital interventions deviate from traditional HIV risk-reduction strategies through the use of digital tools that support communication with individuals who engage in risky sexual activity (Zou & Fan, 2017). Downloadable smartphone applications are one means of digital intervention. Some applications use technologies that support geosocial networking to deliver HIV interventions to MSM. The efficacy of such digital interventions has been mixed. Nguyen et al. (2019) noted that although interventions focused on digital applications have often resulted in short-term improvement of risky sexual behavior, long-term adherence has been a problem.

The growing popularity of digital interventions and need for HIV interventions for MSM has led scholars to devote less and less attention to classic interventions used in CBOs. Digital interventions can help overcome different kinds of distance between individuals working to implement interventions and those who can benefit from them (Zou & Fan, 2017). However, researchers must continue to focus on other types of interventions to understand how people working with at-risk individuals can most effectively implement interventions to reduce the risk of HIV.

Smartphone applications provide a systematic approach to implementing HIV interventions. Smartphone applications include several tools that support identification of the best interventions to reduce risk for MSM (Zou & Fan, 2017). Zou and Fan (2017) conducted a meta-analysis of the use of geosocial networking applications to identify effective HIV intervention solutions based on MSM characteristics. They found common factors uniting the most frequent users of these applications. These factors included being younger, being European American, having higher levels of education and income, and having higher rates of risky sexual behavior. The MSM who used these applications were more likely to engage in risky sexual activity than other MSM and also 2.1 times more likely than other MSM to receive an HIV test; however, the prevalence of HIV was similar between MSM who used these applications and those who did not (Zou & Fan, 2017). The researchers critically found that few African American MSM used these applications. Attempts to understand the implementation of interventions to reduce HIV risk among African American MSM therefore cannot draw much on the use of digital solutions.

Some researchers have focused on understanding digital solutions for HIV prevention and treatment among African American MSM. Holloway et al. (2017) investigated the use of technology to understand preferences for HIV prevention and treatment among African American MSM based on mobile phones. Their qualitative grounded theory research produced several results supporting the development of digital solutions to reduce HIV transmission among African American MSM. They noted that participants preferred holistic interventions and lacked focus on one form of HIV prevention and treatment. Holloway et al. also determined that privacy and

confidentiality remained the most important factors to African American MSM who took part in their study. The participants preferred discreet connections to health educators and treatment providers. These factors could be considered either beneficial or detrimental to application of digital interventions for African American MSM. Although digital applications support some degree of privacy, digital records can be leaked through hacking. Therefore, although African American MSM can receive benefits from mobile phone applications, traditional interventions offer better privacy and confidentiality.

A critical problem that has remained with web-focused applications is the sustained impact from their use. Nguyen et al. (2019) completed a systematic review of eHealth interventions designed to address HIV and sexually transmitted infection transmission among MSM. They reviewed 55 articles focused on understanding the efficacy of web-based interventions. Nguyen et al. noted several different types of web-based interventions, including those based on text messages, email, online video, computers, social networks, virtual simulation, live chat, multimedia, and smartphone applications. They found that these interventions led to short-term behavior change; however, only one of the interventions led to long-term behavior modification.

Shangani et al. (2017) explored the effectiveness of peer-led interventions focused on increasing HIV testing among MSM. Peer-led interventions are an alternative to formal interventions used by CBOs that utilize the advantage of technology to achieve digital reach. Shangani et al. found that the rate of HIV testing was statistically significantly higher in peer-led intervention groups than control groups. These findings support the use of a peer-led approach to reduction of HIV risk via HIV testing among MSM. The consistencies between peer-led strategies and community-based strategies

lend some conceptual support to the importance of understanding implementation of HIV interventions led by CBOs.

Schneider et al. (2017) examined the role of social network stability of African American MSM in their HIV risk and prevention behaviors. They found that "behavior is not only affected by static properties of an individual's network but may also be associated with changes in the topology of his or her egocentric network" (Schneider et al., 2017, p. 381). These findings indicate that the social networks of African American MSM impact the degree of risky behavior they practice. The findings of Schneider et al. coincide with those of Garcia et al. (2015), who found that implications of homophobia and HIV stigma in social support networks impacted prevention of HIV among African American MSM. Garcia et al. discovered that risky sexual behaviors are often a consequence of psychosocial and economic factors, which are often tied to homophobia and rejection by family or religious groups. Garcia et al. argued that lack of both self-efficacy and community efficacy discouraged acceptance of, and adherence to, preexposure treatments to prevent transmission of HIV.

Advancement of mobile applications has supported the development of mobile applications for HIV prevention. Sullivan et al. (2017) conducted a pilot study on the usability and acceptability of an application designed to prevent HIV transmission among MSM. They noted that understanding MSM is vital to preventing and treating HIV because of the high and growing prevalence of HIV among MSM, the only group for which the rate of HIV diagnosis has not been decreasing. The high prevalence of HIV among MSM and the goal of reducing new diagnoses makes multiple measures necessary to prevent new cases of HIV infection. Sullivan et al. noted the importance of

implementing multiple HIV prevention interventions, focusing on both urban and rural areas, to increase prevention while keeping the marginal cost for intervention low. The proposed solution was a robust application that acted as a single resource for MSM but included several HIV prevention and treatment elements. The elements included self-assessments; recommendations for prevention; the ability to order commodities such as condoms and self-tests; HIV prevention services for MSM; and information on screening for PrEP, HIV testing, and treatment provider locators (Sullivan et al., 2017). The researchers found that the application had above-average usability and was acceptable to MSM. Sullivan et al. found that participants used the application mainly to order commodities. The application influenced 1 in 10 men who were PrEP-eligible to use PrEP. These findings indicate several activities that CBOs should focus on when implementing interventions.

Other digital interventions involve the use of social media to support healthy sexual decision-making among MSM with HIV. Tanner et al. (2018) noted that MSM with HIV often had poor health outcomes. They also noted that MSM frequently used social media. They developed an intervention based on social media and web-focused applications. The purpose of the intervention, designed around the use of Facebook, texting, and mobile social and sexual networking applications, was to improve care for MSM with HIV. The largest racial group in their sample was made up of African American men. Use of the application led to significant reductions in missed appointments for HIV care and improvements in viral load suppression after 12 months of implementation. The findings support use of social networking as way encourage successful treatment and prevention of HIV among MSM.

Digital interventions can help promote risk-reducing treatments. Risk-reducing treatments include treatment of those with HIV using antiretroviral medication that reduces their viral load and thus the likelihood of transmission (Muessig et al., 2017). Muessig et al. (2017) discussed mobile health interventions as tools to help MSM with HIV adhere to their medication regimens. These types of interventions are useful for MSM because they are acceptable, feasible, and effective. These findings support the importance of interventions that address awareness of risk-reducing treatments; however, use of risk-reducing treatments in place of discouragement of risky behavior does not effectively reduce HIV transmission among MSM.

Awareness of Risk-Reducing Treatments

Risk-reducing treatments, which reduce the viral load of those with HIV, can significantly reduce HIV transmission. Treatments that reduce viral load when administered before exposure have the potential to at least partially protect people who engage in risky behavior.

Some findings indicate that administering treatments that prevent HIV transmission has consequences. Chow et al. (2019) noted that the risk of sexually transmitted infection was higher than average among MSM in part because of treatments that support the avoidance of HIV transmission; the reduced HIV risk encouraged riskier behavior. Traeger et al. (2018) also noted that use of preexposure treatments helped to increase the frequency of risky sexual behavior among MSM; the outcome of this increase was an increase in transmission of sexually transmitted infections. Despite the caveats associated with higher rates of sexually transmitted infections, many treatments designed to reduce HIV transmission have been successful.

Reduction of the risk of HIV transmission involves avoidance of risky behavior and use of risk-reducing treatments such as PrEP. These treatments have become popular as a way to reduce HIV risk (Chow et al., 2019). However, relying on risk-reducing treatments instead of avoiding risky behavior can have unintended consequences. Chow et al. (2019) identified PrEP and HIV treatments such as postexposure prophylaxis (PEP) as measures that can reduce the risk of HIV transmission. However, they also found that use of these measures encouraged MSM to engage in risky behavior. Although these measures reduce HIV transmission, they do not prevent transmission of other sexually transmitted infections. Chow et al. said that introduction of PrEP and PEP were not the only factors contributing to increased risky sexual behavior among MSM; however, these treatments created a false sense of security. Further research is needed to understand how people working with MSM can encourage use of treatments such as PrEP and PEP while also discouraging risky sexual behavior.

Guidelines for clinical use of PrEP only appeared in 2014; however, there have been significant efforts to increase awareness of PrEP among MSM. Efforts to increase awareness among MSM improved their understanding of what PrEP is and how it prevents HIV transmission (Finlayson et al., 2019). Awareness of PrEP increased by 50% between 2014 and 2017 with more than 80% of MSM reporting awareness of PrEP in 2017. Use of PrEP increased from 6% in 2014 to 35% in 2017. These increases indicate that measures to increase PrEP awareness have succeeded. However, PrEP use has remained low among African American and Hispanic/Latino MSM (Finlayson et al., 2019). These findings support stimulation of awareness as a way to increase use of PrEP;

however, more information is necessary to understand how to encourage African American MSM to use PrEP.

Traeger et al. (2018) conducted a meta-analysis of HIV infection, risky behavior, and PrEP use among MSM and reported findings similar to those of Chow et al. (2019). The findings of Traeger et al. support the use of PrEP to reduce HIV transmission risk with the caveat that risk reduction leads to less condom use and higher incidence of sexually transmitted infections. The findings also indicated that the likelihood of engaging in condomless sex increased over time due to PrEP and therefore would increase in the future (Traeger et al., 2018).

Other researchers have reported conflicting findings obtained with similar methods. Freeborn and Portillo (2018) explored PrEP as a means of HIV prevention among MSM to understand whether use of PrEP resulted in changes with respect to risky behavior. They concluded that several factors influenced condom use among MSM and that rates of sexually transmitted infections were high in both treatment and placebo groups. They also noted that little evidence supported significant change in sexually transmitted infection rates from baseline to follow-up. Differences between the methods of Traeger et al. (2018) and Freeborn and Portillo could impact interpretation of their findings. Although Freeborn and Portillo completed a systematic review, Traeger et al. performed a meta-analysis; Traeger et al.'s findings were thus more robust and supported by quantitative research. Traeger et al. and Freeborn and Portillo also reviewed different sets of studies. The differences in their methods and findings provide a rationale for further research with the aim of understanding the impact of treatments that prevent HIV transmission on sexually transmitted infections among MSM.

The issues of health care access and use of PrEP by MSM without HIV are associated. Hubach et al. (2017) found that lack of access, both real and perceived, impacted use of treatments such as PrEP in states considered relatively rural. Hubach et al. investigated barriers to PrEP use in Oklahoma. Two key themes identified by Hubach et al. were stigma in the environment and lack of access to quality health care sensitive to the needs of lesbian, gay, bisexual, and transgender people. Perceptions of barriers created by geographic isolation due to the state's rural nature helped to limit access to health providers and resources. These findings support the need for further research focused on understanding traditional strategies for implementation of interventions to reduce the risk of HIV in rural areas, including Nevada, the rural state I studied. Not all medical needs of MSM can be met with digital interventions, and access to PrEP reduces HIV infection.

van Griensven et al. (2017) examined challenges and opportunities for HIV prevention. They found antiretroviral treatment for prevention to be ineffective at preventing transmission of HIV among MSM. However, van Griensven et al. noted possible benefits from use of PrEP to control the HIV epidemic.

Conclusion and Summary

This chapter discussed the HIV epidemic in the United States, the national initiative to address the problem, and the role of CBOs in that initiative. The chapter also examined the importance of program evaluation theory in linking policies to program objectives and covered information that aided evaluation of the CBO in my study.

Few researchers have explored either evaluation of CBOs or African American MSM in the context of HIV prevention in Las Vegas, Nevada. However, I did uncover

information regarding disparities among African American MSM. Many researchers have also provided insight into the usefulness of program evaluation when studying the effectiveness of HIV programs (Boekeloo et al., 2015). Program evaluations support public policy because they generate data that drive evidence-based decisions. The material I examined helped me address the gap in understanding regarding effectiveness and efficiency of CBO HIV prevention programs in relation to African American MSM in Northwest Las Vegas.

Some researchers have addressed the importance of aid provided by CBOs in preventing HIV and retaining HIV patients in care (Kaiser Family Foundation, 2019). On a national and state level, strategies to combat HIV have focused on awareness and reduction of new HIV cases. Since HIV prevention efforts began, interventions have stabilized the number of new HIV cases overall, but not among African American MSM who now make up the group worst affected by HIV. Addressing continued challenges facing CBOs and African American MSM depends on evaluation of the effectiveness and efficiency of HIV prevention programs; exploration of barriers to prevention; the determination of the relationships among community involvement, public relations and advertising; and the increasing incidence of HIV among African American MSM. The literature review also revealed that discrimination and stigma have presented challenges to prevention of HIV among African American MSM. Chapter 3 presents the research methods and justifies the choice of design and used in this qualitative study. Chapter 3 also describes the specific population studied.

Chapter 3: Research Method

The purpose of this phenomenological study was to explore the lived experiences of the creation, implementation, and outcomes of HIV risk-reduction programs by employees of a CBO. This chapter includes a description of the methods used. The chapter begins by providing the rationale for selecting a phenomenological research design. The chapter continues with a description of the role of the researcher and the methodology, including the logic of participant selection, instrumentation, procedures for recruitment of participations, data collection, and data analysis. The chapter concludes with a discussion of trustworthiness and ethical procedures.

Research Design and Rationale

I used a phenomenological approach to examine the following research question: What are the lived experiences of CBO employees regarding creation, implementation, and outcomes of HIV risk-reduction programs for at-risk African American MSM in Las Vegas, Nevada? A phenomenological approach was most suitable for examination of this research question because phenomenology relates exclusively to examination of experience; a phenomenological researcher examines the meaning participants give to their experience without justification (Vagle, 2018). Thus, researchers apply phenomenology when attempting to understand participants' viewpoints and essential themes related to shared experience (Vagle, 2018).

I identified a need for research identifying strengths of African American MSM regarding HIV prevention to balance traditional deficit-based approaches that identify barriers to HIV prevention, care, and treatment. Qualitative methods provided context and detailed descriptions regarding HIV risk perception and the complicated matrix of

social conditioning that impacts sexual behavior among African American MSM—knowledge that is significant to HIV prevention efforts (Levy et al., 2015). In contrast to quantitative methods, which focus on causality, projection, and generalization of results, qualitative methods provide systematic processes for examination, understanding, and description of the intricacies inherent in a phenomenon (Vagle, 2018). An interpretive phenomenological analysis framework allowed for close examination of how participants made sense of life experiences and yielded detailed interpretations of their accounts that aided understanding of their experiences (Vagle, 2018).

Role of the Researcher

In a qualitative study, the researcher is a human instrument. An essential duty of a qualitative researcher is to allow aspects of participants' experiences to emerge as perceived by the participants rather than the researcher (Ravitch & Carl, 2019). As the researcher, I was the instrument for collecting data regarding self-perceived cultural competency of CBO employees providing HIV prevention services to African American MSM. This required significant reflection before and during the project as a means of ensuring context and understanding (Ravitch & Carl, 2019) in addition to giving thought to and expressing my viewpoints and potential biases (Skinta & Brandrett, 2017). To some extent, bias is unavoidable. Thus, a practical researcher transparently communicates biases and reports efforts to decrease their influence (Skinta & Brandrett, 2017). Based on advice to track subjectivity from the beginning to end of a project rather than to attempt to counter subjective influences after gathering data (Skinta & Brandrett, 2017), I gathered and analyzed data to ensure that my personal perceptions did not affect the results. Furthermore, I was cognizant that my exposure to the topic could be useful during

data gathering and analysis. However, I was careful to monitor my personal position to prevent it affecting the investigative process.

Monitoring Bias and Subjectivity

Researchers should track subjectivity as soon as it presents itself, which includes emotions, impulses, personal objectives, levels of awareness, and other factors (Skinta & Brandrett, 2017). Reflection is one way a researcher can become fully conscious of their subjectivity, and journaling is a way to implement reflection (Nam, 2017). I applied this technique throughout the study and particularly during data collection. I journaled my thoughts and feelings about the interviews and participants' responses to questions. I monitored my subjectivity throughout the process, emphasizing one question: At any time did I advance my own position and feelings?

Potential Conflicts of Interest

I was not acquainted with any of the participants; therefore, there were no personal or professional relationship dynamics to report. Had I become aware of a past relationship with a participant, I would have asked whether they were comfortable with my role as the researcher.

Methodology

Participant Selection Logic

Qualitative research involves selecting participants in a way different from that used in quantitative research. The goal is not to tabulate numbers of respondents but to assess the variety of opinions in relation to the issue under study. Additionally, a phenomenological study should draw on participants with experience of the phenomenon of interest and nobody else (Vagle, 2018). Participants in this study were employees of

one CBO in Las Vegas, Nevada. Participants were involved in HIV prevention and reduction programs with duties that included developing prevention messaging and activities for the local community.

Scholars have yet to agree how large a sample is needed to ensure reliability in qualitative social science research (van Rijnsoever, 2017). But the objective of purposive sampling is to acquire the needed breadth and depth of information from participants appropriate to investigation of the question under study (van Rijnsoever, 2017). Therefore, a sample is large enough if it adequately addresses the question under study (J. A. Smith et al., 2009). Qualitative researchers do not pursue generalizability and so emphasize sample adequacy over sample size. A researcher can tell sampling is adequate when they reach saturation, which occurs when data gathered generate no new information that expands categories (J. A. Smith et al., 2009).

Small samples are customary in interpretive phenomenology (J. A. Smith et al., 2009). Refinement of this research method has led to the use of smaller and smaller samples to ensure centralization of individual experiences are. Skinta and Brandrett (2017) suggested that a small sample is most suitable to meet the needs of interpretive phenomenology; a large sample could inundate an investigator with data (Skinta & Brandrett, 2017). Based on research suggesting three to 10 cases in the case of phenomenology (van Rijnsoever, 2017), I sought a sample of between five and 10 participants, and I recruited five.

Researcher-Developed Instrumentation

Researchers can use structured interview guides rather than impromptu questions to ensure interviews remain focused on established research questions (van Rijnsoever,

2017). I used an interview guide method to develop questions (see Appendix A; Brayda & Boyce, 2014). The guide provided a framework for probes and themes within the purview of the research topic.

Before creating the interview questions, I familiarized myself with guidelines for developing effective interview guides, making sure that (a) probes were simple, (b) questions elicited deep responses, and (c) questions did not require one-word responses or require participants to answer for other people (Brayda & Boyce, 2014). Additionally, I designed interview questions with six categories in mind (see Table 1), and I made sure that interview questions aligned with the research question. I used words in the interview script that motivated interviewees to respond earnestly. I started each interview with a question that facilitated rapport to put the interviewee at ease. I considered the logical flow of interview sessions and arranged questions accordingly, asking questions regarding feelings and opinions before exploring participants' experiences with probes. I also saved potentially uncomfortable probes for the ends of interviews when I had already established rapport.

Table 1

Types of Interview Questions

Question type	Focus
Experiential and behavioral	What a person has done
Opinion and value	Thoughts about the phenomenon
Feelings	Emotions connected to thoughts
Knowledge	Facts and understanding
Sensory	What a person has seen, heard, and so on
Demographic	Age, job title, and education

Procedures for Recruitment, Participation, and Data Collection

I contacted CBOs in Las Vegas, Nevada, to ascertain their policies regarding employee participation in research. A representative of one CBO agreed to distribute, on my behalf, a study information email that included a brief discussion of the study and participant criteria as well as my contact email. When contacted via email, I responded with an email containing the informed consent form and an embedded link to a SurveyMonkey survey (see Appendix B). I also made myself available to answer any questions from those interested in participating in the study. Participants used the SurveyMonkey survey (see Appendix B) to consent to participate (Question 1), agree or disagree to audio recording (Question 2), and answer additional queries related to follow-up member checking (Question 4) and study summary distribution (Questions 6–8). I informed participants that each interview would take no more than 1 hr and that their interview responses would remain confidential. I provided a $25 Visa electronic gift card to each participant by email as a thank-you gift for study participation.

Skinta and Brandrett (2017) emphasized the importance of creating a comfortable interviewing environment. I conducted face-to-face interviews via Zoom in an electronic chat room that ensured privacy and comfort. Zoom provided a single, uniform platform for interviews and was easy to manage. Because success of transcription depends on equipment quality, I recorded the audio of interviews using the embedded recording feature in Zoom. I did not record the audio of interviews with participants who did not agree to the recording. I used extensive note-taking to document those interviews, instead.

To ensure data gathered accurately represented CBO employees' perceptions, I practiced reflective listening during the data collection. Skinta and Brandrett (2017) advised that practicing reflective listening with participants during the interview process helps demonstrate validity of subsequent analysis. After each interview, I thanked the participant for their participation and informed them that I would forward them an executive summary of the results, if they wished, via the email address they had provided on the informed consent form.

Data Analysis Plan

Braun and Clarke (2006) said that the data analysis phase of a qualitative study is very intricate and requires skillful organization. Qualitative researchers must expect to become intimate with their data. This relationship with the data begins with numerous reviews of the interview transcripts to identify emerging themes and classifications.

Braun and Clarke (2006) described six phases of data analysis: (a) gaining familiarity with data and identifying items of potential interest, (b) generating codes, (c) generating initial themes, (d) reviewing initial themes, (e) defining and naming themes, and (f) producing a report. Typically, a researcher begins data analysis inductively; this allows them to create a code protocol. The researcher can then proceed in a deductive fashion, using the codes to pinpoint and classify statements in the transcripts. The process of interpreting data is the researcher's means of developing meaning from the themes and classifications identified (Braun & Clarke, 2006). I used NVivo (Version 12) to aid data analysis. I transformed audio recordings of interviews into written text using NVivo's transcription feature. I reviewed the resulting transcripts using the preview feature and made necessary corrections before confirming their accuracy.

Issues of Trustworthiness

To ensure rigor, a qualitative study must meet specific criteria establishing its credibility, transferability, dependability, and confirmability (Rossman & Rallis, 2012).

Credibility

Credibility of a study relates to the accuracy of data, participants' responses, and interpretation of those responses by the researcher (Rossman & Rallis, 2012). I demonstrated credibility through engagement and auditing practices (Rossman & Rallis, 2012). I employed member checking by offering each participant the opportunity to review their responses. The SurveyMonkey survey used during recruitment presented this option to participants (see Appendix B). Those who agreed to member checking also provided their email. I emailed each participant who took part in member checking a copy of their interview transcript along with instructions to review the transcript and return it within 1 week. I considered unreturned transcripts to be accepted as transcribed and proceeded with thematic analysis. These activities enhanced the credibility of the findings. Rossman and Rallis (2012) proposed that researchers carry out member checking in two phases. First, researchers should allow participants to examine transcripts to verify that the transcripts accurately capture what they were trying to convey.

Transferability

Transferability corresponds to applicability of a study's findings in other settings (Rossman & Rallis, 2012). A study's findings are transferable if they apply to groups other than those studied and readers can relate the findings to other settings. I supported

this by providing ample information on the participants and the study context so that others can determine whether the findings transfer to their situations.

Dependability

Dependable research findings are repeatable. One effective method of establishing dependability is to invite an impartial third party, preferably a seasoned investigator, to research (Rossman & Rallis, 2012). The members of my dissertation committee provided qualitative checks and balances on my study. Dependable coding assured meticulous and systematic examination of the data.

Confirmability

Rossman and Rallis (2012) described the need to ensure confirmability, which relates to the neutrality of a researcher; it depends on participants shaping the findings rather than researchers. I established confirmability by comprehensively reporting how I obtained interpretations and findings from interview responses. I provided enough information about the participants and study context to allow readers to evaluate the results and their transferability. I assured confirmability by planning to include discrepant cases and nonconfirming information in the results, although I encountered none in the study.

Ethical Procedures

Several ethical procedures were involved in data collection. One critical ethical procedure involved access to participants. Access relied on agreement with managers regarding how I could approach employees and invite them to participate. I needed access to the private information required to approach employees, which could have included their names, mobile phone numbers, or email addresses. Therefore, the informed consent

form included assurances that I would protect participants' privacy and confidentiality to instill confidence in my handling of private information.

Other ethical concerns related to data collection concerned participants who wanted to end interviews early. If a participant wished to withdraw from the study, I permitted them to withdraw regardless of the stage of data collection. I did not induce participants to continue if they wished to leave the study. Walden University's institutional review board (IRB number, 03-23-21-0307048) approved the informed consent form, and I collected no data until I had received IRB approval.

As participant privacy and confidentiality were crucial ethical considerations, I took great care to ensure participants were confident in the confidentiality of their participation. The first level of confidentiality involved included ensuring security of responses and obscuring—and subsequently destroying—personally identifiable information in collected data. I obscured participants' names and workplace by referring to participants with pseudonyms such as "Participant 1" and by not referring to the CBO where they worked by name.

The second level of confidentiality involved storing recorded and transcribed data on an encrypted thumb drive rather than on a computer. The data stored on the thumb drive were password protected. I stored data rather than destroying them for two reasons. First, I may use the data in subsequent scholarly projects, such as an academic journal article or conference report. Second, I must retain the data in case the IRB seeks to audit my work.

The third level of confidentiality was to store the physical data and password-protected thumb drive in a locked filing cabinet in my home for a period of five years as

specified by Walden University. After the five-year period is over, I will destroy paper documents using a shredder and destroy data on the encrypted password-protected thumb by reformatting the device.

Summary

The study had a phenomenological design. I used interviews to explore HIV reduction and prevention programs in Las Vegas, Nevada. I used NVivo (Version 12) to help with evaluating and analyzing data. To ensure trustworthiness, I established enhanced transferability, credibility, confirmability, and dependability. Chapter 4 presents detailed descriptions of the study's implementation, including collection and analyses of phenomenological data gathered from participants.

Chapter 4: Results

The purpose of this phenomenological study was to explore lived experiences of employees of a CBO in Las Vegas, Nevada in relation to the creation, implementation, and outcomes of HIV risk-reduction programs. I used a phenomenological approach to address the following research question: What are the lived experiences of CBO employees regarding creation, implementation, and outcomes of HIV risk-reduction programs for at-risk African American MSM in Las Vegas, Nevada? Using phenomenological interviews, I came to understand the challenges and successes CBO employees experienced. I also attempted to understand the structural factors that impact the African American MSM community CBO employees serve. I also tried to understand how CBO employees address HIV stigma and sexual identity, foster social support, and establish peer networks that improve the prevention strategies African American MSM can adopt. This chapter contains extensive explanations of how I implemented my research field, including the research environment, demographics, and phenomenological data collection and analysis.

Study Setting

I collected data between March and April of 2021 from five CBO employees in Las Vegas, Nevada. The participants were all involved in creation, implementation, or outcomes of the organization's HIV/AIDS program. I labeled them with pseudonyms as Participants 1–5 to maintain confidentiality. I conducted virtual interviews at times convenient to the participants using the audio feature of Zoom. All arranged interviews were conducted as scheduled. Before the start of each interview, I confirmed the participant's consent for me to record the audio of the interview. I also emphasized that I

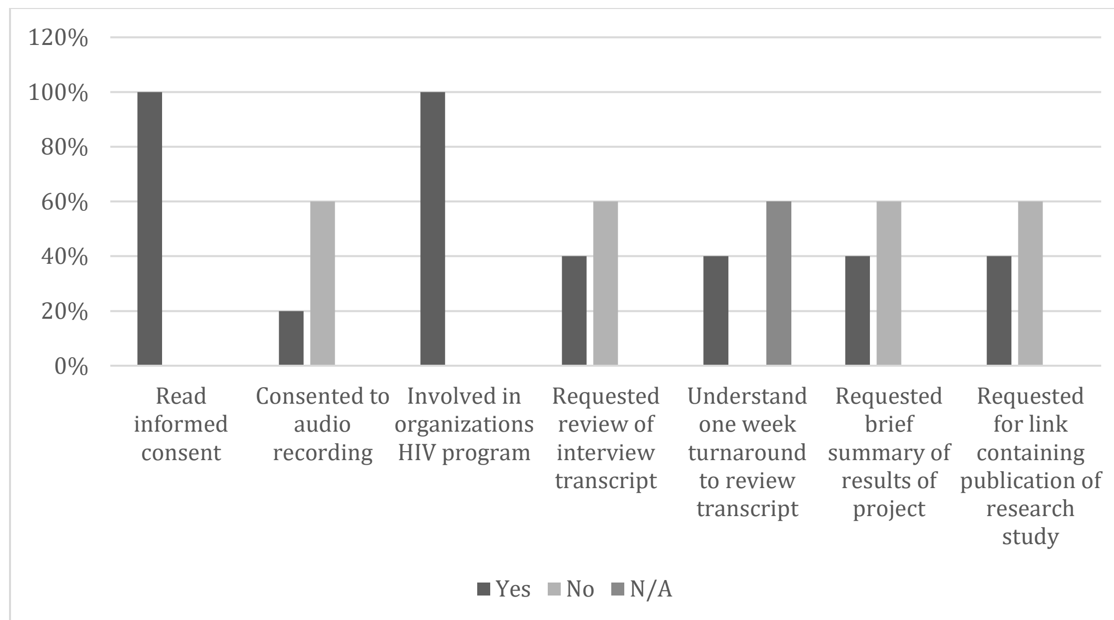
had no personal or professional associations with the organization or the location of the organization. I opened each interview session by explaining the purpose of the interview and emphasized that I would omit any identifying information by reporting content and referring to the CBO organization and individuals using pseudonyms only. I ensured that participants knew that they were under no obligation to continue any or all of the interview and could leave the Zoom conference at any time.

Demographics

Participants consisted of five CBO employees from Las Vegas, Nevada. All participants were involved in the creation, implementation, or outcomes of the CBO's HIV/AIDS program. All participants read the informed consent form and wished to proceed. Four of the five participants declined to allow me to record the audio of their interviews (Figure 2). Two of the five participants requested an opportunity to review their transcripts, who both acknowledged the 1-week deadline for review. Two of the five participants also requested a summary of the study results via email. Finally, two of the five participants wished to receive a link to the database containing this study once it was published.

Figure 2

Pre-Interview Questions



Data Collection

I followed the recruitment and data collection plans described in Chapter 3. I interviewed the five participants virtually using Zoom. Participants served a combined 25 years in the field of HIV/AIDS. Interviews lasted an average of 45 min. Before each interview, I introduced myself, confirmed the participant's willingness for me to record the audio of the interview, provided an overview of the study and its purpose, and confirmed that the participant had read the provided consent form. I used my interview transcript to guide the interviews (Appendix A). One participant allowed me to record the audio of their interview, which I did using the Zoom audio recording option. I then transcribed the recording using NVivo v. 12. For the other four participants, I took

extensive notes using NVivo during their interviews. I saved all interview data, transcripts, audio recordings, and notes to a password-protected file.

Data Analysis

I used NVivo to aid data analysis. I used a qualitative approach to familiarize myself with the data collected and identify items of interest. Using Braun and Clarke's (2006) thematic analysis process, I generated codes and developed initial themes following completion of the interviews. I later defined those themes.

Analysis Process

Uncovering codes and themes involved several iterations of reading and note-taking. First, I familiarized myself with the data and determined what participants had attempted to convey in their responses to interview questions. Second, I broke paragraphs down into codes, broke sentences down into codes, then deconstructed sentences into codes. This revealed patterns in the data, which allowed me to generate themes. I then used NVivo to reassess and refine my initial themes.

Although coding using Braun and Clarke's (2006) thematic analysis process is subjective, I reanalyzed my research question, compared it with the data, adjusted my codes, and ultimately identified emergent themes. I initially derived 60 main ideas from the data. After further refinement, I ended up with 24 main ideas grouped into six categories and three themes. **Error! Reference source not found.** displays the codes and themes developed.

Table 2

Thematic Analysis Model

Category	Main ideas
Relationships theme	
Community	African American MSM storytelling Events to target high-risk audience: Black National HIV Awareness Day Safe space Messaging advocates in the community Involving target audience in the prevention program Social networking groups
Resources theme	
Education	Incorporation of CDC guidance for linkage to care Early intervention Behavior practices Discrimination
Beliefs	Family members, religious community, and medical providers Idea systems
Barriers	Cost of PrEP and PEP HIV/STI testing Behavioral practices Early intervention
Messaging theme	
Self-care	Fear of asking for help Funding Linkage to care
Social determinants	Mental health Homelessness Attitude about belonging Distrust Drug use

Note. MSM = men who have sex with men; CDC = Centers for Disease Control and Prevention; PrEP = pre-exposure prophylaxis; PEP = postexposure prophylaxis; STI = sexually transmitted infection

Emergent Themes

Program evaluation theory provides a narrowed view based on a causal explanation derived from a logic model and limited to a single policy at a single time in a single place (Mohr, 1995). It was therefore important when identifying patterns and themes to consider the logic model (see **Error! Reference source not found.**). The themes that emerged were relationships, resources, and messaging. These themes all had a place in the creation, implementation, and outcomes of HIV risk-reduction programs.

Relationships

The relationships theme was the first to emerge. This theme corresponded to evidence of a causal relationship between African American MSM, CBO employees providing HIV prevention and reduction services, and program success. A factor common with this theme was community. The participants often spoke about the need for storytelling from the community, the importance of events targeting the high-risk African American MSM community, creation of a safe space, and the importance of social networking groups to program outcomes. Participants described difficulties building continuity with African American MSM because of distrust:

Participant 1: “At the beginning, I can personally say we had a less than desired engagement with African American MSMs.”

Interviewer: “Any underlying factors contributed to this less than desired engagement?”

Participant 1: Well, I think some of it was engagement in the community. You have to build trust with the community and the best way to do that is to get involved in the community and involve them in the development of activities.

Interviewer: Can you highlight an activity as an example?

Participant 1: Black Awareness HIV day and U=U campaign. We received so much support from the community in the development of both of these events. As a result, we have seen an increase in African American MSMs in other services. These events provided opportunities for volunteers to draw on their experience within the community to offer suggestions for how we can make our events more meaningful and impactful.

The participants suggested that discrimination and social and economic barriers have shaped the African American experience of established systems. The participants said that these barriers have played a role in the lack of progress with reduction of HIV among African American MSM. Participants offered recommendations for building relationships with African American MSM and highlighted the organization’s successes, particularly National Black HIV Awareness Day. They also emphasized that employees engaged with the community as advocates for African American MSM. Participant 4 expressed,

> I have found the most significant success when partners are involved in treatment, testing, or prevention. Friends, partners, or family members who come in together appear to be stronger and more confident about asking questions. Often clients are afraid to ask questions regarding testing, condoms, or PrEP because they think

> they can't afford it. We work very hard to find the most affordable options, but we have to be aware of the need.

Participant 5 also stated,

> When I see strong partnerships, I use this to my advantage. If we host an event, I encourage the group to volunteer, often placing them in an activity together. It seems to make them more comfortable. Unfortunately, people who are against what we stand for come to our events to voice opposition. This type of discriminatory behavior can discourage people from coming out to participate in our events.

In response to the question "Do you have any thoughts about what factors could possibly slow HIV rates among African American MSM?," Participant 3 asked, "Have you done any research on African American resilience?"

Interviewer: "No, why do you ask?"

Participant 3: African Americans are so resilient that they often fear asking for help because they don't want to appear weak. However, it is their resilience that is their biggest strength. They make up 13% of the population but encompass 43% of all new HIV cases. The United States has a poverty rate of 13%, but African Americans' poverty rate is around 23%. 21% of African Americans suffer from food insecurity. I think understanding these areas makes me a better employee.

Interviewer: "So, how have you and your organization used this knowledge?"

Participant 3: "I have made building trust in our organization and the services we provide a priority. I have also learned to ask questions because sometimes they want to know that you care before they let you in."

Resources

The theme of resources related to factors that could reduce HIV transmission among African American MSM. The participants consistently communicated that early intervention must remain a priority despite development and implementation of biomedical tools. The factors related to this theme included PrEP, PEP, linkage of health care, mental health, drug treatment, anonymous platforms, and cost-efficient testing. The participants believed that many of these factors help foster a successful HIV prevention program and transform harmful sexual behavior practices. Participant 2 said,

> Partners outside of African American MSM such as medical providers, family, religious leaders, political leaders play an important role in HIV care and prevention. I don't believe they truly understand how valuable they are in this fight. For example, for over a decade, a fight has been underway for HIV decriminalization. Despite its initial intent, it undermines HIV prevention/reduction strategies as those who don't know their status are more likely to transmit the virus.

Participant 4 also stated,

> We cannot deny the benefits PrEP provides against HIV. Still, we have to find a way to overcome the distrust African American MSM have in medical institutions and health care providers. We have been able to educate African American MSM but keeping them engaged has been less than desirable.

Interviewer: "In your opinion, what type of factors would make an HIV prevention/reduction program targeting African American MSM beneficial? How would you describe your organization's program?"

Participant 5: “I think testing remains at the forefront of any HIV prevention/reduction program. Our organization does a good job of linking clients to services.”

Interviewer: “Can you elaborate on linking clients to services?”

Participant 5 shared,

> I mean, we try to assess the risk factors of our clients and try to connect them to the PrEP coordinator. If we can get a client to engage in PrEP services, we also see the benefit of engaging them in testing.

Interviewer: “How does that work?”

Participant 5: “PrEP requires clients to engage in ongoing testing to continue with medication use. I also think this combination of testing and medication use also can reduce the level of sexual and HIV anxiety experienced by African American MSMs.”

Interviewer: “Is there anything else you would like to add on the subject of messaging/outreach and your work with African Americans?”

Participant 1 related,

> We can’t be successful if we don’t also focus on the mental health and drug problem faced by many in our community. They are mentally ill, addicted to drugs or alcohol and this has a direct linkage to new HIV cases.

Messaging

The messaging theme was the third to emerge from my conversations with participants. Participants emphasized with great passion that appropriate messaging helped communicate the support systems and services available to high-risk populations such as African American MSM. The participants said that those who could benefit from

the CBOs' services often resisted asking for help from organizations where they saw little to no representation. Such representation is needed before the target audience reaches the doors of organizations. Participants acknowledged that family, religious, and medical leaders play an essential role in the lives of African American MSM; insights from these aspects of life are therefore critical for messaging. Participants argued that CBOs must do their part to ensure that health care providers and political leaders receive education about HIV/AIDS and are willing engage in open dialogue with high-risk populations. Participants also said that appropriate messaging regarding HIV/AIDS helps to ensure adequate funding for CBOs.

Participant 3 related,

> HIV/AIDS has never been a pretty thing to talk about, HIV positive and those unaware of their status often don't want to talk about getting tested. It is up to us to create a space where it is normal to talk about the disease because it impacts everyone.

Participant 1 shared,

> We have to advocate for a community approach to be involved in HIV prevention and care because it takes a community approach to take care of each other. If you have a loved one you should not be afraid to know the nurse or doctor that takes care of him or her. If you have a loved one, it's good to know where to go for information.

Participant 2 noted:

> We have some people who come in knowing everything from how often they should get tested, to which prevention tools are available to them and government

> resources available to help them pay for the tools however a vast majority do not. We have to do a better job of educating them similar to the way we are doing with COVID prevention.

Interviewer: “Can you describe your organizations HIV testing strategy?”

Participant 3 related,

> At first, we would show up to events and wait for people to come to us. Although we had active participation, we figured we can do more. The more we got out into at risk communities like African American MSMs the more trust we built and the more participation we saw. We also invite the community in building our advertisement campaigns.

Interviewer: “Has the involvement of the community in building advertisement campaigns been helpful?”

Participant 3: “Personally, I think it has been helpful. For the staff I also think it has led to us not wasting time on projects that will not garner results due to lack of interest.”

Evidence of Trustworthiness

Credibility

I established credibility by following the procedures delineated in Chapter 3. I only recorded the audio of an interview if the participant agreed to the recording, and I transcribed interview data at the conclusion of the interview. If a participant did not agree to recording, I took notes and transcribed those notes electronically at the conclusion of the interview. I applied member checking by offering participants the opportunity to

review their responses within a reasonable period of time. These activities enhanced the credibility of the findings.

Transferability

To establish transferability, I identified the study's purpose, the participants, and the environment. This will allow future investigators to interpret my findings in the context of other groups at high risk of HIV if they deem that appropriate.

Dependability

To establish dependability, I ensured that the findings are repeatable. I made sure that there was a logical flow from the data to the findings. Systemic coding of the data allowed me to identify themes and their underlying patterns in the interview data. The members of my dissertation committee provided checks and balances to my research.

Confirmability

To establish confirmability, I followed the advice of Rossman and Rallis (2012) and remained neutral throughout the study. I demonstrated this by documenting how the data led to the findings. I presented information about the participants and setting. I was prepared to include discrepant cases, if necessary, but none emerged among the participants.

Results

This section discusses in detail the three themes that emerged from the data: relationships, resources, and messaging.

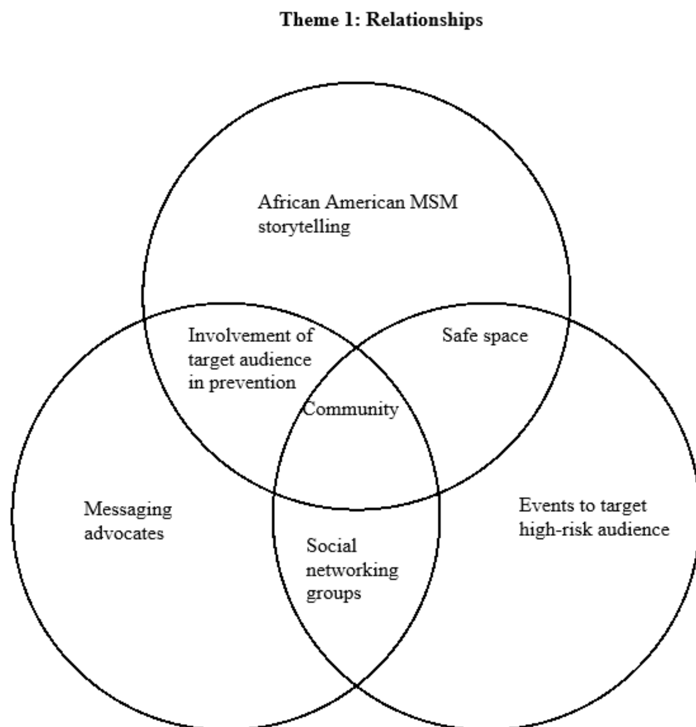
Relationships

The theme of relationships captured the need to understand and incorporate the community served prior to program creation, and how such understanding can help with

identification of an implementation strategy for the targeted community. Participants discussed how they involved themselves in the culture of African American MSM and how the HIV program had evolved since its creation to ensure it was continuously meeting demand.

Figure 3

Overlapping Concepts of Relationship Theme



The factors that supported the theme of relationships included targeted events, storytelling, safe spaces, social networks, and community advocates as shown in Figure 3 above. The participants perceived that the HIV program had constantly evolved to meet the demands of an ever-changing environment and, therefore, the needs of African American MSM. The participants said that African American MSM can establish trust when they hear from people who look like them. All participants were mindful of this trust barrier with African American MSM. Many participants said that African American MSM had found it hard to trust community institutions for decades. Participant 1 stated, “One of the key principles I had to ensure my peers understood was the ability for clients to see themselves in us and know we want to help.” Participant 5 stated, “When in the

planning stage of building an advertisement or event for HIV prevention, I ensure to surround myself with people from the community … they have saved me so many times." Participant 3 stated,

> When I first got here, I realized we didn't have a platform for people who wanted to ask about services anonymously. … I said to my peers we might live in a new era of acceptance, but people are still raised differently.

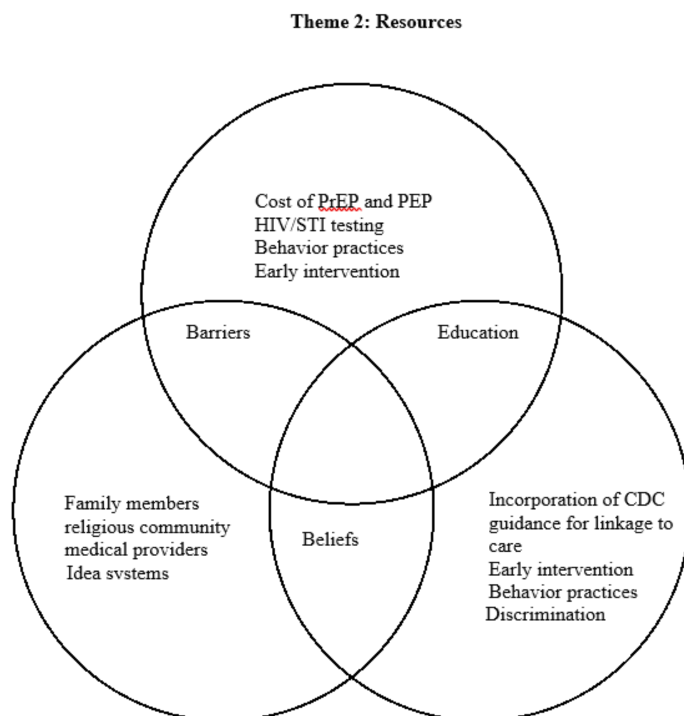
After providing feedback about how the participants engrossed themselves in the culture of African American MSM and how that helped them with strategies for the HIV prevention program, I asked them about the importance of involving people outside the community of African American MSM. Knowledge of these important components of HIV prevention led to the theme of resources and the critical role resources play in program implementation.

Resources

Understanding the impact of resources on healthy sexual practices explained the participants' approach to implementation of their HIV prevention program. Most participants introduced examples of factors that can make or break a program, especially when targeting high-risk populations. Participants highlighted CDC guidance regarding best practices for HIV reduction, early intervention, and the importance of community education for family, friends, religious leaders, and medical providers (Figure 4).

Figure 4

Overlapping Concepts of Resources Theme



Participant 2 said, “Discrimination, racism, homophobia is, unfortunately, is not dead, it is now bolder even within the LGBTQ community … we must at all times ensure we are educating the public and protecting the equal rights of everyone.” Expressing the same sentiment, Participant 4 noted, “Religious leaders, family members, friends must be aware of hate language because sometimes innocent comments can send MSM into negative sex seeking behaviors out of fear of isolation and shame.”

Participant 3 said,

> Biomedical tools are cool, and I am happy we have the technology to save lives, but we can’t forget about the whole person concept. African American MSM requires a holistic approach involving mental health … unfortunately, the drug

> problem in Las Vegas is becoming a huge concern and impacting the African American MSM community, which only makes them more at risk of HIV infections.

Interviewer: “Describe detrimental health beliefs of African American MSM?”

Participant 4: “Honestly, I think like many at-risk communities they believe they are in this fight alone. Unfortunately, this tends to lend itself to behavior practices that are not positive to healthy living.”

Interviewer: “Can you elaborate on behavior practices that you find concerning?” Participant 4 stated,

> Many clients have a general understanding of the importance of condom use, getting testing, and the use of PrEP but don’t seek out these resources. This can lead to us getting to clients after the fact, you know after they are HIV positive. Some clients say I should have come get on PrEP earlier but were too afraid to ask for help.

Participant 5 commented, “I think we do a good job in securing funding so that we can implement resources like low-cost sexually transmitted infection testing to the community, we also help people find affordable housing and other things in the community.”

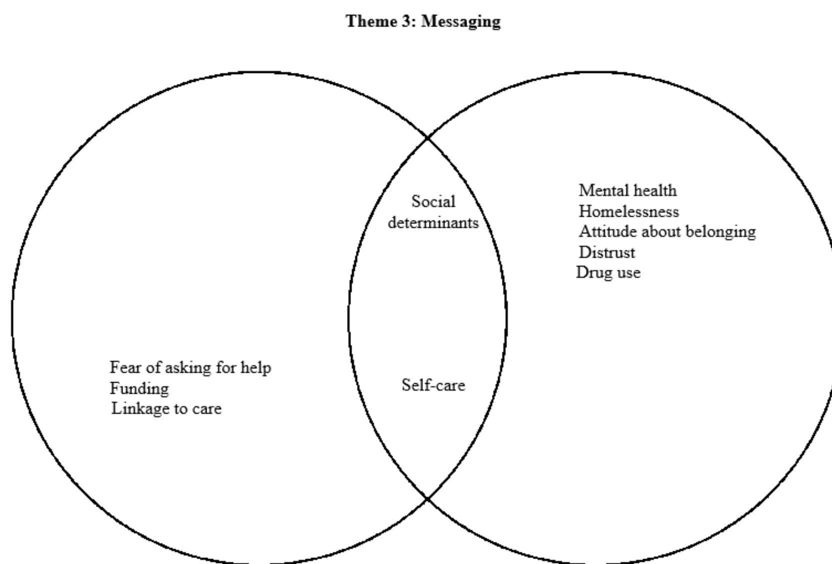
Messaging

Participants noted that it is essential to focus on messaging to create trust and produce positive program outcomes. The factors supporting this theme were belonging, distrust, leadership, and several factors noted elsewhere in this chapter (see Figure 5 below). Many participants believed that messaging is vital to getting African American

MSM involved in HIV prevention programs and keeping them involved. The respondents said that messaging that is not culturally relevant to African American MSM will not attract their attention. Participants talked about their initial failure to attract African American MSM to events because these men did not believe the CBO's program had anything to offer them. However, when the messaging approach changed, African American MSM started to participate in events and become aware of the resources available.

Figure 5

Overlapping Concepts of Messaging Theme



Participants noted an uptick in conversations about PrEP with African American MSM. Participant 5 said,

> We have had a PrEP coordinator for some time, but it was hard to get African American MSMs in the door to see the coordinator because they didn't know

> …yeah, that was on us. Now we ensure we take every opportunity to get our faces out there to the community to tell our story.

Many of the participants shared an understanding of the cultural challenges regarding heterosexism, discrimination, and racism faced by African American MSM, which led to distrust. Many participants felt they had built messaging around establishing trust within the community. Participant 3 said,

> I built a virtual platform that I hold once a week in response to complaints we received from African American MSM who wanted a place to come and talk about issues. This program has been successful, and we often run overtime because we are having fun just supporting each other.

Participant 2 commented,

> I don’t know how it feels to be Black or African American MSM, but I do my best to sympathize and empathize and ensure they feel whole while they are here …we have seen people keep coming, so I guess what I am doing is working.

Some participants commented on the need to bring medical providers, family, and religious leaders into the program to educate them about the vital role they can play in HIV prevention. Participant 1 stated,

> Although we want to be everywhere, we can’t; we need community leaders to assist in having open and honest conversations. Medical providers need to have sexual prevention conversations at every encounter, especially for our high-risk population we are in this together.

Participant 4 noted, "Imagine if testing for HIV became part of the normal conversation, often patients come in ashamed to ask about testing … family can help by making testing a part of normal conversation."

Summary

Participants described several barriers they faced as CBO employees implementing HIV risk-reduction programs. The constantly changing environment led new problems to emerge and join existing issues, which only cemented these barriers. The themes that emerged were relationships, resources, and messaging. Several standard and overlapping factors supported these themes: community, education and beliefs, barriers, poverty, and self-care. All participants were open about the need to obtain results from HIV prevention programs. Although participants were confident in the performance of the CBO's HIV prevention program, they all agreed with the need for constant assessment to ensure they reached high-risk populations. Chapter 5 focuses on the interpretation of the findings, limitations of the study, and the study's implications.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this phenomenological study was to explore the lived experiences of the creation, implementation, and outcomes of HIV risk-reduction programs by employees of a CBO. Despite the success of CBOs in helping reduce rates of HIV infection among high-risk groups, African American MSM have continued to experience high rates of infection (CDC, 2019b; Garcia et al., 2015). The findings revealed factors that continue to leave African American MSM vulnerable to HIV/AIDS.

Although the participants expressed varying degrees of knowledge about African American MSM, participants perceived themselves as knowledgeable about challenges to HIV prevention for this high-risk population. Participants candidly discussed perceived barriers and the relationships among community involvement, public relations, advertising, and HIV incidence among African American MSM. All participants expressed respect for the culture of African American MSM, the challenges they face, and how these components factor into successful strategies. Participants were aware of the need for constant change in HIV risk-reduction programs to ensure they meet the needs of the communities they serve. They also confirmed the need for early intervention and the existence of challenges in linkage to care. Early intervention affects the success of a program in many ways, including through the involvement of stakeholders, funding, education, and messaging.

Interpretation of the Findings

The five participants were employees of a CBO in Las Vegas, Nevada, involved in the organization's HIV risk-reduction program. Thematic analysis of the interview data revealed 24 main ideas grouped into six categories and three themes: relationships,

resources, and messaging. In the following sections, I discuss my conclusions based on comparison of the themes that emerged with the literature reviewed in Chapter 2.

Relationships

CBOs located where they can affect rates of HIV infection among African American MSM need to use and design prevention programs that take into consideration the influence of stigma and societal discrimination on program outcomes (Garcia et al., 2015). Participants said that they worked diligently to overcome these barriers but acknowledged the difficulty of this task. They discussed these barriers in terms of building relationships with African American MSM (see Figure 6).

Figure 6

Concepts of Relationship Theme

Additionally, CBOs use safe spaces to address environmental vulnerabilities of African American MSM by offering social support, preparing men for work, addressing stigma, and fostering a sense of community and togetherness (Garcia et al., 2015). Participants described the various activities integrated into their CBO's HIV prevention program and their perceived outcomes. Safe spaces are also judgment-free access points

for campaigns of testing for HIV and other sexually transmitted infections, diagnosis, and HIV prevention (Garcia et al., 2015). Participants claimed that the virtual platform offered by their CBO provided an environment for honest, judgment-free communication. Participants described an uptick in the number of people served who returned for additional service. Safe spaces strengthen and mobilize communities against disgrace, separation, and viciousness; safe spaces empower human advancement by providing skill-building openings to those marginalized in education and work (Garcia et al., 2015).

Resources

Participants highlighted the need for biomedical tools but said that there was also equal need for early intervention. Treatment to avoid HIV transmission among MSM has become popular as a way to reduce risk (Chow et al., 2019). However, there are unintended consequences associated with relying on risk-reducing treatments rather than avoidance of risky behavior. The participants noted that high cost and poor access to medical care acted as barriers to biomedical tools. A support system is necessary to help African American MSM overcome barriers such as the role of family, religious leaders, and medical providers in linkage to care (see Figure 7). Participants also noted the challenges posed by homelessness and drug use to a program that relies solely on biomedical tools. Efforts to increase awareness have improved understanding among MSM of PrEP and how it prevents HIV transmission, but there is a need for interventions that provide culturally relevant information about HIV risk and protection and improve motivation and behavioral skills to promote adoption of safer sex practices (Finlayson et al., 2019). However, although knowledge and condom use have increased, African American MSM have continued to experience disproportionately high rates of HIV

infection. Participants in my acknowledged the importance of providing culturally relevant information and services to keep African American MSM engaged.

Figure 7

Concepts of Resources Theme

Messaging

Participants discussed at length their understanding of how messaging (Figure 8) helps to build trust of CBO employees and the services they provide.

Figure 8

Concepts of Messaging Theme

The participants also described the benefits of connecting people to CBO programs who would otherwise not come through the CBO's doors. Digital interventions deviate from traditional forms of reduction of HIV risk in that digital tools support communication with individuals who engage in risky sexual behavior (Zou & Fan, 2017). Some digital interventions use technologies that support geosocial networking to reach MSM. According to my participants, African American MSM who feel disenfranchised, judged, or looked down on require encouragement, and digital platforms allow this to happen. The responsibility of CBOs to promote health care, which they have since they first appeared, possibly derives from the ability of CBO employees to understand their local communities while promoting health, reducing disease, and drawing attention to racial, ethnic, and social barriers (Painter et al., 2010). The participants said that they constantly developed the HIV risk-reduction program to meet the needs of the target population.

Conceptual Framework

Mohr's (1995) program evaluation theory guided my research by providing a logic model flow design specific to information gaps to be addressed using timely, accurate, and focused program assessment information. Program evaluation theory provided a good foundation for construction of the interview script. I developed a logic model (see **Error! Reference source not found.**) based on program evaluation theory to assist with the study. Program evaluation theory aided discussion of the CBO's HIV program components critical to achieving desired outcomes (Guss et al., 2019). Although participants did not express intentional aspects of evaluating their program, they addressed various environmental factors that made the program successful and barriers it

had to overcome among African American MSM. Participants noted the need for culturally relevant messaging to engage African American MSM.

Mohr (1995) emphasized that program evaluation theory is a process of backward induction that makes explicit causal links between policies and desired objectives. Participants often described the success of the CBO's programs or services—such as anonymous virtual groups and low-cost HIV testing—with regard to African American MSM. The interviews allowed participants to discuss the reasons for program success and implementation of necessary changes.

The findings illustrate that HIV risk-reduction programs targeting African American MSM face many barriers to success. The findings also show that CBOs are uniquely suited to identifying and overcoming obstacles to reducing the spread of HIV. Participants emphasized the need for a collective view from stakeholders and the community, who should share responsibility for reducing spread of the virus.

Limitations of the Study

There were several limitations identified in this study; I recommend that the reader consider such factors. The first challenge was establishing trust with CBO employees. I had no personal or professional connection with the organization or the employees used for the interviews. The intention is to understand the African American MSM population, and it is difficult to do if the employees do not feel comfortable. Another fundamental limitation is that the data collected was based on participants' recollection and reflection on lived experiences. Participant memories could be inaccurate in comparison to how events took place. Verifying the responses of lived

experiences to determine the accuracy of the memory of participants is not possible. Therefore, this is a limitation to the research in this proposed dissertation.

Another limitation involves the role of the researcher. In qualitative research, the researcher is a data collection instrument, and factors such as experience and bias may support the way participants are interviewed. For example, preconceived notions regarding the subject matter can result in semi structured interview follow-up questions being invalid or resulting in unreliable responses. To avoid the use of data that lack credibility, I examined more than one participant. Data were also scrutinized to avoid the use of subjective and inaccurate information. I also used member checking, which allowed respondents' perspectives to be authentically projected.

Recommendations

Participants were unaware of the formal processes of program evaluation. Still, they nevertheless implemented changes to adapt their programs to African American MSM and the ever-changing environment that creates barriers to care for this audience. African American MSM are willing to entertain prevention efforts offered by CBOs, but only if they feel welcome. The themes that emerged—relationships, resources, and messaging—correspond to a multilayered community approach.

The findings of Wilson et al. (2016) and Frye et al. (2017) suggested that CBOs' HIV risk-reduction programs would likely have tremendous success if they actively helped role models in the communities they served. Community-based interventions must have as their aim the reduction of HIV stigma, prejudice, stereotyped beliefs, and acts of discrimination by providing education and information that change values and attitudes (Frye et al., 2017).

My findings indicate significant awareness among participants of HIV risk-reduction outcomes and the sub-objectives needed to meet desired goals. However, participants lacked a formal evaluative approach. I recommend the intentional implementation of program evaluation to ensure the continued success of the organization's HIV risk-reduction program.

Implications

The effectiveness and value of programs that use federal funds are vital areas of inquiry in public administration (Jemmott et al., 2010; Kioko et al., 2011; Wright, 2018). Such investigations can provide impetus to change procedures and processes (Kioko et al., 2011). My findings may help inspire policy and procedure modifications for Las Vegas CBOs providing HIV prevention programs for African American MSM. The results reinforced the importance of ongoing program evaluation.

The findings also highlight the challenges that CBOs face, the need for an approach involving all community leaders, and the importance of adapting programs to changes in their target audiences. I will share the findings with the participants who requested s study summary. These findings may cause CBO employees to become aware of the factors that make their program successful and shed light on the challenges they face that are closely connected with HIV. The findings may also help CBO employees become more involved in the formal application of program evaluation. Opportunities may exist to share the results with other CBOs and engage with other advocates on future work.

I identified how CBO employees understand their outcomes, the actions that led to those outcomes, and the policies that led to those actions. Employees may use this as

an opportunity to build an internal strategy with measurable results. Participants specifically noted that the success of their program depended on support from families, religious leaders, and medical providers, who can all help with messaging for African American MSM. Employees of the CBO could develop a strategy to incorporate these individuals as volunteers within the CBO. Such a strategy could transform these factors from research into the isolation and risky behavior of African American MSM into the best tool for reducing HIV risk.

Positive Social Change

As evidenced by this study, any HIV prevention initiative aimed at African American MSMs must deviate from conventional approaches by first acknowledging the individuals' identities and focusing on HIV prevention as a problem rooted in a larger social and cultural context. Public policy administrators must constantly be reminded that the politics of a program or policy does not end after implementation. This study started with a review of the NHAS, which has four main goals: (a) reduce new infections, (b) increase access to care, (c) improve health outcomes for people living with HIV, and (d) reduce HIV-related health disparities. This review led me to the research study. This study's positive social change implications include raising awareness and accountability of programs government and communities implement.

Policy sociology is based on the tenet that scientists may influence social change by elaborating the most efficient methods for others to achieve their objectives. This utilitarian view of science's place in the public domain promotes production as social change; science is a method that can be used by those who want to achieve their objectives more effectively and involves the use of research to accomplish more

successful targets. This study was focused on a vision for an investigation that would affect social change and enabled me to develop scientific ways to impact positive social change within an arena I was passionate about. Based on my assessment of the meaning of social change, my emphasis in this project was striving to impact the communities in which we serve. The profound statistics of the new HIV/AIDS epidemic among certain ethnic groups in the United States illustrate why social change as a social issue remains a task not yet completed. Prevention intervention strategies have been used to combat substance abuse and psychiatric disorders to other problem behaviors. HIV prevention focuses on strategies that involve examining peer relationships, parental relationships, communication in a broader text, and social/behavioral intelligence (Jenkins, 2014). By understanding the gap in the literature within the community of African American MSM, I was able to assess this population more effectively. Also, I was able to recognize the challenges CBO employees face in reaching these individuals.

However, as public policy professionals, we must do the work of following up on these programs. Another potential implication of positive social change is the possibility of involving public administrators in a more active role within the public health arena. Program evaluations aid in understanding the effectiveness of programs and therefore allow for accountability or change in objectives. Resolving disputes over limited resources, controlling actions, motivating collective action, defending rights, and guiding profits for the public good are all part of public policy.

Conclusion

Ending the HIV epidemic depends on engaging those with HIV and affected by HIV in community planning and delivery of HIV prevention and reduction services. I

found that employees of a CBO in Las Vegas, Nevada, possessed knowledge of the barriers to HIV reduction for African American MSM. Lowering these barriers requires a holistic approach to providing prevention services and constant adaptation to changes in the environment. All participants in this study highlighted strategies for building relationships, obtaining resources, and ensuring culturally relevant messaging. Participants described how to create safe spaces to support connections among African American MSM. Participants acknowledged underlying problems with access to resources beyond HIV testing, such as mental health and social services, which foster early intervention. Participants also stressed the need to focus on messaging to educate African American MSM both directly and via family members, religious leaders, and medical providers who can help build trust in the CBO and the services it provides.

An important area within public policy and administration is understanding the effectiveness and value of programs; my findings can promote positive social change by helping to ensure the implementation of effective HIV/AIDS programs specific to African American MSM. Insights from the results may influence policy and procedures as leaders of CBOs seek ways to improve their impact on the community served.

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Appendix A: Researcher-Developed Instrumentation

I am Dean Michael G. Aguon, a Walden University student pursuing a doctorate degree in Public Policy and Administration. As part of my dissertation, this interview will be of much importance and hence asking if I have your permission to audio record it. From the informed consent form, I hereby declare that the participant's involvement will be optional and, therefore, free to stop the interview and/or skip any questions they wish not to answer at their discretion. The information obtained from the participants and other members in the study will thus provide greater insights into CBOs HIV reduction and prevention performance in efforts that will target the African American MSM. Your identity will also be anonymous, and your responses aggregated with those of other contributors and when individually described will be done so using a pseudonym only. Therefore, the questions have no wrong answers.

These will be the interview questions:

Q1: In your opinion, what type of factors would make an HIV prevention/reduction program targeting African American MSM beneficial? How would you describe your organization's program?

Q2: How many times have you received communication training in the area of social media/outreach to appropriately target African American MSM and HIV prevention? Do you consider yourself competent in this area? Why?

Q3: As an employee engaged in HIV prevention, describe the importance of having education in African American MSM culture?

Q4: How can the family be taken into account when developing prevention messages/activities for African American MSM?

Q5: How can the community be taken into account when developing prevention messages/activities for African American MSM?

Q6: Do you have any thoughts about what factors could contribute to the high HIV rates among African American MSM?

Q7: Please give an example of an occurrence when you felt the need to adjust your organizations prevention messages on behalf of the African American MSM community/or member?

Q8: Do you have any thoughts about what factors could possibly slow HIV rates among African American MSM?

Q9: Describe detrimental health beliefs of African American MSM?

Q10: Describe the positive features of African American MSM, the family, and the neighborhood that can be incorporated into HIV prevention messages that will lead to engagement.

Q11: What are the available resources offered by your organization that can facilitate behavior change?

Q12: Can you describe your organizations HIV testing strategy?

Q13: Does your organization offer preventative tools such as condoms and pre-exposure prophylaxis? Can you describe the implementation strategy?

Q14: Identify the people who are within the social system of African American MSM who could cultivate or support positive health-seeking behavior.

Q15: Is there anything else you would like to add on the subject of messaging/outreach and your work with African American?

Demographical questions:

Q16: How long have you worked in field of HIV/AIDS?

Appendix B: SurveyMonkey Survey

You have elected to voluntarily participate in a research study. I greatly appreciate you taking the time to complete the following questions.

1. I have read the informed consent and wish to proceed?

◯ Yes

* 2. I consent to the audio recording of my interview with the researcher.

◯ YES, I consent to the audio recording of my interview with the researcher.

◯ NO, I DO NOT consent to the audio recording of my interview with the researcher.

3. Are you involved in the organizations HIV/AIDS program creation, implementation and/or outcomes?

◯ YES, I am involved.

◯ No, I am not involved.

* 4. Following the interview, I would like the opportunity to review the transcript containing my responses?

◯ YES, I would like to review the transcript containing my responses.

◯ NO, I don't want to review the transcript containing my responses.

* 5. If you have selected YES to the previous question, do you understand you will have ONE week following receipt of the transcript to review and provide feedback to the researcher via email?

◯ YES, I understand.

◯ NO, I don't understand.

◯ N/A

6. Upon completion of the research project. I would like to receive a brief summary of the results of the study via email.

◯ YES, I would like to receive a brief summary of the results of the study.

◯ NO, I DO NOT want to receive a brief summary of the results of the study.

* 7. Upon completion of the research project. I would like to receive a link via email to the database containing the publication of the study.

◯ YES, I would like to receive a link to the database.

◯ NO, I DO NOT want to receive a link to the database.

8. If you have answered YES to Q.4, Q.6, or Q.7 please provide your preferred contact email: