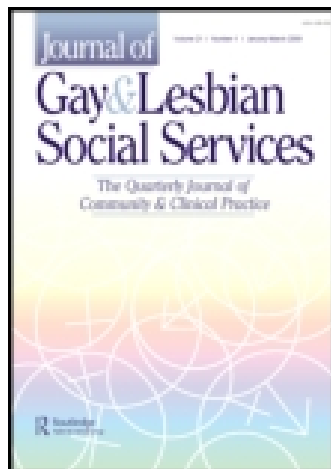


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Project VOGUE: A Partnership for Increasing HIV Knowledge and HIV Vaccine Trial Awareness Among House Ball Leaders in Western New York

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Project VOGUE: A Partnership for Increasing HIV Knowledge and HIV Vaccine Trial Awareness Among House Ball Leaders in Western New York

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Men who have sex with men (MSM) and transgender individuals of color, the largest demographic in the House Ball Community (HBC), are amongst the group at highest risk for HIV infection in the United States. The HBC have limited access to culturally appropriate HIV education. This study aimed to develop a partnership with HBC leaders to uncover strategies for increasing HIV prevention knowledge, including participation in HIV vaccine trials. To this end a research institution-community-HBC partnership was

For the NIAID HIV Vaccine Trials Network

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established. In-depth qualitative and quantitative data were collected from the 14 HBC leaders in Western New York, revealing that knowledge of HIV and related vaccine trials was limited. Barriers to increasing HIV knowledge included fear of peer judgment, having inaccurate information about HIV, and lack of education. Among the HBC, community partnerships will further aid in the development of future HIV prevention programs and increase individuals' willingness to participate in future HIV vaccine trials.

KEYWORDS *HIV/AIDS prevention, HIV vaccine, House Ball Community, Community Partnership*

INTRODUCTION

A vaccine to prevent HIV infection is key to achieving the goal of zero new HIV infections for future generations (Mayer & Pizer, 2009). Vaccine development is impossible without adequate participation of groups burdened by the HIV epidemic, for example lesbian, gay, bisexual, and transgender (LGBT) communities of color (Bartholow et al., 1997; Koblin, Holte, Lenderking, & Heagerty, 2000; Salazar, Holtgrave, Crosby, Frew, & Peterson, 2005). Despite multiple programs that seek to engage these minority populations in preventive HIV vaccine trials, many trial sites still report low participation rates of minorities. Studies examining attitudes toward HIV vaccine research have revealed that, although most believed that HIV vaccine research is just as important as HIV prevention education, African-Americans, Latinos, and men who have sex with men (MSM) have misconceptions about the potential efficacy of a vaccine, mistrust government-sponsored research, and are concerned about the stigma and potential risks associated with participation in the clinical trials (Allen & Lau, 2008; Allen et al., 2005; Bartholow et al., 1997; Buchbinder et al., 2004; Koblin et al., 1998; Salazar et al., 2005; Sobieszczyk, Xu, Goodman, Lucy, & Koblin, 2009). Tailored and accurate education must be introduced into these communities to dispel current misconceptions and encourage participation in HIV vaccine trials.

A subset of the LGBT community of color is the House Ball Community (HBC), a marginalized group of primarily young Black gay and/or bisexual men (categorized as MSM). The House Ball (HB) member's social identity is linked to belonging to "houses," which are family-like groups of peers overseen by authority figures (house "fathers" and "mothers"), and also to participation in competitive "balls" (stylized modern dance or "vogue" contests between the houses). HBC members are primarily between the ages of 14 and 25 years old; however, older males may be present and are often the heads of the houses (father or mother figure). Importantly, MSM constitute the highest proportion of all HIV/AIDS cases within the United States (Beyrer

et al., 2011; Centers for Disease Control [CDC], 2012). MSM have an increased risk of HIV infection (Bartholow et al., 1997; Beyrer et al., 2011; CDC, 2012; Fenton, 2007; Gust et al., 2010; Lieb et al., 2011; MacKellar et al., 2005; Millett, Flores, Peterson, & Bakeman, 2007; Salazar et al., 2005; Sanchez, Finlayson, Murrill, Guilin, & Dean, 2010) and constitute 78% of estimated HIV diagnoses among all males ages 13 years and older, and 61% of all HIV diagnoses in the U.S. population (CDC, 2012). Furthermore, it has been established that the burden of HIV/AIDS falls disproportionately on young African-American MSM (Arnold, 2009; Bith-Melander et al., 2010; CDC, 2012; Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Kubicek, McNeeley, Holloway, Weiss, & Kipke, 2012; MacKellar et al., 2005; Phillips, Peterson, Binson, Hidalgo, & Magnus, 2011), which is parallel to the demographics of the HBC. The percentage of young Black MSM (13 to 29 years) who are newly diagnosed with HIV increased by an alarming 48% in 2009, and contributed to an overall 34% increase in young MSM HIV infections (CDC, 2012). These statistics demonstrate the urgent need for HIV prevention interventions targeted at young African-American MSM, especially those of the less documented social networks of the HBC (Kubicek et al., 2012). Establishing sustainable community partnerships is an essential step in the efforts to increase their participation in HIV vaccine research as well as the development of other forms of HIV prevention strategies targeting MSM from the HBC.

The relatively stable infrastructure and leadership hierarchy of houses provides a unique opportunity to offer targeted HIV prevention education to HBCs and to increase their awareness of preventive HIV vaccine research. In this article we describe how we utilized a Community-Based Participatory Research (CBPR) (Kubicek et al., 2011) approach to (1) initiate and develop a sustainable partnership with the HBC to promote trust and collaborate on the development of tailored HIV prevention interventions and (2) implement these interventions and assess for increasing use of HIV prevention methods and knowledge of HIV vaccine research among the HBC.

METHODS AND PROCEDURES

Design

Our project was conceived as a pilot funded by the Legacy Project of the HIV Vaccine Trials Network (HVTN), now under the leadership of the office of HIV/AIDS Network Coordination (HANC), both funded through the National Institute of Allergy and Infectious Diseases' (NIAID) Division of AIDS. The mission of the Legacy Project is to increase awareness of and build support for clinical and behavioral research on HIV prevention and treatment in underrepresented communities in the United States.

To initiate and develop a sustainable partnership with the HBC, we used the core principles of CBPR: the formation of a partnership between

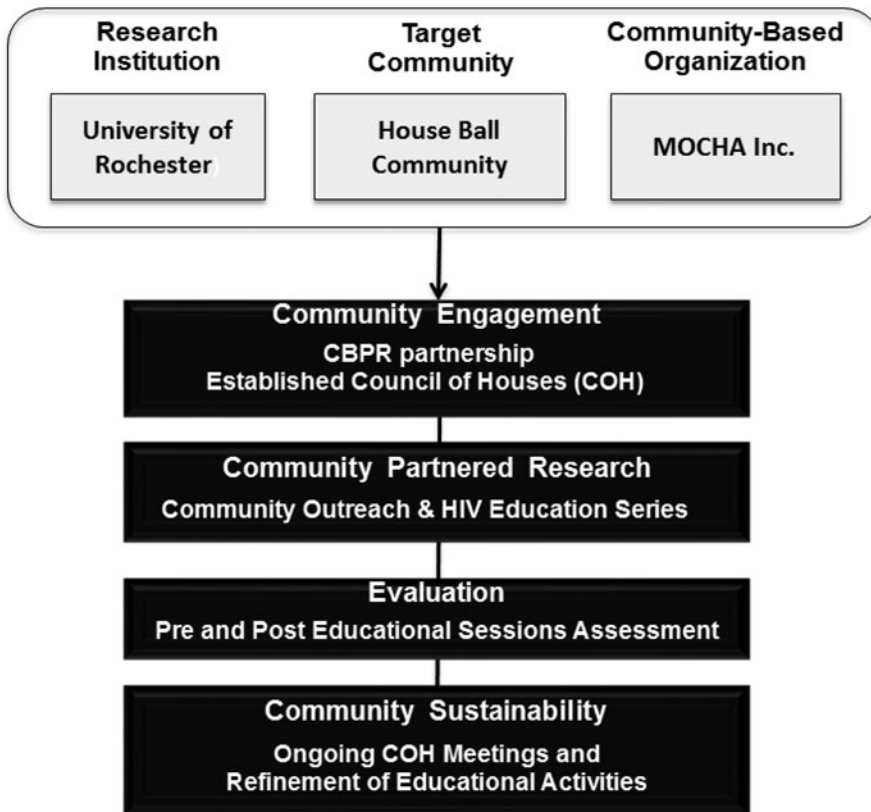


FIGURE 1 Partnership Framework – This figure displays the partnership between the Research Institution (UR RVA), the community based organization (MOCHA) and the House Ball Community. This created the opportunity for community engagement in research and sustainable community-based educational efforts.

committed community members, organizational representatives, and academic researchers which is built on trust, respect, and willingness to respond to the specific health needs of the population (Craig, 2011; Kubicek et al., 2011; Rhodes, 2011) (Figure 1). CBPR also involves multidirectional exchange of information and learning, openness, and trust among partners, promotion of power sharing among partners and supporting sustainability, dissemination, and/or the development of next steps in research (Rhodes et al., 2012; Rhodes, Malow, & Jolly, 2010; Salihu et al., 2011). This approach was chosen because it has been effective in developing and sustaining HIV prevention interventions particularly with vulnerable and marginalized populations. CBPR procedures also enable researchers to work more closely with the population of interest, thereby gaining rich insider feedback that can more accurately inform initiatives (Cashman, Eng, Siman, & Rhodes, 2011; Craig, 2011; Kubicek et al., 2011; Phillips et al., 2011; Rhodes et al., 2012).

Monthly meetings with Project VOGUE partners (university research team, Men of Color Health Association [MOCHA] Center, Inc., a community-based organization serving the HBC, and leaders of the HBC) were held at a date, time, and place selected based on group consensus. Meeting attendance and researchers' notes were used to evaluate the process and maintain a record of the development of the partnership. These were recorded to gauge how members felt about the progress of the partnership toward achieving its overall study goals. Partners collaborated on the development and implementation of several intervention activities to increase knowledge about HIV prevention methods and HIV vaccine research among the HBC.

Measures

We assessed knowledge of HIV prevention methods and HIV vaccine research before and after educational activities held during a retreat with HBC leaders in April 2011. Educational sessions focused on knowledge, behavior, and skills regarding HIV/sexually transmitted infection (STI) prevention, substance abuse, violence within the HBC, HIV clinical trials, and accessing community resources.

The assessment was conducted using two self-administered instruments: the Assessment of Understanding (AOU) questionnaire and HIV Knowledge Questionnaire (HIV-KQ). The AOU and HIV-KQ were administered to HBC leaders and prominent members. The AOU questionnaire was adapted from an AOU used in HVTN trials in the United States and international settings to confirm understanding of key concepts in the informed consent process during screening for participation in HIV vaccine clinical trials. The AOU consisted of a multiple choice Likert scale format composed of 16 statements such as "An HIV vaccine is already approved for use" and "There is a possibility that you can become infected with HIV from study vaccines" (see Appendix). The HIV-KQ is a 45-item questionnaire designed to measure knowledge about HIV transmission, prevention, and consequences (Michel & Schroder, 2002). The response options for each item are "true," "false," or "I don't know." A total score is obtained by summing the number of items correctly answered with items answered "I don't know" scored as incorrect. Therefore, the range of possible raw scores is 0 to 45; raw scores are then transformed into percentage correct scores out of 100%. The developers reported an average completion time of 4.12 minutes for the tool and reading level at the primary (fourth to seventh) grade level. The HIV-KQ has been found to be reliable and valid across different age groups, genders, racial and ethnic groups, sexual orientations, educational groups, and settings (urban) with an average reported Cronbach's alpha of 0.91 (Michel & Schroder, 2002). The original HIV-KQ was adapted by Fields (2005) for specific use with young men of color who have sex with men and served as

the main metric for assessing the participants' HIV-related knowledge during this project. This adapted version has been further tested in the work of Fields with young MSM of color and has a Cronbach's alpha of 0.91 (Fields, 2005).

Analysis

We describe the partnership that was initiated between the HBC, a community-based organization (CBO), and academic researchers. From the meeting notes, we summarized the development and implementation of the interventions for increasing knowledge about HIV prevention methods and HIV vaccine research among the HBC.

We assessed the effect of the HBC leadership retreat as an intervention to increase knowledge about HIV prevention methods and HIV vaccine research by comparing AUQ and HIV-KQ scores pre- and post-intervention. We performed a paired sample t-test. The *p*-values <0.05 were considered significant.

Ethical Approvals

This study was conducted with approval from the University of Rochester Medical Center Research Subject Review Board (RSRB # 27446). For human subjects research considerations, only individuals 18 years of age and older were considered for this study.

RESULTS

Establishing Partnerships

The University of Rochester, the research institution, established a partnership with MOCHA Center Inc., the CBO. The latter had a relationship with the HBC: two of their staff members were also members of the HBC. Through our project, HBC leaders from the Buffalo and Rochester areas met and formed a Council of Houses (COH), a governing body of HBC leaders tasked with assisting with this project and also creating structure around the HBC of Western New York.

The NIAID-supported HIV Vaccine Trials Network (HVTN) clinical research site (CRS) at the University of Rochester is known locally as the Rochester Victory Alliance (RVA). RVA works closely with community organizations to facilitate the recruitment of individuals who are at low/no risk for acquisition of HIV infection into early phase (phase I/IIA) preventive

HIV vaccine trials, as well as individuals who are at higher risk for HIV acquisition for advanced phase (phase IIB/III) studies.

MOCHA Center, Inc. (hereafter referred to as MOCHA), was founded in 1996 to address HIV/AIDS and specific health issues affecting gay men, particularly those of color. Originally, MOCHA (Men of Color Health Association) focused on men of color; however, the organization has since expanded its efforts to focus on health promotion practices for the wider LGBT community and has grown into a center providing information, services, advocacy, and more, retaining only the acronym MOCHA in order to reflect this expansion. The agency serves the Western region of New York State and has offices located in the cities of Rochester and Buffalo and most recently New York City. The mission of MOCHA is to improve the health and wellness of LGBT communities of color. The agency serves more than 800 people annually in a variety of programs, including several focused on HIV/AIDS. The majority of the staff is African-American/Black, and members of LGBT communities.

Gay and transgender youths of color often faced stigma and discrimination that segregated them from their families and mainstream society (Rhodes, 2011; CDC, 2002), creating a need for a social network providing acceptance and communal support. The HBC was formed for this purpose, drawing from the Black historical legacy of communal social and economic support (Monforte, 2010; Murrill et al., 2008; Phillips et al., 2011; Sanchez et al., 2010). One of the principal activities of the HBC was the organization of frequent balls, events designed to afford young gay/transgender people of color a place to express their uniqueness and creativity. The balls include competitions in fashion (including cross-dressing, or “drag”), expression of sexual identity, dance, and other unique creative outlets. These balls, part of the increasingly visible LGBT community, led to the development of competing “houses” (Monforte, 2010). Members of the LGBT community took the formation of the houses beyond that of pure entertainment and competition by their respective members in the balls, creating a social structure where displaced LGBT youths could freely express their preferred sexual identity and orientation, while gaining mentorship from “elders,” known as “founders,” “legends,” or “icons” in the HBC (Murrill et al., 2008; Phillips et al., 2011; Sanchez et al., 2010).

The structure of these houses is modeled after the nuclear family in which there is a “mother” and/or “father,” typically transgender and/or homosexual males, and “children” who are typically younger members of the LGBT community of color, usually between the ages of 14 and 24 years old (Murrill et al., 2008; Phillips et al., 2011). The mother and/or father play similar roles, providing guidance on issues relevant to their house members including sexual health education, skills needed to be successful at ball performances or competitions, counseling on mental health issues, encouragement to complete education or gain employment, and guidance

for surviving as marginalized members of society (Livingston, 1990; Phillips et al., 2011). The members of the house, or “children,” contribute a portion of their financial income to the maintenance of the house member family. The house thus confers protection and a sense of belonging to its members, and is integral to the social identity of its respective members (Livingston, 1990; Phillips et al., 2011). Induction into a certain house is usually dependent on initiation activities and an invitation to join by the head of the house. Born in Harlem, New York City, the HBC has spread to many major U.S. cities and continues to provide a safe haven for members of the LGBT community, particularly young men of color (Phillips et al., 2011; Sanchez et al., 2010).

The initial efforts of the project were to identify and meet with the house leaders (mothers and fathers) in both cities to present the idea for a pilot project, a partnership to enhance awareness of HIV prevention measures and HIV vaccine research. The MOCHA team identified and contacted the leaders from houses in Rochester and Buffalo, New York. The University of Rochester (UR) research team presented the concept of the research and discussed the potential for a sustainable partnership among houses. Obtaining the mothers’ and fathers’ input was important for obtaining their allegiance to the project as well as to ensure relevance to the community.

A first meeting was convened at MOCHA in April 2009, with attendees consisting of two members from the UR research team, two members from MOCHA, and eight leaders and prominent members of seven houses. The project was officially named “Project VOGUE,” at the suggestion of one of the HBC members: “voguing” is a creative form of modern dance and a unique performance feature that evolved within the HBC. Topics covered at the initial meeting included a description of the research plans and the community objective to establish a COH between the cities, as well as collaboration among the attendees representing the three partner groups. The primary focus of the COH was to provide infrastructure and governance for the HBC. The COH served as the path of communication with the research and community organization partners to improve awareness of HIV/AIDs prevention, HIV vaccine research, and to identify the HBC educational needs.

Monthly meetings of the COH lasted approximately one hour and were held at MOCHA to discuss plans for research, HIV prevention resources available, and HIV education sessions. At least one member of the research team attended the monthly meetings to provide updates and solicit feedback from the COH members regarding Project VOGUE. The University of Rochester and RVA research team members utilized this information to assess the program’s progress and success in meeting its overall goal, and to determine how the program might be made more effective to meet the needs of the HBC. Respect and trust began to build between the house leaders and the research team due to the consistent presence and commitment of the team members at the monthly meetings. To facilitate initial participation of the HBC leaders, incentives (\$25.00 gift cards) were given at each meeting

TABLE 1 Steps Involved in Developing Community Partnership with House Ball Community and Subsequent HIV Prevention Exploratory Initiative

Step	Outcome
1. Identify local community organization that works with House Ball Community (HBC).	The MOCHA Center, Inc., identified as community organization partner that works with the LGBT community in Rochester and Buffalo, New York
2. Establish operational council with key members of the HBC using local community organization as gateway.	Council of Houses (COH) established through the working relationship between the MOCHA Center and members of the HBC
3. Set up meeting with all involved partners— research institution, community-based organization, and HBC—to establish partnership goals and guiding principles.	First meeting convened between 2 members of UR (Research Institution partner), 2 members of MOCHA, and 8 members of House Ball Community
4. Establish regular meetings of all involved partners to determine health-related need and priorities of the HBC and develop culturally tailored solutions to address these needs.	Regular monthly meetings established and the need for determining HIV prevention and HIV vaccine knowledge of House Ball members was identified as a priority health issue.
5. Identify strategies and solutions to improve HIV prevention and HIV vaccine education amongst HBC leaders.	Partnership identified strategies that can be used to increase HIV and HIV vaccine knowledge while reducing misconceptions and building trust with the partner research institution (the University of Rochester and University of Rochester Medical Center). Activities identified and conducted: a. University of Rochester Medical Center HIV Vaccine Trial Unit site visit; b. Leadership Retreat; and c. HIV Vaccine Awareness Grand Ball.

as well as transportation vouchers for those in need. Table 1 displays the steps in establishing this community partnership and resulting outcomes, and Figure 2 provides an overview of the project procedures. Once the partnership had been functionally established, the group sought to engage in community outreach strategies that would benefit the HBC by promoting HIV prevention education and HIV vaccine awareness.

Development of Interventions

Various interventions were developed and implemented by the partners to increase knowledge about HIV prevention methods and HIV vaccine research. These included an educational retreat for HBC leaders, a visit to the HIV vaccine trial unit by HBC leaders, and a Grand Ball focused on HIV awareness. The overall goal of these outreach and educational interventions was to increase knowledge and awareness of HIV prevention and vaccine

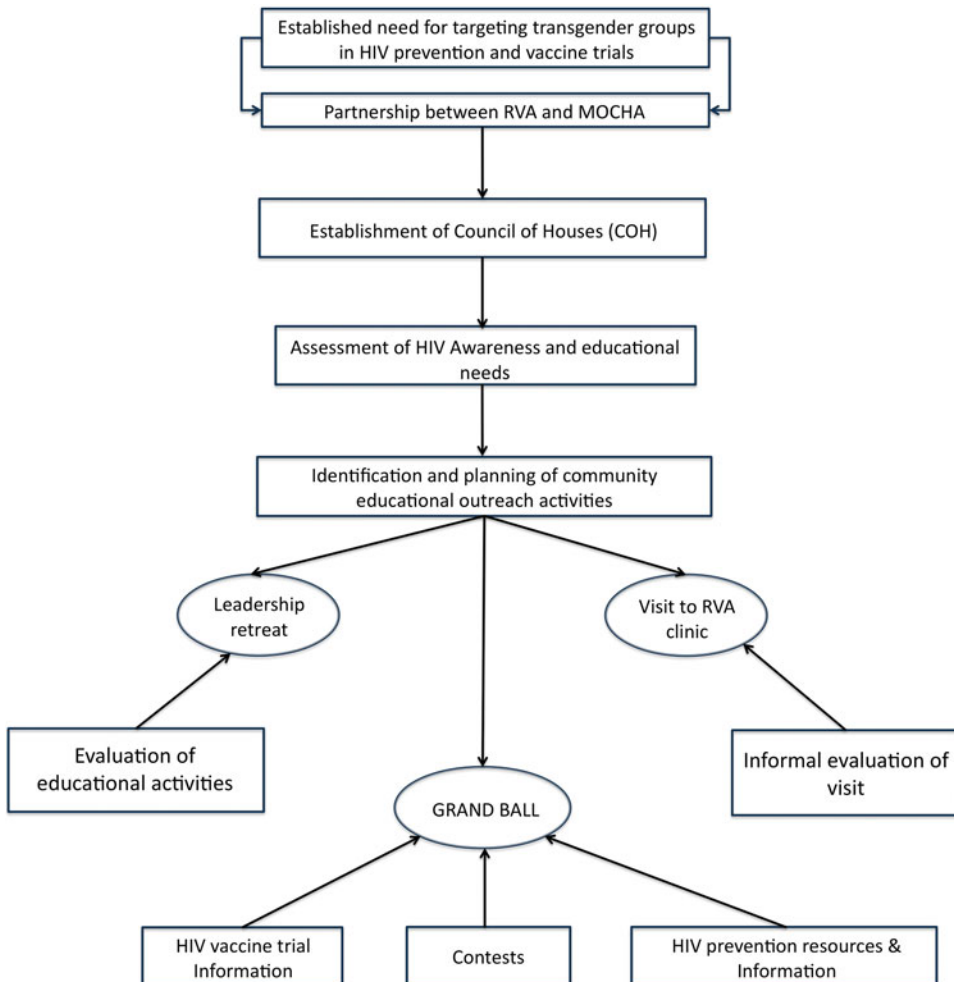


FIGURE 2 Project Procedures – This figure shows the procedural steps of the project, beginning with the community-academic partnership, followed by educational interventions, and culminating in a “Grand Ball” event that focused on HIV prevention and HIV vaccine trial awareness.

trial research through the promotion of community building, partnership, civic engagement, and improved health outcomes.

The leadership retreat convened 15 leaders (mothers, fathers, founders, icons, and legends) within the HBC in a series of sessions that encouraged dialogue about HIV/AIDS, addressed institutional distrust, and educated about prevention and intervention services available in the area. Topics covered included HIV/STI prevention/transmission, substance abuse, HIV clinical trials, violence issues within the HBC, and access to resources. Sessions were led by members of the COH, MOCHA, and the research team. In an additional

session titled “Getting to the Heart of the Matter,” an HBC member led a discussion on identifying behavioral determinants of HIV/STI acquisition in the houses.

The goals of the retreat were to develop comprehensive strategies to

1. disseminate HIV vaccine information that would reduce associated stigma and misconceptions about participating in HIV vaccine clinical trials;
2. increase knowledge about HIV, testing, and related services;
3. mobilize youths and young adults in the HBC to explore cultural and socioeconomic barriers to HIV prevention, treatment, and research; and
4. identify necessary steps to building and sustaining meaningful partnerships with other groups.

The overarching objective was to train leaders of HBC to share HIV prevention messages with their house members.

The project culminated in a grand competitive House Ball event near the end of the project in May 2011. The ball, sponsored by the UR and RVA research team, Legacy Project, and MOCHA, was designed and organized by the members of the COH working with themes of HIV/AIDS prevention and HIV vaccine trial participation. Preceding the ball, participants were presented an overview of Project VOGUE and an education session on HIV vaccine research, followed by a panel of HBC icons and legends from across the country leading a discussion about the challenges of the HBC. Individuals also had the opportunity to compete in a series of categories aimed at empowering, affirming, and supporting safer sex practices, reducing drug use behaviors, and addressing stigma associated with clinical trials and health care. Attendees were offered condoms, information, and resources on HIV testing, prevention, and HIV vaccine trial participation. In House Ball tradition, contests and prizes were awarded. The ball and related contests and activities were attended by 200 LGBT celebrating the unique talents of the HBC while increasing overall awareness of the project.

To further confront the myths and fears related to HIV vaccine trial research, HBC leaders were invited to visit the HIV Vaccine Clinical Research Site (RVA) at the University of Rochester Medical Center. The site visit was also a celebratory graduation for the members that had attended the retreat. The visit included an overview of the history of RVA and a tour of the facility. There was an informal dialogue about their impressions of the visit: the HBC members did not find the research site as intimidating as they had expected. The research team realized that this was an important process in the educational component of Project VOGUE.

An unexpected outcome of Project VOGUE is that the monthly meetings also provided the opportunity for the COH members to begin a dialogue on how to improve the HBC. As a result of these monthly meetings the COH established new guidelines for competing at HBC events. The COH shared

TABLE 2 HIV/Vaccine Understanding and Knowledge ($N = 11$)

Variable	Pre-Intervention	Post-Intervention	<i>p</i> -value
HIV/Vaccine Understanding Scores	64.9 ^a ($SD = 11.38$)	70.18 ^a ($SD = 9.34$)	0.1134
HIV Knowledge Score ^a	75.3 ($SD = 11.57$)	80.0 ($SD = 13.11$)	0.3135
Willing to join vaccine study ^b	4.8	5.4	0.0889

^a Mean; ^b Likert rating scale was 1 = strongly disagree; 4 = undecided; 7 = strongly agree.

some of their frustrations about the HBC and how to help their children have better access to health-related services. The structure of the Project VOGUE monthly meetings mobilized the COH to begin to interact and create positive change.

Assessment of the Educational Retreat Intervention

A total of 15 House Balls leaders attended the leadership retreat held in April 2011 at a hotel located between the two cities. Eleven leaders completed both pre- and post-questionnaires (Table 2). The AOU showed an increase of an average 5.28 percentage points (pre = 64.9%, post = 70.18%) in the overall understanding score, although the difference was not statistically significant. The HIV-KQ also indicated an increase of an average 4.7 percentage points (pre = 75.3%, post = 80.0%) in HIV knowledge score out of a possible 45 points after the completion of the retreat. There was also an increase in participants' willingness to participate in a HIV vaccine trial ($p = 0.089$). These results were not statistically significant.

DISCUSSION

Faced with the challenge of increasing HIV incidence within their houses, HBC leaders were in need of support and benefited from the partnership created through this project. This collaboration united the HBC from two cities, provided HBC leaders with the knowledge and resources to begin to address their needs, and supported them with expertise from the wider community. Community partnerships have been proven efficient at increasing HIV testing and building intervention programs in many studies among MSM (Newman, Lee, Rongprakhon, & Tepjan, 2012; Rhodes et al., 2011). As Cashman and colleagues (2011) state, the use of CBPR allows for more in-depth information and appropriate solutions to be developed. Our study findings, though not statistically significant (most likely due to the small sample size), suggest that supporting the leaders through training may help to increase their knowledge and provide them with accurate information to share with house members about HIV, its prevention, and related clinical

trials. When dealing with HIV, these leaders must also challenge the myths and common misconceptions held by members of their communities, and the partnership provided them with resources to debunk these myths and misconceptions. Such erroneous beliefs about HIV, its prevention, and related clinical trials are common in the literature. In a study conducted by Allen and colleagues (2005), 13.4% of the MSM in their sample thought an HIV vaccine already exists. During a discussion about participating in vaccine trials only 32.0% of the participants believed that there was no chance of becoming infected by the currently tested vaccines (Allen et al., 2005). Another study completed by Bockting, Rosser, and Scheltema (1999) found that participants had difficulty obtaining accurate information on HIV prevention. In our study, HBC leaders' willingness to participate in HIV vaccine clinical trials increased as a result of the information provided at the leadership retreat. This is an important milestone, as MSM and transgender populations of color have low participation in vaccine trials (Newman et al., 2006; Salazar et al., 2005; Sobieszczyk et al., 2009).

The partnership, especially through the COH, was able to discuss the HIV prevention needs of the HBC and, together, plan educational activities to increase awareness of HIV prevention methods as well as HIV vaccine trials and the importance of representation from the transgender community. In addition to the COH meetings and leadership retreat, the integration of HIV and vaccine messages into a ball proved to be successful in reaching the wider HBC and providing additional support for positive messages members might have heard from their house leaders. In the spirit of CBPR (Dworkin, Pinto, Hunter, Rapkin, & Remien, 2008; Wallerstein & Duran, 2006; Wilson & Miller, 2003), incorporating positive prevention messages into the creative manner in which the HBC expresses itself was essential. The partnership enabled the COH to design creative skits and well-informed messaging targeting their own community and addressing the HIV and vaccine myths circulating across the HBC. These social marketing strategies have successfully been utilized in the field of HIV among minority populations, including gay and bisexual MSM (Dworkin et al., 2008; Lyles et al., 2007).

Support for the HBC must go beyond HIV prevention resources and knowledge. The HBC, as with many marginalized groups, suffers from many socioeconomic problems that need to be addressed if their risks for HIV infection are to be reduced (Phillips et al., 2011). To address HIV alone would entail missing many of the social determinants of health that lead to high HIV incidence in the population (MacKellar et al., 2005; Phillips et al., 2011). It is essential that HIV prevention efforts in the HBC include providing resources and/or linkages to resources that provide general education, employment training and assistance, substance abuse programs, housing assistance, as well as mental health services (Collins et al., 2012; Dworkin et al., 2008; Lehavot et al., 2011). To this end, partnerships with various CBOs are essential, as such entities can help to address the various needs of the community

in question and to ensure sustainability beyond academic funding and research grants. In this study, the partners (MOCHA and RVA) were successful in supporting the HBC leadership to mobilize, build upon, and sustain a positive infrastructure enabling them to advocate for themselves, respond to their own needs, and guide their own agenda.

Study Strengths and Limitations

In addition to directing future broader studies, such information will be important for the planning of interventions targeting the HBC and even the larger MSM and transgender communities to increase their HIV awareness, reduce high-risk behaviors, and increase their enrollment in HIV vaccine clinical trials. Finally, the establishment of the COH and the existing partnership will facilitate future studies and interventions within the HBC in Western New York State. A limitation of this study is the lack of evaluation data on how the HBC leaders shared HIV prevention messages or modified educational activities in their houses based on knowledge acquired as a result of their participation in Project VOGUE. This could be assessed in future studies. In addition, the small sample size did not allow for in-depth analysis of the effect of the educational sessions on the HBC leaders. However, the study purposefully focused on the leadership as a first step to establishing partnerships with a marginalized population at high risk of HIV infection.

CONCLUSIONS AND RECOMMENDATIONS

The organizational structure of the houses and the influence its leaders have on members is an important asset that must be accessed if HIV prevention and recruitment for participation of minority community members in HIV vaccine trials is to be improved. The HBC provides an excellent infrastructure in which to conduct HIV interventions and HIV vaccine educational programs. Partnership with HBC leaders is important in ensuring that they are fully engaged and an equal partner in planning the prevention and recruitment efforts that will be conducted in the HBC. The involvement of partners that are MSM- and transgender-focused, culturally relevant, and have existing relationships with the HBC are crucial, as the HBC is reticent to work with outsiders who are not MSM or transgender friendly or perceived as trustworthy. In this study, the CBO was instrumental in serving as a bridge between the research institution and the HBC, highlighting the importance of building triangular relationships among the community, CBOs, and research institutions. The maintenance and growth of these partnerships will further aid in the development of future HIV prevention programs, which will contribute

to reduced HIV incidence, and increased willingness to participate in future HIV vaccine clinical trials.

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REFERENCES

- Allen, M., & Lau, C. Y. (2008). Social impact of preventive HIV vaccine clinical trial participation: A model of prevention, assessment and intervention. *Journal of Social Science and Medicine*, 66(4), 945–951. doi: 10.1016/j.socscimed.2007.10.019
- Allen, M. A., Liang, T. S., La Salvia, T., Tjugum, B., Gulakowski, R. J., & Murguia, M. (2005). Assessing the attitudes, knowledge, and awareness of HIV vaccine research among adults in the United States. *Journal of Acquired Immune Deficiency Syndrome*, 40(5), 617–624.
- Arnold, E. A. (2009). Constructing home and family: How the ballroom community supports African American GLBTQ youth in the face of HIV/AIDS. *Journal of Gay & Lesbian Social Services*, 21, 171–188.
- Bartholow, B. N., MacQueen, K. M., Douglas, J. M., Jr., Buchbinder, S., McKirnan, D., & Judson, F. N. (1997). Assessment of the changing willingness to participate in phase III HIV vaccine trials among men who have sex with men. *Journal of Acquired Immune Deficiency Syndrome*, 16(2), 108–115.
- Beyrer, C., Wirtz, A. L., Walker, D., Johns, B., Sifakis, F., & Baral, S. D. (2011). *The Global HIV epidemics among men who have sex with men*. Washington, DC: The International Bank for Reconstruction and Development/The World Bank.
- Bith-Melander, P., Sheoran, B., Sheth, L., Bermudez, C., Drone, J., Wood, W., & Schroeder, K. (2010). Understanding sociocultural and psychological factors affecting transgender people of color in San Francisco. *Journal of the Association of Nurses in AIDS Care*, 21(3), 207–220. doi: 10.1016/j.jana.2010.01.008
- Bockting, W. O., Rosser, B. R., & Scheltema, K. (1999). Transgender HIV prevention: Implementation and evaluation of a workshop. *Health Education Research*, 14(2), 177–183.
- Buchbinder, S. P., Metch, B., Holte, S. E., Scheer, S., Coletti, A., & Vittinghoff, E. (2004). Determinants of enrollment in a preventive HIV vaccine trial: Hypothetical versus actual willingness and barriers to participation. *Journal of Acquired Immune Deficiency Syndrome*, 36(1), 604–612.
- Cashman, R., Eng, E., Siman, F., & Rhodes, S. D. (2011). Exploring the sexual health priorities and needs of immigrant Latinas in the southeastern United States: A

- community-based participatory research approach. *AIDS Education Prevention*, 23(3), 236–248. doi: 10.1521/aeap.2011.23.3.236
- Centers for Disease Control. (2002). Unrecognized HIV infection, risk behaviors, and perceptions of risk among young Black men who have sex with men—six U.S. cities, 1994–1998. *Morbidity and Mortality Weekly Report*, 51(33), 733–736.
- Centers for Disease Control. (2012). *HIV among gay and bisexual men*. Atlanta, GA: Centers for Disease Control.
- Collins, S. E., Clifasefi, S. L., Dana, E. A., Andrasik, M. P., Stahl, N., Kirouac, M., & Malone, D. K. (2012). Where harm reduction meets housing first: Exploring alcohol's role in a project-based housing first setting. *International Journal of Drug Policy*, 23(2), 111–119. doi: 10.1016/j.drugpo.2011.07.010
- Craig, S. L. (2011). Precarious partnerships: Designing a community needs assessment to develop a system of care for gay, lesbian, bisexual, transgender and questioning (GLBTQ) youths. *Journal of Community Practice*, 19(3), 274–291.
- Dworkin, S. L., Pinto, R. M., Hunter, J., Rapkin, B., & Remien, R. H. (2008). Keeping the spirit of community partnerships alive in the scale up of HIV/AIDS prevention: Critical reflections on the roll out of DEBI (Diffusion of Effective Behavioral Interventions). *American Journal of Community Psychology*, 42(1–2), 51–59. doi: 10.1007/s10464-008-9183-y
- Fenton, K. (2007). Changing epidemiology of HIV/AIDS in the United States: Implications for enhancing and promoting HIV testing strategies. *Clinical Infectious Diseases*, 45(S4), S213–S220. doi: 10.1086/522615
- Fields, S. D. (2005). Adaptation of an existing HIV-knowledge Qquestionnaire for use with young men of color who have sex with men. *The Journal of Multicultural Nursing and Health*, 11(1), 47–55.
- Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G. W. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health*, 38(3), 230–236. doi: 10.1016/j.jadohealth.2005.03.023
- Gust, D. A., Wiegand, R. E., Kretsinger, K., Sansom, S., Kilmarx, P. H., Bartholow, B. N., & Chen, R. T. (2010). Circumcision status and HIV infection among MSM: Reanalysis of a Phase III HIV vaccine clinical trial. *AIDS*, 24, 1135–1143.
- Koblin, B. A., Heagerty, P., Sheon, A., Buchbinder, S., Celum, C., Douglas, J. M., & Seage, G. (1998). Readiness of high-risk populations in the HIV Network for Prevention Trials to participate in HIV vaccine efficacy trials in the United States. *AIDS*, 12(7), 785–793.
- Koblin, B. A., Holte, S., Lenderking, B., & Heagerty, P. (2000). Readiness for HIV vaccine trials: Changes in willingness and knowledge among high-risk populations in the HIV network for prevention trials. *The HIVNET Vaccine Preparedness Study Protocol Team. Journal of Acquired Immune Deficiency Syndrome*, 24(5), 451–457.
- Kubicek, K., Beyer, W. H., McNeeley, M., Weiss, G., Ultra Omni, L. F., & Kipke, M. D. (2011). Community-engaged research to identify house parent perspectives on support and risk within the house and ball scene. *Journal of Sex Research*, 50(2), 178–189. doi: 10.1080/00224499.2011.637248
- Kubicek, K., McNeeley, M., Holloway, I. W., Weiss, G., & Kipke, M. (2012). “It’s like our own little world”: Resilience as a factor in participating in the ballroom community subculture. *AIDS Behavior*, 17(4), 1524–1539.

- Lehavot, K., Huh, D., Walters, K. L., King, K. M., Andrasik, M. P., & Simoni, J. M. (2011). Buffering effects of general and medication-specific social support on the association between substance use and HIV medication adherence. *AIDS Patient Care and STDs*, 25(3), 181–189. doi: 10.1089/apc.2010.0314
- Lieb, S., Fallon, S. J., Friedman, S. R., Thompson, D. R., Gates, G. J., Libertia, T. M., & Malow, R. M. (2011). statewide estimation of racial/ethnic populations of men who have sex with men in the U.S. *Public Health Reports*, 126, 60–72.
- Livingston, J. (Writer & Producer). (1990). *Paris is burning*. USA: Miramax Films.
- Lyles, C. M., Kay, L. S., Crepaz, N., Herbst, J. H., Passin, W. F., Kim, A. S., & Mullins, M. M. (2007). Best-evidence interventions: Findings from a systematic review of HIV behavioral interventions for U.S. populations at high risk, 2000–2004. *American Journal of Public Health*, 97(1), 133–143. doi: 10.2105/AJPH.2005.076182
- MacKellar, D. A., Valleroy, L. A., Secura, G. M., Behel, S., Bingham, T., Celentano, D. D., & Janssen, R. S. (2005). Unrecognized HIV infection, risk behaviors, and perceptions of risk among young men who have sex with men: Opportunities for advancing HIV prevention in the third decade of HIV/AIDS. *Journal of Acquired Immune Deficiency Syndrome*, 38(5), 603–614.
- Mayer, K. H., & Pizer, H. F. (2009). *HIV prevention: A comprehensive approach*. London, UK: Elsevier Inc.
- Michel, P. C., & Schroder, K. E. (2002). Development and psychometric evaluation of the Brief HIV Knowledge Questionnaire. *AIDS Education Prevention*, 2(14), 11.
- Millett, G. A., Flores, S. A., Peterson, J. L., & Bakeman, R. (2007). Explaining disparities in HIV infection among Black and White men who have sex with men: A meta-analysis of HIV risk behaviors. *AIDS*, 21(15), 2083–2091. doi: 10.1097/QAD.0b013e3282e9a64b
- Monforte, I. (2010). House and ball culture goes wide. *Gay and Lesbian Review Worldwide*, 17, 28–30.
- Murrill, C. S., Liu, K. L., Guilin, V., Colon, E. R., Dean, L., Buckley, L. A., & Torian, L. V. (2008). HIV prevalence and associated risk behaviors in New York City's house ball community. *American Journal of Public Health*, 98(6), 1074–1080. doi: 10.2105/AJPH.2006.108936
- Newman, P. A., Duan, N., Roberts, K. J., Seiden, D., Rudy, E. T., Swendeman, D., & Popova, S. (2006). HIV vaccine trial participation among ethnic minority communities. *Journal of Acquired Immune Deficiency Syndrome*, 41, 210–217.
- Newman, P. A., Lee, S. J., Roungrakphon, S., & Tepjan, S. (2012). Demographic and behavioral correlates of HIV risk among men and transgender women recruited from gay entertainment venues and community-based organizations in Thailand: Implications for HIV prevention. *Prevention Science*, 13(5), 483–492. doi: 10.1007/s11121-012-0275-4
- Phillips, G., II, Peterson, J., Binson, D., Hidalgo, J., & Magnus, M. (2011). House/ball culture and adolescent African-American transgender persons and men who have sex with men: A synthesis of the literature. *AIDS Care*, 23(4), 515–520. doi: 10.1080/09540121.2010.516334
- Rhodes, S. D. (2011). Boys must be men, and men must have sex with women: A qualitative CBPR study to explore sexual risk among African American, Latino, and White gay men and MSM. *American Journal of Men's Health*, 5(2), 140–151.

- Rhodes, S. D., Daniel, J., Alonzo, J., Duck, S., Garcia, M., Downs, M., & Marsiglia, F. F. (2012). A systematic community-based participatory approach to refining an evidence-based community-level intervention: The HOLA intervention for Latino men who have sex with men. *Health Promotion Practice, 14*(4), 607–616. doi: 10.1177/1524839912462391
- Rhodes, S. D., Malow, R. M., & Jolly, C. (2010). Community-based participatory research: A new and not-so-new approach to HIV/AIDS prevention, care, and treatment. *AIDS Education Prevention, 22*(3), 173–183. doi: 10.1521/aeap.2010.22.3.173
- Rhodes, S. D., Vissman, A. T., Stowers, J., Miller, C., McCoy, T. P., Hergenrather, K. C., & Eng, E. (2011). A CBPR partnership increases HIV testing among men who have sex with men (MSM): Outcome findings from a pilot test of the CyBER/testing Internet intervention. *Health Education & Behavior, 38*(3), 311–320.
- Salazar, L. F., Holtgrave, D., Crosby, R. A., Frew, P., & Peterson, J. L. (2005). Issues related to gay and bisexual men's acceptance of a future AIDS vaccine. *International Journal of STD and AIDS, 16*(8), 546–548. doi: 10.1258/0956462054679232
- Salihu, H. M., August, E. M., Alio, A. P., Jeffers, D., Austin, D., & Berry, E. (2011). Community-academic partnerships to reduce Black-White disparities in infant mortality in Florida. *Progress in Community Health Partnerships, 5*(1), 53–66. doi: 10.1353/cpr.2011.0009
- Sanchez, T., Finlayson, T., Murrill, C., Guilin, V., & Dean, L. (2010). Risk behaviors and psychosocial stressors in the New York City House Ball Community: A comparison of men and transgender women who have sex with men. *AIDS Behavior, 14*(2), 351–358. doi: 10.1007/s10461-009-9610-6
- Sobieszczyk, M. E., Xu, G., Goodman, K., Lucy, D., & Koblin, B. A. (2009). Engaging members of African American and Latino communities in preventive HIV vaccine trials. *Journal of Acquired Immune Deficiency Syndrome, 51*(2), 194–201.
- Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice, 7*(3), 312–323. doi: 10.1177/1524839906289376
- Wilson, B. D., & Miller, R. L. (2003). Examining strategies for culturally grounded HIV prevention: A review. *AIDS Education Prevention, 15*(2), 184–202.

APPENDIX: ASSESSMENT OF UNDERSTANDING QUESTIONNAIRE ITEMS

Indicate how much you “agree” or “disagree” (scale of 1–7) with the following statements:

1. A vaccine that is known to prevent HIV is already approved for use.
2. If you need or want an HIV test while participating in this study, you can get one for free at the study site.
3. The vaccine in this study will protect you against HIV.

4. Some participants in this study will receive inactive substance (placebo) instead of the vaccine.
5. There is a possibility that you can become infected with HIV from the study vaccine.
6. As a result of participating in this study, you may appear positive on standard HIV tests, even though you are not actually infected with HIV.
7. One of the purposes of this study is to see if the experimental vaccine product is safe.
8. You cannot become infected with HIV while participating in this study, even if you have unprotected sex.
9. You may experience side effects even if you receive placebo.
10. Vaccines for other diseases are 100% effective in preventing that disease.
11. The purpose of this study is to find a cure for HIV-infected persons.
12. There may be side effects of the study vaccine that are not yet known.
13. After joining this study, you will not need to practice safe sex.
14. Since there is already treatment for HIV disease a preventive vaccine is not needed
15. Historically there is no evidence that shows vaccines work in controlling any disease.
16. Are you willing to join an HIV vaccine study?