

**Assessment of the Feasibility of a National HIV
Behavioral Surveillance System for Young Men
Who Have Sex with Men (NHBS-YMSM)**

**Preliminary Research
Manual**



NCHHSTP/DHAP-SE/BCSB

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1.1 Overview

Preliminary research is the process by which researchers or public health practitioners define the community of interest, ways of accessing that community, and the attributes of the community relevant to a specific public health issue. For NHBS-YMSM, the preliminary research phase (approximately 2-3 months) will inform the process of collecting behavioral surveillance data from MSM aged 13 to 17 years through three different methods under evaluation: respondent-driven sampling (RDS), venue-based sampling (VBS), and Facebook sampling (FBS).

The key to successfully conducting both preliminary research and field operations is establishing and maintaining strong relationships with both the local young MSM community and those who provide health, prevention, and social services to the community. Accordingly, preliminary research should not focus solely on data collection; it should focus on community outreach as well.

1.2 Preliminary Research Goals

NHBS-YMSM preliminary research goals are to:

- Garner the support of young MSM community members and associated stakeholders.
- Describe the social and demographic characteristics of MSM 13 to 17 years of age in the metropolitan statistical area (MSA)
- Collect the needed information to implement the selected recruitment methods such as:
 - Identify venues (places) where young MSM could be recruited to participate in NHBS-YMSM for VBS
 - Identify potential “seeds”, or initial recruits, for RDS
 - Characterize online behavior of young MSM and assess feasibility of Facebook recruitment
- Obtain information needed for conducting field operations (e.g., potential barriers to participation, appropriate staff, identification of field sites, venue logistics, and ideal days and times for recruitment events).
- Develop questions of local interest for HIV prevention.
- Monitor field operations and participant enrollment through ongoing preliminary research.

1.3 Institutional Review Board Procedures

All project sites must receive approval from their local Institutional Review Board(s) (IRB[s]) prior to beginning any preliminary research activities that involve engagement with human subjects. To protect the anonymity of those interviewed, project sites should request a waiver of documentation of informed assent/consent¹ from their IRB(s) so that assent/consent can be obtained verbally. *Appendices B, C, and E* of the *NHBS-YMSM Protocol* contain preliminary research assent/consent forms that can be customized for local use. As with all NHBS-YMSM data, preliminary research data must be collected anonymously. Therefore, interviews should not be video- or audio-taped.



Because discussions with health department staff are not considered engagement with human subjects, project sites can gather preliminary information from these staff without IRB approval. For example, sites could meet with health department staff to plan field operations, to identify key informants for interview, and to develop local survey questions.

1.4 Preliminary Research Process

The preliminary research period of NHBS-YMSM refers to the information gathering and data collection that occurs before the main portion of the study is implemented (i.e., NHBS-YMSM survey and HIV testing). The information gathered during the preliminary research period will enable project sites to tailor field operations to their local settings and to identify and address any barriers to operations.

During preliminary research, project sites will gather information through secondary data review and primary data collection. To maximize the effectiveness of these preliminary research activities, sites should employ an iterative process (**Figure 1; page 6**); information obtained from the secondary data review should inform primary data collection, which should then validate or provide further insight into the findings from the secondary data review. Using this iterative process, sites will be able to realize the preliminary research goals outlined in **Section 1.2** above. Of particular importance, preliminary research will enable sites to identify potential obstacles to field operations, such as participation barriers, and develop solutions to minimize or eliminate these obstacles.

Figure 2 (page 7) illustrates the suggested work flow for conducting preliminary research activities. The figure also shows possible sources of information for primary data collection and indicates how the information gathered from each can inform the collection of subsequent information. In brief, the

¹ "Informed consent" is the voluntary agreement of an individual, over the age of majority (18 years of age in most jurisdictions), who has the legal capacity to give consent, and who exercises free power of choice, without undue inducement or any other form of constraint or coercion to participate in research

"Informed assent" is a term used to express willingness to participate in research by persons who are by definition too young to give informed consent but who are old enough to understand the proposed research in general, its expected risks and possible benefits, and the activities expected of them as subjects

preliminary research process starts with a review of published and unpublished secondary data which is used to describe the target population and develop a plan for primary data collection. This plan serves as a blueprint for obtaining information from primary sources. The initial source of primary data is usually health department staff. Interviews with these staff can provide a general overview of the young MSM population and the HIV epidemic among the target population, as well as provide the names of additional sources of information. Primary data collection then continues with interviews with these other sources in a feedback loop – the information gathered from one source informs the collection of subsequent information and identifies additional sources of information. The process ends when sufficient data have been collected to address all relevant gaps in information.



The information collected during NHBS-YMSM will be used to decide whether ongoing monitoring of MSM 13 to 17 years of age could be conducted and if so, whether to incorporate this age group into the adult NHBS-MSM cycle or establish an additional NHBS cycle. Since VBS is the sampling method used in the adult NHBS-YMSM cycle, **each site, regardless of whether VBS will be implemented during NHBS-YMSM, will need to conduct venue identification and assessment and prepare a venue universe in order to identify venues where young MSM could be recruited and interviewed.**

Figure 1. The iterative process of preliminary research

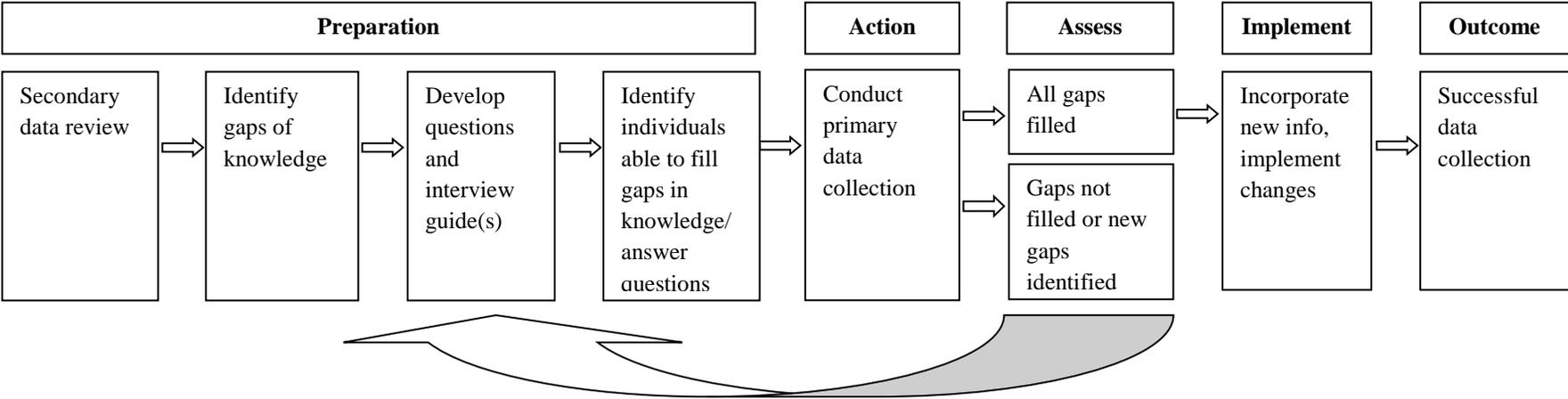
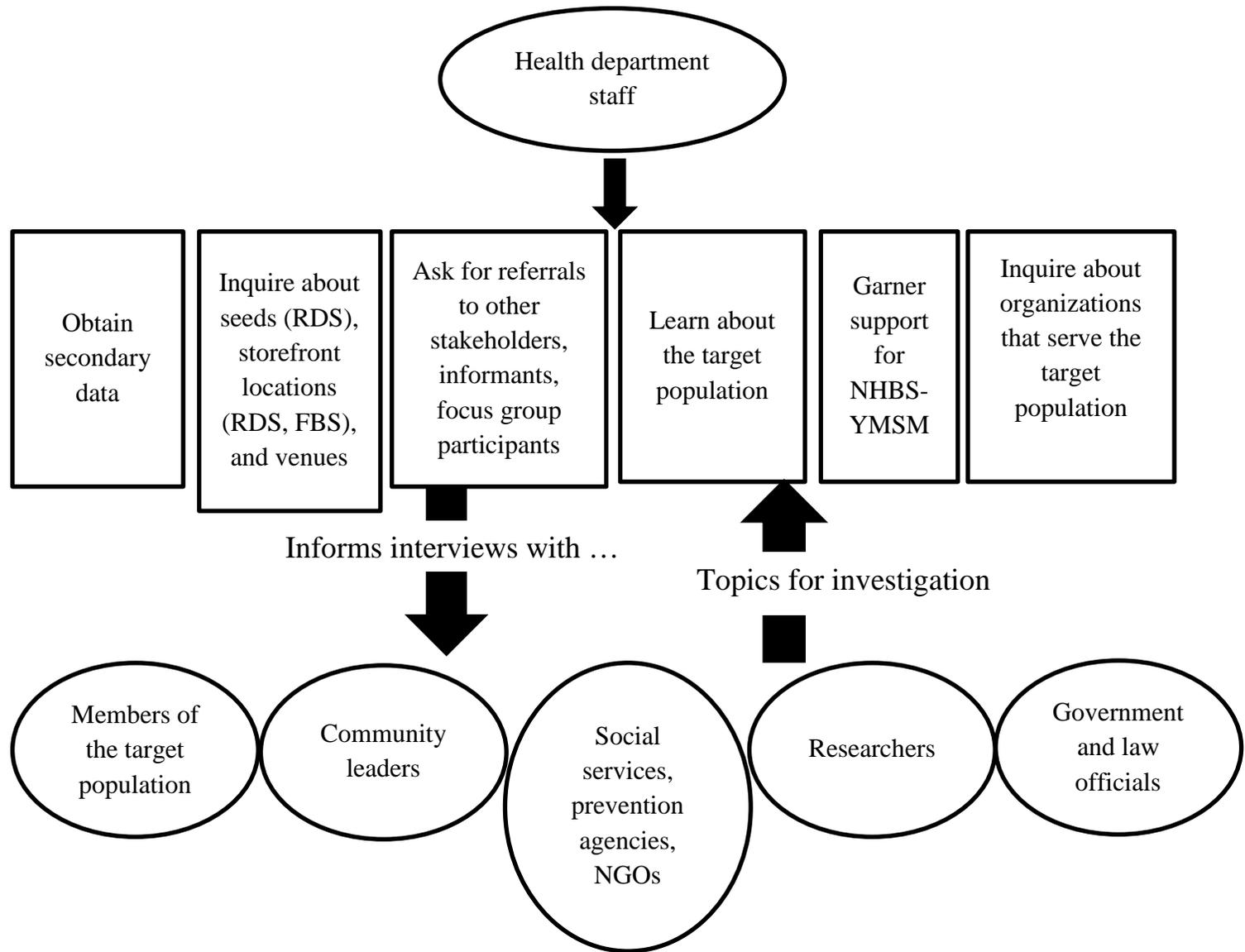


Figure 2. Suggested flow for preliminary research



Since multiple objectives can be achieved in a single meeting, it is helpful to keep all the NHBS-YMSM preliminary research goals in mind when meeting with individuals or groups. Preliminary research staff should always be prepared to:

- Garner support for NHBS-YMSM activities.
- Learn about the young MSM population and community.
- Request available data.
- Ask for referrals to others who can be interviewed about the young MSM population and community.
- Ask for referrals for potential ‘seeds’ (initial recruits) for RDS.
- Ask about venues (places) where young MSM congregate or socialize and the days and times when they do so.
- Gather information regarding online behavior of young MSM (in particular Facebook).
- Identify potential barriers to participation in the survey.
- Request input for local questions.

1.5 Preliminary Research Timeline and Documents

Project sites will conduct preliminary research over a period of approximately 2-3 months preceding the start of field operations. To help plan and manage their preliminary research activities, sites will be required to develop an *Implementation Timeline* for completing the various activities. The end products of the preliminary research process are the *Secondary Data Report*, the *Primary Data Report*, and the *Venue Universe*. These documents, along with the *Implementation Timeline*, are described in **Chapters 3 and 5** of this manual.

2.1 Overview

Project staff conducting preliminary research should ideally include an ethnographer, the project coordinator, and at least two additional staff members. It is extremely helpful if at least some of the preliminary research staff have prior experience using the sampling methods being implemented at the site. Preferably, the project staff that conducts the preliminary research will also be involved with the NHBS-YMSM data collection.

2.2 Ethnographer

Project sites may wish to hire an ethnographer to manage their preliminary research activities. An ethnographer is a researcher who has been trained to collect data in their natural environment, placing an emphasis on the context in which particular social phenomena occur (Schensul & LeCompte, 1999). Another strength of an ethnographer's approach to data collection is the use of multiple data sources and methods to confirm the information gathered. If an ethnographer is hired, the principal investigator is responsible for making sure that the ethnographer's work remains focused on the NHBS-YMSM preliminary research goals (**Section 1.2** of this manual). The ethnographer must understand that the purpose of the preliminary research process is to inform and guide the successful collection of NHBS-YMSM data.

The ideal ethnographer has either masters- or doctoral-level training in anthropology or sociology with experience working with a range of ethnographic methods, such as observations, key informant interviews, and focus groups (Schensul & LeCompte, 1999; Stimson et al., 2003). To be most effective, the ethnographer should also be familiar with the local youth culture and/or the young MSM/MSM community and its various sub-populations. Ethnographers can be found through the anthropology or sociology departments of local universities and colleges, at community-based research institutes, or in the local health department.

Even if an outside researcher is hired as the ethnographer, the project staff should still remain actively involved in preliminary research activities. The ethnographer should train the project staff in the preliminary research process and its methods of data collection, and they should oversee the staff's work. The ethnographer should also provide the principal investigator and project coordinator with periodic updates on the progress of preliminary research and the findings. To ensure that preliminary research activities are completed successfully and in a timely manner, the principal investigator or project coordinator should meet with the ethnographer at the beginning of the project to develop a set of deliverables and a timeline for achieving them.

2.3 Project coordinator

The project coordinator is responsible for conducting the secondary data review, assisting the ethnographer, and monitoring the preliminary research activities. The project coordinator should help the ethnographer by providing them with background information on the project area, the local young MSM population, and the two sampling methods to be implemented at the site. The project coordinator should also help the ethnographer identify and contact community stakeholders and key informants for interview. Lastly, and of foremost importance, the project coordinator is responsible for incorporating the preliminary research findings into staff trainings and plans for field operations.

2.4 Project staff

At least two project staff should assist the ethnographer with preliminary research activities. Their responsibilities could include the following:

- Garnering community support
- Collecting information for the secondary data review
- Identifying and contacting community members, stakeholders, and key informants to participate in interviews or focus groups
- Helping with interviews and focus groups
- Identifying potential young MSM venues, conducting venue observations and collecting venue data and helping assess venues for eligibility and accessibility. Contacting venue management to explain the project and obtain permission to conduct field operations.
- Help identify seeds (RDS)
- Help map and explore online behaviors among young MSM (FBS)

3.1 Overview

Secondary data are data that have been previously collected by other researchers, surveillance systems, or registries. As background information, secondary data form the basis of a project site's preliminary research activities. The secondary data review is critical to the successful implementation of NHBS-YMSM as it (1) characterizes the extent and patterns of HIV infection among MSM 13 to 17 years of age in the MSA, (2) documents what is known about the target population's HIV risk behaviors, (3) identifies potential collaborators within the health department and community, (4) identifies gaps in knowledge related to young MSM, and (5) identifies potential recruitment barriers.

Secondary data are a critical component of preliminary research because they lay the foundation for the next steps in the process. Gaps in information in the secondary data will help project sites develop primary data collection plans and determine where to focus their primary data collection efforts. Sites can also use the secondary data to identify potential collaborators and key informants within the health department and the young MSM community, as well as to identify possible focus group participants. After preliminary research activities have been completed and field operations have begun, the secondary data can serve as a reference for monitoring how well participants reflect the local young MSM population and sub-populations at greatest risk for HIV infection.

3.2 Sources of Data

Project sites should use both internal and external sources of secondary data. Internal sources of data are research projects, surveillance systems, and registries within the health department, whereas external sources are those outside the health department.

3.2a Internal sources of data

Multiple sources of data on the local young MSM/MSM population and HIV epidemic will be available through the health department. Data from two of these sources, the National HIV Behavioral Surveillance System (NHBS) and the HIV Surveillance System, must be examined as part of preliminary research. Data from other health department sources should be assessed as needed.

National HIV Behavioral Surveillance System

Project sites should begin the secondary data collection process by reviewing their NHBS data from previous cycles, including their secondary and preliminary research reports as well as the behavioral assessment and HIV testing data (particularly data among MSM 18-24 years of age). This material can be especially useful for identifying operational problems that have occurred during previous cycles. Once identified, operational problems like these can then be further examined through the preliminary

research process and possible solutions can be developed. In addition, looking at data for 18-24 MSM may provide some insight into younger MSM in the MSA.

HIV Surveillance System

To characterize the local HIV epidemic, project sites should analyze HIV and AIDS case data from their HIV Surveillance System. The data should be restricted to those HIV and AIDS cases that were *reported* through December 2013 and were newly *diagnosed* with HIV between January 2008 and December 2012. (*Note: AIDS cases should be selected by the date of HIV diagnosis; not the date of AIDS diagnosis.*) If possible, cases should be adjusted for reporting delays and cases that do not have a known HIV transmission category should be adjusted using the multiple imputation (MI) method developed by CDC's HIV Incidence and Case Surveillance Branch (HICSB) or a redistribution method developed by the local health department. Questions regarding the HICSB MI method should be directed to the CDC Division of HIV/AIDS Prevention (DHAP) Informatics Customer Support at 1-877-659-7725 or DHAPSupport@cdc.gov.

Other internal sources

Other sources of data within the health department are the HIV counseling, testing, and referral database and the sexually transmitted disease (STD) and hepatitis surveillance systems. The health department's HIV epi profile and prevention plan can provide further information on local young MSM/MSM, their HIV-risk behaviors, and their HIV prevention and treatment needs. Published journal articles and reports could also provide information on these topics. In addition, health department HIV prevention staff or outreach workers may have listings of the locations where they conduct their interventions among young MSM/MSM.

3.2b External sources of data

Census Bureau

Census Bureau data should be used to describe the demographic and socioeconomic characteristics of the general population that lives in the local project area. This information will be incorporated into the *Secondary Data Report* and will be used to compare the characteristics of the NHBS-YMSM sample and the general population.

Gay media

Print and on-line media targeting the MSM community can provide information on venues, social organizations, and special events. These would mainly be directed at adult MSM; however, an initial review should still be carried out as young MSM might consume adult gay media. Local HIV and LGBT service organizations may produce LGBT-youth specific print or on-line media, and these sources should be consulted to collect information on venues, social organizations and special events targeted towards those less than 18 years of age.

Additional online resources

Accessing websites that young MSM use to communicate and socialize with other young MSM/MSM can be another useful method for gaining information about the local young MSM community, to characterize their online behavior and to understand how young MSM network with each other. Project sites can find local young MSM community resources on-line by searching the internet with the term “gay community resources < project area name>,” or “LGBT community resources <project area name>.” Each of the NHBS-YMSM project areas has a variety of LGBT-specific print publications, many of which are also online. Using the search term “LGBT print media <project area (name)>” will yield the major LGBT publication(s) for each local site. Additional online resources and smaller, less well known LGBT local media may be discovered through key informant interviews and focus group interviews. In addition, social media platforms such as Facebook and Twitter are used to communicate LGBT-community specific information, and NHBS-YMSM project staff should search for local LGBT Facebook pages as well as follow local LGBT organizations on Twitter to keep abreast of any local YMSM-specific events and information. Key informant interviews may also alert NHBS-YMSM staff to specific organizations or opinion leaders in the local community with significant social media presence.

These websites can be used to help people make contact with other people who are interested in similar activities, events, and/or social organizations. In addition, people utilize the internet for a wide variety of purposes other than social networking, such as searching for HIV information and/or support groups, event promotion, online dating, and sex seeking.

Table 1 provides information about several internet resources that might be helpful for NHBS-YMSM staff as they seek to build their knowledge about the local young MSM community. During key informant and focus group interviews, NHBS-YMSM staff should inquire about whether there are other websites that are popular among young MSM.

Other external sources

Other sources of data outside the health department are published journal articles and reports from public and private researchers and organizations. These publications can be found through literature searches (e.g., <http://www.ncbi.nlm.nih.gov/pubmed>) and internet searches. Moreover, the authors of these publications could serve as project collaborators or key informants.

Table 1 Potential data sources on young MSM

Data Sources	Description	Data Contents	Limitations of Data	Web link
<p>The Youth Risk Behavior Surveillance System (YRBSS)</p>	<p>The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including—</p> <ul style="list-style-type: none"> •Behaviors that contribute to unintentional injuries and violence •Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection •Alcohol and other drug use •Tobacco use •Unhealthy dietary behaviors •Inadequate physical activity <p>YRBSS also measures the prevalence of obesity and asthma among youth and young adults.</p> <p>YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.</p>	<p>CDC. Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001–2009. MMWR 2011;60(No. SS-7):1-133.</p>	<p>Not all locations ask about sexual identity and/or sex of sexual contacts</p>	<p>http://www.cdc.gov/HealthyYouth/yrebs/index.htm</p>

Data Sources	Description	Data Contents	Limitations of Data	Web link
National Survey of Family Growth (NSFG)	Cycle 6 of the National Survey of Family Growth (NSFG) was conducted in 2002 by the National Center for Health Statistics (NCHS). It is an area probability sample that represents the civilian non-institutionalized population of the United States, 15-44 years of age. Since 2006, data have been collected yearly and are released in 2 year increments. Most recent available data are 2006-2010.	Number of opposite and same gender sex partners in lifetime and past 12 months; HIV & STD testing; STD diagnoses.	The survey sample is designed to produce national data, not estimates for individual States though estimates are available for 12 cities. Only HIV testing and opposite-gender partner data available publicly. Other data available via signed user agreement	http://www.cdc.gov/nchs/nsfg.htm
The National Longitudinal Study of Adolescent Health (Add Health)	Add Health is a longitudinal study of a nationally representative sample of adolescents in grades 7-12 in the United States during the 1994-95 school year. The Add Health cohort has been followed into young adulthood with four in-home interviews, the most recent in 2008, when the sample was aged 24-32.	Add Health combines longitudinal survey data on respondents' social, economic, psychological and physical well-being with contextual data on the family, neighborhood, community, school, friendships, peer groups, and romantic relationships, providing unique opportunities to study how social environments and behaviors in adolescence are linked to health and achievement outcomes in young adulthood.	Data on adolescents was conducted in the 1990s.	http://www.cpc.unc.edu/projects/addhealth

Data Sources	Description	Data Contents	Limitations of Data	Web link
Young Men's Survey (YMS)	YMS was an anonymous, cross-sectional study involving interviews and HIV testing of men who attend MSM-identified venues. YMS was conducted in two phases in seven cities. Phase I was conducted during 1994–1998 and recruited men aged 15–22 years. Phase II was conducted during 1998–2000 and recruited men aged 23–29 years.	Questions related to demographics, HIV testing, HIV infection, and risk behaviors	YMS was conducted more than 15 years ago, enrolling only 644 MSM 15 to 17 years of age across seven sites.	No web link available. See publications for data.
General Social Survey	The GSS started in 1972 and has data available through 2012. For the last third of a century the GSS has been monitoring social change and the growing complexity of American society. The GSS contains a standard 'core' of demographic and attitudinal questions, plus topics of special interest.	Since 1988, the GSS has also collected data on number of sex partners, frequency of intercourse, extramarital relationships, and sex with prostitutes.	The survey sample is designed to produce national data, not estimates for individual States or MSAs. Respondents are 18+.	http://www.norc.org/projects/General+Social+Survey.htm
NHANES	The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations.	The NHANES interview includes demographic, socioeconomic, dietary, and health-related questions. Questions about sexual practices (including same-sex behaviors) are asked of participants ages 14-59. Smoking, alcohol consumption, and drug use are also studied.	The survey sample is designed to produce national data, not estimates for individual States or MSAs.	http://www.cdc.gov/nchs/nhanes.htm
Census	Census data can be broken down, for many variables, at the city, MSA, or census tract level.	Census data can be used to identify the socio-demographic characteristics of the MSA.	Information is limited to socio-demographic data.	http://www.census.gov

Data Sources	Description	Data Contents	Limitations of Data	Web link
American Community Survey (ACS)	The American Community Survey is an ongoing survey that provides data every year -- giving communities the current information they need to plan investments and services. Data can be broken down, for many variables, at the city, MSA, or census tract level.	Data from the 2008-2012 American Community Survey can be used to identify the socio-demographic characteristics of the MSA.	Information is limited to socio-demographic data.	http://www.census.gov/acs/www/
Epidemiologic Profile	The Community Planning Group in each state develops a Comprehensive HIV Prevention Plan, which uses epidemiological data in order to ensure that resources are appropriately directed to the populations and communities in need.	Specific data on men who have sex with men at risk of HIV infection may be obtained. This would include behavioral, drug use, and demographic information on the population.		Refer to HIV surveillance coordinator, or prevention program coordinator of the state health department for links to the Epi Profile and HIV Prevention Plan.
Local NHBS-MSM2 and NHBS-MSM3 data	Local behavioral surveillance data on MSM	Dataset allows project sites to conduct analyses to determine the prevalence of HIV-related risk behaviors, trends in these behaviors, and the correlates of risk among MSM	Respondents are 18+.	Refer to NHBS Principal Investigator at the city health department for access to NHBS data.
LGBT newspapers and magazines	Local publications specifically targeted towards LGBT community members.	LGBT newspapers and magazines can provide information about local venues, prevention services, community stakeholders, community based organizations, and important issues in the target population.		
Gay community Twitter feeds, Facebook pages, and other social media platforms	Local social media outlets, created by MSM-serving local organizations or by gay community members themselves.	Social media can provide information on events for the local gay community		

Data Sources	Description	Data Contents	Limitations of Data	Web link
Gay community resources online	Local community resources for MSM	Local community resources for MSM can often be identified online either through the website for the local gay newspaper or other websites. In addition, the internet can be used to find maps of gay venues in many major cities. These maps can be very helpful for getting started because they show where many of the venues are located in the city		<p>Sites can use a web search engine using the term “<city name> gay community resources”.</p> <p>A website that has maps of gay venues for many major cities is:</p> <p>http://www.funmaps.com/index.cgi/nextState=StaticMaps</p>

4

Garnering Community Support

4.1 Overview

The success of NHBS-YMSM is largely dependent upon obtaining support from the community and its stakeholders to ensure that NHBS-YMSM is accepted once study activities begin.

Community stakeholders should come from a variety of backgrounds, affiliations, and interests with diverse and sometimes contradictory opinions about the target population and the broader community. Despite their diversity, stakeholders can be mobilized to provide support for NHBS-YMSM because of their knowledge of and influence among young MSM. Stakeholders may include individuals from the following local groups or organizations:

- HIV prevention outreach programs
- Community health workers/outreach workers/social workers
- Non-profit organizations
- Researchers
- Government officials
- Law enforcement representatives
- Community leaders
- Religious leaders
- Business owners
- Media
- Members of the young MSM population

Identifying community stakeholders can be achieved by:

- Asking key informants, focus groups, and state and local health department staff to provide names
- Identifying community leaders and members at public meetings
- Contacting local cultural and subject matter experts, including local researchers and academics

4.2 Approaches to Garnering Community Support

Once stakeholders have been identified, a number of strategies for garnering community support should be considered.

Meetings

Holding a series of formal and informal meetings with stakeholders throughout the community provides an opportunity to introduce the project and its goals; introduce the staff; share the project logo to

increase recognition; answer questions; discuss possible field site locations and hours of operation (RDS and FBS) or potential venues (VBS); and provide contact information for future questions or concerns about the study. When meetings involve multiple community stakeholders, it should be held in neutral and easily accessible locations at convenient dates and times.

A formal meeting could be a structured public meeting with an outlined agenda and presentation about the NHBS-YMSM. An informal meeting may be an advertised drop-in gathering with less structure and more one-on-one discussions.

Distribution of informational NHBS-YMSM materials

Another means for garnering community support is to develop and distribute marketing materials throughout the cycle. Local events, such as community service days and health fairs, are opportunities for project staff to talk about NHBS-YMSM and become known throughout the community in an ongoing manner.

Marketing materials

Sites should create a logo and marketing materials, like informational flyers or posters, to identify the project and promote community awareness of it. During primary data collection, stakeholders and members of the young MSM community should be asked about the types of logos and marketing materials that would be most appealing to potential participants. They should also be asked about the most effective marketing strategies for reaching the local young MSM community.

The logos and marketing materials developed by project sites should be culturally appropriate and respectful of the young MSM community. Before logos and marketing materials are printed and distributed, they must be reviewed by the local program review panel and the site's CDC Project Officer, and approvals must be obtained. Of particular importance, sites should not include the CDC logo or name on any of their marketing materials.

Community Advisory Board

Convening a community advisory board (CAB) is a good way to garner community support. A CAB consists of stakeholders who agree to meet as a group with NHBS-YMSM investigators to discuss issues and to represent the point of view of the target community. CAB members could include local researchers, health department officials, social service/prevention/outreach workers, members of the target population, local elected officials, etc.

Benefits of assembling a CAB include gaining the shared knowledge of the community as it relates to the target population, HIV, and study implementation; sharing NHBS-YMSM information, findings, and analyses; and developing relationships with people who ideally will become invested in NHBS-YMSM and serve as ambassadors for promoting the study in the community. Sites that elect to assemble a CAB should plan to meet with their CAB on a regular basis (e.g., monthly).

Collaborations

Project sites should collaborate with CBOs and other health department programs that conduct HIV prevention outreach and research at the same venues as those participating in NHBS-YMSM. Sites should meet with the managers of these organizations and programs to explain venue-based sampling methods and discuss the need to collaborate to avoid conflicts at venues. To prevent activities from occurring at the same venues on the same dates, sites should share their monthly recruitment calendars with the other organizations and programs and coordinate schedules. Not only will these collaborations foster cooperation and positive community relations, but they will also prevent disruptions to field operations.

4.3 Communicating the Purpose of NHBS-YMSM to Stakeholders

It is important for NHBS-YMSM investigators to communicate the purpose of NHBS-YMSM with relevant stakeholders and how the target population is defined. Project staff should emphasize that data collected are intended to shed light on the disparities facing the target population in order to better serve their health needs and decrease rates of HIV in their communities. Project staff should also seek input about the potential difficulties of implementing data collection with MSM 13 to 17 years of age.

5.1 Overview

Primary data are data that the ethnographer and project staff will collect themselves as part of the preliminary research process. Despite a different method of collection, primary data can fulfill many of the same objectives as secondary data. They can be used to assess obstacles to operations, identify and assess young MSM venues, and design local survey questions. In addition, primary data are uniquely suited to meeting other important preliminary research objectives. They are particularly useful for garnering community support for NHBS-YMSM, as well as for identifying barriers to participation in the study and for developing solutions to overcome these barriers.

Since preliminary research is an iterative process, project sites should use their primary data to provide further insight into the findings from their secondary data review and to address any information gaps in their secondary data.

5.2 Sources of Data

As with secondary data collection, primary data collection should utilize multiple internal and external data sources. Within the health department, possible sources of data include HIV, STD, and hepatitis surveillance staff; HIV and STD outreach and prevention workers; and behavioral scientists, epidemiologists, and other public health researchers. Outside the health department, possible sources of data are members and leaders of the local young MSM/MSM community; staff of MSM community-based organizations (CBOs); providers of HIV and STD prevention and treatment services to the MSM community; and university-based and private researchers whose work focuses on young MSM/MSM.

Project sites should collect data from a diverse set of individuals so that the information they obtain accurately reflects the local young MSM population, particularly those sub-populations who are at greatest risk of HIV infection, like young black MSM.

5.3 Shared Data Collection Methods

This section describes the preliminary data collection methods that the implementation of RDS, VBS, and FBS **share in common**. Data collection methods specific to each sampling method are described in subsequent sections. The data collection methods that are pertinent to all three methods include key informant interviews, focus group interviews, and observations.

Because key informant interviews and focus groups involve engagement with human subjects, project sites must obtain informed assent/consent from individuals participating in these activities. *Appendices*

B, C, and E of the *NHBS-YMSM Protocol* contain key informant and focus group assent/consent forms that project sites can customize for local use. To protect the anonymity of key informants and focus group participants, interviews and discussions cannot be audio- or video-taped. The interviewer or moderator will take handwritten notes on responses and will not record any personally identifying information in the written record.

When the key informant and focus group interview has been completed, the notes will be stored without identifiers in a locked filing cabinet inside a locked office. Only authorized persons will have access to the notes. The data will be analyzed for information such as the size of young MSM networks, potential seeds, and the specific venues frequented by young MSM. Notes will be retained until 2/1/2015, when they will be destroyed.

5.3a Key Informant Interviews

Key informants will serve as "cultural experts," who will be asked to provide insight into the context of HIV risk behavior among young MSM locally, as well as how to best recruit this population for the pilot. Although good key informants may not know everything there is to know about young MSM in the MSA, they should be able to contribute to the understanding of how best to approach potential participants and anticipate problems that NHBS-YMSM staff may encounter in the field. Examples of key informants include: gay community leaders, owners of local businesses that cater to young MSM, persons doing outreach work among young MSM, members of the local young MSM community, and researchers familiar with local young MSM.

The key informant interview guide (*Appendix A*) is semi-structured allowing for detailed and in-depth discussions. Information collected through key informant interviews can be exploratory in nature (e.g., the locations where young MSM meet and socialize or types of illicit drugs used by young MSM) or focused on particular topics (e.g., the best days and times to recruit at venues and barriers to recruitment or ideal banner advertisements).

5.3b Focus Groups

Focus groups are semi-structured interviews conducted with several individuals at a time, under the direction of a moderator (Kreuger and Casey, 2000). These interviews can provide quick information about general topics of interest (e.g., means of recruiting non-gay-identified young MSM to participate in the behavioral assessment and the identification of young MSM community stakeholders and local leaders) or specific information on issues about which little is known (e.g. where local young MSM go to find sex partners, alternative venues that aren't easily identified through a review of secondary data, and websites that are frequented by local young MSM).

A skilled moderator is critical to the success of a focus group. The moderator's role is to promote interaction between members of the group and to make sure that the discussion remains on topic. Because a focus group cannot be audio- or video-taped, a note taker is needed to record the discussion.

Typically, a focus group lasts from 1½ to 2 hours and has 6 to 12 members. Groups with fewer than 6 members tend to lose energy while those with more than 12 members may not allow everyone to participate fully. Focus group participants should be compensated for their time.

Participants in focus group discussions should be recruited from within the MSA. Focus group participants may include community stakeholders regardless of their sexual identity (e.g., owners of local businesses that cater to young MSM, gay community leaders, and staff in organizations that serve either local young MSM populations or the gay community) and young MSM themselves. Focus group participants who meet the NHBS-YMSM eligibility criteria may take part in the NHBS-YMSM behavioral assessment and optional HIV testing. The interview guide for focus groups is located in *Appendix A*.

5.3c Observations

Unlike the information collected from key informant or focus group interviews, observation relies solely on what is seen by the researcher (Guest, Namey, and Mitchell, 2013). Being there and observing what is happening "on-the-ground" can provide staff with important insight into the behavior of local young MSM at particular locations, within venues or online. For VBS in particular, observations of the clientele at potential MSM venues, as well as the venue layout, will provide important information on venue attendance, the characteristics of venue attendees, and the logistics and safety of conducting interviews and HIV testing of the young MSM at the venue.

Stimson has identified eight aspects of observations that can help guide project staff when conducting observations (Stimson et al., 2003). These aspects are summarized in the **Table 2**.

Table 2. Eight aspects of observations

Settings	Where does the observation take place? When? What is the physical layout? What objects are present?
People	What types of people are present? How old are they? Why are they there?
Activities	What is going on? What are the people doing?
Signs	Are there clues that provide evidence about meanings and behaviors?
Events	Is this a regular occurrence or is it a special event (e.g., a meeting or an argument)?
Time	In what order are things happening? Is there a reason for this?
Goals	What are the people trying to accomplish?
Networks	How do the people present seem to know one another? Is it social or

related to a type of business? Do the relationships change over time?

5.4 Data Collection Specific to RDS

5.4a *Understanding Social Networks*

Understanding the social networks within the young MSM population is critical to discerning how sampling is likely to proceed and how to implement an optimum recruitment strategy. In one city, the entire young MSM population may frequently interact as a single community. In a second city, the same population may form two separate communities that rarely, if ever, interact with each other.

In the second city, NHBS-YMSM staff would need to recruit seeds from both communities and make sure that a field site is accessible to each young MSM community. On the other hand, the resources of the first city would be better spent on other implementation issues.

Knowledge of the target population's social networks can be improved throughout the preliminary research process. Project staff can investigate social networks by asking key informants about characteristics of their social connections, or by asking key informants if they travel to other parts of the city or utilize certain resources. Geography can also play an important role in shaping social networks. If segments of the target population are geographically separated, assessing whether they would have opportunities to meet and interact will help determine their likelihood of social interaction. For example, two geographically separated communities will be more likely to interact (and therefore recruit each other) if they share the same means of obtaining goods and services. If members of each community can meet all their needs within the community, they are less likely to meet or associate with individuals outside their community.

5.4b *Identifying and Recruiting Seeds*

There are multiple criteria to consider when identifying seeds (see *NHBS-YMSM Protocol, Chapter 6*). Ideal seeds are dynamic individuals who are knowledgeable about and well connected to the target population; reflect the major sub-populations and social networks that contribute most significantly to the HIV epidemic; and have a vested interest in the target population. As seeds are the initial recruiters for NHBS-YMSM, it is important that they are highly motivated to encourage others to participate and provide support for the project. Selecting appropriate seeds accelerates recruitment, promotes longer recruitment chains, and helps reduce bias in the sample. During preliminary research, project sites should determine the relevant demographic and geographic factors of important sub-populations and social networks from which seeds should be chosen.

Seed identification can occur during data collection (e.g. key informant interviews or focus groups). After explaining the seed criteria, interviewees can be asked if they are interested in being a seed or if they can refer other potential seeds to the project staff.

Initial contact between seeds and project staff members can occur in several ways. If seeds are identified through key informants, the informant may set up an appointment for the NHBS-YMSM staff member to meet the seed. For individuals identified through key informants, focus groups, or through other potential seeds, they can contact the study to make the appointment themselves or the potential seed may provide their contact information (first name or nickname, phone number and/or email address) so that a project staff member can follow-up to schedule an appointment.

Contact information collected will only be available to local NHBS-YMSM staff and will not be submitted to CDC. If contact information is documented in paper form, it will be stored in locked filing cabinets that will be maintained in secure office environments with limited and controlled access. If contact information is documented electronically, the computer will be password protected and only authorized project staff will have access to the information. Participants' contact information will be destroyed after the completion of their participation or by 02/01/2015, whichever is earlier. Contact information will not be linked to any data or document including the study name and will be maintained in a separate file from any NHBS-YMSM data collection instruments.

5.4c Field Site Logistics

NHBS-YMSM activities for RDS (as well as for FBS) are conducted at fixed field sites (a term referring to a van location, office, or storefront). It is essential for project sites to determine the most appropriate locations for field sites as well as anticipate participant barriers to accessing such locations. Specifically, sites need to consider the following questions:

- **Is the field site accessible, appropriate, and safe for MSM 13 to 17 years of age?** Investigate what barriers could keep young MSM or a specific sub-population of young MSM from coming to the field site. Investigate whether the area (residents, local businesses, law enforcement, etc.) is accepting of the target population and the presence of a study that recruits young MSM. Field sites must also be in a safe environment for the participants and project staff.

It is also not appropriate for a field site to be located in facilities that primarily or exclusively provide a specific service to the target population, such as medical/mental health care, HIV/STD testing, care or prevention, or drug prevention/treatment. Settings that primarily provide social services to the target population are also not suitable. Based on previous RDS studies, it is likely that this could result in a biased sample of those who frequent such places rather than from the target population's personal network. Multi-service facilities that provide a vast array of services could be considered for a field site as it is not likely that the sample would become biased toward people who receive any one particular service.

- **What is the appropriate number of field sites?** There needs to be a sufficient number of field sites for NHBS-YMSM to be accessible to the target population; however, operating too many field sites may decrease the chance of cross-recruitment. In extreme cases, this could result in completely separate RDS samples, which are challenging to analyze. Experience from previous RDS studies suggest that it is preferable to operate as few field sites as necessary to reach the sub-populations that are most important to the HIV epidemic in the MSA or division.
- **What are appropriate logistics for field site operations?** Inquire with the target population about ideal hours of operation and whether an appointment or walk-in system would be preferred. The field site hours should take into account local school hours as well as other potential time conflicts that may impact access to the field site.

5.5 Data Collection Specific to FBS

A key aim of NHBS-YMSM is to assess the feasibility of online recruitment of young MSM, specifically through Facebook. For FBS, there are four objectives for primary data collection:

1. Understand how young MSM use the internet, which sites they access and the extent to which Facebook is used relative to other sites.
 Sites implementing FBS should include questions addressing this objective in the data collection tools used for key informant interviews and focus groups discussions. Probing questions should ask about the use of social medial platforms such as Twitter, Vine, and Instagram to ascertain how much these other platforms are used by young MSM in comparison to their use of Facebook. In addition, project staff should visit all the online sites mentioned during primary data collection activities.
2. Assess how best to design the banner ads and landing page for Facebook recruitment.
 Questions should be asked in key informant and focus group interviews to elicit information regarding how young MSM would perceive banner ads and the landing page. In addition, different versions of the banner ad and landing pages should be shown to participants to elicit feedback.
3. Determine how many males 13 to 17 years of age in the MSA have profiles on Facebook and how many of these indicate in their Facebook profiles, either publicly or privately, that they are interested in other men.
4. Assess and find solutions to barriers to participation in Facebook recruitment
 During key informant and focus group interviews, ask questions regarding barriers to clicking on banner ads, providing contact information, scheduling appointments, and

coming to the field site for an interview. Try to elicit feedback about ways to overcome these participation barriers.

Refer to section 5.4c above for guidance on field site logistics for FBS.

5.6 Data Collection Specific to VBS



As noted, each site, regardless of whether VBS will be implemented during NHBS-YMSM, will need to conduct all the preliminary research activities related to VBS described in this section.

5.6a Venue Definition

A venue is an area, location, or building where young men can be approached and recruited to participate in the NHBS-YMSM study. Venues potentially eligible as NHBS-YMSM recruitment sites must be located within the MSA and are defined as public or private locations that are attended by young men. Support groups for HIV-infected persons and clinical or other settings which are exclusively for providing medical care, mental healthcare, social services, or HIV/STD diagnostic services are ineligible for consideration as venues. Venues may include dance clubs, retail businesses, cafes and restaurants, health clubs, social and religious organizations, school group meetings, high-traffic street locations, parks, beaches, and special events such as gay pride festivals, raves, and circuit parties. These venues may be considered even though some health care, HIV/STD diagnostic, or prevention services may be available on site (e.g., HIV testing services may be provided at some gay pride festivals, but this would not make them ineligible as venues). Centers specifically serving members of the lesbian, gay, bisexual and transgender community (LGBT) may be selected as recruitment venues as long as the majority of their services and programs do not involve the provision of HIV-related services or care (i.e. the center's primary mission is not centered around HIV).

5.6b Enumerations

In VBS, attendees at a venue can be assessed using either of two types of enumerations (counts):

- Type 1 Enumerations, which are counts of all male venue attendees who appear to be 13 to 17 years of age, and
- Type 2 Enumerations, which are counts of just those attendees eligible for project participation.

Type 2 Enumerations can also be used to examine the demographic characteristics of venue attendees and to determine whether a venue meets the eligibility requirements for NHBS-YMSM (see **Section 5.6g** of this manual for venue eligibility requirements).

Venue attendee counts serve two main purposes. First, attendee counts can help project sites decide whether it is worthwhile to conduct recruitment events at a venue. Because recruitment events require considerable time and effort to organize and conduct, it may not be worthwhile for project sites to conduct events at venues with very low attendance where they would only be able to obtain a small number (< 4) of interviews. Second, attendee counts can help project sites determine the best days and times for conducting recruitment events at a venue. Usually, days and times with the highest attendance are best, but for project sites that interview or HIV test participants inside venues, overcrowded venues can sometimes make it logistically difficult to conduct operations.

Enumerations should be conducted for approximately 30 to 60 minutes. The counts obtained during the enumerations should then be standardized to a 4-hour period, which is the average duration of a recruitment event. **Appendix B** of this manual contains a Count Form and Interview Form that project sites can use for their enumerations. Instructions for completing these forms are included in the appendix as well.

Type 1 Enumerations

To conduct Type 1 Enumerations at a venue, project sites need just one staff member. The staff member should position themselves near the entrance to the venue and use a tally counter, or "clicker," to count the number of young men who appear between 13 and 17 years of age who enter the venue during the enumeration period. Each young man should only be counted once, even if he leaves the venue and reenters at a later time. At the end of the enumeration period, the attendee count should be recorded on the Count Form.



Project sites should carefully assess the need for Type 1 Enumerations. In most cases, the attendee counts collected with Type 1 Enumerations can more easily be estimated with venue observations.

Type 2 Enumerations

To conduct Type 2 Enumerations at a venue, project sites need at least two staff members— one to count venue attendees and one or more to interview them. As with Type 1 Enumerations, one staff member should position themselves near the entrance to the venue and use a tally counter to count the number of young men who appear between 13 and 17 years of age who enter the venue during the enumeration period. The other staff member(s) should consecutively approach the young men who have been counted and invite them to participate in a brief eligibility interview. After each interview is completed, the next young man counted should be approached and asked to participate. Counting should continue throughout the enumeration period; it should not stop until the last young man has been approached for interview. Interview responses should be recorded on the Interview Form, and at the end of the enumeration period, the attendee count should be entered on the Count Form.

By combining the attendee count with the information obtained from the eligibility interviews, project sites can estimate the number of venue attendees who meet the eligibility criteria for participation in

NHBS-YMSM. Compared to the *general* attendee counts produced by Type 1 Enumerations, the *eligible* attendee counts produced by Type 2 Enumerations provide a much better indication of the number of interviews project sites can expect to complete during a recruitment event. An additional advantage of Type 2 Enumerations over Type 1 Enumerations is that the information from the eligibility interviews can be used to describe the demographic characteristics of venue attendees or estimate the proportion of venue attendees who meet the eligibility criteria for participation in NHBS-YMSM. This latter function is particularly important for assessing venues that have a high proportion of male attendees who are not young MSM.

5.6c NHBS-YMSM Venue Types

In NHBS-YMSM, venues are classified into three types: 1) *potential* venues, 2) *eligible* venues, and 3) *accessible* venues. Each of the three types of venues is defined below.

5.6c.1 Potential venues

Potential venues are venues that a primary or secondary data source reports are frequented by young MSM. *Potential* venues can be located anywhere within the funded metropolitan statistical area (MSA) or Division. However, if it is impractical to conduct field operations throughout the entire MSA or Division, project sites should limit *potential* venues to the principal city of the MSA or Division. On the other hand, if the attendees of venues within the MSA or Division do not reflect the diversity of the local young MSM population, project sites may include venues in areas adjacent to the MSA or Division if it will improve the diversity of the sample of young MSM enrolled. To include venues outside the MSA or Division, project sites must provide written justification and receive approval from their CDC Project Officer.

Venues **cannot** serve as *potential* venues if their primary function is medical or mental health care, HIV or STD testing, or HIV or STD prevention services. Similarly, venues that provide social services to HIV-positive men **cannot** be *potential* venues either. Recruiting participants from these types of venues could bias the sample and the information collected. Nevertheless, venues can be considered *potential* venues if they provide care, testing, and prevention services that are only ancillary.

5.6c.2 Eligible venues

Eligible venues are *potential* venues where 50% or more of the young men attending the venue are eligible to participate in NHBS-YMSM. The purpose of this 50% cut-off is to minimize the burden of recruiting and screening young men who are not eligible to participate in the project. Young men eligible to participate in NHBS-YMSM are those who meet the following criteria:

- have not previously participated in NHBS-YMSM,
- are 13-17 years of age,
- live in the participating MSA or Division,

- were born male and are currently living as a male,
- ever had any sexual contact with another male, OR
- self-identify as gay or bisexual, OR
- Report same-sex sexual attraction

and

- are able to complete the survey in English

5.6c.3 Accessible venues

Accessible venues are *eligible* venues where it is logistically feasible to conduct recruitment events. That is to say, the venue is safe, has cooperative management, and has sufficient attendance to make it worthwhile to conduct recruitment events. When necessary, the venue should also have adequate space for recruitment, interviewing, and HIV testing; and when applicable, parking for a van. All the *accessible* venues in a project area comprise the venue sampling frame and are the locations where recruitment events can be conducted.

5.6d Venue Identification

Through secondary data review and primary data collection, project sites should identify all the *potential* venues in their project area and list them in a spreadsheet called the Venue Universe. To assist with venue assessment, the Venue Universe should also contain information on venue logistics, attendance levels, and attendee characteristics. A model Venue Universe is provided in **Appendix C** of this manual that sites can customize for local use.

To ensure that project sites compile a comprehensive list of *potential* venues, they should employ a variety of secondary data sources and interview a diverse group of primary data sources. The primary data sources interviewed should represent young MSM of different ages and racial and ethnic backgrounds. Most notably, sites must be sure to interview young MSM from those sub-populations most highly impacted by the HIV epidemic.

5.6e Venue categories

Once project sites have identified a *potential* venue, they should classify the venue into one of the categories shown in the following table:

Code	Venue Category
C	Cafes and restaurants
D	Dance clubs

E	House ball events
F	Fitness clubs and gymnasiums
G	Gay Pride and similar events
O	Social organizations
P	Parks and beaches
R	Retail businesses
S	Street locations
V	Raves, circuit parties, and similar events
X	Sex establishments and environments
Z	Other

The definition of each venue category is provided below to help project sites classify their *potential* venues into the appropriate categories. Sites can use the one-letter codes to abbreviate the category names on their Venue Universe. If a *potential* venue meets the definition of more than one category, sites should choose the category that best describes the venue or the activities that occur there. On the other hand, if a *potential* venue does not appear to meet the definition of any category, sites should consult their CDC Project Officer and together decide whether the venue should be placed in the “Other” category.

(C) Cafés and restaurants. “Cafés and restaurants” are venues whose primary function is serving coffee or food. Although many restaurants have a small bar and some have dance floors, they should be classified as “Cafés and restaurants” if the primary activity there is serving food.

(D) Dance clubs. “Dance clubs” are venues that have large dance floors and a stage for musicians or a booth for disc jockeys. Many dance clubs have bars or serve food, but they should be classified as “Dance clubs” if the primary activity there is dancing.

(E) House ball events. A *house* is a social group that functions much like an extended family, and is comprised of predominantly African-American and Latino gay, lesbian, bisexual, and transgender (GLBT) persons. These groups are best known for sponsoring fashion and dance competitions called *balls*, and as a result, they are often referred to as the house ball community. “House ball events” are any social events designed specifically for members of the house ball community, such as house meetings, parties, and balls.

(F) Fitness clubs and gymnasiums. “Fitness clubs and gymnasiums” are venues that are used for exercise and personal fitness. Bathhouses that have exercise equipment or pools should not be classified as “Fitness clubs and gymnasiums;” they should be classified as “Sex establishments and environments.”

(G) Gay Pride and similar events. “Gay Pride and similar events” are large community celebrations of GLBT persons that often include parades, festivals, and artistic performances.

(O) Social organizations. “Social organizations” include any type of eligible club of MSM and LGBT youth-serving organization (including school-based LGBT organizations, if applicable). These organizations might include religious, artistic, sport, educational, or other clubs composed of MSM. HIV-positive support groups or groups of MSM that meet for HIV/AIDS clinical or prevention purposes are not eligible social organizations.

(P) Parks and beaches. “Parks and beaches” are outdoor locations used for recreation, socialization, or entertainment. If parks or beaches are used by MSM primarily for sexual activity, they should be classified as “Sex establishments and environments.”

(R) Retail businesses. “Retail businesses” are venues where products, like clothing, books, and household goods, are sold. Businesses that sell sexual paraphernalia should also be classified as “Retail businesses” unless they are used by MSM primarily for sexual activity. In that case, they should be classified as “Sex establishments and environments.”

(S) Street locations. “Street locations” are corners or other areas of sidewalks that are well-attended by young MSM and that are not associated with any one particular type of venue such as cafés, dance clubs, etc. For example, a street location may be the main thoroughfare or a busy intersection in a gay neighborhood. Since young MSM cannot legally attend bars, sites can recruit young MSM outside bars and consider these street locations.

(V) Raves, circuit parties, and similar events. “Raves, circuit parties, and similar events” are typically large-scale dance events for MSM that occur on a single night or over the course of a week or weekend. Raves and circuit parties may not have a fixed location or they may be conducted at an established dance club or bar. Even if they are conducted at a dance club or bar, they should still be classified as “Raves, circuit parties, and similar events.”

(X) Sex establishments and environments. “Sex establishments and environments” are venues used by MSM primarily for sexual activity. These venues include bathhouses and sex clubs, adult bookstores/theaters, and cruising areas. Because there could be extremely large numbers of adult bookstores/theaters and cruising areas in some project areas, it would be extremely difficult and labor intensive for sites to identify and assess all these *potential* venues. Accordingly, adult bookstores/theaters and cruising areas must meet additional criteria to be considered *potential* venues. Unlike other venues that only have to be identified by one primary or secondary data source, adult bookstores/theaters and cruising areas must be identified by at least two primary or secondary data sources to be considered *potential* venues. Cruising areas must also meet these three criteria: 1) be outdoors, 2) be located on public property, and 3) be legally accessible.

(Z) Other. Venues that do not meet any of the above definitions should be classified as “Other.” Sites should use this category only in rare circumstances and they must receive approval from their CDC Project Officer to do so.

Grouping venues into categories should help project sites identify *potential* venues more efficiently and effectively. When interviewing primary data sources, sites would be able to collect more accurate venue information if they asked the sources about venues in specific categories. For example, sites should start by showing the first primary data source a list of “Cafes and restaurants” and asking the source to verify the cafes and restaurants on the list and to identify any additional ones. Next, they should show the source a list of “dance clubs” and ask the source to verify the dance clubs on the list and to identify any additional ones. Sites should repeat this venue verification and identification process for the remaining venue categories. The list of *potential* venues should then be updated and shown to the next primary data source. That source should also be asked to verify the venues in each category and identify any additional ones. This process of interviewing primary data sources and updating the list of *potential* venues should continue until the venue information is complete and no additional venues are identified.



Using their primary and secondary data sources, project sites must attempt to identify *potential* venues in each of the venue categories, from “Cafes and restaurants” to “Sex establishments and environments.”

5.6f Venue Assessment

After project sites have compiled a comprehensive list of *potential* venues, they will assess the venues for eligibility and accessibility in a two-step process. In the first step, the *potential* venues will be assessed for eligibility; and in the second step, the *eligible* venues will be assessed for accessibility. Sites will document venue eligibility and accessibility in the VDTS Program, the computer program on the Data Coordinating Center (DCC) Data Portal used to manage venue information.

5.6g Venue eligibility

Project sites must determine whether each *potential* venue on their Venue Universe is an *eligible* venue (i.e., a venue where 50% or more of the young men attending the venue are eligible to participate in NHBS-YMSM). In most cases, sites will be able to readily ascertain venue eligibility from their secondary data review, interviews, focus groups, or observations. However, in a very small number of cases, sites may need to conduct Type 2 Enumerations to determine whether a *potential* venue is an *eligible* venue (see **Section 5.6b** and **Appendix B** of this manual). Type 2 Enumerations may be necessary at venues that have a high proportion of male attendees who are not young MSM, are 18 years of age or older, or live outside the project area.

5.6h Venue accessibility

Project sites must determine whether each *eligible* venue on their Venue Universe is an *accessible* venue (i.e., a venue where it is logistically feasible to conduct recruitment events). Sites should make this decision based on their assessment of the following venue characteristics:

Safety. The safety of project staff should be a site's foremost concern. Staff must always have a safe environment in which to work. Local law enforcement officials can provide safety information on neighborhoods and on specific venues.

Management cooperation. Project sites that plan on conducting field operations inside the venues must obtain permission from venue owners or managers. Sites that plan on conducting field operations outside the venues may also want to obtain permission from venue owners or managers to foster positive relationships. Agreements with venue owners or managers can be informal or they can be formal memorandums of understanding (MOUs). Written permission is often helpful to have if uncooperative venue staff are encountered during field operations. Sites that plan on conducting field operations in cruising areas may also want to obtain a letter of support from a senior law enforcement official. When trying to gain approval from venue owners or managers, sites should emphasize the benefits of NHBS-YMSM to the community and make it clear that field operations are structured to minimize the burden on venue attendees and management. Community leaders and stakeholders can help sites gain access to venues by making introductions to venue owners and managers and facilitating discussions with them.

Sufficient attendance. Venues do not have to yield a minimum number of interviews to be considered accessible. Nevertheless, because recruitment events require a substantial amount of time and effort to organize and conduct, it may not be worthwhile for project sites to conduct events at venues with very low attendance where they will only be able to obtain a small number (< 4) of interviews.

HIV testing. HIV counseling and testing must always be available as part of field operations. Project sites that plan on conducting HIV testing inside the venues must identify testing space in each venue and they must obtain permission from the venue owner or manager. CDC strongly recommends that sites use rapid and blood-based HIV testing, but if rapid or blood-based testing cannot be done at a particular venue because space is not available or the venue owner or manager will not give permission, sites should consult their CDC Project Officer.

Space for field operations. There must be adequate space either inside or outside the venues for recruiting and interviewing participants. Project sites that do not have an interview van require space for both recruiting and interviewing, while sites that have an interview van need space just for recruiting. Sites with vans also require space for parking.

Eligible venues where it is logistically feasible to conduct recruitment events should be classified as *accessible* venues. If project sites determine that a venue is not accessible, they should use the VDTS Program to document the reason(s) why it would not be logistically feasible to conduct recruitment events at that venue. Sites should select from among the following reasons listed in the VDTS Program:

- Safety concerns
- Uncooperative management
- Low interview yield
- Unable to conduct HIV testing
- Inadequate space for operations
- No parking for van
- NHBS-YMSM staffing problem
- Other

Dividing a single accessible venue into multiple accessible venues

Some *accessible* venues have certain events that are attended primarily by specific young MSM sub-populations. For example, a dance club may have a “Hip Hop Night” attended mostly by young black MSM or a “Latin Night” attended mostly by young Hispanic MSM. Project sites may divide a single *accessible* venue into multiple *accessible* venues to improve enrollment among important young MSM sub-populations, such as those most highly impacted by the HIV epidemic.

Sites can divide an *accessible* venue into a maximum of 3 different venues, and they must enter each one into the VDTS Program separately. To divide an *accessible* venue, sites must provide justification and they must receive approval from their CDC Project Officer.

5.6i Additional venue information

During venue assessment, some additional venue information must be collected to help evaluate the use of VBS for HIV surveillance among MSM 13 to 17 years old. The information needed is the maximum occupancy of each *eligible* venue and the days and hours of operation of each *accessible* venue. Project sites should include the maximum occupancy and the days and hours of operation for applicable venues on their Venue Universe and they should record this information in the VDTS Program.

5.6i.1 Maximum occupancy

The maximum occupancy is the largest number of people the Fire Marshal will allow in a room at one time. This number must be clearly posted in a building. Project sites can obtain the maximum occupancy of an *eligible* venue by checking the posted number in the venue. They may also be able to obtain the maximum occupancy from venue management, the local fire department, or municipal records or websites. If a venue has multiple rooms or areas (e.g., a deck), sites should estimate the maximum occupancy of the venue by summing the maximum occupancy of the individual rooms or areas. For special events that are indoors, the maximum occupancy of the venue is the maximum occupancy of the room where the event is being held.

Since the maximum occupancy only applies to buildings, project sites do not have to collect the maximum occupancy of outdoor venues or venues categorized as “Social organizations.” In addition, the maximum occupancy may not be available for some indoor venues. For example, a site may not be able to determine the maximum occupancy of a hotel room where a sex party is being held. For these cases, the VDTS Program will have a field for sites to indicate that they could not obtain the maximum occupancy of the venue.



The maximum occupancy is required only for *eligible* venues.

5.61.2 Days and hours of operation

The days and hours of operation for an *accessible* venue is the period when the venue is an *eligible* venue (i.e., when 50% or more of the young men attending the venue are eligible to participate in NHBS-YMSM). Most venues, like dance clubs, restaurants, gyms, and retail businesses have established opening and closing times that would serve as the days and hours of operation. Project sites could find these opening and closing times posted in the venue or they could obtain the times from venue management, the internet, or advertisements. For social organizations and special events, the days and hours of operation would be the scheduled days and hours of the activity.

A small number of venues, such as street locations and some cruising areas, do not have established opening and closing times. For these venues, project sites would have to determine when the venue meets the threshold of 50% eligible young men. The days and hours when 50% or more of the young men attending the venue are eligible to participate in NHBS-YMSM would be the days and hours of operation for the venue. For example, a cruising area is located in a public park. During the day and early evening, the park is attended mostly by women and men who are not MSM; but from 10:00 PM to 4:00 AM, the park is attended mostly by eligible young MSM. Since the venue only meets the threshold of 50% eligible young men from 10:00 PM to 4:00 AM, the days and hours of operation for the venue would be Sunday to Saturday from 10:00 PM to 4:00 AM.



The days and hours of operation are required only for *accessible* venues.

5.7 Triangulation of Data

“Triangulation” means cross-checking research findings by using multiple data sources, data collection methods, or investigators. Since research, especially qualitative research, that relies on only one data source or collection method is subject to the errors associated with that approach, many researchers triangulate their data to validate the results and ensure that the information is complete. One way project sites can triangulate their preliminary research data is to compare information on the same topic that has been obtained from different data sources. Another strategy is to use at least two different data collection

methods. Lastly, project sites should always compare the findings from their primary and secondary data reviews; this is essential for the success of preliminary research.

When triangulating information with a variety of data sources and collection methods, project sites may obtain some inconsistent findings. If this occurs, they should collect additional data to resolve these discrepancies and better understand the results.

6.1 Overview

Project sites are expected to conduct ongoing monitoring and data collection throughout the study to ensure successful implementation of data collection. This allows for the monitoring of key indicators such as participation barriers and sample characteristics. Information collected helps project staff to improve project activities. When a site identifies a potential problem, project staff should discuss it with their CDC Project Officer and develop a plan to alleviate the problem and/or modify field operations.

Ongoing monitoring and data collection will primarily be conducted by existing staff members: project coordinator, field supervisor, interviewers, and data managers. Sites may want to retain the services of an ethnographer. Additional information about procedures for conducting ongoing monitoring and data collection will be provided in the *NHBS-YMSM Operations Manual*.

6.2 Methods and Factors to be Monitored

Ongoing monitoring and data collection involves gathering additional information to address concerns identified from reviewing the process monitoring reports, feedback from the project staff, or other sources. This process consists of a combination of quantitative and qualitative data collection methods. All sites are expected to analyze data about basic sample demographics and enrollment statistics. When problems are identified through data monitoring, it might be necessary to conduct further research to gain a better insight into the problem. In many cases, quantitative data collection methods alone are not appropriate to monitor certain factors of the data collection process. For example, participation barriers and investigating new venues are typically evaluated using qualitative methods. Many of the qualitative methods used for primary data collection – key informant interviews, focus groups, and observation – are also to be used during the on-going preliminary research process.

All sites should monitor:

- Enrollment numbers by demographics (age, race/ethnicity, and other relevant characteristics)
- Participation barriers
- Coercion
- Changes in enrollment (unexpected decreases or increases)
- Effectiveness of eligibility screener
- Potential concerns about respondents' eligibility

Sites implementing RDS should monitor:

- Effectiveness of seeds and recruitment chains using Net Draw

- Participation barriers
- Social network diversity, sample characteristics
- Recruitment of “strangers”/recruitment schemes
- Coupon distribution and redemption patterns
- Missed appointments
- Wait time and its impact on enrollment.

Sites implementing VBS should monitor:

- Venue viability - suitability of venues for recruitment and potential concerns about the percent of eligible respondents at venues
- Opening /closing of venues during the data collection period, changes in the days and hours of high attendance
- Continue to inquire about new venues throughout the data collection period using key informant interviews with community gatekeepers and stakeholders identified during the process of learning about the young MSM community
- Identification of non-random events

Sites implementing FBS should monitor:

- Missed appointments
- Issues with the Facebook advertisements and the landing page
- Web traffic to the Facebook advertisements and landing page
- Clicks, signup, follow-through to interview

Project sites should also continuously monitor their enrollment, screening, and demographic data to assess field operations and participant enrollment. If a site identifies a potential problem, they will work with their CDC Project Officer to develop a plan of action. In cases where this is not possible, both the NHBS-YMSM project site and the CDC Project Officer will submit detailed documentation about the issue.

Depending on the unique circumstances at each site, CDC Project Officers may decide that other factors should also be monitored. Project sites are to submit standardized reports to their CDC Project Officer on a regular basis (ongoing monitoring reports and timeline for submissions will be discussed in the *NHBS-YMSM Operations Manual*). Together, CDC Project Officers and site investigators are to review these reports and discuss further steps to be pursued or procedures to be put in place to improve data collection. In the event that corrective procedures cannot be implemented due to time constraints, resource constraints, or other extenuating circumstances, CDC Project Officers and site investigators are to create a detailed summary of the problem and extenuating circumstances.

7

Preliminary Research Documents

7.1 Overview

As part of the preliminary research process, project sites are required to submit four documents to their CDC Project Officer: 1) the *Implementation Timeline*, 2) the *Secondary Data Report*, 3) the *Primary Data Report*, and 4) the *Venue Universe*. The purpose and content of each of these documents is described in this chapter and the due dates for submitting them to the site’s CDC Project Officer are shown in the table below.

Document	Due to CDC Project Officer	Feedback Due to Site
Implementation Timeline	<i>Draft:</i> Friday, February 28 th , 2014 <i>Final:</i> 1 week after receiving feedback from the CDC Project Officer	Approximately 1 week after submission to the CDC Project Officer
Secondary Data Report	<i>Draft:</i> Friday, March 14 th , 2014 <i>Final:</i> 1 week after receiving feedback from the CDC Project Officer	Approximately 1 week after submission to the CDC Project Officer
Primary Data Report	<i>Draft:</i> Friday, March 28 th , 2014 <i>Final:</i> 2 weeks after receiving feedback from the CDC Project Officer	Approximately 1 week after submission to the CDC Project Officer
Venue Universe	<i>Draft:</i> Friday, March 28 th , 2014 or 4 weeks before the initial recruitment calendar is scheduled to be created if the site is implementing VBS <i>Final:</i> 2 weeks after receiving feedback from the CDC Project Officer	Approximately 1 week after submission to the CDC Project Officer

After the preliminary research documents have been submitted, the site's CDC Project Officer will review them to ensure that they contain the information needed to effectively manage and conduct NHBS-YMSM locally. The CDC Project Officer will then provide feedback to the site, and the site will be responsible for revising the documents to address any concerns. In these reports, project sites should not merely recount the information they have collected during preliminary research; they must also interpret the findings and explain how the findings will be used to guide operations.

7.2 Implementation Timeline

The Implementation Timeline will help project sites plan and manage preliminary research activities and other activities conducted in preparation for field operations. By completing these preparatory tasks on schedule, sites will have more time to collect survey data in the field.

Appendix D of this manual contains a model Implementation Timeline that project sites can customize for local use. The timeline should show the period when tasks will be performed and the dates when they will be completed. The following items should be included on the timeline:

- IRB package
- Secondary data review and report
- Primary data collection and report
- Venue identification and assessment
- Venue Universe
- Identify and recruit seeds (RDS)
- Identify and secure field sites (RDS and FBS)
- Develop and launch Facebook banner ads and landing page (FBS)
- Operations Checklist
- Field staff hiring and training
- Start of survey data collection

The timeline should also include any other tasks that may impact preliminary research or preparation for field operations. If the timeline has to be modified after it has been submitted, project sites should discuss the needed changes with their CDC Project Officer and send a revised timeline to them.

7.3 Secondary Data Report

The Secondary Data Report summarizes the findings from the secondary data review and is composed of three sections: 1) the Secondary Data Core Document, which describes the characteristics of the general population residing in the principal city of the funded metropolitan statistical area (MSA) or MSA Division; 2) the Population-specific Document, which describes the young MSM/MSM population in the principal city; and 3) the Primary Data Collection Plan, which outlines the project site's plans for collecting primary data during the second phase of formative research. Possible sources of secondary data are listed in **Section 3.2** of this manual.

Project sites should structure the Secondary Data Report according to the following outline:

I. Secondary Data Core Document

1. Structural and Contextual Factors (2-3 pages)

2. Demographic Characteristics (1 page)

Table 1. Characteristics of the general population

3. HIV Epidemic (1 page)

Table 2. New HIV diagnoses

II. Population-specific Document

1. HIV Epidemic among MSM (1 page)

Table 3. New HIV diagnoses among MSM

Table 4. HIV diagnoses and HIV prevalence among MSM 18 to 24 years of age in NHBS-MSM3

2. Demographic Characteristics of MSM (1 page)

Table 4. Characteristics of MSM 18 to 24 years of age in NHBS-MSM3

3. Barriers to Participation in NHBS-YMSM (2-4 pages)

III. Primary Data Collection Plan (1-2 pages)

Sites should use the titles in the outline to label each part of the report and they should try to adhere to the recommended number of pages listed for each part. References should be provided for the sources of all data included in the report.

7.3a Secondary Data Core Document

The Secondary Data Core Document provides an overview of the principal city's structural and contextual factors, demographic characteristics, and HIV epidemic. If it is more appropriate, project sites may base this document on the entire MSA or MSA Division rather than just the principal city.

Part 1 – Structural and Contextual Factors

In the first part of the Secondary Data Core Document, project sites should report any structural and contextual factors in the principal city that could impact field operations, like:

- Geographic region
- Weather
- Education and literacy
- Socioeconomic status and poverty
- Laws that may impact HIV transmission or prevention (e.g., HIV testing laws, laws related to injection drug use, criminalization of HIV transmission, laws related to homosexuality or discrimination)
- Stigma and discrimination toward high-risk populations
- Stigma and discrimination toward individuals living with HIV
- Neighborhood violence, gangs, and drug presence as it relates to field operations
- Prevention and care for HIV infection
- Laws or policies that impact youth specifically (e.g., school year, curfew)
- Anti-bullying policies and laws that specifically protect LGBT youth from harassment in school settings
- School climate towards LGBT youth, as measured by presence of LGBT youth support systems (e.g., Gay-Straight Alliances in high schools)
- Other factors that could adversely impact field operations

Part 2 – Demographic Characteristics

The next part of the Secondary Data Core Document describes the demographic characteristics of the general population of the principal city. CDC will provide each project site with a completed **Table 1** (See **Appendix E** of this manual) using Census Bureau data. Each site should discuss the findings from **Table 1** in this part of the Secondary Data Core Document.

Part 3 – HIV Epidemic

The third part of the Secondary Data Core Document summarizes the demographic characteristics and transmission categories of persons diagnosed with HIV infection in the principal city. In the report, project sites should be sure to indicate which sub-populations are most impacted by the HIV epidemic in their localities. Sites should complete **Table 2** (**Appendix F** of this manual) using HIV Surveillance System data and describe the findings. To show the geographic distribution of HIV cases in their locality, sites should include a geographic variable, such as county, district, or neighborhood, in the table. They may select whichever geographic variable they believe would be most helpful. Socioeconomic characteristics, like education and income, should be included as well if these data are collected in the local surveillance system. The HIV Surveillance System data needed for **Table 2** are outlined in **Section 3.2a** of this manual. If sites wish, they have the option of including additional tables

of HIV surveillance data, like a table of trends in HIV diagnoses or a table of recent HIV diagnoses. Tables such as these could help sites identify emerging trends in the HIV epidemic.

7.3b Population-specific Document

The Population-specific Document provides detailed information about the HIV epidemic among young MSM/MSM in the principal city, the demographic characteristics of MSM ages 18 to 24 in NHBS-MSM3 and anticipated and known barriers to survey participation. As with the Secondary Data Core Document, project sites may base this document on the entire MSA or MSA Division rather than just the principal city if it is more appropriate to do so.

Part 1 – HIV Epidemic among MSM

The first part of the Population-specific Document describes the demographic characteristics of MSM diagnosed with HIV infection in the principal city. Project sites should complete **Table 3 (Appendix F)** of this manual) using HIV Surveillance System data. The HIV Surveillance System data included in **Table 3** should correspond to the same diagnosis and reporting years as the data in **Table 2** (see **Section 3.2a** of this manual), but the data should be restricted to men whose transmission category is male-to-male sexual contact (data from men whose transmission category is male-to-male sexual contact *and* injection drug use should be excluded from **Table 3** to focus expressly on the sexual transmission of HIV among MSM). If there is sufficient data available, **Table 3** may be restricted to young MSM (e.g. ≤ 24). Project sites should also complete the second data column in **Table 4** using NHBS-MSM3 data restricted to participants 18 to 24 years of age.

Project sites may also include additional tables of HIV surveillance data, like trends in diagnoses or recent diagnoses, or they could include tables showing HIV prevalence data from other studies conducted among young MSM/MSM in the project area. Data from the sexually transmitted disease (STD) and hepatitis surveillance systems may provide further insight into the characteristics of young MSM/MSM who are engaging in sexual risk behaviors and may be at increased risk for HIV infection.

In their discussion of the HIV epidemic among young MSM/MSM, project sites should indicate which MSM sub-populations are most highly impacted by the epidemic in both absolute terms (i.e., number of HIV diagnoses in the HIV Surveillance System) and relative terms (i.e., HIV prevalence in NHBS-MSM3 and other studies).

Part 2 – Demographic Characteristics of MSM

The second part of the Population-specific Document is a summary of the demographic characteristics of MSM 18 to 24 years of age in NHBS-MSM3. Project sites should complete the first data column in **Table 4 (Appendix F)** of this manual) using data from NHBS-MSM3 and describe the findings. Project sites could include additional tables showing data related to demographic characteristics of young MSM from other studies conducted in the project area.

Part 3 – Barriers to Participation in NHBS-YMSM

The third part of the Population-specific Document is a discussion of the anticipated and known barriers to survey participation. Information on barriers can be obtained from the project site's experience during previous NHBS cycles and other similar studies. Sites should review their past NHBS formative research reports, findings from ongoing monitoring and data collection activities, and recruitment monitoring reports to identify recruitment and enrollment challenges and successes from prior NHBS cycles. CDC can provide sites with their screening rates from previous NHBS cycles to aid in this assessment.

When discussing challenges and successes to recruitment and enrollment, project sites should describe the individual-level and community-level motivators and challenges they identified during the previous NHBS cycles and other studies. Areas of consideration include:

- Project marketing
- Recruiter characteristics and training (VBS)
- Seed characteristics and training (RDS)
- Recruitment messages
- Location of recruitment and screening (VBS)
- Incentive type and amount
- HIV testing method
- Participant time commitment
- Conflicts with socializing with friends (VBS)
- HIV apathy
- Research fatigue
- Barriers associated with recruiting specific young MSM sub-populations

Sites should also describe any actions taken in previous NHBS cycles or other studies to address barriers to participation and report the results of those interventions. After summarizing the findings from their review, sites should discuss the gaps in information that they will explore during primary data collection.

7.3c Primary Data Collection Plan

Based on the findings from their secondary data review and the gaps in information identified, project sites should develop a plan for primary data collection. The plan should focus on the following topics:

- Identifying and assessing venues (each site, regardless of whether VBS will be implemented during NHBS-YMSM should incorporate this activity into their plan for primary data collection).

- Identifying and recruiting seeds (RDS only)
- Determining field site locations and operating hours (RDS and FBS)
- Garnering community support
- Identifying and addressing barriers to survey participation
- Identifying and addressing obstacles to field operations

In the plan, project sites should summarize the additional information they need to obtain during the second phase of preliminary research and they should describe the methods they will use to collect the data, such as key informant interviews, focus groups, observations, and venue enumerations.

For the final component of the primary data collection plan, project sites should attach a copy of their interview guide for key informant interviews and focus groups. **Appendix A** of this manual contains a list of preliminary research topics and example interview questions that sites can use to develop interview guides.

7.4 Primary Data Report

The Primary Data Report consists of two sections: 1) the Primary Data Core Document, which summarizes the findings from primary data collection and 2) the Ongoing Monitoring and Data Collection Plan, which outlines the project site's plans for conducting additional research activities after the start of field operations. Sources of primary data and methods of data collection are provided in **Sections 4.2** and **4.3** of this manual, respectively.

Project sites should structure the Primary Data Report according to the following outline:

I. Primary Data Core Document

- 1. Methods** (*1-2 pages*)
- 2. Garnering Community Support for NHBS-YMSM** (*2-3 pages*)
- 3. Method-Specific Primary Data Summary** (*1-2 pages*)
- 4. Barriers to Participation in NHBS-YMSM** (*3-5 pages*)
- 5. Obstacles to Field Operations in NHBS-YMSM** (*1-3 pages*)

II. Ongoing Monitoring and Data Collection Plan (*1 page*)

Sites should use the titles in the outline to label each part of the report and they should try to adhere to the recommended number of pages listed for each part.

7.4a Primary Data Core Document

The Primary Data Core Document provides a brief overview of the methods used for primary data collection, along with an in-depth discussion of the findings on garnering community support, barriers to survey participation, and obstacles to field operations.

Part 1 – Methods

The first part of the Primary Data Core Document summarizes how the primary data were collected. Project sites should describe the roles of staff members who gathered information and conducted interviews, report the methods used to collect the data (e.g., key informant interviews, focus groups, observations, or venue enumerations), and describe the characteristics of those interviewed.

Characteristics to include are:

- Age
- Gender
- Race/ethnicity
- Job title or position

Sites should differentiate between those who were interviewed as key informants or focus group members. When reporting the characteristics of those interviewed, sites may find it helpful to present the data in a table or set of tables.

Part 2 – Garnering Community Support for NHBS-YMSM

The second part of the Primary Data Core Document focuses on garnering community support for NHBS-YMSM (see **Chapter 4** of this manual). Project sites should describe their efforts to obtain support from both young MSM community stakeholders and the broader young MSM community. The discussion should emphasize the marketing strategies and recruitment messages recommended by the primary data sources and indicate which strategies and messages will be adopted for NHBS-YMSM. If any obstacles to garnering community support are identified, sites should explain how these obstacles will be overcome. Sites should also describe how they will promote NHBS-YMSM among young MSM sub-populations that may be difficult to recruit.

Part 3 – Method-Specific Primary Data Summary

In the third part of the Primary Data Core Document, project sites should describe findings related to each sampling method to be implemented at the site. **Note:** Each site, regardless of whether VBS will be implemented during NHBS-YMSM should discuss the identification and assessment of venues in this section of the document. If implementing RDS, the site should discuss seed identification and recruitment and if implementing FBS, the site should discuss feedback on Facebook banner ads and the landing page. For RDS or FBS, the site should discuss field site locations and operating hours.

Part 4 – Barriers to Participation in NHBS-YMSM

In the fourth part of the Primary Data Core Document, project sites should discuss potential barriers to survey participation. The discussion should complement the findings on barriers to participation that were included in the Secondary Data Report. Unresolved barriers and gaps in information identified in

the Secondary Data Report should be addressed in the Primary Data Report. Furthermore, sites should describe any additional recruitment and enrollment challenges identified by primary data sources and they should propose solutions based on their formative research findings. Specific topics to consider are:

- Recruiter characteristics and training (VBS)
- Seed characteristics and training (RDS)
- Recruitment messages
- Location of recruitment and screening (VBS)
- Incentive type and amount
- HIV testing method
- Participant time commitment
- Conflicts with socializing with friends (VBS)
- HIV apathy
- Research fatigue
- Barriers associated with recruiting specific young MSM sub-populations

Part 5 – Obstacles to Field Operations in NHBS-YMSM

In the fifth part of the Primary Data Core Document, project sites should describe any factors that may adversely affect their ability to effectively conduct field operations or enroll a diverse sample of young MSM. Examples of obstacles sites may encounter are low click-through rates associated with FBS, transportation to field sites, appointment-keeping among potential participants, and resistance to blood-based or rapid HIV testing, among others.

For each obstacle identified, project sites should describe how they overcame that obstacle or plan on overcoming it. If there are potential obstacles that cannot be resolved, sites should explain why they are insurmountable.

7.4b Ongoing Monitoring and Data Collection Plan

Even after the start of field operations, project sites will have to continue to conduct certain research activities (see **Chapter 6** of this manual). In the Ongoing Monitoring and Data Collection Plan, project sites should briefly describe how they will conduct the needed research activities. They should also indicate which staff members will carry out the activities.

7.5 Venue Universe

As described in **Section 5.6d** of this manual, the Venue Universe is a listing of all the *potential* venues that a project site has identified through secondary data review and primary data collection. **Appendix C**

of this manual contains a model Venue Universe that sites can customize for local use. Although many of the variables on the Venue Universe are optional, sites are required to include the following variables:

- Venue name
- Venue category
- Maximum occupancy (only required for *eligible* venues)
- Hours of operation (only required for *accessible* venues)
- Whether 50% or more of the male venue attendees are eligible for NHBS-YMSM
- Whether there are safety concerns at the venue (only required for *eligible* venues)
- Whether the venue manager has given permission to conduct NHBS-YMSM (only required for *eligible* venues)
- Whether the venue has sufficient attendance to make it worthwhile to conduct recruitment events (only required for *eligible* venues)
- If applicable, whether HIV testing can be conducted at the venue (only required for *eligible* venues)
- If applicable, whether the venue has adequate space for conducting field operations (only required for *eligible* venues)
- If applicable, whether the venue has parking for a van (only required for *eligible* venues)
- Whether the venue meets the criteria for an *accessible* venue (only required for *eligible* venues)

Project sites must submit their Venue Universe to their CDC Project Officer for review prior to creating their initial recruitment calendar. The purpose of this review is to ensure that sites have compiled a comprehensive list of *potential* venues and that they have collected the information needed to determine venue eligibility and accessibility.

- Schensul J J, LeCompte MD, eds. (1999). *The Ethnographer's Toolkit* (Vols. 1-7). Walnut Creek, CA: Altamira Press. (For content of specific volumes, go to <http://www.altamirapress.com>)
- Stimson GV, Donoghoe MC, Fitch C, Rhodes TJ (2003). *Rapid Assessment and Response Technical Guide*. World Health Organization (Department of Child and Adolescent Health and Development, and Department of HIV/AIDS). Geneva. <http://www.who.int/docstore/hiv/Core/Index.html>.
- Kreuger RA, Casey MA (2000). *Focus Groups: A practical guide for applied research* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Guest G, Namey EE, Mitchell ML. *Collecting Qualitative Data: A field manual for applied research*. Thousand Oaks, CA: Sage Publications; 2013.

Appendix A

Key Informant and Focus Group Interview Guide

Below is a list of preliminary research topics and example interview questions that project sites can use to develop interview guides and street intercept surveys. Sites should adapt the questions to the type of interview being conducted and to the background of the individual(s) being interviewed. Sites can also modify the questions to the local context.

Recruitment Issues

Where are some places around [CITY] that young gay, bisexual, and same-sex attracted guys (ages 13-17) hang out? What would it be like if we recruited guys for a research study there?

How would young gay, bisexual, and same-sex attracted guys react to being asked to help us recruit their friends into the research study? Do young gay people know each other? Do young gay guys have friends or contacts with other young gay guys or do they tend to be more isolated?

How would they react if they received cash as a token of appreciation? What do you think would be an appropriate amount?

How much are young gay, bisexual, and same-sex attracted guys using Facebook and what other social networking sites do they use? What types of pictures would be most appealing to young gay, bisexual, and same-sex attracted guys in a Facebook ad for a research study?

How willing would young gay, bisexual, and same-sex attracted guys be to enter their contact information on an online page so we could schedule them for an interview and HIV testing appointment? How could we better address any concerns with privacy and confidentiality? Would they be mainly concerned about parents, friends, government?

The key informant interviews are important to help us predict potential barriers to participation. What we know from NHBS is that these can be grouped into:

- Project marketing – evaluate the photos, any other marketing materials
- Recruiter characteristics and training – ask them what could make participants more comfortable? Or maybe it does not matter.
- Recruitment messages: will the standard message of this study helping the community to prevent HIV work for young gay men?
- Location of recruitment and screening – we can ask for feedback on specific study site locations
- Incentive type and amount – you have that already
- HIV testing method – you have this

- Participant time commitment- you have this
- Conflicts with socializing with friends – any way to prevent this?
- HIV apathy – HIV awareness in the young gay community
- Research fatigue – what other projects are going on among this group?

HIV Testing Issues

How willing would young gay, bisexual, and same-sex attracted guys be to take an HIV test as part of a research study? How willing would they be if they received cash as a token of appreciation?

What might get in the way of young gay, bisexual, and same-sex attracted guys being willing to take an HIV test as part of a research study? What are some things that we can do that might motivate young gay, bisexual, and same-sex attracted guys to get tested for HIV in this study?

What do you think would be the most acceptable type of HIV test for young gay, bisexual, and same-sex attracted guys? One that uses blood drawn from a vein, fluid from a cheek swab, or blood from a finger prick?

If a young guy tested HIV-positive as part of this study, how willing would he be to speak to a medical professional about treatment options? Who/what are some of the most trusted providers of HIV medical care for adolescents in your city?

Survey Issues

How long of a survey would young gay, bisexual, and same-sex attracted guys be willing to take? Thirty minutes? Less? More? How long of a survey would young men in this group be willing to take if they received a \$25 token of appreciation? Thirty minutes? Less? More?

What types of questions do you think would be important for us to ask so we can understand sexual behavior in young gay, bisexual, and same-sex attracted men?

Our research project requires an in-person appointment. Where would young gay, bisexual, and same-sex attracted men be willing to take the HIV test and survey? Community agencies (LIST OF LOCAL SERVICE PROVIDERS KNOWN TO YOUTH IN AREA)? A mobile van?

Identifying venues

When interviewing a primary data source about *potential* venues, project sites should show the source a list of *potential* venues organized by venue category and then ask the source to identify additional venues in each category:

- Here is a list of *[venue category]* attended by young MSM. *[Show list of venues in category.]* Are there any other *[venue category]* in *[project area]* where we could recruit young MSM to participate in our study?

For some venue categories, it may be necessary to provide an explanation of the types of venues in that category:

- *House ball events:* A house is a social group that functions much like an extended family, and is comprised of predominantly African-American and Latino GLBT persons. These groups are best known for sponsoring fashion and dance competitions called balls, and as a result, they are often referred to as the house ball community. House ball events are any social events designed specifically for members of the house ball community, such as house meetings, parties, and balls. Here is a list of house ball events attended by young MSM. *[Show list of house ball events.]* Are there any other house ball events in *[project area]* where we could recruit young MSM to participate in our study?
- *Social organizations:* Social organizations include any type of club for GLBT persons. These clubs could be athletic, artistic, professional, political, religious, or educational. Here is a list of social organizations attended by young MSM. *[Show list of social organizations.]* Are there any other social organizations in *[project area]* where we could recruit young MSM to participate in our study?

Assessing venues

For each new *potential* venue identified, project sites should ask:

- Are the young men who go to *[venue name]* mostly MSM or do heterosexual or straight young men go there too?
- What is the age range of the young MSM who go to *[venue name]*?
- What is the race or ethnicity of the young MSM who go to *[venue name]*?
- Will we face any safety problems conducting our study at *[venue name]*?
- Will we face any barriers to recruiting, interviewing, or HIV testing young MSM at *[venue name]*?
- Which days and times do most young MSM go to *[venue name]*?

Appendix B Forms for Type 1 and Type 2 Enumeration

Count Form for Type 1 and Type 2 Enumerations

Section 1: For Type 1 and Type 2 Enumerations

Venue: _____

Counter: _____

Enumeration Type: 1 2

Date: ____ / ____ / ____

Start Time: ____ : ____ AM PM

End Time: ____ : ____ AM PM

Elapsed Time: _____ minutes

Count: _____

Standardized Count: _____

Section 2: For Type 2 Enumerations

Number Interviewed: _____

Number Eligible: _____

Eligible Percent: _____

Eligible Count: _____

Calculations

1. Elapsed Time in Hours= Elapsed Time in Minutes / 60
2. Standardized Count= (4 X Count) / Elapsed Time in Hours
3. Eligible Percent= Number Eligible / Number Interviewed
4. Eligible Count= Standardized Count X Eligible Percent

Count Form for Type 1 and 2 Enumerations: Instructions

Overview

The Count Form for Type 1 and 2 Enumerations may be used as is or modified to meet local needs. Count forms should be completed by the counter during Type 1 and Type 2 enumerations. The following instructions apply to each of the variables (noted in capital letters) included on the form.

Section 1: For Type 1 and Type 2 Enumerations

During all enumerations (Type 1 or 2), section 1 should be completed.

Venue. Name of the venue where the enumeration is being conducted.

Counter. Name of the staff member responsible for counting men who appear to be 13-17 years of age who enter the counting area.

Enumeration Type: Record whether Type 1 or Type 2 enumeration is being conducted.

Date. DATE is the date the enumeration was conducted in month/day/year format.

Time. START TIME is the time when counting begins and END TIME is the time when counting ends. Time is written in hours/minutes and a.m. or p.m. is circled. ELAPSED TIME is the difference in minutes between START TIME and END TIME. Note: ELAPSED TIME should be between 30 and 60 minutes, the recommended duration of an enumeration period.

Count. COUNT is the total number of men who appear to be 13-17 years of age who are "clicked" by the counter from the start of the enumeration period (START TIME) to the end (END TIME).

Standardized Count. The product of the number of persons counted and 4, divided by the time in hours.

Section 2: For Type 2 Enumerations

Data from brief eligibility interviews conducted with participants during Type 2 enumerations are recorded in this section. Information from the Interview Form for Type 2 Enumerations (Appendix P2) can be used to complete this section.

Number Interviewed. Total number of men who completed brief eligibility interviews during Type 2 enumerations.

Number Eligible. Number of men determined to be eligible following brief eligibility interviews.

Eligible Percent. Number of eligible men divided by the number of men interviewed.

Eligible Count. Standardized count multiplied by the eligible percent.

Interview Form for Type 2 Enumerations

Venue: _____

Interviewer: _____

Date: ____ / ____ / ____

#	Accepted Intercept	Gender	Age	Race/Ethnicity	MSA Resident	Sex in Past Year	Type of Sex Partners	Eligible
1	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
2	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
3	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
4	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
5	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
6	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
7	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
8	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
9	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
10	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U

Interview Form for Type 2 Enumerations: Instructions

Overview

The model Interview Form for Type 2 Enumerations may be used as is or modified to meet local needs. Modified forms should collect all the data elements included on the model form. Interview forms should be completed during brief eligibility interviews. The following instructions apply to each of the variables (noted in capital letters) included on the form. Listed below the respective variables are the questions staff should ask participants during the brief eligibility interview. *Note: not all variables have a corresponding question.*

Enumeration Variables

Data that characterize the Type 2 enumeration, such as the venue, the counter, dates, times of the enumeration, count and standardized count, should be collected on the Count Form for Type 1 and 2 Enumerations (Appendix O1). The interviewer conducting the brief eligibility interview should complete the following fields on the interview form:

Venue. Name of the venue where the Type 2 enumeration is being conducted.

Interviewer. Name of the staff member who intercepts men who have been counted.

Date. DATE is the date the Type 2 enumeration was conducted.

Page #. PAGE is used to identify individual records when multiple forms are used during an enumeration event. Code PAGE sequentially beginning with “1” for the first form used, “2” for the second form used, and so forth for all forms that are used during the event.

Participant Records

Data on participants should be recorded in the table below the enumeration variables. Each row of the table represents a record of an attempted intercept and, if the intercept is successful, a brief eligibility interview. Each record has 9 variables that head the columns of the table. Six of these variables are asked of participants. Instructions for completing all 9 variables are listed below.

Accepted Intercept. ACCEPTED INTERCEPT is coded by the interviewer based on whether sufficient information is obtained to determine NHBS-MSM3 eligibility. Code ACCEPTED INTERCEPT as “Y” (yes) for venue attendees who stop and answer at least AGE, RESIDENCE, and TYPE OF SEX PARTNERS. Code ACCEPTED INTERCEPT as “N” (no) for venue attendees who do not stop, refuse the brief interview outright, or do not answer all three questions listed above. If a venue attendee does not stop or refuses to answer any of the questions, the remaining variables should be coded as “U” (unknown) or in the case of AGE, “99”.

Age. Ask venue attendee their current age and record their responses in the space provided. Code AGE as “99” for attendees who refuse to provide their age, or if the question was accidentally skipped.

Question: *What is your age?*

Race/Ethnicity. Ask venue attendees their race/ethnicity. Circle **one or more** of the codes: A = Asian/Native Hawaiian/Pacific Islander; B = Black; H = Hispanic or Latino; N = American Indian/Alaskan Native; W = White. Circle U (unknown) if an attendee refuses to answer the question or if it was accidentally skipped.

Question: *What is your race or ethnicity?*

MSA Resident. Ask whether attendees currently live in the local area. Circle “Y” if the attendee lives in the MSA and “N” if they don’t. Circle “U” if an attendee refuses to answer this question or if the question was accidentally skipped.

Question: *Do you live in the (project city) area?*

Sex in the past year. Ask venue attendees whether they have had sex in the past 12 months. Circle “Y” if they have and “N” if they haven’t. Circle “U” if an attendee refuses to answer the question or if the question was accidentally skipped. If an attendee responds no to this question, end the interview and code ELIGIBLE “N” (no). If the response is “unknown,” end the interview and code both SEX PARTNERS and ELIGIBLE as “U” (unknown).

Question: *Have you had sex in the past 12 months?*

Type of sex partners. For only those venue attendees who have had sex, ask whether they have had sex with men, women, or both in the past 12 months. Circle only one response. Circle “M” if they only had sex with men, “W” if they only had sex with women, and “B” if they had sex with both men and women. Circle “U” if a venue attendee refuses to answer this question or if the question was accidentally skipped.

Question: *In the past 12 months, have you had sex with men only, with women only, or with both men and women?*

Eligible. ELIGIBLE is coded by the interviewer based on an attendee’s responses to AGE, MSA RESIDENT, and TYPE OF SEX PARTNERS. Circle "Y" for men 13-17 years of age who are residents of the MSA and report having sex with another man in the past 12 months. Circle "N" for attendees who do not meet these criteria. Circle “U” if data were not obtained on AGE, MSA RESIDENT, or TYPE OF SEX PARTNERS.

NHBS YMSM Sites Geographical Information

MSA	PRINCIPAL CITIES	METROPOLITAN DIVISION	COUNTIES WITHIN METRO DIVISION
16980 Chicago-Joliet-Naperville, IL-IN-WI Metropolitan Statistical Area	Chicago, IL; Joliet, IL; Naperville, IL; Elgin, IL; Gary, IN; Evanston, IL; Arlington Heights, IL; Schaumburg, IL; Skokie, IL; Des Plaines, IL; Hoffman Estates, IL	16974 Chicago-Joliet-Naperville, IL Metropolitan Division	Cook County, DeKalb County, DuPage County, Grundy County, Kane County, Kendall County, McHenry County, Will County
35620 New York-Northern New Jersey-Long Island, NY-NJ-PA Metropolitan Statistical Area	New York, NY; Newark, NJ; Edison, NJ; White Plains, NY; Wayne, NJ; Union, NJ; New Brunswick, NJ	35644 New York-White Plains-Wayne, NY-NJ Metropolitan Division	Bergen County, NJ; Hudson County, NJ; Passaic County, NJ; Bronx County, NY; Kings County, NY; New York County, NY; Putnam County, NY; Queens County, NY; Richmond County,
37980 Philadelphia-Camden-Wilmington, PA-NJ-DE-MD Metropolitan Statistical Area	Philadelphia, PA; Camden, NJ; Wilmington, DE	37964 Philadelphia, PA Metropolitan Division	Bucks County, Chester County, Delaware County, Montgomery County, Philadelphia County

Office of Management and Budget. Revised delineations of metropolitan statistical areas, metropolitan statistical areas, and combined statistical areas, and guidance on their uses of the delineations of these areas. OMB Bulletin 13-01. <http://www.whitehouse.gov/sites/default/files/omb/assets/bulletins/b10-02.pdf>. Accessed January 28, 2014.

Data Tables for NHBS YMSM Formative Research

CHARACTERISTIC	LEVEL	ACS TABLE
Race/Ethnicity	American Indian/Alaska Native	B01001C - SEX BY AGE (AMERICAN INDIAN AND ALASKA NATIVE ALONE)
	Asian	B01001D - SEX BY AGE (ASIAN ALONE)
	Native Hawaiian/Pacific Islander	B01001E - SEX BY AGE (NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER ALONE)
	Black	B01001B - SEX BY AGE (BLACK OR AFRICAN AMERICAN ALONE)
	Hispanic	B01001I - SEX BY AGE (HISPANIC OR LATINO)
	White	B01001A - SEX BY AGE (WHITE ALONE)
	Multiple	B01001G - SEX BY AGE (TWO OR MORE RACES)
	Other	B01001F - SEX BY AGE (SOME OTHER RACE ALONE) - <i>Not included in analysis</i>
Age group (years)	<5	
	5-9	
	10-14	
	15-17	
	18 - 19	
	20 - 24	
	25 - 29	B01001 - SEX BY AGE
	30 - 34	
	35 - 39	
	40 - 44	
	45 - 49	
	≥ 60	
Highest level of education completed	< High school	
	High school diploma or equivalent	B15001 - SEX BY AGE BY EDUCATIONAL ATTAINMENT FOR THE POPULATION 18 YEARS AND OVER
	Some college (no degree) or associate's degree	<i>NOTE: Category modified based on available data.</i>
	Bachelor, graduate or professional college degree or post-graduate education	
Earnings in past 12 months	<=\$19,999	
	\$20,000-\$39,999	B20001 - SEX BY EARNINGS IN THE PAST 12 MONTHS (IN 2012 INFLATION-ADJUSTED DOLLARS) FOR THE POPULATION 16 YEARS AND OVER WITH EARNINGS IN THE PAST 12 MONTHS
	\$40,000-\$74,999	<i>NOTE: Data weren't available stratified by age and sex, can only provide for general population</i>
	>=\$75,000	
Poverty status	Below poverty limit	B17001 - POVERTY STATUS IN THE PAST 12 MONTHS BY SEX BY AGE
	At or above poverty limit	<i>NOTE: Category modified based on available data.</i>
Health insurance	With health insurance coverage	B27001 - HEALTH INSURANCE COVERAGE STATUS BY SEX BY AGE
	No health insurance coverage	<i>NOTE: Category modified based on available data.</i>
Employment status	In labor force:	
	In Armed Forces	
	Civilian:	B23001 - SEX BY AGE BY EMPLOYMENT STATUS FOR THE POPULATION 16 YEARS AND OVER
	Employed	<i>NOTE: Category modified based on available data.</i>
	Unemployed	
Not in labor force		
TOTAL		B01001 - SEX BY AGE

U.S. Census Bureau. 2008-2012 American Community Survey. <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t> . Accessed January 29, 2014.

TABLE 1. Characteristics of the general population in [principal city, metropolitan statistical area (MSA, or MSA Division, [data source], [year]]*

	Female n (%)	Male n (%)	Total N (%)
Metropolitan population			
CHARACTERISTIC			
Race/Ethnicity			
American Indian/Alaska Native			
Asian			
Native Hawaiian/Pacific Islander			
Black			
Hispanic/Latino			
White			
Multiple			
Age group (yrs)**			
>5			
5 – 9			
10 – 14			
15 - 17			
18 – 19			
20 – 24			
25 – 29			
30 – 34			
35 – 39			
40 – 44			
45 – 49			
50 – 59			
≥60			
Highest level of education completed**			
< High school			
High school diploma or equivalent			
Some college or technical degree			
College degree or post-graduate education			
Annual household income**			
0 to \$19,999			
\$20,000 to \$39,999			
\$40,000 to \$74,999			
\$75,000 or more			
Poverty status			
At or below poverty limit			
Above poverty limit			
Health insurance***			
None			
Private only			
Public only			
Other			
Employment Status***			
Employed full-time			
Employed part-time			
Unemployed			
Disabled			
Full-time student			
Other			
TOTAL			

Note: Reported proportions are column percentages.

*Indicate the project area, the source of the data, and the year the data were collected.

**Categories may be modified as necessary based on the data available or collapsed due to small cell sizes

***If the data are available

**TABLE n . Characteristics of the general population in Chicago, IL (Chicago-Joliet-Naperville, IL Metropolitan Division), U.S.
Census Bureau, 2008-2012 American Community Survey**

CHARACTERISTIC	FEMALE N (%)	MALE N (%)	TOTAL N (%)
Race/Ethnicity			
American Indian/Alaska Native	8,863 (0.22)	8,564 (0.22)	17,427 (0.22)
Asian	251,656 (6.23)	232,413 (6.04)	484,069 (6.14)
Native Hawaiian/Pacific Islander	950 (0.02)	860 (0.02)	1,810 (0.02)
Black	783,420 (19.41)	661,466 (17.19)	1,444,886 (18.32)
Hispanic/Latino ^a	823,806 (20.41)	874,645 (22.72)	1,698,451 (21.54)
White	2,577,657 (63.85)	2,507,886 (65.16)	5,085,543 (64.49)
Multiple	78,624 (1.95)	75,696 (1.97)	154,320 (1.96)
Age group (years)			
<5	259,221 (6.42)	268,761 (6.98)	527,982 (6.70)
5-9	264,286 (6.55)	271,590 (7.06)	535,876 (6.80)
10-14	266,533 (6.60)	281,026 (7.30)	547,559 (6.94)
15-17	167,515 (4.15)	175,758 (4.57)	343,273 (4.35)
18-19	104,512 (2.59)	110,414 (2.87)	214,926 (2.73)
20-24	264,361 (6.55)	268,368 (6.97)	532,729 (6.76)
25-29	303,495 (7.52)	299,687 (7.79)	603,182 (7.65)
30-34	288,006 (7.13)	285,632 (7.42)	573,638 (7.27)
35-39	278,908 (6.91)	273,612 (7.11)	552,520 (7.01)
40-44	281,129 (6.96)	275,645 (7.16)	556,774 (7.06)
45-49	289,464 (7.17)	278,717 (7.24)	568,181 (7.21)
50-59	534,208 (13.23)	499,370 (12.97)	1,033,578 (13.11)
>=60	735,323 (18.21)	560,383 (14.56)	1,295,706 (16.43)
Highest level of education completed^b			
< High school	412,711 (13.40)	431,038 (15.11)	843,749 (14.23)
High school diploma or equivalent	746,948 (24.26)	711,843 (24.96)	1,458,791 (24.60)
Some college (no degree) or Associate's degree	909,759 (29.54)	793,233 (27.81)	1,702,992 (28.71)
Bachelor, Graduate or Professional degree	1,009,988 (32.80)	915,714 (32.11)	1,925,702 (32.47)
Earnings in the past 12 months^c			
<=\$19,999	747,185 (37.26)	585,661 (26.73)	1,332,846 (31.76)
\$20,000-\$39,999	522,188 (26.04)	498,109 (22.74)	1,020,297 (24.32)
\$40,000-\$74,999	502,358 (25.05)	586,600 (26.78)	1,088,958 (25.95)
>=\$75,000	233,787 (11.66)	520,247 (23.75)	754,034 (17.97)
Poverty status^d			
Below poverty limit	586,728 (14.74)	468,264 (12.35)	1,054,992 (13.57)
At or above poverty limit	3,394,611 (85.26)	3,322,098 (87.65)	6,716,709 (86.43)
Health insurance coverage^e			
With health insurance coverage	3,507,453 (87.48)	3,192,527 (83.70)	6,699,980 (85.63)
No health insurance coverage	502,198 (12.52)	621,756 (16.30)	1,123,954 (14.37)
Employment status^f			
In labor force:	1,993,328 (62.44)	2,210,147 (35.87)	4,203,475 (68.22)
In Armed Forces	526 (0.03)	2,209 (0.10)	2,735 (0.07)
Civilian:	1,919,203 (96.28)	2,123,696 (96.09)	4,042,899 (96.18)
Employed	1,791,235 (93.33)	1,962,771 (92.42)	3,754,006 (92.85)
Unemployed	201,567 (10.50)	245,167 (11.54)	446,734 (11.05)
Not in labor force	1,199,222 (37.56)	758,715 (12.31)	1,957,937 (31.78)
TOTAL	4,036,961 (100.0)	3,848,963 (100.0)	7,885,924 (100.0)

NOTE. Reported proportions are column percentages. Column counts and percentages were calculated independently using values on subpopulations, thus the values in each column may not sum to the column total.

^a Hispanics/Latinos can be of any race.

^b Calculated from population 18 years and over.

^c Calculated from population 16 years and over with earnings in the past 12 months.

^d Calculated from population for whom poverty status could be determined.

^e Calculated from civilian, noninstitutionalized population.

^f Calculated from population 16 to 64 years.

TABLE n . Characteristics of the population under the age of 25 in Chicago, IL (Chicago-Joliet-Naperville, IL Metropolitan Division), U.S. Census Bureau, 2008-2012 American Community Survey

CHARACTERISTIC	FEMALE N (%)	MALE N (%)	TOTAL N (%)
Race/Ethnicity			
American Indian/Alaska Native	3,107 (0.23)	3,399 (0.25)	6,506 (0.24)
Asian	74,426 (5.61)	74,399 (5.41)	148,825 (5.51)
Native Hawaiian/Pacific Islander	207 (0.02)	284 (0.02)	491 (0.02)
Black	274,658 (20.71)	277,854 (20.19)	552,512 (20.45)
Hispanic/Latino ^a	383,843 (28.94)	407,974 (29.65)	791,817 (29.30)
White	770,724 (58.11)	805,613 (58.55)	1,576,337 (58.33)
Multiple	47,712 (3.60)	47,350 (3.44)	95,062 (3.52)
Age group (years)			
<5	259,221 (19.54)	268,761 (19.53)	527,982 (35.83)
5-9	264,286 (19.92)	271,590 (19.74)	535,876 (36.37)
10-14	266,533 (20.09)	281,026 (20.42)	547,559 (37.16)
15-17	167,515 (12.63)	175,758 (12.77)	343,273 (23.30)
18-19	104,512 (7.88)	110,414 (8.02)	214,926 (14.59)
20-24	264,361 (19.93)	268,368 (19.50)	532,729 (36.15)
Highest level of education completed^b			
< High school	47,963 (13.0)	71,311 (18.83)	119,274 (3.70)
High school diploma or equivalent	95,087 (25.78)	113,156 (29.87)	208,243 (6.47)
Some college (no degree) or Associate's degree	163,111 (44.22)	150,231 (39.66)	313,342 (9.73)
Bachelor, Graduate or Professional degree	62,712 (17.0)	44,084 (11.64)	106,796 (3.32)
Earnings in the past 12 months^c			
<=\$19,999	na	na	na
\$20,000-\$39,999	na	na	na
\$40,000-\$74,999	na	na	na
>=\$75,000	na	na	na
Poverty status^d			
Below poverty limit	266,506 (20.54)	251,350 (18.69)	517,856 (6.66)
At or above poverty limit	1,030,877 (79.46)	1,093,772 (81.31)	2,124,649 (27.34)
Health insurance coverage^e			
With health insurance coverage	1,195,024 (90.16)	1,205,414 (88.03)	2,400,438 (89.08)
No health insurance coverage	130,440 (9.84)	163,831 (11.97)	294,271 (10.92)
Employment status^f			
In labor force:	281,035 (74.10)	293,467 (115.87)	574,502 (65.65)
In Armed Forces	148 (0.05)	558 (0.24)	706 (0.12)
Civilian:	280,887 (99.95)	292,909 (195.52)	573,796 (99.88)
Employed	225,745 (80.37)	225,998 (154.23)	451,743 (78.73)
Unemployed	55,142 (19.63)	66,911 (41.67)	122,053 (21.27)
Not in labor force	200,982 (52.99)	202,349 (81.35)	403,331 (46.09)
TOTAL	1,326,428 (100.0)	1,375,917 (100.0)	2,702,345 (100.0)

NOTE. Reported proportions are column percentages. Column counts and percentages were calculated independently using values on subpopulations, thus the values in each column may not sum to the column total.

^a Hispanics/Latinos can be of any race.

^b Calculated from population 18 to 24 years of age.

^c Not available.

^d Calculated from population for whom poverty status could be determined.

^e Calculated from civilian, noninstitutionalized population.

^f Calculated from population 16 to 24 years.

TABLE n . Characteristics of the general population in New York, New York (New York-White Plains-Wayne, NY-NJ Metropolitan Division), U.S. Census Bureau, 2008-2012 American Community Survey

CHARACTERISTIC	FEMALE N (%)	MALE N (%)	TOTAL N (%)
Race/Ethnicity			
American Indian/Alaska Native	19,153 (0.32)	19,720 (0.36)	38,873 (0.33)
Asian	711,783 (11.76)	660,156 (11.89)	1,371,939 (11.82)
Native Hawaiian/Pacific Islander	2,429 (0.04)	2,141 (0.04)	4,570 (0.04)
Black	1,338,037 (22.11)	1,094,734 (19.72)	2,432,771 (20.96)
Hispanic/Latino ^a	1,645,100 (27.18)	1,566,401 (28.21)	3,211,501 (27.68)
White	3,060,907 (50.58)	2,895,500 (52.15)	5,956,407 (51.33)
Multiple	164,140 (2.71)	157,074 (2.83)	321,214 (2.77)
Age group (years)			
<5	361,284 (5.97)	377,915 (6.81)	739,199 (6.37)
5-9	336,503 (5.56)	350,981 (6.32)	687,484 (5.92)
10-14	340,751 (5.63)	355,310 (6.40)	696,061 (6.0)
15-17	219,063 (3.62)	229,136 (4.13)	448,199 (3.86)
18-19	150,554 (2.49)	154,916 (2.79)	305,470 (2.63)
20-24	427,653 (7.07)	419,065 (7.55)	846,718 (7.30)
25-29	497,260 (8.22)	467,769 (8.42)	965,029 (8.32)
30-34	458,857 (7.58)	437,144 (7.87)	896,001 (7.72)
35-39	414,221 (6.84)	401,210 (7.23)	815,431 (7.03)
40-44	429,139 (7.09)	400,393 (7.21)	829,532 (7.15)
45-49	428,991 (7.09)	398,150 (7.17)	827,141 (7.13)
50-59	785,745 (12.98)	700,482 (12.62)	1,486,227 (12.81)
>=60	1,201,615 (19.86)	860,197 (15.49)	2,061,812 (17.77)
Highest level of education completed^b			
< High school	859,280 (17.92)	791,068 (18.66)	1,650,348 (18.27)
High school diploma or equivalent	1,174,653 (24.50)	1,069,151 (25.22)	2,243,804 (24.84)
Some college (no degree) or Associate's degree	1,144,106 (23.87)	980,109 (23.12)	2,124,215 (23.52)
Bachelor, Graduate or Professional degree	1,615,996 (33.71)	1,398,998 (33.0)	3,014,994 (33.38)
Earnings in the past 12 months^c			
<=\$19,999	973,514 (33.48)	802,718 (26.04)	1,776,232 (29.65)
\$20,000-\$39,999	719,318 (24.74)	730,129 (23.68)	1,449,447 (24.20)
\$40,000-\$74,999	741,876 (25.52)	798,767 (25.91)	1,540,643 (25.72)
>=\$75,000	472,610 (16.26)	751,175 (24.37)	1,223,785 (20.43)
Poverty status^d			
Below poverty limit	1,111,443 (18.66)	859,132 (15.73)	1,970,575 (17.26)
At or above poverty limit	4,845,899 (81.34)	4,601,372 (84.27)	9,447,271 (82.74)
Health insurance coverage^e			
With health insurance coverage	5,292,388 (88.08)	4,578,548 (83.27)	9,870,936 (85.78)
No health insurance coverage	716,303 (11.92)	919,756 (16.73)	1,636,059 (14.22)
Employment status^f			
In labor force:	2,903,641 (58.74)	3,105,976 (33.26)	6,009,617 (64.36)
In Armed Forces	794 (0.03)	4,134 (0.13)	4,928 (0.08)
Civilian:	2,786,492 (95.97)	2,969,860 (95.62)	5,756,352 (95.79)
Employed	2,625,556 (94.22)	2,801,095 (94.32)	5,426,651 (94.27)
Unemployed	277,291 (9.95)	300,747 (10.13)	578,038 (10.04)
Not in labor force	2,039,489 (41.26)	1,288,089 (13.80)	3,327,578 (35.64)
TOTAL	6,051,636 (100.0)	5,552,668 (100.0)	11,604,304 (100.0)

NOTE. Reported proportions are column percentages. Column counts and percentages were calculated independently using values on subpopulations, thus the values in each column may not sum to the column total.

^a Hispanics/Latinos can be of any race.

^b Calculated from population 18 years and over.

^c Calculated from population 16 years and over with earnings in the past 12 months.

^d Calculated from population for whom poverty status could be determined.

^e Calculated from civilian, noninstitutionalized population.

^f Calculated from population 16 to 64 years.

TABLE n . Characteristics of the population under the age of 25 in New York, New York (New York-White Plains-Wayne, NY-NJ Metropolitan Division), U.S. Census Bureau, 2008-2012 American Community Survey

CHARACTERISTIC	FEMALE N (%)	MALE N (%)	TOTAL N (%)
Race/Ethnicity			
American Indian/Alaska Native	6,688 (0.36)	8,023 (0.43)	14,711 (0.40)
Asian	196,426 (10.70)	201,088 (10.65)	397,514 (10.68)
Native Hawaiian/Pacific Islander	764 (0.04)	837 (0.04)	1,601 (0.04)
Black	430,911 (23.47)	429,743 (22.77)	860,654 (23.12)
Hispanic/Latino ^a	609,352 (33.19)	643,506 (34.10)	1,252,858 (33.65)
White	835,265 (45.50)	860,245 (45.58)	1,695,510 (45.54)
Multiple	75,280 (4.10)	78,902 (4.18)	154,182 (4.14)
Age group (years)			
<5	361,284 (19.68)	377,915 (20.02)	739,199 (37.26)
5-9	336,503 (18.33)	350,981 (18.60)	687,484 (34.65)
10-14	340,751 (18.56)	355,310 (18.83)	696,061 (35.08)
15-17	219,063 (11.93)	229,136 (12.14)	448,199 (22.59)
18-19	150,554 (8.20)	154,916 (8.21)	305,470 (15.40)
20-24	427,653 (23.30)	419,065 (22.20)	846,718 (42.68)
Highest level of education completed^b			
< High school	79,720 (13.79)	114,774 (20.0)	194,494 (4.04)
High school diploma or equivalent	127,862 (22.11)	154,839 (26.98)	282,701 (5.87)
Some college (no degree) or Associate's degree	254,396 (44.0)	225,663 (39.32)	480,059 (9.96)
Bachelor, Graduate or Professional degree	116,229 (20.10)	78,705 (13.71)	194,934 (4.05)
Earnings in the past 12 months^c			
<=\$19,999	na	na	na
\$20,000-\$39,999	na	na	na
\$40,000-\$74,999	na	na	na
>=\$75,000	na	na	na
Poverty status^d			
Below poverty limit	438,639 (24.59)	436,440 (23.74)	875,079 (7.66)
At or above poverty limit	1,345,005 (75.41)	1,401,661 (76.26)	2,746,666 (24.06)
Health insurance coverage^e			
With health insurance coverage	1,654,982 (90.25)	1,647,611 (87.78)	3,302,593 (89.0)
No health insurance coverage	178,744 (9.75)	229,364 (12.22)	408,108 (11.0)
Employment status^f			
In labor force:	353,766 (62.70)	353,744 (97.09)	707,510 (54.72)
In Armed Forces	227 (0.06)	1,129 (0.38)	1,356 (0.19)
Civilian:	353,539 (99.94)	352,615 (99.62)	706,154 (99.81)
Employed	285,817 (80.84)	270,558 (157.79)	556,375 (78.79)
Unemployed	67,722 (19.16)	82,057 (42.48)	149,779 (21.21)
Not in labor force	373,536 (66.20)	374,976 (102.72)	748,512 (57.89)
TOTAL	1,835,808 (100.0)	1,887,323 (100.0)	3,723,131 (100.0)

NOTE. Reported proportions are column percentages. Column counts and percentages were calculated independently using values on subpopulations, thus the values in each column may not sum to the column total.

^a Hispanics/Latinos can be of any race.

^b Calculated from population 18 to 24 years of age.

^c Not available.

^d Calculated from population for whom poverty status could be determined.

^e Calculated from civilian, noninstitutionalized population.

^f Calculated from population 16 to 24 years.

TABLE n . Characteristics of the general population in Philadelphia, Pennsylvania (Philadelphia, PA Metropolitan Division), U.S. Census Bureau, 2008-2012 American Community Survey

CHARACTERISTIC	FEMALE N (%)	MALE N (%)	TOTAL N (%)
Race/Ethnicity			
American Indian/Alaska Native	3,403 (0.16)	3,232 (0.17)	6,635 (0.17)
Asian	113,191 (5.44)	105,583 (5.48)	218,774 (5.46)
Native Hawaiian/Pacific Islander	1,150 (0.06)	984 (0.05)	2,134 (0.05)
Black	485,637 (23.32)	409,486 (21.24)	895,123 (22.32)
Hispanic/Latino ^a	145,614 (6.99)	151,699 (7.87)	297,313 (7.42)
White	1,381,014 (66.33)	1,315,005 (68.23)	2,696,019 (67.24)
Multiple	41,281 (1.98)	38,510 (2.0)	79,791 (1.99)
Age group (years)			
<5	121,320 (5.83)	126,145 (6.54)	247,465 (6.17)
5-9	123,065 (5.91)	127,814 (6.63)	250,879 (6.26)
10-14	126,038 (6.05)	131,526 (6.82)	257,564 (6.42)
15-17	82,195 (3.95)	85,942 (4.46)	168,137 (4.19)
18-19	61,412 (2.95)	61,610 (3.20)	123,022 (3.07)
20-24	145,568 (6.99)	142,843 (7.41)	288,411 (7.19)
25-29	143,982 (6.92)	137,940 (7.16)	281,922 (7.03)
30-34	129,324 (6.21)	123,366 (6.40)	252,690 (6.30)
35-39	127,219 (6.11)	120,497 (6.25)	247,716 (6.18)
40-44	140,269 (6.74)	132,684 (6.88)	272,953 (6.81)
45-49	154,146 (7.40)	143,649 (7.45)	297,795 (7.43)
50-59	291,554 (14.0)	268,076 (13.91)	559,630 (13.96)
>=60	436,064 (20.94)	325,356 (16.88)	761,420 (18.99)
Highest level of education completed^b			
< High school	189,308 (11.62)	183,090 (12.57)	372,398 (12.07)
High school diploma or equivalent	498,369 (30.58)	443,256 (30.44)	941,625 (30.52)
Some college (no degree) or Associate's degree	432,856 (26.56)	360,336 (24.75)	793,192 (25.71)
Bachelor, Graduate or Professional degree	509,005 (31.24)	469,339 (32.23)	978,344 (31.71)
Earnings in the past 12 months^c			
<=\$19,999	372,351 (35.96)	275,731 (25.78)	648,082 (30.79)
\$20,000-\$39,999	273,176 (26.38)	231,722 (21.67)	504,898 (23.99)
\$40,000-\$74,999	264,033 (25.50)	298,416 (27.90)	562,449 (26.72)
>=\$75,000	125,897 (12.16)	263,620 (24.65)	389,517 (18.50)
Poverty status^d			
Below poverty limit	310,169 (15.27)	243,686 (13.0)	553,855 (14.18)
At or above poverty limit	1,721,059 (84.73)	1,630,734 (87.0)	3,351,793 (85.82)
Health insurance coverage^e			
With health insurance coverage	1,892,153 (91.70)	1,679,414 (88.48)	3,571,567 (90.16)
No health insurance coverage	171,184 (8.30)	218,701 (11.52)	389,885 (9.84)
Employment status^f			
In labor force:	1,014,618 (60.19)	1,058,831 (33.10)	2,073,449 (64.82)
In Armed Forces	380 (0.04)	2,174 (0.21)	2,554 (0.12)
Civilian:	969,156 (95.52)	1,003,618 (94.79)	1,972,774 (95.14)
Employed	924,231 (95.36)	946,533 (94.31)	1,870,764 (94.83)
Unemployed	90,007 (9.29)	110,124 (10.97)	200,131 (10.14)
Not in labor force	670,997 (39.81)	454,173 (14.20)	1,125,170 (35.18)
TOTAL	2,082,156 (100.0)	1,927,448 (100.0)	4,009,604 (100.0)

NOTE. Reported proportions are column percentages. Column counts and percentages were calculated independently using values on subpopulations, thus the values in each column may not sum to the column total.

^a Hispanics/Latinos can be of any race.

^b Calculated from population 18 years and over.

^c Calculated from population 16 years and over with earnings in the past 12 months.

^d Calculated from population for whom poverty status could be determined.

^e Calculated from civilian, noninstitutionalized population.

^f Calculated from population 16 to 64 years.

TABLE n . Characteristics of the population under the age of 25 in Philadelphia, Pennsylvania (Philadelphia, PA Metropolitan Division), U.S. Census Bureau, 2008-2012 American Community Survey

CHARACTERISTIC	FEMALE N (%)	MALE N (%)	TOTAL N (%)
Race/Ethnicity			
American Indian/Alaska Native	1,200 (0.18)	1,382 (0.20)	2,582 (0.19)
Asian	38,451 (5.83)	38,234 (5.66)	76,685 (5.74)
Native Hawaiian/Pacific Islander	596 (0.09)	530 (0.08)	1,126 (0.08)
Black	176,127 (26.70)	175,294 (25.94)	351,421 (26.31)
Hispanic/Latino ^a	68,655 (10.41)	73,477 (10.87)	142,132 (10.64)
White	392,454 (59.50)	409,627 (60.61)	802,081 (60.06)
Multiple	24,683 (3.74)	24,514 (3.63)	49,197 (3.68)
Age group (years)			
<5	121,320 (18.39)	126,145 (18.66)	247,465 (34.67)
5-9	123,065 (18.66)	127,814 (18.91)	250,879 (35.15)
10-14	126,038 (19.11)	131,526 (19.46)	257,564 (36.09)
15-17	82,195 (12.46)	85,942 (12.72)	168,137 (23.56)
18-19	61,412 (9.31)	61,610 (9.12)	123,022 (17.24)
20-24	145,568 (22.07)	142,843 (21.13)	288,411 (40.41)
Highest level of education completed^b			
< High school	23,130 (11.17)	32,247 (15.77)	55,377 (3.33)
High school diploma or equivalent	56,704 (27.40)	66,589 (32.57)	123,293 (7.41)
Some college (no degree) or Associate's degree	92,893 (44.88)	81,969 (40.09)	174,862 (10.51)
Bachelor, Graduate or Professional degree	34,253 (16.55)	23,648 (11.57)	57,901 (3.48)
Earnings in the past 12 months^c			
<=\$19,999	na	na	na
\$20,000-\$39,999	na	na	na
\$40,000-\$74,999	na	na	na
>=\$75,000	na	na	na
Poverty status^d			
Below poverty limit	133,173 (21.26)	128,969 (20.01)	262,142 (6.71)
At or above poverty limit	493,244 (78.74)	515,552 (79.99)	1,008,796 (25.83)
Health insurance coverage^e			
With health insurance coverage	606,275 (92.09)	603,876 (90.23)	1,210,151 (91.15)
No health insurance coverage	52,096 (7.91)	65,372 (9.77)	117,468 (8.85)
Employment status^f			
In labor force:	147,767 (73.51)	140,791 (110.37)	288,558 (62.40)
In Armed Forces	111 (0.08)	413 (0.37)	524 (0.18)
Civilian:	147,656 (99.92)	140,378 (204.58)	288,034 (99.82)
Employed	121,428 (82.24)	107,374 (162.99)	228,802 (79.44)
Unemployed	26,228 (17.76)	33,004 (42.19)	59,232 (20.56)
Not in labor force	115,290 (57.36)	120,645 (90.25)	235,935 (51.02)
TOTAL	659,598 (100.0)	675,880 (100.0)	1,335,478 (100.0)

NOTE. Reported proportions are column percentages. Column counts and percentages were calculated independently using values on subpopulations, thus the values in each column may not sum to the column total.

^a Hispanics/Latinos can be of any race.

^b Calculated from population 18 to 24 years of age.

^c Not available.

^d Calculated from population for whom poverty status could be determined.

^e Calculated from civilian, noninstitutionalized population.

^f Calculated from population 16 to 24 years.

TABLE 1. Characteristics of the general population in [principal city, metropolitan statistical area (MSA), or MSA Division, [data source], [year]*

	Female n (%)	Male n (%)	Total N (%)
Metropolitan population			
CHARACTERISTIC			
Race/Ethnicity			
American Indian/Alaska Native			
Asian			
Native Hawaiian/Pacific Islander			
Black			
Hispanic/Latino			
White			
Multiple			
Age group (yrs)**			
>5			
5 – 9			
10 – 14			
15 - 17			
18 – 19			
20 – 24			
25 – 29			
30 – 34			
35 – 39			
40 – 44			
45 – 49			
50 – 59			
≥60			
Highest level of education completed**			
< High school			
High school diploma or equivalent			
Some college or technical degree			
College degree or post-graduate education			
Annual household income**			
0 to \$19,999			
\$20,000 to \$39,999			
\$40,000 to \$74,999			
\$75,000 or more			
Poverty status			
At or below poverty limit			
Above poverty limit			
Health insurance***			
None			
Private only			
Public only			
Other			
Employment Status***			
Employed full-time			
Employed part-time			

Unemployed
Disabled
Full-time student
Other
TOTAL

Note: Reported proportions are column percentages.

*Indicate the project area, the source of the data, and the year the data were collected.

**Categories may be modified as necessary based on the data available or collapsed due to small cell sizes

***If the data are available

Table 2. New HIV diagnoses in [principal city, metropolitan statistical area (MSA), or MSA Division], by selected characteristics, HIV Surveillance System, 2008-2012*

CHARACTERISTIC**	Female N (%)	Male N (%)	Total N (%)
Race/Ethnicity			
American Indian/Alaska Native			
Asian			
Native Hawaiian/Pacific Islander			
Black			
Hispanic/Latino			
White			
Other			
Age group (yrs)			
<13			
13-15			
16-17			
18 - 19			
20 - 24			
25 - 29			
30 - 34			
35-39			
40 - 44			
45-49			
50-59			
≥60			
Country of birth (if relevant and/or available)			
United States			
Other			
[Geographic variable (e.g., county, district, or neighborhood)]***			
[Selected categories...]			
Highest level of education completed***			
< High school			
High school diploma or equivalent			
Some college or technical degree			
College degree or post-graduate education			
Annual household income			
\$0 - \$19,000			
\$20,000 - \$39,999			
\$40,000 - \$74,999			
≥ \$75,000			
Mode of Transmission/Exposure category			
Male-to-male sexual contact			
Injection drug use (IDU)			
Heterosexual contact			
Male-to-male sexual contact and IDU			
Other			
TOTAL			

NOTE: The proportions in the table are column percentages.

*Indicate the project area

**Categories may be modified as necessary based on the data available or collapsed due to small cell sizes
***If the data are available

Table 3. New HIV diagnoses among MSM in [principal city, metropolitan statistical area (MSA), or MSA Division], by selected characteristics, HIV Surveillance System, 2008-2012*

CHARACTERISTIC**	N (%)
Race/Ethnicity	
American Indian/Alaska Native	
Asian	
Native Hawaiian/Pacific Islander	
Black	
Hispanic/Latino	
White	
Other	
Age group (yrs)	
<13	
13-15	
16-17	
18 - 19	
20 - 24	
25 - 29	
30 - 34	
35-39	
40 - 44	
45-49	
50-59	
≥60	
Country of birth (if relevant and/or available)	
United States	
Other	
[Geographic variable (e.g., county, district, or neighborhood)]***	
[Selected categories...]	
Highest level of education completed***	
< High school	
High school diploma or equivalent	
Some college or technical degree	
College degree or post-graduate education	
Annual household income	
\$0 - \$19,000	
\$20,000 - \$39,999	
\$40,000 - \$74,999	
≥ \$75,000	
TOTAL	

NOTE: The proportions in the table are column percentages.

*Indicate the project area

**Categories may be modified as necessary based on the data available or collapsed due to small cell sizes

***If the data are available

Table 4. Characteristics of MSM and HIV diagnoses and HIV prevalence among MSM 18 to 24 years of age in NHBS-MSM3 in [principal city, metropolitan statistical area (MSA), or MSA Division], by selected characteristics*

CHARACTERISTIC**	N (%)	HIV Prevalence N (%)
Race/Ethnicity		
American Indian/Alaska Native		
Asian		
Native Hawaiian/Pacific Islander		
Black		
Hispanic/Latino		
White		
Other		
Age		
18		
19		
20		
21		
22		
23		
24		
Country of birth (if relevant and/or available)		
United States		
Other		
Highest level of education completed		
< High school		
High school diploma or equivalent		
Some college or technical degree		
College degree or post-graduate education		
Annual household income		
\$0 - \$19,000		
\$20,000 - \$39,999		
\$40,000 - \$74,999		
≥ \$75,000		
TOTAL		

NOTE: The numbers in the table are the numbers of confirmed HIV+ participants and the proportions are column percentages. HIV prevalence is the number of confirmed HIV+ participants by the number of participants with a final HIV test result.

*Indicate the project area

**Categories may be modified as necessary based on the data available or collapsed due to small cell sizes