Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention

Final Report

Organization Name:	Asian American Recovery Services / HealthRIGHT 360
Title of Project (if applicable):	Project Ohana in the Bay
Address:	1115 Mission Rd. South San Francisco, CA 94116
Grant Number:	MAI-HIV 21132
Project Director: **Project Coordinator:**	Anastacio "Junior" Flores Daniel Nava
Project Evaluator (if applicable):	CAMI Consulting (Robynn Battle, Shristi Reddy)
Target Population	18-24 year old Asian/Pacific Islander Americans living San Francisco and Santa Clara counties (see Demographics below)

Assessment - Brief Description of Program Activities

Brief Program Abstract

Asian American Recovery Services/a program of HealthRIGHT360 was awarded a Capacity Building Initiative Cooperative Agreement in the fall of 2015. The award is intended to develop a Substance Abuse and HIV Prevention Project for at risk Asian American young adults (18 to 24), the population of focus includes young men who have sex with men (YMSM), men who have sex with men (MSM), history of substance use, have history of multiple sexual partners, and those who have not tested for HIV or other STI or do not know their HIV status. The development and implementation of a culturally tailored intervention geared for these young adults will be focused in the city and county of San Francisco and San Jose as well as Milpitas the latter are in Santa Clara County. Once awarded, the program took on the name Project Ohana in the Bay (POB).

Description of Implemented Program

The Intervention

Project Ohana in the Bay (POB) delivered a six-week group level evidence-based intervention program that was culturally adapted to provide prevention content on substance use, sexual health, and tools to

help participants remain HIV free. POB met for two hours once a week for six consecutive weeks.

To establish the intervention framework, POB utilized the Substance Abuse Mental Health Administration Services' (SAMHSA) program-building model of Strategic Planning Framework (SPF). This process involved an adaptation method that addressed five key steps of Assessment, Capacity, Planning, Implementation, and Evaluation. POB utilized information and planning adapted from prior programs, Project Asian and Pacific Islanders for Sexual Health Awareness and Substance Abuse Prevention (ASAP), Project 4 County Prevention, and Project 3-3-3 (P3).

These three programs were used for selecting the two evidence-based interventions (EBIs): Motivational Enhancement Treatment/Cognitive Behavioral Therapy 5 (MET/CBT5) Sessions and Many Men, Many Voices (3MV). After adaptation of the EBIs for cultural appropriateness and relevancy with the target population, the curriculum also added updated resources. The program hired personnel who reflected the target population. The program also created a safe communal space through alternative social activities, and ensuring privacy and confidentiality.

The six week group level intervention was facilitated by POB staff. The sessions included: 1. Identity and Risk Behavior; 2. Health, Substance Use and Abuse; 3. Health, HIV and Hep C; 4. Communication; 5. Social Support; 6. Problem Solving & Review. In addition to the six week core workshop modules, the participants were invited to a welcome social/informational meeting prior to implementation of the workshops. There was a final gathering after the completion of the six-week workshop for celebration and whenever possible free anonymous HIV testing at a local clinic or collaboration with a clinic to provide on-site testing.

To increase participation from the Asian American Native Hawaiian Pacific Islander (AANHPI) community unique and culturally specific social gatherings were hosted to maintain community relationships and allow past participants the ability to introduce new participants to the program. For participants' time in POB, incentives were provided at the end of each module and for each completed survey.

Target Population Description

Although POB outreached and engaged 695 individuals within the targeted age range (18-24 years old) with program and prevention information, from whom they collected socio-demographics through the Risk Behavior Assessment Survey (RBSS), 55 individuals participated in the full intervention (6-week workshop series). Additionally, 8 individuals participated in the online one-session brief intervention that highlighted key points from the 6-week workshop series during the COVID pandemic, making a total of 63 enrolled participants or 32% of the targeted 200 enrollment number.

The National Outcomes Measures Survey (NOMS). The NOMS was collected from all individuals whether they participated in the full (55 individuals) or brief (8 individuals) intervention, with 63 Baseline NOMS being collected, 55 Exits NOMS collected and 28 Follow-Up NOMS collected. The retention rate from intervention Baseline to Exit was 100% (i.e., 55 Baseline and Exits from the full intervention participants), while the retention rate from Exit to Follow-Up was 51%. **Note:** Review of past Brief Evaluation Reports found the retention rate started to wane as the COVID pandemic intensified. Several individuals were due for Follow-Up as the pandemic started and simply never responded to request to complete the last required NOMS survey, even after the survey was transferred online for convenience and non-physical contact.

Table 1 includes the demographics of the NOMS 63 participants. Most participants reported Santa Clara County for their residence, followed by San Mateo County, where many who "play in San Francisco" live. Over half (52%) of the participants were of Chinese or multi-ethnic/racial (MER) descent, male and

heterosexual. The average age was 21.4 years old, with those of Vietnamese descent having the highest percentage of young participants (18-20 years old), while those of Chinese or Other Asian ethnicities had the highest rate of those of legal drinking age (21 years old and higher) (see Table 1).

Table 1.
Demographics of NOMS Participants

	Total		***Chinese***		***MER***		***Filipino***		***Vietnamese***		***Other Asian Ethnicities***	
	N	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Participant	***63***	***100***	***19***	***30***	***14***	***22***	***12***	***19***	***9***	***14***	***9***	***14***
County of Residence or Frequency												
Santa Clara	***32***	***51***	6	32	8	57	7	58	7	78	4	44
San Francisco	***9***	***14***	2	11	2	14	3	25	1	11	1	11
San Mateo	***14***	***22***	7	37	3	21	2	16	0	0	2	22
Other*	***8***	***13***	4	21	1	7	0	0	1	11	2	22
Male	**38**	**60**	11	60	6	43	10	83	8	89	3	33
LGBTQ+ Spectrum	**30**	**48**	10	53	9	64	4	33	4	44	3	33
Age group – 18-24 y.o.												
18-20	**26**	**41**	5	26	7	50	6	50	6	66	2	22
21-24	**37**	**59**	14	74	7	50	6	50	3	33	7	77

**Other includes neighbor SF Bay Area Counties – Alameda and Contra Costa, other state counties and other states*

The Risk Behaviors Assessment Survey (RBSS). Table 2 includes demographics of the broader outreached population (695 respondents) engaged through 28 different outreach and recruitment events (see *Implementation*) where RBSS were collected to document substance use disorder and sexual history information among the targeted population. It can be argued that each initial in-person engagement was a brief intervention as program **and** HIV prevention information was shared via condom distribution and informational flyers. Similarly during COVID outreach, prevention information was provided during online.

Unlike the NOMS sample where more participants were male, over half of the RBSS respondents were female and hetero. Those from other Asian and Pacific Islander ethnic groups had a statistically significant lower percentage of those living in US their entire life (p=.00). Reported education saw statistically significant differences for those of Filipino or MER descent having higher rates of those still in college compared to those of Chinese descent having a higher rate of college grads or more (p=.00). Participants of Chinese descent were also older (p=00).

Table 2.
Demographics of RBSS Participants

	Total		***Chinese***		***MER***		***Filipino***		***Vietnamese***		***Other Asian Ethnicities***	
	N	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
Participant	***695***	***100***	***128***	***18***	***202***	***29***	***173***	***25***	***76***	***11***	***116***	***17***
Male	***323***	***47***	66	52	74	43	39	51	93	47	51	46

LGBTQ+ Spectrum	***318***	***46***	66	52	103	52	67	39	35	46	47	42
Length of time in US – Entire life*	***504***	***73***	93	73	166	82	130	75	57	75	58	52
Education*												
High school	***95***	***14***	10	8	24	12	20	12	16	21	25	23
Some college	***386***	***56***	55	43	128	64	106	62	41	54	56	51
College grad or more	***207***	***30***	63	49	49	24	46	27	19	25	30	27
Age group – 18-24 y.o.*												
18-20	***280***	***42***	35	29	92	48	72	43	37	50	44	40
21-24	***386***	***58***	88	72	99	52	96	57	37	50	66	60

p=.00

Evaluation Rationale

The performance assessment or program evaluation plan entailed an evaluation that utilized qualitative and quantitative methods, and incorporates three evaluation components: formative, process, and outcome. The evaluation hypothesis guiding the evaluation was that individuals exposed to a culturally relevant substance use disorder and HIV prevention curriculum or information would see a reduction in reported risk behaviors upon exiting the program.

Capacity Building

Introduction

POB adopted a series of key practices from previously funded programs working with similar targeted populations that proved to be crucial to the successful functioning of the intervention. We highlight several key practices, amongst a host of other: carrying out a Strategic Planning Phase, which entailed conducting a Needs Assessment; Convening and maintaining a Community Advisory Board; pilot testing survey instruments; culturally tailoring the intervention; and establishing and maintaining monthly meeting for program staff with the evaluation team.

POB dealt with staff turnover without which the program lacked the capacity to enroll and implement the program. Once dedicated staff was found, the project strategized on outreach methods to meet the grant deliverables. With a focus on outreach, POB was able to connect with partner organizations and maintain a community presence in Santa Clara and San Francisco Counties.

Capacity Building

POB tried multiple times to create a Community Advisory Board (CAB) but due to limited capacity due to high staff turnover, it was more fruitful for POB staff to participate in other advisory groups and coalitions. In Santa Clara County the team joined the Tobacco Free Coalition of Santa Clara County and Getting to Zero coalition for HIV/AIDS. In San Francisco the staff participated in the End Hep C coalition. The coalitions helped form connections in the community, identify potential participants, and connect participants to additional services. Community leaders and champions were pivotal in assisting POB staff with HIV testing services, Hep C and Substance Use resources, and connections to community events.

List of Coalition and Community Champions

Ben Cabangun, API American Health Forum
Malaya Arevalo, Asian American for Community Involvement
Rowland Mendoza, San Francisco Community Health Center
Koji Sakakibara, Asian Health Services
Kris Bifulco, LGBTQ Wellness
Crystal Haney, Asian American Community Involvement
Diana Hernandez, LGBTQ Youth Space
Errol Feria, Daly City Youth Health Center
Zebediah-Jo "Zeb" Eskman, San Francisco Community Health Center
Lorna Sumaraga, Santa Clara Public Health Department
Mory Chhom, Vietnamese Youth Development Center
Raj Gill, Santa Clara Valley Health & Hospital System; Public Health Derpartment, HIV/AIDS Prevention & Control
Candelario Franco, Getting to Zero
Robert Smart, Health Trust, Santa Clara County
Crystal Rose, Asian Americans for Community Involvement
Neo Veavea, United Territories of Pacific Isalnders Alliance (UTOPIA)
Evelyn Fung, North County Prevention Partnership
Nani Wilson, North County Outreach Coalition
Razelle Buenavista, Asian American Recovery Services – Santa Clara County
Yoko, SF Anime Fest
John Luu, Cosplay Community Member
Nackie Moli & Carl Johnson, Faika Podcast – Poly By Design
Danny Pham & Dez Kwok, Game Boi SF Night Club
Joey Tran, Gosu Tbar
Jay, Gold & Gifted Barbershop
Theresa Ick & Thomas Knoble, Department of Public Health

Collaborative Groups and Referrals

Along with participating in coalitions, staff became members of organizations and sat on planning committees. A staff of POB became an active member of United Territories of Pacific Islanders Alliance (UTOPIA). An LGBTQ+ Pacific Islander (PI) organization that did community work in San Mateo and San Francisco County. Having a seat at the table with the Pacific Islander community was crucial with identifying PI participants and aided in warm handoffs and connections within the PI community. Staff also participated on committees for community events; Post Street Jubilee and Lunar New Year. Post Street Jubilee is a resource fair held in Santa Clara County to promote healthy living. The Lunar New Year committee was held in San Francisco to bring the AANHPI community together in San Francisco and connect with resources.

Monthly Meetings

POB met with the evaluation team, CAMI Consulting Inc., monthly to review, discuss, and arrive at solutions related to the grant deliverables. The meetings included review of relevant data, discussion of challenges, possible solutions, and developing strategies to address challenges. The evaluation team also noted any mid-course corrections and advised POB staff accordingly. The Evaluation Team also offered a lot of support during COVID-19. In the transition to an online platform for the workshops, the evaluators

assisted in creating new formats to follow HIPAA compliance to receive Risk Behavior Screening Surveys (RBSS) and National Outcome Measurement Surveys (NOMS).

Trainings & Technical Support

The team reached out to SAMHSA for Training and Technical Assistance (TTA) to improve social media use and outreach methods. In January 2018 TTA was received for social media assistance and strategies. There were some tips and information that was useful and beneficial for the POB staff, but the TTA had to reassess their training strategies due to the absence of a media budget in the grant. The POB staff received in February 2018 TTA for outreach methods. Unfortunately, the strategies were not tailored or geared for the population of focus POB was working with. Other trainings were received at the county level for cultural humility, sexual orientation and gender identity, substance use trends, and HIV/Hep C prevention strategies.

Implementation

Accomplishments. Successes in outreach methods and community collaborations aided POB in acquiring participants.

- Outreach Methods. POB strategized, developed, and adapted outreach methods to their target population. In initially reviewing outreach methods with previous programs it was determined that some outreach strategies were no longer relevant. For example, night clubs provided HIV testing opportunities, but provided low participant connections. Below is a chart of outreach methods and a brief description of their success. Success is interpreted as connecting to participants, linkage to services, direct services, acquiring new/additional resources and/or creating a community.

Outreach Method (Years Attended/Utilized)	Brief Description of Successes
Recovery Happens (3 years)	First Outreach for project allowed testing out signage, and Poke Stop design
Post Street Jubilee (4 years)	Allowed linkage to HIV testing services
GaymerX convention (1 year)	Tested out new outreach method, Quiz Pong. An interactive game with questions related to sexual health
Welcome Socials (5 years)	POB hosted information nights with games that eventually became critical for past participants to introduce potential participants with staff
Movie Nights (5 years)	Became events for past participants to continue connecting with POB for resources and introduce potential participants to staff
Social Media – Hook-Up Apps: Grindr, Tinder, Scruff (5 years)	Provided participants and provided information to resources and HIV testing
Social Media – Instagram Stories (5 years)	The ability to utilize IG stories not only provided information about POB events, but also created a space to instantly share resources. Became increasingly crucial during COVID-19 to connect to resources: food, shelter, COVID-19 testing, mental health tips, and more.
Social Media – Facebook (5 years)	Reached a goal of acquiring 400+ likes to the page, was a source for posting informational videos, introduction to meet staff, and posting events created or attended by POB
Game Boi SF (5 years)	HIV testing linkage for four years and in the final year (before COVID-19) POB staff provided direct HIV testing
Game Nights (5 Years)	A successful method that allowed potential participants a space to feel safe and engage in substance free entertainment
Tet Festival (Vietnamese Lunar New Year (4 Years)	Provided culturally sensitive heath information to community members that often felt our presence was taboo

Outreach Method (Years Attended/Utilized)	Brief Description of Successes
Serramonte Health Fair (4 years)	Beneficial in creating community connections with other local organizations, POB also utilized local high school youth to assist and learn outreach methods
San Francisco PRIDE (4 years)	POB's largest outreach community event with many Risk Behavioral Screening Surveys completed and linkage to HIV testing to community partner SFCHC
World AIDS Day – SFSU, SJSU (4 years)	A consistent invitation to meet potential participants on college campuses, and provide linkage to HIV testing
Gold & Gifted Barbershop (1 year)	Utilized a local barbershop to connect to local participants
YouTube Videos (2 years)	Created content that was shared through Facebook to introduce community to staff and provide a flow of HIV, Hep C, and Substance prevention information
Boba Shops (4 years)	Safe and relaxing space to meet with potential participants, or meet up for follow-up with past participants
Cultural and Heritage Events – SFSU, SJSU (4 years)	POB's other successful method to gain access to college campuses for outreach and linkage to HIV testing
Anime Crafting Session (2 Years)	POB's start to successful events in Santa Clara County that lead allowed a space for members of the Cosplay community to gather at our office space. This was successful due to the large volume of potential participants that attended, POB was spread through word of mouth through the community, and POB found a successful method to get participants to come to POB's space
SF Anime Festival (2 years)	POB realized that their presence in the Cosplay community was known, due to participants from Santa Clara County introducing potential participants to the staff at this San Francisco County event
Anime Swap Meet (2 years)	With the success of the Anime Crafting Sessions, the swap meet was created to expand the selection of Anime activities; these events were the largest gatherings the POB staff hosted
North County Prevention Partnership (1 year)	POB staff assisted in facilitating a high school youth prevention program and was able to gain a cohort of high school seniors for a workshop series
Pacific Islander Heritage Festival (2 years)	One of few outreach spaces to connect with Pacific Islanders and acquire participants
Lunar New Year Festival – Salesforce (2 years)	Connected with potential participants and provided linkage to HIV testing
Journey to Empowerment (5 years)	Disseminated data to Pacific Islander community members and met potential participants
Picnic Day & Museum Day (3 years)	POB event to provide outdoor events for participants and potential participants that was substance free
API HIV Awareness Event (1 year)	SFCHC and POB worked together to create an event with community resources, performances, and a panel to raise HIV awareness
COVID-19 (1 year)	Online presence maintained and provided virtual workshops for participants

- Consistent Presence in the Community. From previous projects, POB understood the importance of community presence. POB staff consistently attended a monthly PI gathering, Journey to Empowerment, to provide resources and information. This created the opportunity to present at the gathering about POB. Through this event a connection was made with the PI organization, UTOPIA. Participation with UTOPIA led to the introduction to a PI podcast, where staff shared with the bay

area about the project. These connections allowed staff to connect with potential participants in the PI community.

POB also had a consistent presence at GameBoi, an AANHPI themed night club. Staff were able to make consistent connections in the community for collaboration, receive participants for workshops, and link individuals to HIV testing services. Many referrals and linkage to HIV testing services were made possible with being at GameBoi. San Francisco Community Health Center (SFCHC) was present providing free HIV testing and POB would connect individuals at the night club to the HIV testing services.

- HIV Testing Counselor. Due to challenges securing HIV testing appointments with participants, a POB staff member became a certified HIV testing counselor. Testing was limited to San Francisco, but it did increase and change HIV referrals and linkage; to direct testing numbers. This is a huge accomplishment because it took the project staff four years to get a staff member certified. The process was similar to a baton pass from one individual to another individual that would lead to a dead end. The staff looked internally with the agency, HealthRight 360, inquiring with medical directors, behavior health directors, and HIV testing coordinators, but did not get clear direction on how to get certified. The staff then looked externally with community partners but that would also lead to a dead end. The staff finally had success at a social gathering in Santa Clara County, when an attendee informed staff that they know someone with AHF Healthcare Center (AHF) that could assist with the process to be an HIV testing counselor. The testing counselor with AHF recommended the staff to connect with the lead Health Program Coordinator with the Department of Public Health, San Francisco. The Health Program Coordinator was able to assist in connecting staff with a testing coordinator located within HealthRight 360, Tenderloin Health Services that the staff were never introduced to in the previous years of seeking internal assistance. The testing coordinator of Tenderloin Health Services championed for POB and pushed for the staff member to become a HIV testing counselor. Since becoming a HIV test counselor in the last year of the grant it was easier to provide HIV testing to those participants who were previously interested but did not get tested. As a HIV test counselor, it was also easier to test individuals at Game Boi directly instead of just providing linkage.
- Collaborations. POB was able to utilize collaboration networks with other agencies and organizations to assist their participants and population of focus. One collaboration was with Getting to Zero, an HIV prevention organization that the staff were a part of in Santa Clara County. This connection provided the POB staff with connections in San Jose to get their participants HIV testing through Raj Gill who provided HIV testing with the counties mobile testing van. Getting to Zero also created the connection with Robert Smart who invited POB to make classroom announcements at SJSU when he provided HIV/AIDS resources and information to the health classes. POB also worked closely with San Francisco Community Health Center (SFCHC) in collaboration in San Francisco. Working with SFCHC allowed POB to connect with AANHPI at events they hosted, events they were invited to attend, and POB even worked together to create a community event for API HIV Awareness Month. SFCHC was instrumental in assisting the POB staff member to become an HIV testing counselor and to maintain their testing numbers. San Francisco Anime Fest is a community gathering held in Japan Town of San Francisco and the organizers of the event consistently donated a space to POB to perform outreach with attendees of the event.
- Information Dissemination. POB submitted abstracts and was selected to present at two national conferences and speak at a couple of local conferences. See appendix for more details. Below is a list of accepted presentations presented at American Public Health Association (APHA), United

States Conference on HIV/AIDS, and Advancing Health and Wellness with Cultural Humility in Asian and Asian American Communities Conference in San Francisco (AHW SF).

Conference	Year	Title
Advancing Health and Wellness with Cultural Humility in Asian and Asian American Communities Conference in San Francisco	2019	"HIV testing trends amongst young adults in the LGBTQIA+ and cis-hetero Asian American, Native Hawaiian and other Pacific Islander (AANHPI) populations in the San Francisco Bay Area"
American Public Health Association	2019	"Substance Use Norms, Pressures, and Attitudes Among Asian, Asian American, Native Hawaiian, and other Pacific Islander (AANHOPI) Young Adults in SF Bay Area"
United States Conference on HIV/AIDS	2020	"HIV Prevention Among Asian American Young Adults During COVID-19"
American Public Health Association	2020	"Shifts in Alcohol, Tobacco, and Other Drug Use Among Asian American Young Adults (18-24) in San Francisco Bay Area"
American Public Health Association	2020	"Unwanted sexual encounters in the Asian, Asian American, Native Hawaiian, and Pacific Islander community among young adults, 18-24yr"

- At Home HIV Testing Kits. POB was able to acquire personal at home testing kits at a bargain price from a connection made at the United States Conference on AIDS, 2019. With challenges in accessing HIV testing during COVID-19, POB staff started a campaign to ship at home HIV test kits with an instruction video developed by POB staff. The instructional video was shared on social media to encourage inquiry about the at home test kits by those in the target population.

  Virtual Transition. Workshops were able to transition to an online platform due to COVID-19 shelter in place orders. POB staff were able to adapt materials, activities, and survey tools to host virtual workshop and collect data using an online platform. POB was also able to provide home HIV testing kits for participants that requested resources.

Lessons Learned. Lessons the staff of POB learned.

- Importance of collaboration. The staff of POB could not have made the connections and provided the resources to participants if it was not for the support of community champions and organizations. Working with other organizations allowed POB to be invited to spaces they wouldn't have had access to on their own, and/or were able to provide linkage to services for resources POB didn't provide for participants.

- Importance of having culturally diverse staff. POB had two fluent Vietnamese staff and this provided assistance in providing services and connecting with possible participants at the Vietnamese TET Lunar Festival in San Jose. Having staff that are part of the AANHPI community provided a link to cultural and community events. With two staff being openly a part of the LGBTQ+ community allowed the program to stay better connected with trends and topics relevant to the LGBTQ+ community. Having staff that met these characteristics aided in online outreach via dating apps or also known as hook-up apps, like Scruff and Grindr.

- Importance of curriculum based on the needs of the community. The POB Curriculum was both culturally specific and engaging. The staff adapted the curriculum as needed to better address the needs of the target population. The holistic approach to behavioral change makes the workshops relatable and applicable to not only reducing high-risk behaviors that could lead to HIV/AIDS, hepatitis, or substance misuse, but can be used for other prospects such as the COVID-19 pandemic.

- Importance of IRB approval on college campuses. POB received one Institutional Review Board (IRB) approval at a community college, Skyline. The approval only allowed to perform outreach and tabling on campus, but didn't provide a space for hosting interventions. The ability to be present on campus allowed for consistent outreach and a presence on campus.

- Importance of community. The POB staff were able to freely utilize an open space office in Santa Clara County and create a space of comfort and that was welcoming. This space proved to maintain attendance successfully and consistently for participants for any activity, outreach method, or intervention held. Staff tried to mimic this experience in San Francisco and other office spaces, but the factors that made Santa Clara County successful were not easy to replicate.

- San Francisco County compared to Santa Clara County. Maintaining a consistent attendance of events and interventions in Santa Clara County may have been due to the lack of events and gatherings in the county. San Francisco County provided many outlets and experiences for the population of focus that staff felt there was a constant competition to attract participants.

- Importance of a certified HIV testing counselor on staff. The staff consistently struggled with connecting participants with HIV testing services. Once a staff member became a certified HIV testing counselor in San Francisco, it was slightly easier to provide direct HIV testing services with the assistance of SFCHC. SFCHC invited staff to attend events where HIV testing was taking place and allowed the POB staff member to test with them.

Challenges.

- HIV Testing. POB had a constant struggle of connecting participants with HIV testing services. The barriers experienced were as followed: not MSM (men who have sex with men), are not of the transgender community, not substance users, not high risk, and/or not sexually active. One memorable instance was when POB staff took participants to get HIV testing in Santa Clara County, with an appointment scheduled a week in advance. The appointment was not honored and the staff went to another testing clinic but were turned away due to it being close to closing time. Staff then traveled to a third location where testing was being done at a bathhouse. Staff hesitated to take participants in, but were told that testing was in the front of the establishment, so staff moved forward with testing. Once inside the participants did not receive testing due to "not being high risk." Three establishments in one night and not a single participant received HIV testing.

- Staff overturn. POB was faced with a few staff changes and overturn. It fluctuated in the number of staff present even in the last quarter of the project, but one consistent staff member with the aid of returning staff, the evaluation team, and the program director kept the program moving forward.
- IRB Approval. The original CBI 2 grant lacked collaboration and support from institutions that could have facilitated the process to connect with participants. The grant did not have any buy-ins from college campuses or community organizations like the previous grants had. Getting IRB approval proved to be difficult after the establishment of the project and created a challenge to be consistently present on college campuses. The program had to constantly reach out to many individuals to get invitations to be at campus events to outreach. The lack of campus support proved challenging due to participants having to travel to POB office sites for interventions and not have their campus host onsite.
- Lack of support from larger agency holding the grant. POB was one of few prevention programs in a larger organization focused on treatment and recovery. The staff faced difficulties of receiving support from the larger organization in terms of providing HIV testing support. The staff were passed around for years with receiving no clear support to establish HIV testing for participants. Staff never gave up and began asking outside of the organization to get support and through community partners, the correct connections were made to get a staff member to become an HIV testing counselor.
- Online platform. Due to COVID-19 the staff were hesitant to start the process of implementing the interventions online. With the support and motivation of the evaluation team, the program was able to transition the entire intervention to an online platform for participants.

Evaluation – Performance Results

Methodology and Tools

Two instruments, the NOMS and RBSS, were used for data collection with POB. As the NOMS (the required GPRA data collection tool) served to address standardized substance use and HIV knowledge and risk, the RBSS served to document more in-depth information regarding risk behaviors and HIV testing history. Additionally, it collected detailed information about participants' ethnicities, allowing POB to disaggregate the different ethnic groups to determine if certain groups were more at risk than others. This survey strategy was done under the notion that when aggregating groups under "ASIAN," certain ethnic groups exhibiting more high-risk behaviors are masked. For the program questions, the two surveys addressed three of the five goals (Goals 3 through 5) (See Table 3).

Table 3. Program Questions as Evaluation Measures & Survey Correspondence

SAMHSA/CSAP Program Questions	Survey Variables Used For Measurement
1. Provide culturally competent HIV testing services.	NOMS Q# B-Services Type, C-Referrals RBSS – HIV Testing History

SAMHSA/CSAP Program Questions	Survey Variables Used For Measurement
2. Develop and implement evidence-based activities to reduce the incidence and impact of substance abuse and HIV	NOMS Q# 10-11, 13-36 RBSS – All questions

Comparison of NOMS Data across Data Collection Periods (Baseline, Exit, and Follow-Up)

Limitations. Although findings are encouraging and show desired outcomes (i.e., change in risky behaviors), caution is suggested when interpreting the findings as the sample size for those completing the NOMS was smaller than anticipated.

Substance use among Non-users. Usage rates were assessed by analyzing those who reported use of ATOD at baseline and reviewing reported behavior at the end of the intervention through exit survey data. Substance categories were mutually exclusive, and not all participants were users of all substances. The most commonly used drugs were alcohol and marijuana followed by cigarettes (see Table 4). Although 63 Baseline NOMS were collected, only 55 participated in the workshops where Exit and Follow-up surveys were collected. Due to low usage rates, Table 4 presents data in terms of "non-user stability," that is, from baseline to 6-month follow-up participants did not start to use the substance.

Table 4.
Past 30 Day Non-User Stability (NOMS): Baseline N = 55, Exit N = 55, Follow-Up N = 28

Substance	% of Non-Users at Baseline	% of Non-Users at Exit	% of Non-Users at Follow-up	Direction of DESIRED Change from Baseline to Exit	Direction of DESIRED Change from Baseline to Follow-up
Cigarettes	98	100	100	↑	←→
E-Cigarettes/Vapes	91	100	100	↑	←→
Alcohol	49	55	-	↑	-
Marijuana	87	67	-	↑	-
Other illegal drugs	92	100	100	↑	←→

Rates for non-users was high (91% or more non-users) for all substances with the exception of alcohol, and remained high at Exit and Follow-Up suggesting abstention while involved with and after participation in POB. Due to the small number of Follow-up surveys for alcohol and marijuana, none of the past using participants completed the survey, thus comparisons from Exit to Follow-up could not be made.

Risky sex across time. Risky sex rates were assessed by analyzing those who reported "Yes" to protective sex during the last time they had a sexual encounter, and "No" to having sex under the influence. Reported behaviors were reviewed at the end of the intervention through exit and follow-up survey data (see Table 5). Across time, reported protective sex was the same at Baseline and Exit, and slightly decreased from Baseline to Follow-up. Findings were encouraging with over half of the

participants reporting protective sex and maintenance of this moderate rate across time. Reported sex under the influence saw increases in desired responses from Baseline to Exit and Baseline to Follow-up.

Table 5.
Risky Sex across Time

Substance	% of Reporting Baseline	% of Reporting Exit	% of Reporting at Follow-up	Direction of DESIRED Change from Baseline to Exit	Direction of DESIRED Change from Baseline to Follow-up
Protective sex in past 30 days - Yes	65	65	62	←→	↓
Sex under the influence - No	43	57	50	↑	↑

Knowledge of Health Services

Part of the POB efforts was to provide information about challenges associated with substance use, and general knowledge about HIV, available local treatment services and HIV testing. Participant data was analyzed to determine if there was any change over time in perceptions and knowledge.

Health Services & HIV Testing. Access to services was measured by analyzing what participants reported over time for recognition of access to HIV testing or substance use disorder problems (see Table 6).

Table 6. Access and Knowledge to Healthcare Services

	Baseline (%)	Exit (%)	Follow-Up (%)	*Change from Baseline to Follow-Up*
Know where to seek health care services for:				
HIV/AIDS or other STDs*	68	90	100	↑
Drug or alcohol problem	53	80	100	↑

The percentages of NOMS participants who reported knowledge about available services for HIV testing and treatment, and drug and alcohol treatment consistently increased across time. Such changes indicate that participants acquired information and maintained this information over time. Knowledge of drug and alcohol problems services saw the largest increase.

Selected RBSS Results

As part of the strategic prevention framework to document and compile a risk behavior profile of the targeted populations, POB administered the Risk Behaviors Survey (RBSS) during outreach efforts to all potential participants. Additionally, all individuals who participated in the prevention program completed the RBSS and these participants are included in the 695 RBSS forms collected.

Given the pan-Asian population targeted by POB, participants represented 25 specific ethnic groups, with the majority of participants being Chinese, Filipino, Vietnamese, and MER (multi-ethnic/racial)

individuals. For the purposes of analysis, data is presented with the four largest ethnic groups and all other ethnic groups as "Other Asian Ethnicities."

Substance Use

The most commonly reported substance used in the past 30 days across all five ethnic groupings was alcohol non-beer (65%) followed by alcohol beer (58%), marijuana (33%), blunts (20%) and e-cigarettes (18%) (see Table 7). Filipino and MER respondents reported the higher rates of cigarettes, alcohol (both beer and non), hookah, e-cigarettes, and marijuana, and blunt use. Other Asian Ethnicities had higher rates of cigarettes, e-cigarettes, alcohol non-beer, blunts and marijuana. Statistically significant differences were found between ethnic groups and use of all substances with the exception of Hookahs, Hallucinogens and Methamphetamines (p=.00 and p=.02 see Table 7).

Table 7.

Substance Used in the Past 30 Days (RBSS, N=695)

	Chinese (%)	Filipino (%)	Vietnamese (%)	MER (%)	Other Asian Ethnicities (%)
Cigarettes*	3	12	8	32	27
Hookahs	3	7	3	10	10
e-Cigarettes*	3	24	16	23	17
Alcohol: Beer⁺	16	27	10	29	18
Alcohol: Non-Beer*	54	66	55	73	67
Blunts*	9	24	15	22	28
Marijuana*	20	40	27	37	35
Hallucinogens	<1	6	1	6	4
Methamphetamine	<1	0	1	2	2

*p=.00 between ethnic groups ⁺p=.02 between ethnic groups

Sexual Behaviors. The average number of sexual partners reported was 1.5 persons. Reported protective oral sex saw less than a quarter of participants reporting a female partner used a barrier across all ethnic groups, while about a quarter of the Filipino and MER participants reporting a male partner used a barrier. For reported vaginal sex with a female partner, with the exception of 36% of MER participants reporting barriers, the other ethnicities reported barrier use was 20% or less. Review of reported vaginal sex with a male partner and the use of barriers found slightly higher barrier rates that ranged 10% to 25%. Finally for reported anal sex, those reporting a female partner had higher rates of barrier use compared to those reporting a male partner. None of the differences between the ethnicities or by partner's gender saw statistically significant differences. Finally, very few individuals reported sex while under the influence of a substance.

Table 8.
Use of Barriers during Sexual Encounters (RBSS)

In 30 day during sex with partner ALWAYS used a barrier for:	Used Barrier w/ Partner - Always				
	Chinese (%)	Filipino (%)	Vietnamese (%)	MER (%)	Other Asian Ethnicities (%)
Oral					
Female Partner	19	3	19	13	19
Male Partner	11	28	11	28	22
Vaginal					
Female Partner	15	18	10	36	21
Male Partner	10	25	21	25	19
Insert (Anal)					
Female Partner	25	50	-	25	-
Male Partner	11	28	6	22	33
Receptive (Anal)					
Female Partner	75	-	-	25	-
Male Partner	13	29	13	21	25

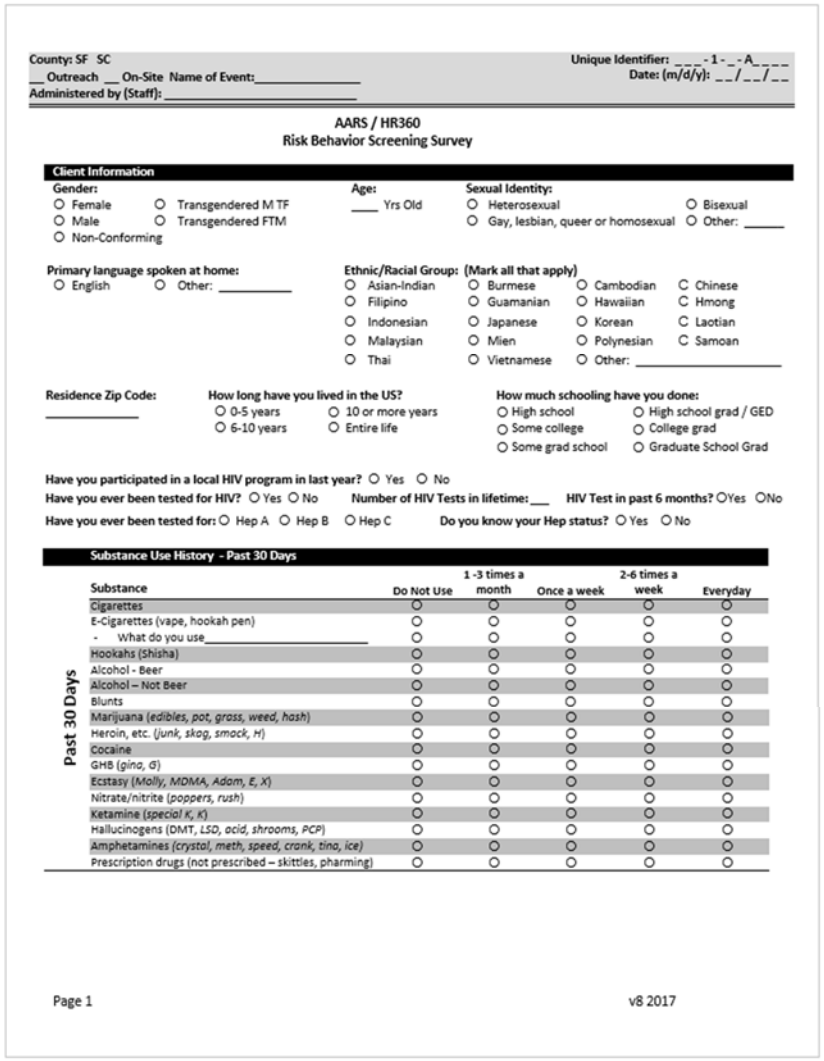
HIV Testing. Table 9 includes reported HIV testing history. Almost half (42%) reported having ever tested, while 75% of these individuals reported being tested in the past six months. There was statistically significant difference between those being tested in the past six months or not (p=.00), suggesting once respondents became engaged with the program (outreach or enrollment into the workshops) there was an association between getting HIV tested or not. No statistical significance was found between the different ethnic groups and testing rates.

Table 9.
HIV Testing

	Chinese (%)	Filipino (%)	Vietnamese (%)	MER (%)	Other Asian Ethnicities (%)
Have you ever been tested for HIV? YES	39	41	43	45	40
HIV Tested in past 6 months? YES	25	24	24	34	22

Appendices

Appendix A – Risk Behavior Assessment Form (RBSS)



County: SF SC
__ Outreach __ On-Site Name of Event:_____
Administered by (Staff): _____

Unique Identifier: ____-1-__-A____
Date: (m/d/y): __/__/__

AARS / HR360
Risk Behavior Screening Survey

Client Information

Gender:
O Female O Transgendered M TF
O Male O Transgendered FTM
O Non-Conforming

Age:
____ Yrs Old

Sexual Identity:
O Heterosexual O Bisexual
O Gay, lesbian, queer or homosexual O Other: _____

Primary language spoken at home:
O English O Other: _____

Ethnic/Racial Group: (Mark all that apply)
O Asian-Indian O Burmese O Cambodian C Chinese
O Filipino O Guamanian O Hawaiian C Hmong
O Indonesian O Japanese O Korean C Laotian
O Malaysian O Mien O Polynesian C Samoan
O Thai O Vietnamese O Other: _____

Residence Zip Code:
_____

How long have you lived in the US?
O 0-5 years O 10 or more years
O 6-10 years O Entire life

How much schooling have you done:
O High school O High school grad / GED
O Some college O College grad
O Some grad school O Graduate School Grad

Have you participated in a local HIV program in last year? O Yes O No
Have you ever been tested for HIV? O Yes O No **Number of HIV Tests in lifetime:** ___ **HIV Test in past 6 months?** O Yes O No
Have you ever been tested for: O Hep A O Hep B O Hep C **Do you know your Hep status?** O Yes O No

Substance Use History - Past 30 Days

	Substance	Do Not Use	1 -3 times a month	Once a week	2-6 times a week	Everyday
Past 30 Days	Cigarettes	O	O	O	O	O
	E-Cigarettes (vape, hookah pen)	O	O	O	O	O
	- What do you use_____	O	O	O	O	O
	Hookahs (Shisha)	O	O	O	O	O
	Alcohol - Beer	O	O	O	O	O
	Alcohol – Not Beer	O	O	O	O	O
	Blunts	O	O	O	O	O
	Marijuana (*edibles, pot, grass, weed, hash*)	O	O	O	O	O
	Heroin, etc. (*junk, skag, smack, H*)	O	O	O	O	O
	Cocaine	O	O	O	O	O
	GHB (*gina, G*)	O	O	O	O	O
	Ecstasy (*Molly, MDMA, Adam, E, X*)	O	O	O	O	O
	Nitrate/nitrite (*poppers, rush*)	O	O	O	O	O
	Ketamine (*special K, K*)	O	O	O	O	O
	Hallucinogens (DMT, *LSD, acid, shrooms, PCP*)	O	O	O	O	O
	Amphetamines (*crystal, meth, speed, crank, tina, ice*)	O	O	O	O	O
	Prescription drugs (not prescribed – skittles, pharming)	O	O	O	O	O

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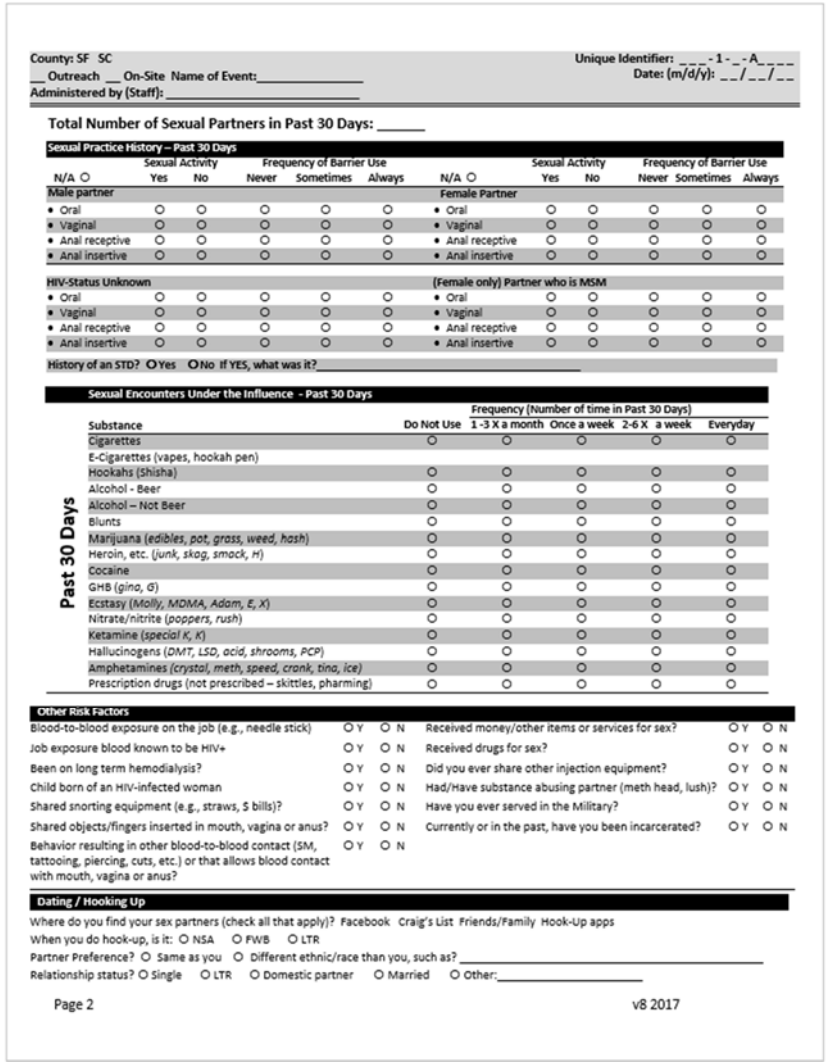

County: SF SC
__ Outreach __ On-Site Name of Event:_____
Administered by (Staff): _____

Unique Identifier: ____-1-__-A____
Date: (m/d/y): __/__/__

Total Number of Sexual Partners in Past 30 Days: _____

Sexual Practice History – Past 30 Days

N/A O	Sexual Activity Yes	Sexual Activity No	Frequency of Barrier Use Never	Frequency of Barrier Use Sometimes	Frequency of Barrier Use Always
Male partner					
• Oral	O	O	O	O	O
• Vaginal	O	O	O	O	O
• Anal receptive	O	O	O	O	O
• Anal insertive	O	O	O	O	O
HIV-Status Unknown					
• Oral	O	O	O	O	O
• Vaginal	O	O	O	O	O
• Anal receptive	O	O	O	O	O
• Anal insertive	O	O	O	O	O

N/A O	Sexual Activity Yes	Sexual Activity No	Frequency of Barrier Use Never	Frequency of Barrier Use Sometimes	Frequency of Barrier Use Always
Female Partner					
• Oral	O	O	O	O	O
• Vaginal	O	O	O	O	O
• Anal receptive	O	O	O	O	O
• Anal insertive	O	O	O	O	O
(Female only) Partner who is MSM					
• Oral	O	O	O	O	O
• Vaginal	O	O	O	O	O
• Anal receptive	O	O	O	O	O
• Anal insertive	O	O	O	O	O

History of an STD? O Yes O No **If YES, what was it?**_____

Sexual Encounters Under the Influence - Past 30 Days

	Substance	Do Not Use	Frequency (Number of time in Past 30 Days) 1 -3 X a month	Once a week	2-6 X a week	Everyday
Past 30 Days	Cigarettes	O	O	O	O	O
	E-Cigarettes (vapes, hookah pen)					
	Hookahs (Shisha)	O	O	O	O	O
	Alcohol - Beer	O	O	O	O	O
	Alcohol – Not Beer	O	O	O	O	O
	Blunts	O	O	O	O	O
	Marijuana (*edibles, pot, grass, weed, hash*)	O	O	O	O	O
	Heroin, etc. (*junk, skag, smack, H*)	O	O	O	O	O
	Cocaine	O	O	O	O	O
	GHB (*gina, G*)	O	O	O	O	O
	Ecstasy (*Molly, MDMA, Adam, E, X*)	O	O	O	O	O
	Nitrate/nitrite (*poppers, rush*)	O	O	O	O	O
	Ketamine (*special K, K*)	O	O	O	O	O
	Hallucinogens (*DMT, LSD, acid, shrooms, PCP*)	O	O	O	O	O
	Amphetamines (*crystal, meth, speed, crank, tina, ice*)	O	O	O	O	O
	Prescription drugs (not prescribed – skittles, pharming)	O	O	O	O	O

Other Risk Factors

Blood-to-blood exposure on the job (e.g., needle stick)	O Y O N	Received money/other items or services for sex?	O Y O N
Job exposure blood known to be HIV+	O Y O N	Received drugs for sex?	O Y O N
Been on long term hemodialysis?	O Y O N	Did you ever share other injection equipment?	O Y O N
Child born of an HIV-infected woman	O Y O N	Had/Have substance abusing partner (meth head, lush)?	O Y O N
Shared snorting equipment (e.g., straws, $ bills)?	O Y O N	Have you ever served in the Military?	O Y O N
Shared objects/fingers inserted in mouth, vagina or anus?	O Y O N	Currently or in the past, have you been incarcerated?	O Y O N
Behavior resulting in other blood-to-blood contact (SM, tattooing, piercing, cuts, etc.) or that allows blood contact with mouth, vagina or anus?	O Y O N		

Dating / Hooking Up

Where do you find your sex partners (check all that apply)? Facebook Craig's List Friends/Family Hook-Up apps
When you do hook-up, is it: O NSA O FWB O LTR
Partner Preference? O Same as you O Different ethnic/race than you, such as? _____
Relationship status? O Single O LTR O Domestic partner O Married O Other:_____

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Appendix B - Ethnic Breakdown of All RBSS/NOMS Respondents

	Frequency	Percent
SE Indian	30	4.3
Burmese	2	.3
Cambodian	4	.6
Chinese	128	18.4
Filipino	173	24.9
Guamanian	3	.4
Hmong	1	.1
Indonesian	4	.6
Japanese	7	1.0
Korean	19	2.7
Malaysian	5	.7
Polynesian	9	1.3
Samoan	10	1.4
Vietnamese	76	10.9
MER	202	29.1
Taiwanese	9	1.3
Tongan	4	.6
Nepali	1	.1
Pakistani	1	.1
Mongolian	1	.1
Fiyian	1	.1
Other	5	.7
Total	695	100.0

Appendix C – Poster Abstracts / Presentations

United States Conference on AIDS, Annual Meeting October 2020 – Virtual Meeting Accepted Abstract

HIV Prevention Among Asian American Young Adults During COVID-19

The live presentation during USCHA is scheduled for: 10/19/2020 04:00 PM - 05:00 PM

Workshop Description:
In 2018, according to the Centers for Disease Control and Prevention (CDC), 2% of newly HIV diagnoses in the United States were among adult and adolescent of Asian descent. Prevention challenges already exist among this population include late or undiagnosed HIV cases, cultural factors affecting testing and counseling and/or treatment, limited segregated data and research, and other social determinants of health. Coronavirus (COVID-19) and mandated shelter-in-place guidelines presents new challenges to prevention efforts and has affected Project Ohana in the Bay (POB) in implementation of HIV, substance abuse, and hepatitis prevention program. POB provides workshops and conducts in-person/virtual outreach specifically in San Francisco and Santa Clara County with the population of focused on Asian, Asian American, Native Hawaiian, and Pacific Islanders (AANHPI) young adults (18-24yo). The program adapted their implementation procedures and outreach strategies to address barriers bought on by the pandemic to continue providing services to the AANHPI community.

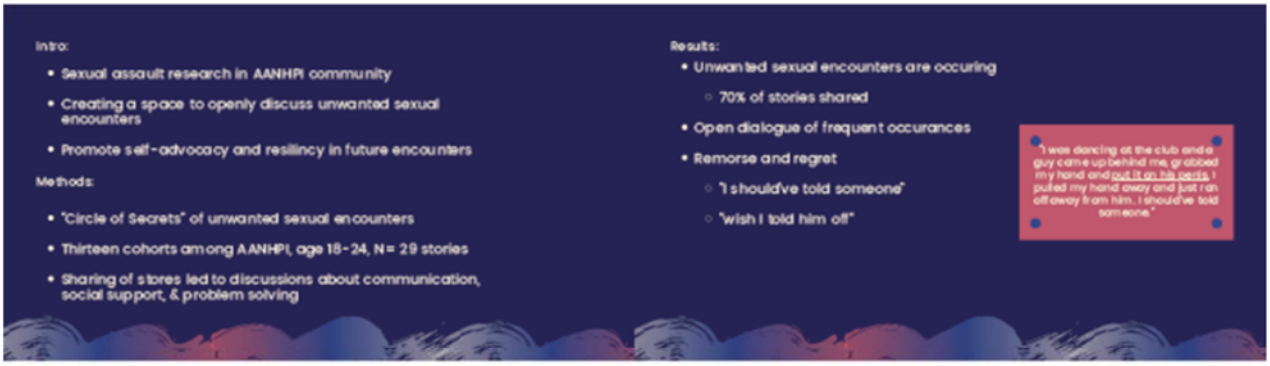
Issues:
Due to COVID-19 and shelter-in-place (SIP) orders differing in the surrounding counties and cities, POB cancelled current and future in-person health education workshops and outreach events, which included HIV testing. Program staff understood the importance and need to continue to provide health education, testing, and incorporated COVID-19 prevention, support, and resources to the population of focus. To continue providing services, staff assessed and addressing immediate needs of the community and provided support and resources on the topic of i.e., racism, health equity, housing, education, and unemployment. Since the current program curriculum was designed for in-person implementation, barriers with adapting with SIP orders, limited resources, while appropriately modified the curriculum's learning objectives and without sacrificing quality of work proved challenging.

Learning Objectives:
By the end of the presentation, audience will be able to:

1. Develop a process to adapt in-person activities to virtual online to continue providing health education and prevention
2. Effectively use social media platforms to reach population of focus
3. Draft a framework that will be clear in meeting goals and objectives

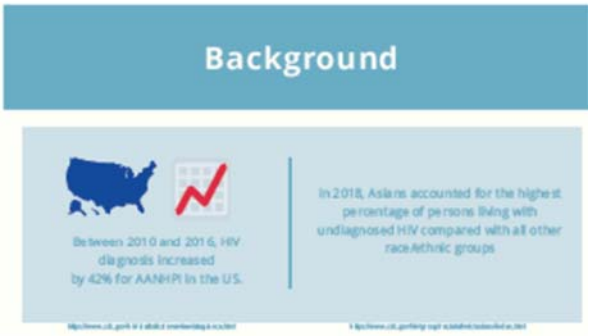
Strategies, Methods, Models, Examples:
Adapting health education and preventions to work virtually will address some of the challenges faced during COVID-19 or possibly any other pandemic or limitations. The program staff initially met regularly using video conference applications such as Zoom and Microsoft Team to modify and develop new strategic plans for outreach and program curriculum. Once the program curriculum completed and uploaded to Google Drive apps such as Docs, Slides, and Drawing, the staff piloted the adapted curriculum by reaching out to current and potential participants on social media like Facebook, Facebook's groups, Instagram, and Grindr. Using Facebook Live as daily reminder of upcoming workshops and Zoom to implement workshop activities using screen share for materials and engage in discussions. POB has been able to virtually reach individuals across the US with their health education and prevention programming. In addition, in-home HIV testing kits and condoms were mailed to participants that requested kits due to participation.

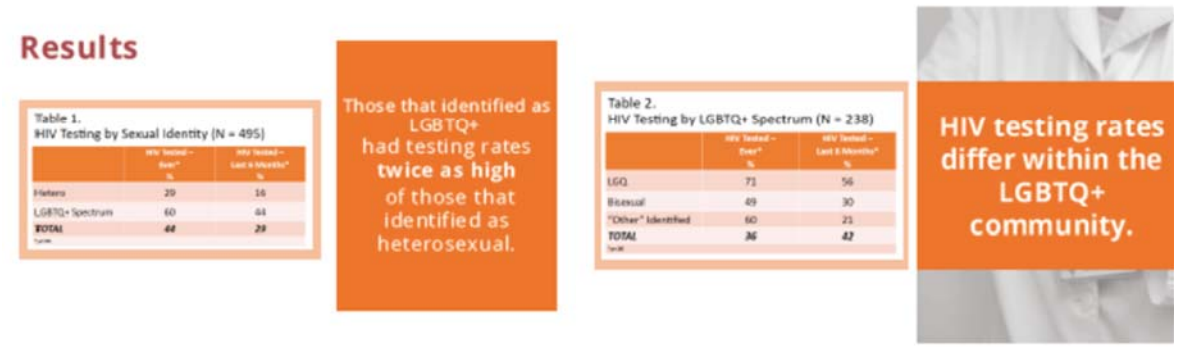

Session #0000
Unwanted Sexual Encounters in the Asian, Asian American, Native Hawaiian, and Pacific Islander Community Among Young Adults, 18-24yr
Understudied Topics Among Vulnerable Asian American, Native Hawaiian, and Pacific Islander Communities
Presented by: Daniel Nava
Main Findings:
Unwanted sexual encounters are occurring within the Asian, Asian American, Native Hawaiian, and Pacific Islander (AANHPI) community where topics of sex are stigmatized and taboo
Stories shared varied from non-consensual touched in public to being coerced into sex


Intro:
• Sexual assault research in AANHPI community
• Creating a space to openly discuss unwanted sexual encounters
• Promote self-advocacy and resiliency in future encounters
Methods:
• "Circle of Secrets" of unwanted sexual encounters
• Thirteen cohorts among AANHPI, age 18-24, N= 29 stories
• Sharing of stores led to discussions about communication, social support, & problem solving
Results:
• Unwanted sexual encounters are occuring
◦ 70% of stories shared
• Open dialogue of frequent occurances
• Remorse and regret
◦ "I should've told someone"
◦ "wish I told him off"
"I was dancing at the club and a guy came up behind me, grabbed my hand and put it on his penis. I pulled my hand away and just ran off away from him. I should've told someone."


Unwanted Sexual Encounters
"...I ended up sleeping over at a friend's place. While sleeping, they wanted to have sex. I was not in the mood but pressured to & thought to avoid the conversation for it."
"I once dated someone who got upset when I didn't want to have sex. There was time when I just gave in to keep it going with, was just a very unhealthy relationship. I soon learned."
"...In a traphouse with multiple people and meth..I didn't do meth with him, but out of fear let him fuck me until another guy came in to have sex with him."
"I had unwanted vaginal/oral sex with a guy. I told him not to do it, but he insisted..luckily I was not infected by any disease."
Project OHANA
Asian American Recovery Services
Daniel Nava, B.A. - dnava@healthright360.org
Beemy Nguyen, B.A.
Jimmy Quach, B.A.
Shristi Reddy, MPH
Robynn Battle, EdD
Anastacio Flores, B.A.
ACKNOWLEDGEMENTS:
This Study was funded by Substance Abuse Mental Health Services Administration/Center for Substance Abuse Prevention (SAMHSA/CSAP) Grant #21132

University of California, San Francisco Asian American Native Hawaiian: HIV Trends August 2019 San Francisco, CA – Oral Presentation





HIV testing rates among the AANHPI community are similar.

Table 3.
HIV Testing by Largest Ethnic Groups
(N = 407)

	HIV Tested – Ever %	HIV Tested – Last 6 Months %
Chinese	37	31
Filipino	46	27
Vietnamese	42	27
Multi-Ethnic/Racial	46	33
TOTAL	*43*	*42*

Table 4.
HIV Testing by Largest Ethnic Groups & Sexual Identity (N = 407)

	HIV Tested – Ever %	HIV Tested – Last 6 Months %
Chinese*		
• Hetero	29	16
• LGBTQ+ Spectrum	71*	84*
Filipino*		
• Hetero	42	41
• LGBTQ+ Spectrum	58*	59*
Vietnamese		
• Hetero	33	41*
• LGBTQ+ Spectrum	67	59
Multi-Ethnic/Racial*		
• Hetero	29	52
• LGBTQ+ Spectrum	71*	48*

*p<.05 *p=.02

Testing rates for the LBGTQ+ & heterosexual community differ by ethnicity.

CONCLUSIONS

Those identifying as LGBTQ+ have a greater rate for getting tested for HIV in their lifetime than those identifying as heterosexual.

There is a greater HIV testing rate for those identifying as LGQ than those identifying as "other".

HIV testing rates are low in the AANHPI communities

Future Recommendations

HIV awareness and information needs to include everyone.

More culturally specific programming and funding

Disaggregated data to better serve all populations.

Thank You!

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