

# ***OUT SPOKEN***

**Men Wanted**



Report of Two Town-Hall Meetings for Men  
Who Have Sex with Men Who Live, Work, or  
Play in San Francisco, CA

August 28, 2015

# 1 EXECUTIVE SUMMARY

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The following report is a summary of the outcomes associated with two MSM town hall meetings held in the Tenderloin and Mission districts featuring discussions with men who have sex with men (MSM) who live, work, or play in San Francisco, CA. The meetings were the results of a collaborative partnership between the Community Health, Equity, and Promotion, Disease Prevention and Control, and the Center for Learning and Innovation branches of the Population Health Division of the San Francisco Department of Public Health (SFPDH). The purpose of the town hall meetings was to gather input from MSM in San Francisco regarding the rising rates of STDs in the city and their perceptions on what works, doesn't work, and could work for STD prevention in the community.

Input was gathered through a survey administered at the beginning of the meetings, active participation and engagement throughout the meeting, and the submission of other input and ideas through post-it notes left by participants at the end of the meeting. The dialogue was intimate and engaging. In response to the input received, the San Francisco Department of Health developed the following programmatic activities: address the condom culture with STD prevention related messages in the city; tie together HIV and STD prevention and testing messages; advertise and conduct outreach activities throughout high risk areas in San Francisco, not just Castro; focus on young MSM, African American and Latino MSM, in particular new arrivals to the city; address the role of substance use in sexual health; and use real data and real messages in advertising.

## 2 BACKGROUND

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In October 2014, SFPDH held four focus groups with men who have sex with men (MSM) to elicit thoughts and reactions to information about sexually transmitted diseases (STDs) in San Francisco. Each focus group consisted of 5-10 MSM who live, work, or play in San Francisco. At the conclusion of the focus groups, SFPDH identified the need to conduct town-hall meetings with MSM to follow-up and expand on some of the key findings and themes of the focus groups. The primary purpose of the town-hall meetings was to inquiry deeper regarding the condom culture among MSM in San Francisco, concerns about HIV and STDs among themselves and their social networks, the role of SFPDH in STD prevention, and what works, doesn't work, and could work regarding STD prevention strategies in the city.

In December 2014, the Community Health, Equity, and Promotion Branch identified funding to support the implementation of these town-hall meetings in 2015. The Community Health, Equity, and Promotion Branch engaged the Disease Prevention and Control Branch and the Center for Learning and Innovation to work collaboratively to ensure the successful implementation of the town halls. Staff met to organize and prioritize the pre-implementation planning activities including the budget (see Appendix A: Budget). The budget included funds to analyze and report the focus groups held in October, 2014. The committee also addressed marketing, location, incentives, and time of the town halls.

## 3 METHODS & LOGISTICS

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The MSM town hall planning committee decided to hold the meetings at two separate locations in the city to capture the diversity of the MSM community. The locations selected for the meetings were the Glide Freedom Hall, to engage the MSM community in the Tenderloin neighborhood and the San Francisco Friends Meetinghouse, to engage the MSM community living in the South of Market neighborhood. The locations were reserved and confirmed for July 6 and 7, 2015. These dates were selected because they were approximately a

week after the pride events and the committee wanted to use the synergy of the festivities to market the meetings.

A flyer was created to market the meetings (see appendix B: Flyer). The flyer was printed and distributed through outreach at gay venues throughout San Francisco. It was also displayed in key locations throughout Castro and other MSM venues in the city. The committee also worked with various community partners engaged by the Community Health, Equity, and Promotion Branch liaisons. The community partners included The Foundation/Magnet, Stop AIDS, the Urban Health Center, API Wellness, the HIV Prevention Planning Group, Alliance Health Project, Instituto Familia de la Raza, and Health Right 360. An advertisement was also placed for two weeks at the Bay Area Reporter.

The town hall meeting information was distributed through the SFDPH email lists, Facebook, and the Bay Area Reporter website. The committee selected to purchase dinners as incentives for the men participating in the meetings. The meals included chicken, beef, and vegetarian burritos. Chips and drinks were also included in the meals.

Dr. Jonathan Fuchs, Director of the Center for Learning and Innovation, served as the facilitator for the meetings and Dr. Susan Philip, Director of the Disease Prevention and Control Branch, presented on the increasing rates of STDs in the city. The agenda was created to enhance the engagement of the MSM attending the town halls (see Appendix C: Agenda). The meetings lasted one and a half hours. The planning committee ensured that one hour of the agenda was set aside for an open dialogue and engagement with the participants. In order to maximize the participation of the attendees, Dr. Philip created a two-slide PowerPoint presentation to describe the STD cases in San Francisco over time (see Appendix D: Presentation). She also provided a brief background of the STD prevention programs and services in the city.

Participants were able to provide input by the use of three mechanisms. Upon arrival, they were asked to complete a survey to ascertain their knowledge, beliefs, and attitudes regarding STD cases and perception of risk in San Francisco (see Appendix E: Survey). The completed surveys were collected before the start of the meeting and the individual responses to questions 2, 5, and 9 were tallied and incorporated into a presentation that was shared with participants during the meetings to stimulate the dialogue (see Appendix F: Responses to a Few of the Survey Questions).

The second mechanism involved the collection of input through questions and open dialogue. Participants were encouraged to share their thoughts and ideas by setting ground rules to safeguard their participation. The meeting was recorded and the facilitator captured the input by the use of flipcharts. A handout was distributed to all participants at the beginning of the meeting to inform them that the meeting was being recorded and shared the ground rules (See Appendix G: Handout). The input acquired through the open dialogue were grouped by overarching recommendations shared by participants.

At the conclusion of the events, the facilitator distributed post-it notes for participants to write one or two main ideas. As they were leaving the meeting, participants placed the notes with their written ideas at various boards entitled "Your Ideas." These main ideas were collected and included in this report as they were written by the participants. The input collected through "Your Ideas" were grouped by common themes.

## 4 OUTCOMES

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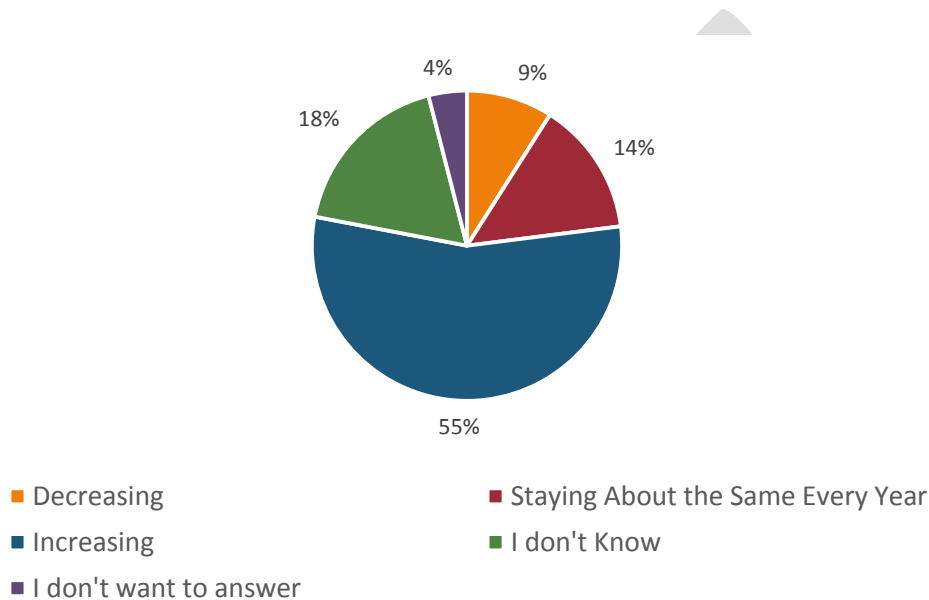
During both meetings, the discussion was insightful, intimate and engaging. The facilitator led participants into a rich discussion, allowing them to share insights regarding STDs and sexual behaviors in the community. Also, participants were able to offer their unique perspectives regarding SFDPH STD prevention services and what

works and could work regarding STD prevention. The first meeting was attended by a journalist of the Bay Area Reporter; who captured the nature of the meeting in an article published in the newspaper. This article can be found online at: <http://ebar.com/news/article.php?sec=news&article=70735>.

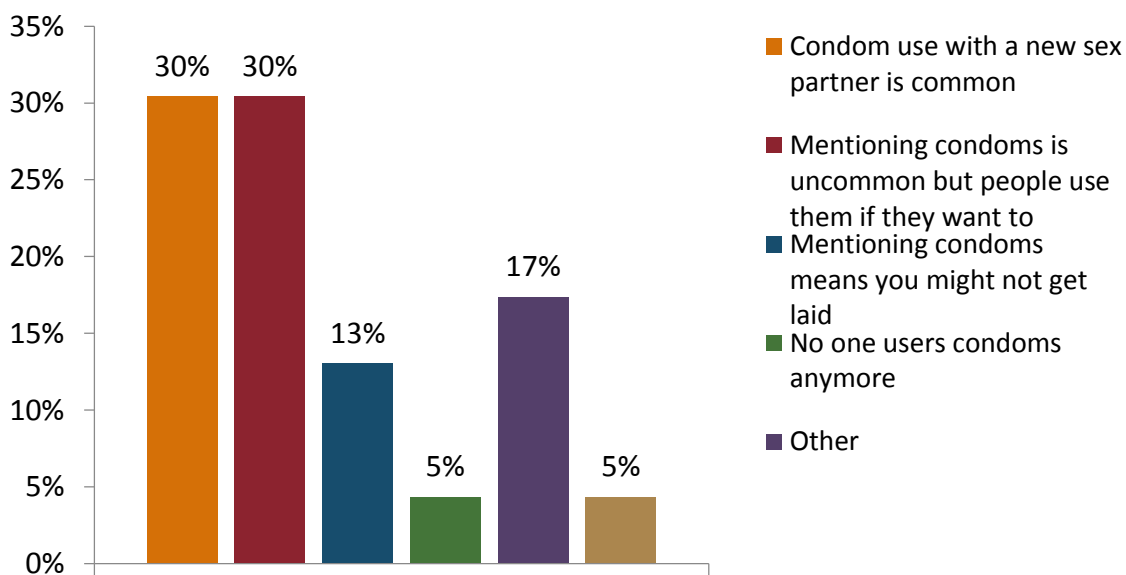
### **INPUT GATHERED THROUGH THE SURVEYS**

A total of 22 surveys were completed by participants. A total of nine responses were collected during the Tenderloin district engagement on day 1 (07/06/2015), and 13 responses during the Mission district engagement on day 2 (07/07/2015).

1. I think that STD Rates in San Francisco Are:



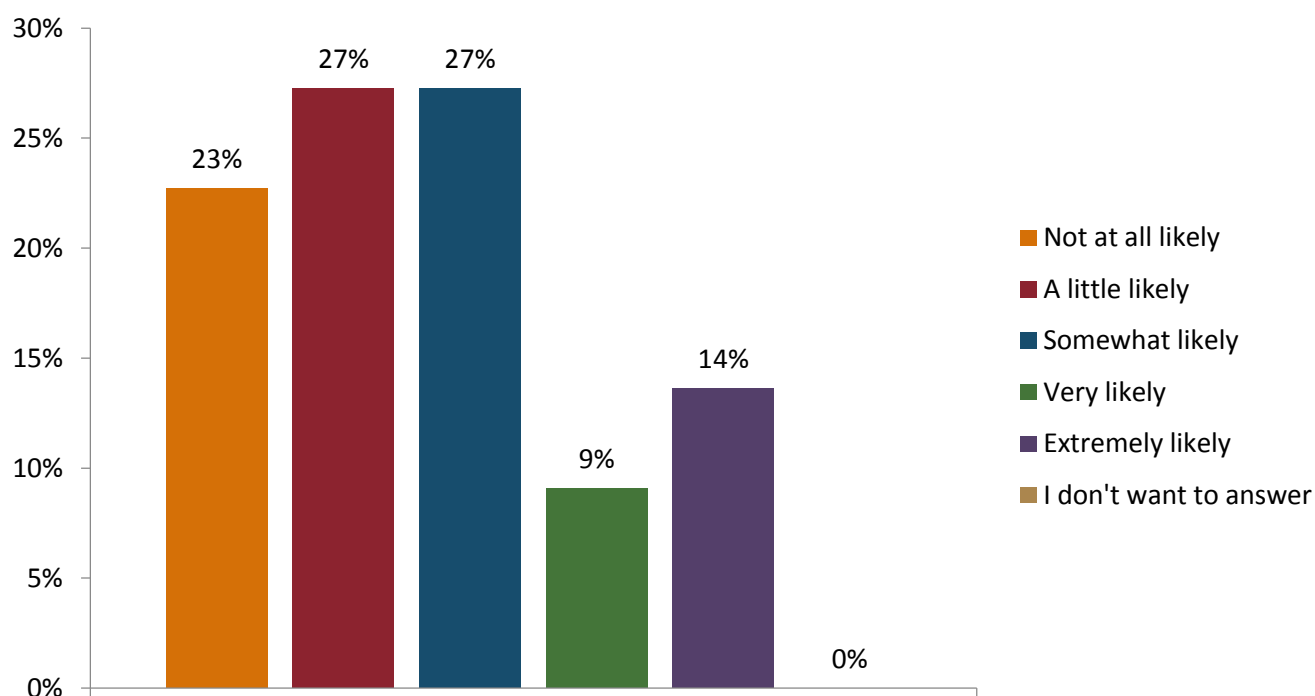
2. Which of the following best describes how gay/bisexual/trans men in San Francisco think about condoms?



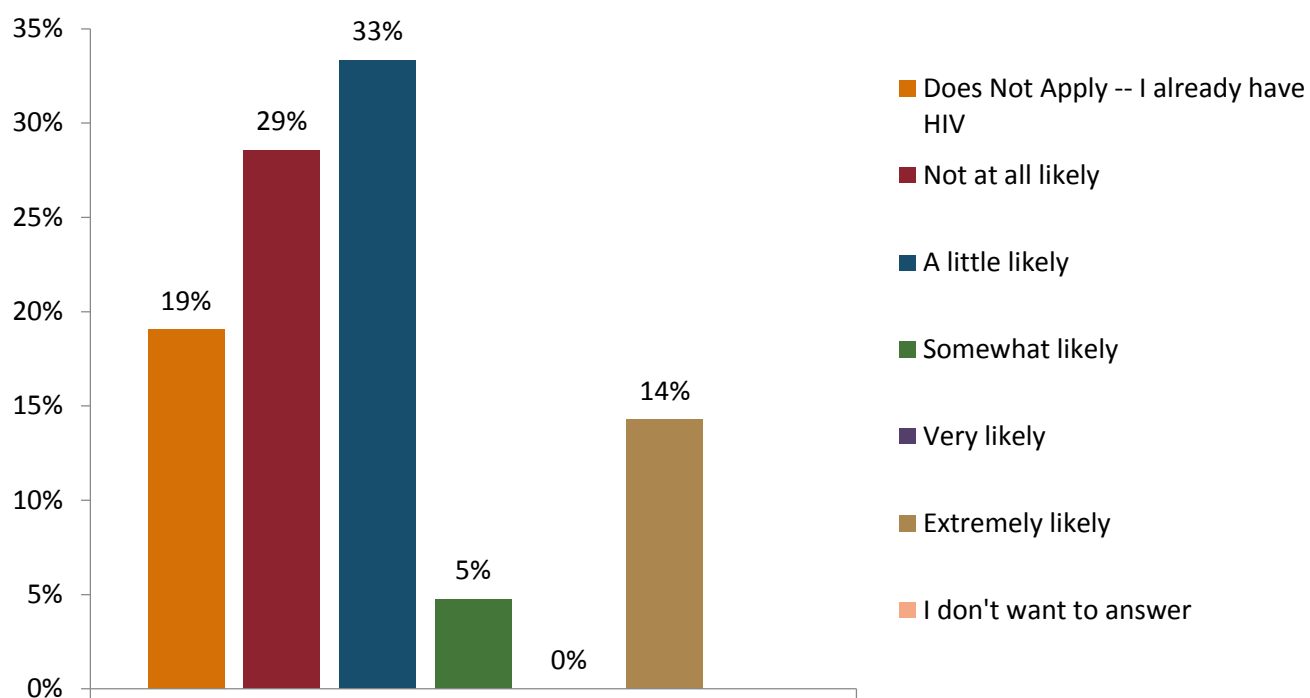
Other:

I feel like it's a culture of risk; don't know; if you ask; a lot of people don't like to use condoms, especially in oral sex.

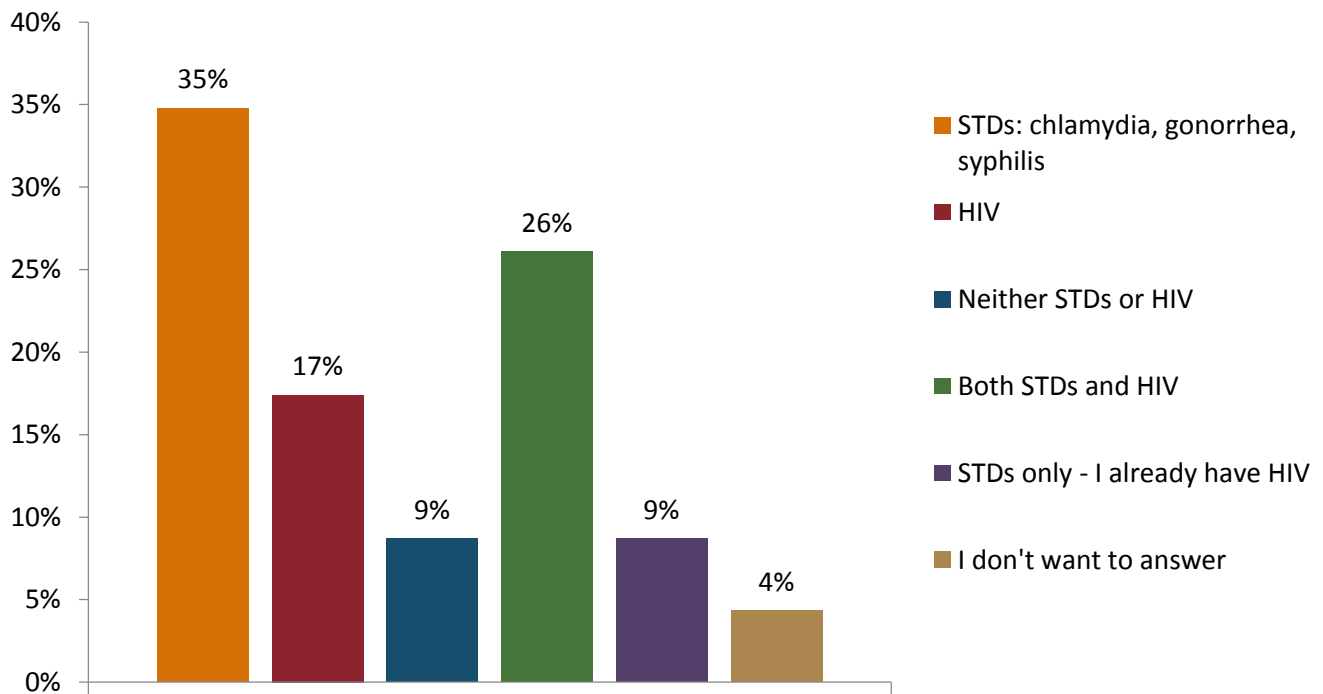
3. How likely do you think you are to get syphilis?



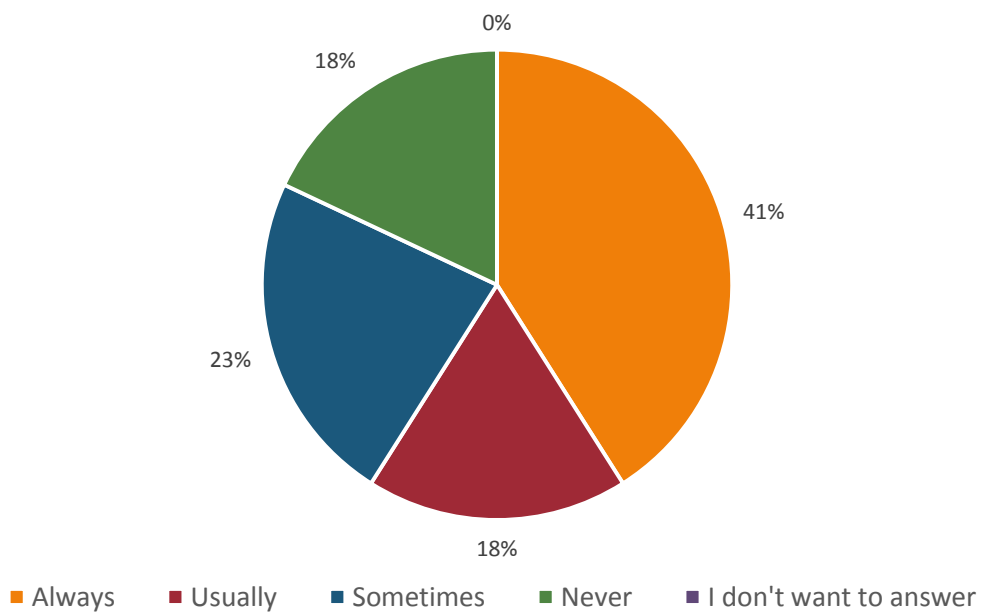
4. How likely do you think you are to get HIV?



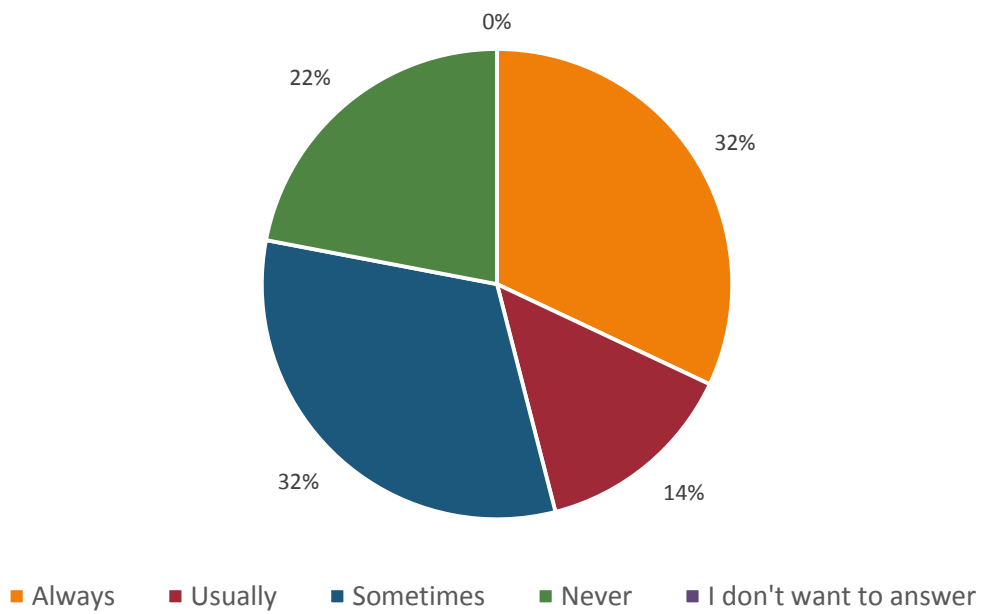
5. Which of these are you worried about getting?



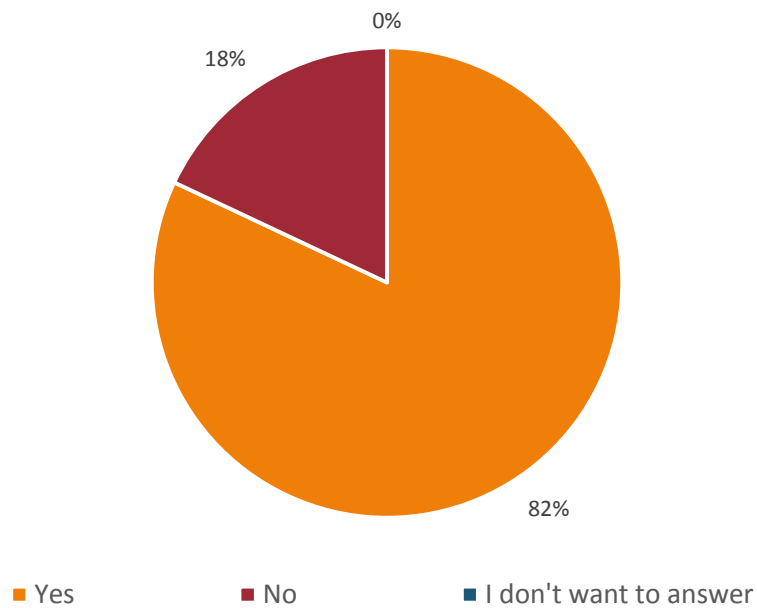
6. How often do you ask a new sex partner about his/her HIV status?



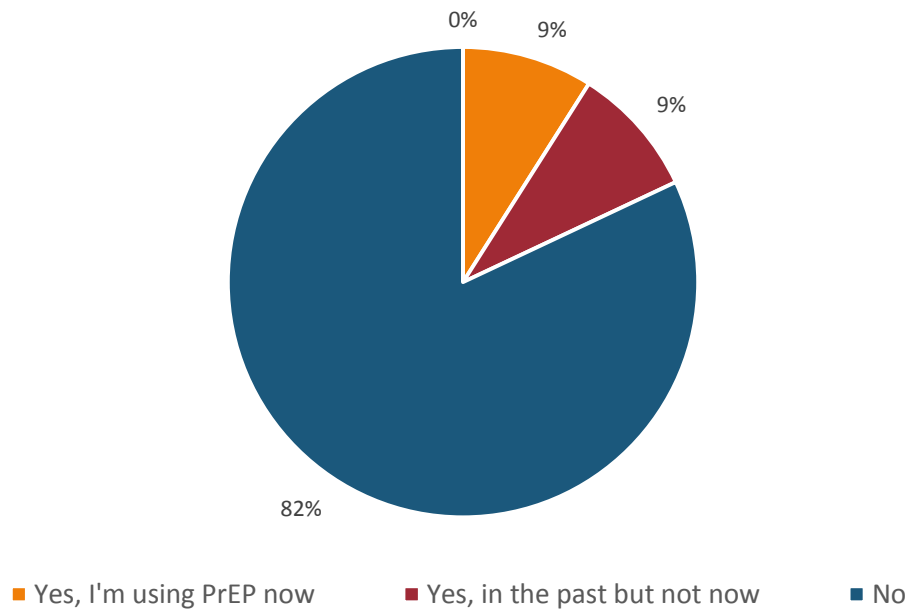
7. Do you ask a new sex partner when s/he was last tested for STDs?



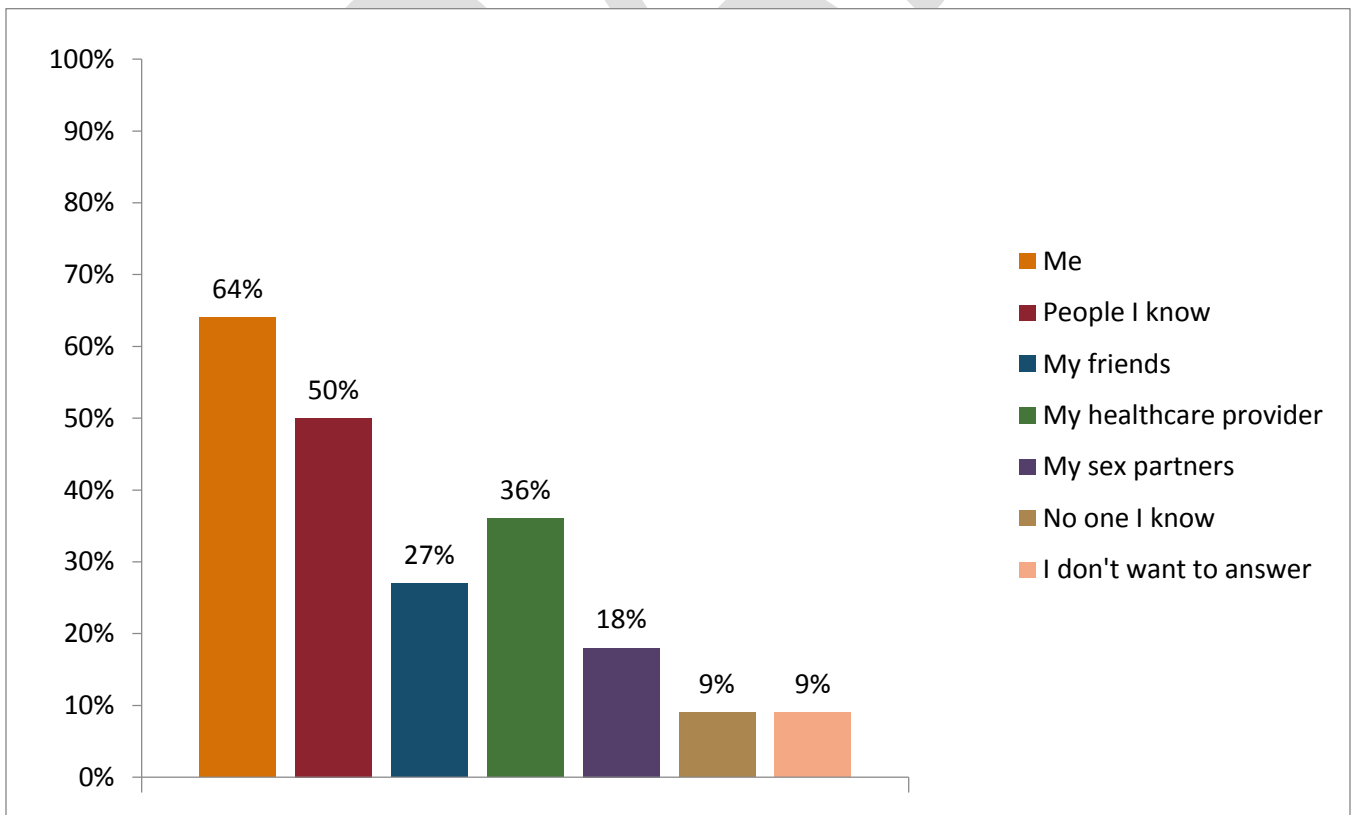
8. Have you heard about PrEP?



9. Have you ever used PrEP?



10. High STD rates are concerning to (circle all that apply):





11. Please let us know if there is there anything else that you would like to share with us:

- Why do having gay sex is a link to drugs and alcohol for many?
- I am HIV positive, which is why I don't use PrEP.
- I have a pretty active sex life with people who are also sexually active, but it's pretty open and communication about STD/HIV has never been an issue, which I feel put me in the low risk group despite being active.
- Wondering why you didn't collect demographic information?
- I got syphilis before, I got treated with some painful shots. Does these shots were enough to cure the syphilis on me? What is PrEP? I got some bumps inside the skin of my testicles, I go to the city clinic to see what it is, and they ask me if I used drugs, I say yes, then I don't get treated and I have those bumps for over 2 to 3 years and are growing. What can I do? I feel suicidal in times. I got Hepatitis C and I want to get treated, where can I go for that?

### **INPUT GATHERED THROUGH OPEN DIALOGUE**

The input listed in this section was compiled through the notes taken by the facilitator. Since the dialogue was also recorded, it is expected that the transcription and analysis of the recording will yield to a more comprehensive account of the dialogue. Overall, participants were surprised that STD rates are rising while HIV rates are going down. Although younger participants thought that this was expected: "As someone in the 20s, it makes sense; when I go to Grindr, I see undetectable viral load and PrEP as justification for sex without condoms." Participants also described their experiences negotiating sex among partners. During the dialogue and negotiation to have sex, there is little discussion regarding STDs. Men in their 20s are not aware of STDs. There is a sense of immunity regarding HIV among younger men. "In the early days of the epidemic, there was segregation by HIV status. Today, PrEP has become a magic shield for HIV negatives to have sex with HIV positives". STD is not a part of the conversation. There is little knowledge and conversation regarding resistant bacteria or super viruses, i.e., resistant gonorrhea. Overall, there was consensus on the need to address "bareback" sex now.

Participants also identified disparities between the number of HIV and STD testing messages. There are a lot of messages and campaigns regarding HIV testing but not STD testing. Old messages won't resonate. In the early days of the HIV epidemic, men living in San Francisco were taking care of each other. The health and safety of the community did not depend on the Department of Health, but it was rather an individual's responsibility. One participant observed that in other areas of country, the older MSM generation takes care of the younger generation. "This does not happen in San Francisco". Survival sex is common among young MSM in the city, without concerns about HIV and STDs. Some participants expressed their perception of rejection from others on social apps if they ask to use condoms. "If you ask about condoms, people assume that you have something." There was consensus on the need for individual stewardship and community accountability for healthy sexual practices. "Online pornography is a reflection of what's happening in the community; for example, studios are abandoning condoms". The dialogue led to the emergence of the following themes and recommendations.

Combine HIV and STD prevention messaging and efforts throughout high-risk areas in San Francisco (not just the Castro).

Participants felt efforts should be made by SFDPH to conduct STD prevention activities in places in places like Glide, and the San Francisco AIDS Foundation, addressing prevention in the African American and Latino

communities, especially new arrivals to the city. SFDPH should also focus on African American youth in Bayview and Hunters Point. SFDPH should address the lack of political interest in public education about STDs, when most of the education is HIV and PrEP related. It's important to frame the STD prevention education in combination with HIV.

Incorporate messages of harm reduction and drug use prevention as part of STD prevention messages.

Many participants described a culture of risky sexual behaviors with drug use, especially the use of methamphetamines. SFDPH should develop messages around meth use and sex under the influence of meth. Bareback sex/party and play (meth) decreases condom use. It was recommended that SFDPH should not be "politically correct" when developing these messages. Also, SFDPH should develop messages regarding abstinence of drug use, "harm reduction is not the only approach." SFDPH should use visuals to explain HIV and STDs, describing the connection between meth and sex, and sex under the influence. Messages should address the myth that sex under the influence is better, "you don't need to be high to have sex". Other recommendations included reporting statistics regarding STDs and Hepatitis C infections and their relation to drug use and conducting focus groups with recreational drug users.

Provide capacity to the STD providers to support more effective and culturally appropriate STD prevention and care.

Participants shared the need for providers and SFDPH to be better prepared when working with MSM clients. There is distrust over privacy concerns. Providers and SFDPH should learn ways to make people feel welcome, looking at "communities as communities" and understanding the sexual culture of individuals within that community. Sex should be framed positively. The sex positive approach should include a continuum of pleasure.

SFDPH should develop healthcare provider's trainings dealing with shame around sexuality (stigma). The training should support non-judgmental dialogue with clients and community conversation. It should also include appropriate language when speaking with clients. For example, safer sex is a misnomer. SFDPH must develop a toolkit for providers to help them ask questions about HIV and STD testing. It should be mandatory to treat partners.

SFDPH should support the costs associated with tracking gonorrhea and chlamydia, especially for those with recurrent infections. It was recommended that SFDPH support the availability of partner packs and greater accessibility to PrEP. Currently, PrEP is cost prohibitive. Also, the HIV/STD/Hepatitis prevention services are not readily accessible because they are not integrated. Services should also include partner services for gonorrhea and chlamydia. Programs are in need for rapid STD testing, for example, rapid syphilis testing.

PrEP is a great intervention but does not protect against STDs. It is important to educate providers to engage in more education around PrEP and STDs. It may benefit to share HIV and STD statistics for MSM on PrEP. Statistics should also compare San Francisco with other counties in the bay area (i.e., Alameda) and should include other diseases that may be sexually transmitted, such as Shigella. STD rates should also be stratified by HIV status, and on PrEP for all ages.

Develop appropriate STD prevention messages to address the city's condom culture and sex behaviors in the MSM community, communities of color, and youth.

Review materials for high school STD prevention education. Also focus on young Latino and African American MSM, ensuring their exposure to these messages. Ensure support for adolescents to talk about sexuality. Prevention has been about HIV, zero communications about STDs. The messages should be integrated to support the prevention of all diseases.

Messages should include encouragement for individuals to take responsibility over their health, testing every six months. Messages like “Before sex, take the test!” may be a good message. “Female condom” should be promoted for anal sex. Treatment as prevention is changing the conversation. Condoms should be marketed differently. Currently, there is a message permeating the community that “Condoms are not for gay men.” Condom use in the African American community is also not emphasized. The main recommendation is to develop strategic campaigns to increase condom use.

Time to shift to STD prevention. Currently, our community has no fear of curable STDs. Increase awareness of increasing rates of resistant gonorrhea. Create messages regarding HPV concerns. Increase awareness by combining HIV and STD testing messages. Feature young people and diversity in ads. Messages should convey the fact that “STDs are annoying as hell.” They are inconvenient. You are “out of business” for a week. Address concerns about resistant gonorrhea, based on reality rather than fear based.

#### Other cross cutting and “out of the box” recommendations.

“I can see a shot or a pill to take care of it”, just like “catching a cold.” Innovate in STD testing, develop condoms that change in color to identify STDs. Work with Apps/Grindr, to give info to users on STDs/HIV. In Atlanta, there is an older generation (of gay men) taking care of the young, this is not happening here. Also, the bath houses in San Francisco were closed due to the panic associated with HIV and sex with multiple partners. The bath houses should be opened again.

#### **INPUT GATHERED THROUGH FINAL POST-ITS “YOUR IDEAS”**

The following ideas were posted by participants on various “Your Ideas” flip charts throughout the venue at the conclusion of the meeting. Participants were asked to write one or two main ideas on Post-It’s that they would like for us to consider as opportunities for programmatic and community engagement improvements. For the purposes of this report, participants’ ideas have been combined under the following themes:

#### Ideas to Improve STD Prevention Programs and Services:

- Rapid STD testing to help CBO programs (it is coming soon).
- More street outreach and community presence.
- Provide sensitivity training for doctors and physicians.
- Require physicians and STI clinics to provide counseling around condom use and STI prevention.
- Partner-pack distribution.
- Untargeted/open HIV testing for whoever wants it.
- Need more testing and outreach in Black community (Bayview/Sunnydale).
- Having partner reporting of all STDs and HIV.
- Tracking repeated infections of STDs.
- Info about STI’s being basic. What does it look like? What’s the difference between them? (i.e., syphilis, gonorrhea, and chlamydia).
- It seems very logical to have healthcare providers test for HIV and STDs at the same time. Providers seem to need more education on STDs.
- Develop questions for individuals to ask their healthcare providers regarding specific sexual behaviors.

#### Ideas to Promote a Healthier Sex & Condom Culture in the MSM Community:

- More meetings and conversations like this one.
- Bilingual prevention campaigns, we have seen them for the AIDS Walk.

- Health education, providing people with STD and HIV statistics when providing PrEP.
- Go into the community more.
- Normalizing, keeping the conversation constant. Try to diminish the stigma.
- Stop using the term safe sex or safer sex – consider ‘wise sex’ or ‘healthy sex’.
- Emphasize the wealth of sexual activities beyond bareback and all aspects of sexual/social/emotional, etc.
- Encourage sex conversations, PSAs.
- Develop age categories for the presentation of STD statistics (1-25, 25-50, 50-75, 75-100). Talk about healthy sex, STDs, and HIV.
- Is it possible for condom messages become more active in educating for STD testing?
- Through public campaigns, ask individuals if they know if they have an STD. Have they ever been tested? How would you know if you are negative?
- Remind people online to get tested every three months.
- Groups for older and younger members of the community like what we had today. Think AA for queers, Queers Anonymous.
- Coupled STD testing with HIV testing.
- To connect the community to address the age gap between the old and young.
- Use the angle that works for getting tested for STDs, should be the next superfood.
- By providing support for healthy sexual mental activity, rates of STDs and HIV would decline.
- Solutions, programs initiatives that are driven by the people we need to reach.
- Collaborative solutions that span across ages.
- An initiative that requires we have conversations, videos that address sexual health.
- Emphasis on health and wellness.
- Solutions that address our instant gratification culture; develop mentors (sex and wellness) to help the vulnerable populations.

#### Ideas for the Promotion of STD Prevention Policies:

- End the bathhouse privacy ban. Lawrence vs. Texas reversed the SCOTUS decision in Bowers vs. Hardwick (1986).
- Contact the media in a timely manner about everything you do, want, need, have, and have not to share with the community.
- Open bath houses, private sex spaces, and safe public places.

#### Other Cross-Cutting Ideas:

- It's a world of apps. Hopefully, eventually develop an app that can instantly determine yours and your partners STD/HIV status.
- Give me an app where I can scan a dick with my phone camera.
- Work with APP developers and websites to find solutions for spreading the word.

## 5 SFDPH NEXT STEPS

The dialogues led the health department to develop the following STD prevention priorities and recommendations. SFDPH plans to concentrate on the following activities:

- Address the condom culture with STD prevention related messages in the city.
- Tie together HIV and STD prevention and testing messages.
- Advertise and conduct outreach activities throughout high risk areas in San Francisco, not just the Castro.
- Focus on young MSM, African American and Latino MSM, in particular new arrivals to the city.
- Begin to address the role of substance use in sexual health.
- Use real data and real messages in advertising.

## 6 APPENDIX

### A. BUDGET

	Item	Company	Quantity	Cost	Payment Method
	Room Rental	Quaker Meeting Space	4hrs	\$270.00	Check
	Room Rental	Glide Memorial Church	4hrs	\$220.00	Check
	Ad (full page)	Bay Area Reporter	1	\$1,982.50	Check
	Promotional Printing	Speedway Digital Printing	TBD	\$2,499.08	Check
	Focus Group	Focus Pointe	1 Focus Group	\$4,600	Check
	Total			\$9,571.58	

**B. FLYER**

DRAFT

# **OUT SPOKEN**

**Men Wanted**



## **Come Join Us at the Town Hall Meeting**

**July 6, 2015, 6p.m.**

**Glide Freedom Hall, 330 Ellis St (Cross Street Taylor)**

**Or**

**July 7, 2015, at 6p.m.**

**San Francisco Friends Meeting, 65 Ninth Street (Cross Street Mission)**

**We need outspoken gay/bisexual men to talk about sexual health and ideas about how to prevent sexually transmitted diseases in our community.**

**We would like your opinion on what works, what doesn't work, and what could work.**

**Let's Take PRIDE in Our Community Wellness!**



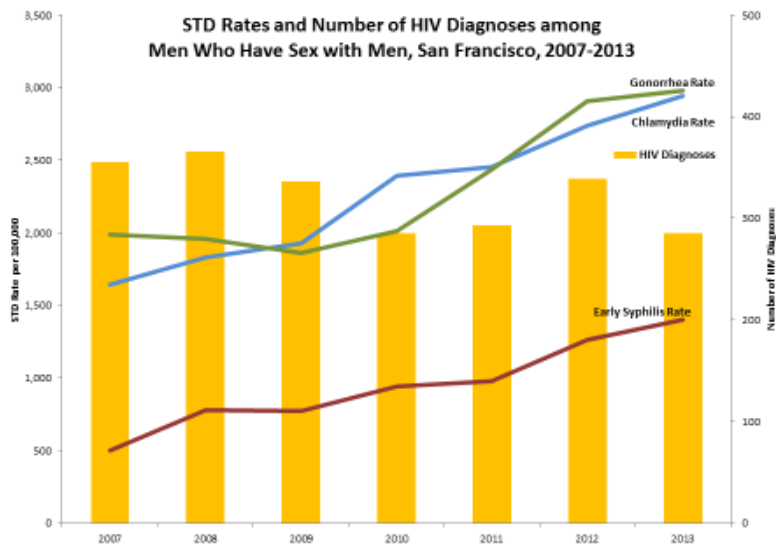
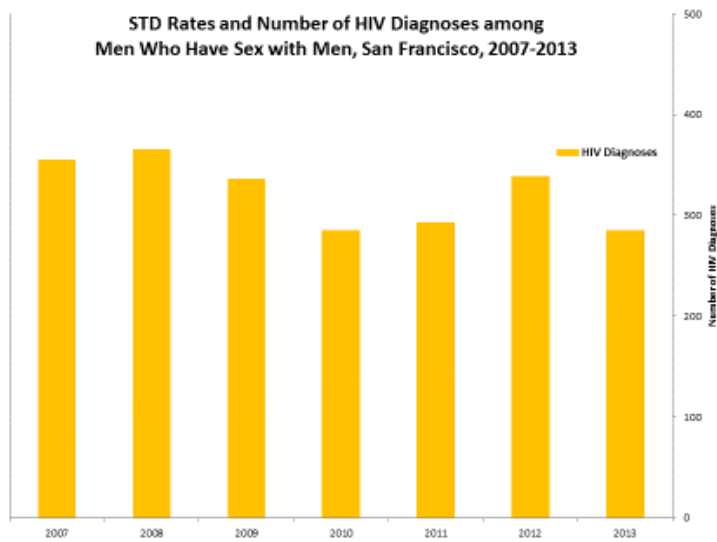
**Refreshments will be provided**

### **C. TOWNHALL AGENDA**

- |                                                                                                     |         |                  |
|-----------------------------------------------------------------------------------------------------|---------|------------------|
| 1. Welcome, Food, and Survey                                                                        | 15 mins | Susan Philip     |
| 2. Presentation                                                                                     | 10 mins | Susan Philip     |
| a. Framing the STD issues                                                                           |         |                  |
| b. Statistics                                                                                       |         |                  |
| c. Services we provide now                                                                          |         |                  |
| d. Multiple choice questions (Phone App/Paper Survey)                                               |         |                  |
| e. Celebrate where we have been and what we have overcome                                           |         |                  |
| 3. Introduction to the Dialogue                                                                     | 2 mins  | Jonathan Fuchs   |
| a. Celebrate where we have been and what we have overcome                                           |         |                  |
| b. Introduction- MD, resident of SF, community member                                               |         |                  |
| c. Ground rules                                                                                     |         |                  |
| 4. Questions for Community Engagement and Dialogue                                                  | 60 mins | Jonathan Fuchs   |
| a. What are your reactions to the presentation?                                                     |         |                  |
| b. What should we do about what we are seeing?                                                      |         |                  |
| c. Who else should we engage?                                                                       |         |                  |
| i. Health Department activities (list activities in separate flipcharts)                            |         |                  |
| ii. CBOs activities (list activities in separate flipcharts)                                        |         |                  |
| iii. Other Partners (i.e. businesses, porn industry, etc.) (list activities in separate flipcharts) |         |                  |
| d. Postcard for participants to write/prioritize main ideas                                         |         |                  |
| 5. Adjourn and Next Steps                                                                           | 15 mins | Susan & Jonathan |
| a. Email report                                                                                     |         |                  |
| b. Printed copies for distribution (clinic, partners, etc.).                                        |         |                  |

#### **D. PRESENTATION**





## E. SURVEY

Thank you for attending today's town hall discussion. Please take a few minutes now to answer the questions below and turn the form into the staff at the sign-in table before the town hall begins. We appreciate your time and honesty.

- 1) I think that STD rates in San Francisco are:
  - a. Decreasing
  - b. Staying about the same every year
  - c. Increasing
  - d. I don't know
  - e. I don't want to answer
- 2) Which of the following best describes how gay/bisexual/trans men in San Francisco think about condoms?
  - a. Condom use with a new sex partner is common
  - b. Mentioning condoms is uncommon but people use them if they want to
  - c. Mentioning condoms means you might not get laid
  - d. No one uses condoms anymore
  - e. Other: \_\_\_\_\_
  - f. I don't want to answer
- 3) How likely do you think you are to get syphilis?
  - a. Not at all likely
  - b. A little likely
  - c. Somewhat likely
  - d. Very likely
  - e. Extremely likely
  - f. I don't want to answer or I don't know
- 4) How likely do you think you are to get HIV?
  - a. Does Not Apply -- I already have HIV
  - b. Not at all likely
  - c. A little likely
  - d. Somewhat likely
  - e. Very likely
  - f. Extremely likely
  - g. I don't want to answer or I don't know

**TURN PAGE OVER**

- 5) Which of these are you worried about getting?
- a. STDs (chlamydia, gonorrhea, syphilis)
  - b. HIV
  - c. Neither STDs or HIV
  - d. Both STDs and HIV
  - e. STDs only – I already have HIV
  - f. I don't want to answer
- 6) How often do you ask a new sex partner about his/her HIV status?
- a. Always
  - b. Usually
  - c. Sometimes
  - d. Never
  - e. I don't want to answer
- 7) Do you ask a new sex partner when s/he was last tested for STDs?
- a. Always
  - b. Usually
  - c. Sometimes
  - d. Never
  - e. I don't want to answer
- 8) Have you heard about PrEP?
- a. Yes
  - b. No
  - c. I don't want to answer
- 9) Have you ever used PreP?
- a. Yes, I am using PreP now
  - b. Yes, in the past but not now
  - c. No
  - d. I don't want to answer

10) High STD rates are concerning to (circle all that apply):

- a. Me
- b. People I know
- c. My friends
- d. My healthcare provider
- e. My sex partners
- f. No one I know
- g. I don't want to answer

11) Please let us know if there is there anything else that you would like to share with us:

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**Thank you for your time!**

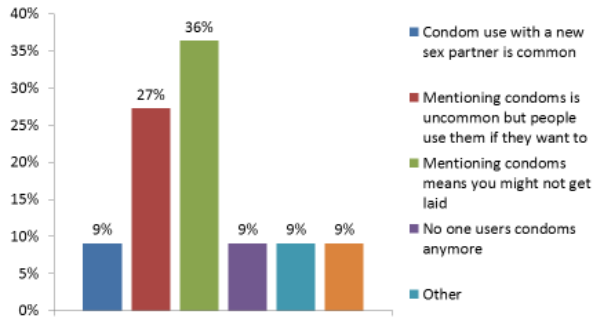
If you want to continue to be involved with our work on STD prevention and updated with any new information, please provide us with your email address. Your responses will not be linked to this information. You can also provide your email address at the sign-in desk.

Email address: 

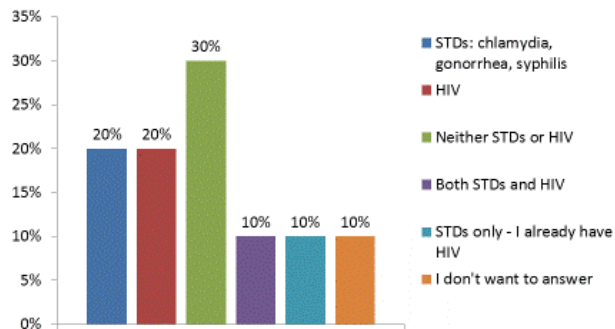
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## F. RESPONSES TO A FEW OF THE QUESTIONS

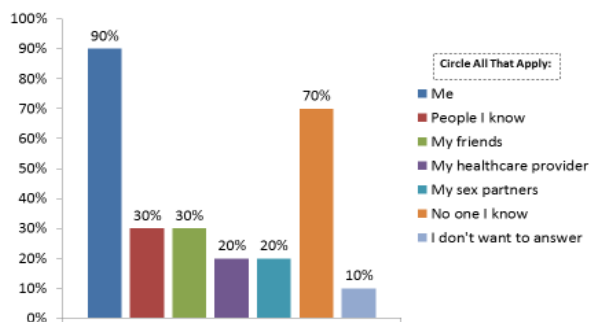
Which best describes how gay/bisexual/trans men in SF think about condoms?



Which of these are you worried about getting?



High STD rates are concerning to:



## G. HANDOUT

Thank you for coming to our Town Hall meeting. The purpose of this meeting is to talk about our sexual health and ways of preventing sexually transmitted diseases in our community. We want your opinion on what works, what doesn't work, and what could work.

Your ideas are important to us. For this reason, this meeting is being recorded. We want to capture as much of your ideas as we possibly can. We are committed to keeping your identity confidential. To assist us when sharing your ideas, do not identify yourself. Also, we will not identify you in any way through the conversation.

We are supporting the following ground rules for the meeting:

Anything said here, stays here

Take Turns, don't talk over people

It is okay to pass but we want to hear from everyone

It's okay to disagree; everyone has their own opinions

There are no right or wrong answers

No judgment

Turn off your cell phones and keep them out of sight

Thank you for participating and being partners in our STD prevention efforts.