SWAG: LESSONS IN SEXUAL WELLNESS AND GROWTH

Sexuality education materials developed with and for Black gay and bisexual men

SWAG TOOLKIT OVERVIEW

Interdisciplinary Sexuality Research Collaborative

CONTENTS

Find the SWAG Toolkit at:

SWAGtoolkit.com

1

WHO WE ARE

OUR MISSION

We build community to create and share knowledge that promotes sexual well-being. We envision a world where science is guided by and promotes sexual rights for all. The ISRC upholds a core mission and set of values that guide all the work we do. We envision a world where all people have access to accurate, relevant, and judgment-free sexuality education, physical/mental healthcare, and other resources for their sexual well-being. Towards this end, we strive to create, conduct, support, and evaluate comprehensive sexuality education and programming to make sexual well-being a reality for all people. We partner with leaders and train professionals to be culturally responsive, equitable, and accessible practitioners.

Learn more about ISRC at
widenerisrc.com

The Interdisciplinary Sexuality Research Collaborative

The Interdisciplinary Sexuality Research Collaborative (ISRC), is a research organization in the Center for Human Sexuality Studies at Widener University, located in Chester, PA just south of Philadelphia, PA. The ISRC applies research to shape innovation in sexuality education, and is devoted to supporting, enabling, and producing a rich and comprehensive body of scientific research in human sexuality at the intersection of varied theoretical approaches. Our focus is on the application of research to sexuality education and sex therapy, including the application of cutting-edge approaches and the importance of cultural responsiveness.

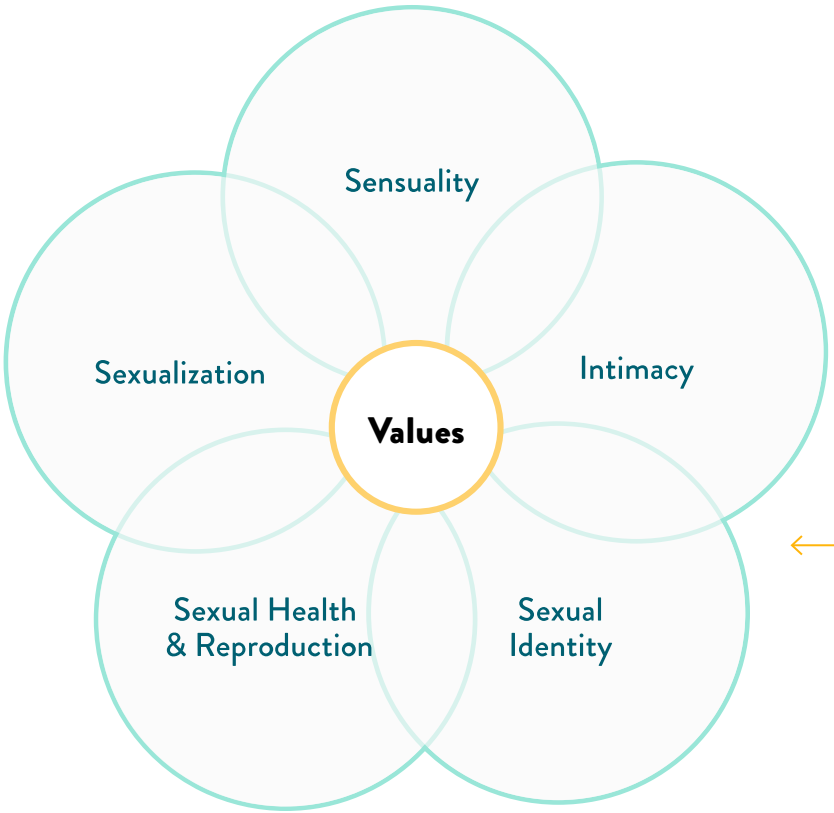
ISRC's unique interdisciplinary approach to investigation looks to Dennis Dailey's (1981) Circles of Sexuality Model as its source of inspiration and the conceptual framework to guide our inquiry. The five areas of focus are Sensuality, Intimacy, Sexual Health and Reproduction, Sexual Identity, and Sexual Agency, with Culture and Spirituality incorporated across all of the five areas.

Key faculty and researchers at ISRC represent a wide variety of disciplines, namely social work, psychology, anthropology, cultural studies, gender studies, public health, and education. The team also represents a variety of ages, racial, ethnic, cultural, sexual orientation, gender identities, and expressions. This interdisciplinary and multidimensional approach aims to shift the focus of sexuality research away from targeting only the complications and problems in sexuality (e.g., dysfunctions and public health problems) to pursuing a more complex understanding of the many facets of sexuality (e.g., the nuances of intimacy, pleasure, spirituality, and culture).

Working in this manner allows the various disciplines to inform one another on matters of sexuality, thereby broadening the scope of knowledge and informing practice in an array of fields. Student researchers, who are MEd and PhD students at Widener University's Center for Human Sexuality Studies, learn to apply these new lenses to the study of a wide variety of topics in sexuality. A final goal of the ISRC's research agenda includes the application of research to shape the clinical practice of sexuality education and sex therapy, as well as research about the effectiveness of treatments and educational programs.

Our Guiding Values

- Sexual and reproductive rights are human rights, and they are based on the inherent freedom, dignity, and equality of all human beings.
- People of all gender identities, sexual orientations, and cultures deserve respect.
- To achieve social justice, it is essential to prioritize and amplify the voices of marginalized individuals and communities by employing a community-focused and systems-oriented approach.
- Sexuality is a lifelong part of being human. Sex is natural and healthy, and it should be enjoyable for those who choose to engage in it.
- Sexual activity should be consensual and risk-aware.



Circles of Sexuality Model

Adapted from Dailey, D. (1981). Sexual Expression and Aging. In F. Berghorn & D. Schafer, eds., The Dynamics of Aging (pp. 311-330). Boulder, CO: Westview Press.

2

NOTE TO READERS

When you think of *sexuality*, what comes to mind?

Perhaps you think immediately of gender identity or sexual orientation. Maybe you think of relationships—perhaps even specific relationships in your own life. Your mind may fall on sexual behavior, pregnancy, sexually-transmitted infections (STI), or perhaps HIV.

Now think of all the things that intersect with those concepts. If sexuality brings to mind certain sexual behaviors, for example, consider all other parts of life that impact and are impacted by your behavior—such as your sexual orientation, relationships, and experiences. You may recall your own sexual education and development and how they relate to your present values and beliefs about what behaviors are acceptable. Family messaging, religion, and societal norms may be connected to sexual behavior. You may think of advertisements that implicitly or explicitly reference sexual behaviors. Sexuality — even just one specific aspect of it — is intricately linked to many facets of life, as Dailey (1981) elaborated in his **Circles of Sexuality model**. Throughout the home, family, professional, social, societal, and cultural spheres, sexuality is connected to and rooted in every aspect of our complex individuality.

Accordingly, people's experiences of oppression based on race, sexual orientation, gender, class, age, and health status exponentially impact their sexual health, relationships, and overall quality of life. **Black gay and bisexual men, often referred to in research literature as black men who have sex with men are disproportionately affected by social determinants of health, putting them at greatest risk for HIV infection.** It is no surprise, therefore, that these men are among the most negatively impacted by the HIV epidemic.

In response to this public health crisis, many interventions have been developed specifically to decrease the incidence of HIV — especially for adolescents. These interventions take a risk-reduction approach, focusing primarily on basic knowledge about HIV and other STIs, how they are transmitted, and teaching people strategies for reducing the likelihood of transmitting them from one person to another. These interventions typically demonstrate moderate success in evaluation studies, where success is defined by reductions in HIV risk behaviors, such as incidences of condomless anal intercourse with partners of unknown HIV status. However, when we spoke directly with Black men and their care providers, their experiences of such interventions were mediocre at best and they expressed wanting to know a lot more about the more complex aspects of sexual health and well-being.

While HIV-prevention interventions may include information about how to use a condom most effectively, they often fail to address the web of systemic and relational issues, such as stigma, discrimination, social inequities, interpersonal violence, and trauma, that underlie not only condom use behavior but overall sexual health behavior. Furthermore, most interventions target adolescents and young adults but fail to meet the needs of adults and older adults. They regularly are so focused on preventing initial HIV infection that they fail to include Black men who are living with HIV. Failing to meet the programming needs of people living with HIV serves to further isolate and stigmatize them, ultimately putting men at risk for poor health outcomes. Men we talked with reported a variety of issues that are most important to them that impact their everyday lives and intersect with their sexual health needs. They wanted programming that addresses navigating healthy relationships, accessing knowledgeable and competent medical and mental health providers, building a family, and coping with discrimination, among others.

ViiV Healthcare, Inc. created the *ACCELERATE!* Initiative to address these gaps. ViiV recognized that in order to meet the needs of the communities most impacted by HIV, we all must look beyond an HIV diagnosis and consider people holistically. If we are to succeed in making the information relevant and impactful for Black gay and bisexual men, we must look to the individuals making up these communities.

The voices from the communities most impacted by HIV, specifically Black men who have sex with men, are at the core of this project. The SWAG Toolkit was created by centering the needs of community members with the aim of enhancing their sexual well-being and overall quality of life. Our hope is that you will use it with this goal at the forefront of your hearts and minds and that it will serve as a starting point for additional, more expansive programming specifically designed by and for Black men.

NOTE REGARDING LANGUAGE

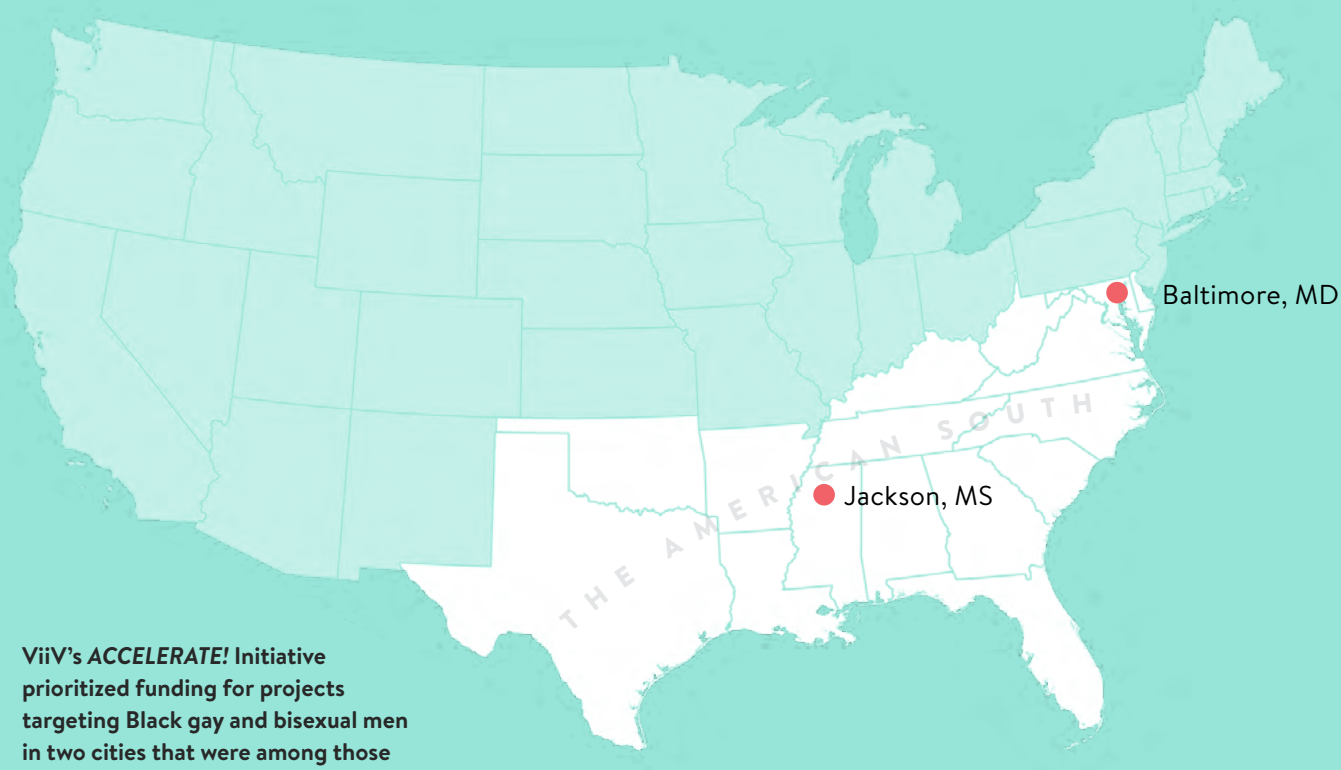
Black men who have sex with men make up a diverse group of individuals of varying identities. This can include men who identify as same gender loving (SGL), gay, bisexual, queer, straight, heteroflexible, etc. Many men who have sex with men reject sexuality-related identity labels entirely. We recognize how using identity labels in our work might pose a challenge in creating materials that will be relevant and inclusive to all. **In the SWAG Toolkit, we strive to use the term "Black men" as often as possible to refer to the entire diverse community of Black men—that is, anyone who identifies as a Black man who also has sex with men, regardless of his sexual orientation identity.**

We are not always consistent, however, because we have also aimed for the toolkit to sound natural and reflect the author and community's language. It is important to us that professionals who work in the community reflect the language of the people they are serving and do not want them to use language that might turn people away from the toolkit. So, we encourage toolkit users to be aware of their audience and adapt to stay focused on an inclusive and community-centered approach.

In this toolkit, we use the term Client Experience Contributors or CECs to describe what we have traditionally referred to as providers. We heard from men during the listening phase of this project that men were frustrated with their experience of care provision. Upon hearing stories from the community's perspective, we decided to revise what it means to seek care. We want to disrupt the narrative of what sexual well-being has looked like for Black men by re-imagining the language. We want to communicate and shape new narratives of wellness, particularly to communicate that good care requires an authentic equitable partnership with men. In this toolkit, we expect providers to see themselves as professionals who contribute to a client's experience of care service systems, and who can influence the system's centering the client rather than centering their workflow, work environment, and their expectations. In this toolkit, Client Experience Contributors are any people who provide a professional service (either paid for their time or as volunteers), many of whom are social workers, mental health practitioners, therapists, counselors, nurses, nurse practitioners, physician assistants, doctors, office receptionists, front desk staff, etc.

3

PROBLEM SUMMARY AND JUSTIFICATION



ViiV's *ACCELERATE!* Initiative prioritized funding for projects targeting Black gay and bisexual men in two cities that were among those most impacted by HIV at the time of the project: Baltimore, Maryland and Jackson, Mississippi.

Spatial and Sociodemographic Factors Faced by Black Men Who Have Sex with Men

Black men living in the American South (defined by the Centers for Disease Control and Prevention (CDC) as Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia) confront a compounded series of additional health burdens. Southern Black men report a lack of insurance, difficulty navigating a lower quality healthcare system, living considerable distances from providers, medical "silos" that prevent comprehensive care, and significant concerns about their confidentiality *(Doshi, Malebranche, Bowleg, & Sangaramoorthy, 2013)*. Black men in Mississippi face persistent homophobia, discrimination, and paralyzing HIV-related stigma *(Centers for Disease Control and Prevention, 2009; Nunn, Barnes, Cornwall, Rana, & Mena, 2011)*.

1 *in* 6

GAY & BISEXUAL MEN

1 *in* 2

AFRICAN AMERICAN GAY & BISEXUAL MEN

may be diagnosed with HIV in their lifetime, if current rates persist.*

*cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf

Considering these factors, it is unsurprising that the Center for Disease Control and Prevention (CDC) found rates of HIV diagnosis are the highest in the South *(2015)*. Furthermore, of any region and population in the country, people of color in the South experience the worst clinical outcomes following a positive HIV diagnosis *(2016)*. When the White House released its 2017 progress report on the National HIV/AIDS Strategy 2020, rates of HIV remained disproportionately high in the South and among gay and bisexual men *(HIV.gov, 2017)*. Baltimore, MD and Jackson, MS are two cities where Black men have a particularly high risk of acquiring HIV within their complex social networks and are disproportionately impacted by social determinants when living with HIV *(Oster et al., 2011; Mena & Crosby, 2017)*.

For these reasons, there is an urgent need to understand the various prevention and education needs that impact the sexual well-being and decision-making of Black men in Baltimore, MD and Jackson, MS, in order to reduce HIV rates among Black men.

While we focused on gathering information for groups in Baltimore and Jackson, our goal has been to create the SWAG Toolkit so it can also be used in other locations. We hope that CECs are able to take the lesson plans and build off them to create lessons and resources that their community needs. We encourage users to collaborate with us and contribute new ideas and lessons that we can add to expand the toolkit.

Education and Interventions

Despite the wealth of research done on HIV, few interventions have emerged that are both successful in reducing HIV rates among Black men and relevant to the complexities of the lives of Black men. Throughout the southern United States, sex education and HIV prevention education tend to be limited, with most states and counties relying on abstinence-centered education *(Guttmacher Institute, 2017)*. If Black men have received sex education, it is often from a heterosexual perspective with a focus on pregnancy prevention. This miseducation presents a missed opportunity for health-sustaining resources and information about the unique experiences of men who have sex with men (ViiV Executive Summary). When offered any focused education, Black men are often bombarded exclusively with HIV risk reduction messaging rather than accurate, thorough, and relevant sexuality education. The constant refrain of HIV-prevention draws less attention over time and results in reduced motivation to practice safer sex. It also fails to fully capture and address the unique experiences and needs of Black men. Even this programming often ultimately marginalizes Black men because there is a heavy slant towards targeting education to youth and adolescents. Adult Black men find themselves at the furthest periphery of many levels of educational bias, and it is time to centralize their experience and needs.

For Client Experience Contributors, there is still a dearth of cultural competency training for them about the unique experiences of Black men *(Sullivan et al, 2012)*. This lack of culturally competent training limits CECs in their ability to meet the needs of their Black men patients. In turn, it facilitates a relationship where Black men maintain poor communication and distrust with CECs, experience negative health consequences, receive poor quality care and report dissatisfaction with the quality of their care *(Gamble, 2007; Georgetown University Health Policy Institute, 2004)*. Cultural competency training for CECs that is proactive, client-centered, and nonjudgmental can result in an improved client-CEC relationship — a relationship that helps further facilitate the health and well-being of Black men *(Levy et al, 2014)*.

Engaging the Community

From our focus groups and listening sessions, Black men expressed fatigue with talking about condoms and HIV. They want access to accurate and comprehensive information about sexual health, but they want and deserve more compelling reflections of their reality. They want to be seen and treated as whole people with unique strengths, experiences, and needs. They want Client Experience Contributors they can talk to, relate with, and trust. However, these wants and needs are not being met. Recognizing this, ViiV Healthcare created the *ACCELERATE!* Initiative with a funding stream specifically calling for "Making Sex Ed Relevant." The goal of Making Sex Ed Relevant was to develop and provide sexuality education that is relevant to the experiences of Black gay men's sexual orientation, sexuality, and sexual health. This includes providing Black gay men with needed information to make healthy and informed emotional, psychological, and sexual decisions with partners of the same and different HIV status; improve communication among their social and sexual partners; navigate sexual, physical, and mental healthcare systems and social services; and live well overall. We created the SWAG Toolkit to meet these goals.

By examining the literature available to us about the needs of communities of Black men as well as collecting our own data through extensive conversations with Black men and their CECs in Baltimore and Jackson, it became clear that existing curricula and programming were not meeting their needs.

The SWAG Toolkit is a two-fold curriculum that:

Taken together, the two halves of this toolkit can be used to support Black men, whether directly via community member-oriented holistic sexuality education, or indirectly via provider-oriented competency training, in improving overall well-being.

4

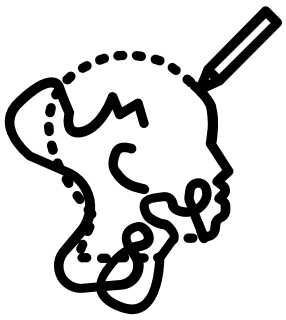
OVERALL APPROACH TO THE TOOLKIT

The SWAG Toolkit is first and foremost a resource for people in the community to use and apply as part of the broader work they are doing to meet the needs of Black gay and bisexual men. We built it with a comprehensive approach to sexuality in mind. As such, it is multi-layered and crosses disciplines that are often siloed in community programming. We sought to include biological, psychological, and social components. Accordingly, our goals extend beyond biological and behavioral outcomes typical of traditional HIV prevention interventions (e.g., increasing condom use and medication adherence) to psychological and social outcomes that support sexual health and well-being from a broader perspective (e.g., decreasing sexual identity stigma, increasing self-efficacy in care navigation, increasing connection with meaningful communities). Across each layer, this toolkit aims to increase the overall quality of life among Black men.

Using this biopsychosocial perspective, we drew on two primary models to inform the development of this toolkit: the salutogenic model of health and the social-ecological model.

Salutogenic Model of Health

The Salutogenic Model approaches health with a primary focus on maximizing wellness rather than minimizing disease *(Antonovsky, 1996)*. Wellness incorporates a sense of coherence in life where one can define meaningfulness, manageability, and comprehensibility. This is a particularly useful approach in developing programming that includes individuals regardless of their location on the continuum of care *(Erikisson & Lindstrom, 2005)*. The pursuit of wellness is relevant for everyone, not only for those focused on prevention or disease management.

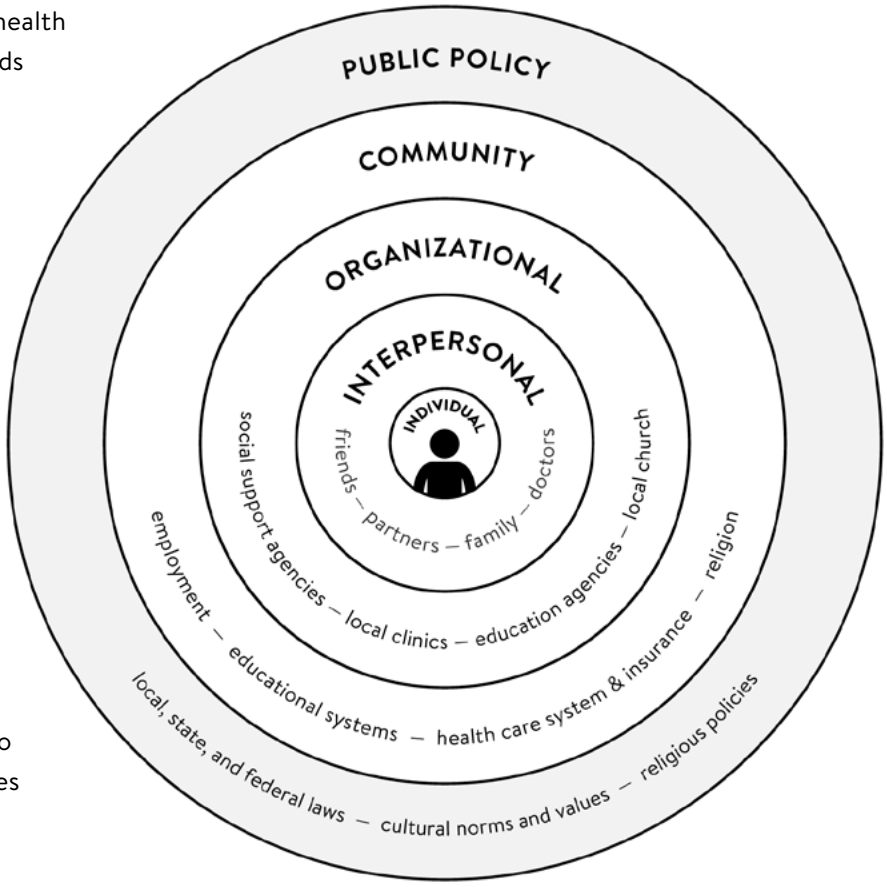


Black men have described being tired of being targeted to talk about HIV risk, prevention, and treatment. They are rich, complex individuals with a diversity of needs that are going unmet by traditional sexuality education interventions. Rather than narrowing the scope of attention to risk and risk-relevant factors, the Salutogenic Model encompasses any and all health-promoting factors, extending new opportunities for interventions to take a more holistic approach to work with this community.

Social-Ecological Model

As humans, we are complex individuals with intersecting identities and a lifelong membership in interacting networks and systems that fluidly engage our identities. At any given time, we may feel changes within our own personal self, a close connection or distinct disconnection from our partners, family, friends, local community, work culture, faith community, national events, etc. Many of the factors that contribute to continued HIV disparities also engage intersecting identities (i.e., Black and a man who has sex with men) and are systemic, with systems often interacting one with another and profoundly impacting the health and well-being of Black men *(Baral, Logie, Grosso, Wirtz, & Beyrer, 2013; Bronfenbrenner, 1994).* Theoretically speaking, the social-ecological model describes these intersections, interactions, and the impact of their interconnectedness, hence our choice to use this framework to guide our work on this toolkit *(Hickson, Truong, Smith-Bankhead, et.al, 2015).* We used it to understand the interactions that Black men in Baltimore, MD and Jackson, MS have as they navigate and experience their social worlds (e.g., sexual partners, friends, family), healthcare worlds (e.g., clinicians, social workers, health educators, doctors), public health worlds (e.g., sex education, health insurance), and the world of the general public (e.g., morals, attitudes, religion).

In order to address system-level barriers to care, we aimed to focus as much space, time, and energy on lessons geared toward CECs as community members. The onus of change toward more health-enhancing behavior cannot fall solely on individuals from the very communities that are most impacted by oppressive forces such as racism, homophobia, classism, ageism, etc. It is the responsibility of individuals at all levels of care — CECs, in particular — to work to dissolve the numerous obstacles to wellness that Black men face.



Social-Ecological Model

5

APPROACH TO LEARNING

The SWAG Toolkit was designed with its audiences in mind from the beginning. Accordingly, we utilized three theories of learning to guide the development of the lessons: Andragogy, Pedagogy of the Oppressed, and Transformative Learning.

Andragogy

While this toolkit contains components targeting two groups (i.e., Black men and their providers), all lessons herein are designed for adults. Malcolm Knowles' *(1973)* theory of andragogy, also known as adult learning, is centered around the following four core tenets:

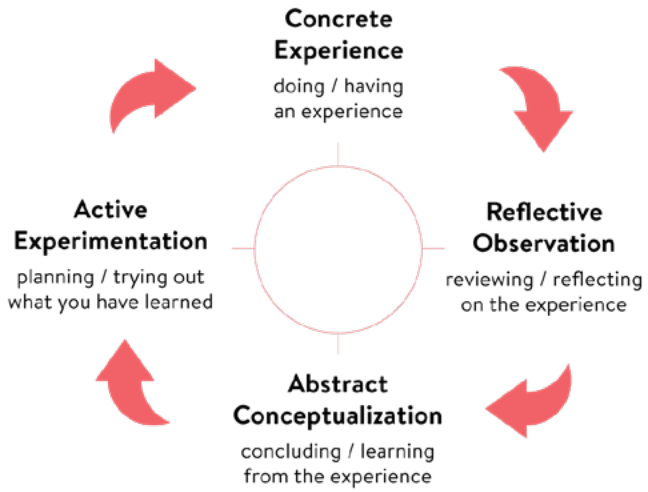
1. **Content must be relevant.** Adult learners must understand why things are being taught so that they can decide whether and how the things they are learning are important for their own lives. Adults are busy, and life is complicated. If an adult does not believe they need to know something, they are not likely to devote any time and energy to it.
2. **Learning should be problem-centered.** Relatedly, adults learn best when they are working to solve a problem, rather than learning without a specific purpose in mind.
3. **Learning should be experience-based.** The best learning happens by doing. Therefore, we incorporate as many effective experiences and opportunities to apply new information and practice new skills as possible.
4. **Participant involvement is key.** It is ideal to include adult learners in the curricular planning, development, and evaluation process. From its inception, this toolkit was developed based on the insight and feedback of the very people it is intended to serve — Black men and their providers. The lessons herein utilize every opportunity to celebrate and use the knowledge and experience of the individuals in the room. This ultimately serves multiple purposes: it enhances participant engagement, encourages group cohesion, and stimulates social learning.

Pedagogy of the Oppressed

Paolo Freire *(1972)* taught us that everyone brings value into the classroom, and each person can learn from the others to establish a collaborative learning community and that such acts, in and of themselves, work to dismantle systems that oppress. The connection between oppressed people — discovering their own capacities and learning about systems that work to uphold oppression — and educators who are empowering them to work toward change in daily life can create even broader societal change. In today's world where Black men experience constant, consistent stigma, discrimination, and dehumanization, we

sought to develop a toolkit that reflects this reality and is one more resource that can contribute to the deconstruction of the intersecting systems of oppression based on race, gender identity and expression, sexual orientation, age, class, and HIV status that together push Black men to the periphery.

Our process to develop the SWAG Toolkit centered the voices of Black men and honors their experiences. We sought feedback before, during, and continue to collect it during implementation. We invite you as participants and facilitators of the activities to be co-learners, to listen to one another, to seek a deeper and broader understanding of one another's experiences, and to make adaptations and further develop what's here to fit the context in which you are using it. Our largest ask in this regard is that you retain the anti-oppression spirit and goals of Freire's work. We encourage you to read his texts if you are not already familiar with them. Kolb's **Experiential Learning Cycle** is a great framework for how we can facilitate learners to learn from their own life experiences and from experiences they have in the classroom. Many of the lessons in this toolkit are designed using this approach.



Experiential Learning Cycle

Transformative Learning

A large part of our work in dismantling systems of oppression is in the education and training of professionals who work in communities where people experience oppression and marginalization. Whether such professionals realize it or not, they are often complicit in these systems, upholding them, resisting change. In an effort to transform systems, we focus first on changing the people within the systems. Many lessons in the toolkit take a transformative learning approach, where we ask providers to challenge some of their own beliefs, examine and shift their personal perspectives, and manage their receptiveness to new, disruptive, or unsettling things *(Mezirow, 1991)*. For the many lessons involving this type of learning, we utilize empathy-building exercises and provide opportunities for critical reflection on lesson content, process, personal, and group experience. Transformation takes time, so one should not expect a single activity to make major changes in systems. Rather, we expect that individuals begin to work toward reforming systems to be more equitable and accessible as they develop a greater understanding of themselves, of others, and of the broader context that their systems are affected by. Transformation is a process that is ongoing and never-ending, so do not focus on an end goal but on mastering the process, which can be implemented over and over again.

6

USING THE TOOLKIT

Who will benefit from utilizing the SWAG Toolkit?

Many healthcare professionals are part of the network of care for adult Black men. The information provided in the toolkit aims to offer foundational understanding, intervention strategies, specific lesson/activity plans, and workshop outlines that will generalize to many types of groups and settings. While most activities can be adapted to meet the needs and interests of younger audiences, the toolkit was designed with adult Black men in mind, ages 18 and older. Individuals who have experience in teaching adult learners, have a working knowledge of HIV information and the associated medical management needs/outcomes, and want to explore new ways of supporting Black men will benefit most from this toolkit.

The toolkit is comprised of two sections, each devoted to a distinct, but related, audience:

ADULT BLACK MEN

Most lesson plans in the SWAG Toolkit contain activities meant to be delivered directly to Black men. To be clear, we are aware that Black men do not exist in social vacuums, which is to say that facilitators may be working with groups consisting of other people besides Black men, including both cisgender and transgender women. Some of the activities in the toolkit can be adjusted to facilitate the involvement of all genders. In those cases, however, we encourage facilitators to remain intentional in centering the issues and concerns of Black men, followed by LGBTQ+ Black people more broadly, as is useful to the group.

CLIENT EXPERIENCE CONTRIBUTORS

The SWAG Toolkit also contains activities for Client Experience Contributors encountering, engaging, and supporting Black men in their work. This includes those supporting Black men in both community resource and healthcare settings who may be in the following roles:

- Medical Providers
- Reception staff serving in medical or social service facilities
- Social service providers such as Clinic Resource Counselors and Educators, Patient Peer Counselors and Educators, Community Educators, and Peer Navigators
- Mental Health Providers and Support Staff
- Continuing Educators or Trainers for reception staff, Peer Navigators, Medical Providers, and/or other Care Providers

How to Use the SWAG Toolkit

Most lessons in the toolkit can be implemented by facilitators with facilitation experience. Each lesson plan includes sections that can assist facilitators in making sure participants get the most from each activity. We strongly recommend that people with experience facilitating conversations and activities work with and/or offer support to others who may be less experienced.

The lesson plans in the toolkit cover topics and/or professional skills-building relevant to the biological, social, and/or psychological experiences of Black men. Collectively, the plans address areas reported by Black men themselves to be beneficial or vital to consider when taking their health and well-being into account. For ideal impact, we recommend that folks utilize the toolkit as a whole resource, moving across each plan provided with all groups with which they interact.

That said, we recognize that organizations have different needs when it comes to serving Black men. Some organizations already offer HIV prevention and/or sexuality education programs for Black men and are simply looking to supplement this programming using a more holistic approach. Others may not currently offer any related education or training and are looking to create a more extensive program for community members. Still, others may primarily work with providers with a range of knowledge and experience regarding Black men and are looking to increase the quality and relevance of their care training. Finally, some facilitators may not be affiliated with an organization at all and may simply find the themes and activities in this toolkit useful for enhancing their day-to-day social interactions with other Black men. Lessons may be used individually or in combinations for topic-specific workshops. Fidelity is not required for any lesson in this toolkit, such that even activities within each lesson can be adjusted and/or excluded from a session as is needed in each moment. Unlike traditional evidence-based interventions that require more structured fidelity, feel free to select whatever format best suits the needs of your organization and the groups who will be participating.

We encourage CECs to remember that even with these lesson plans, discussing some of these topics may still be a difficult experience. It is the facilitators' job to work with participants to create and hold a space/place for them to engage with both the activity and one another. While much of this can be achieved through quality facilitation skills, some of this may also require pre-work on the part of the facilitator to explore and eliminate any unchecked bias and insecurities that may exist about the priority population's lived experiences.

The SWAG Toolkit is organized by audience and by topic:

TWO AUDIENCES

Black Men

Client Experience Contributors (CECs)

SIX TOPICS

HIV Information

Sexual Health

Family & Relationships

Society & Culture

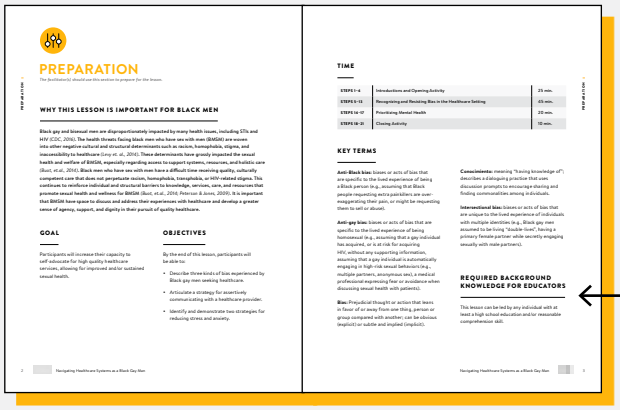
Identity & Personal Development

Discrimination & Bias

LESSON PLAN ORGANIZATION: A QUICK REFERENCE GUIDE

The cover of each lesson plan identifies topical themes and keywords to lead you to specific lessons of interest. If you are looking for lessons specifically intended for CECs, look for small, red labels at the top of each lesson page.

1

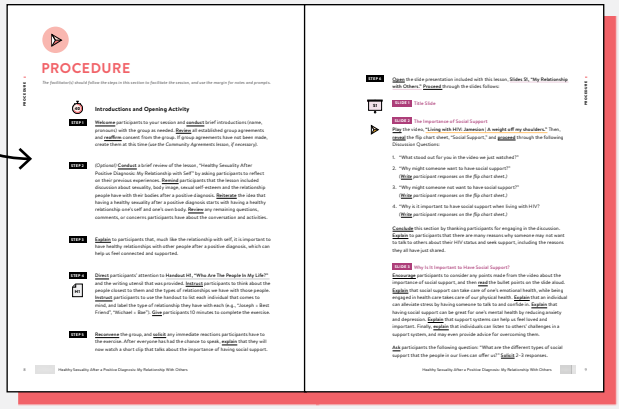


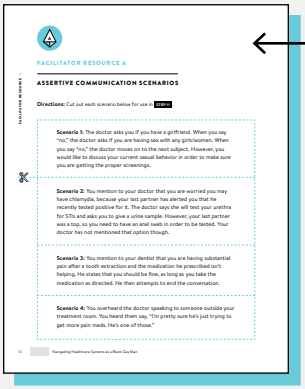
2

The Preparation section provides practical information such as timetables, key terms, required background knowledge for facilitators, and material checklists.

The Procedure section is a step-by-step guide for your session. Icons provide quick prompts for time limits, relevant handouts, slides, and facilitator resources. Ample margins allow you to make your own notes.

3



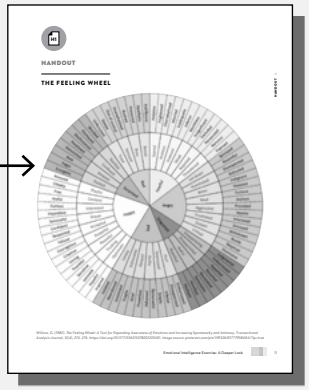


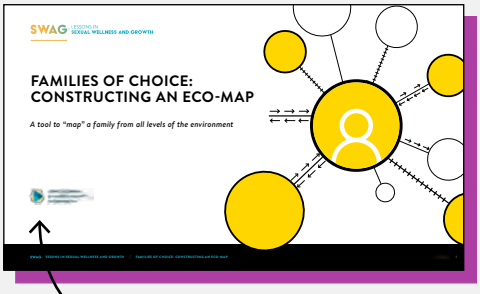
4

Some lessons include a Facilitator Resource section to guide activities or provide more reference.

Some lessons include handouts designed to be printed and distributed to your participants for use during the session.

5





6

Some sessions utilize slide presentations, which can be projected or printed.

7

GETTING READY AS A FACILITATOR

Guidelines for Getting Started

If you are picking up the SWAG Toolkit because you have worked with Black men for a decade and you want to try something new, congratulations! If you are a new community health educator who hopes to add this as part of your role and feel like you have a lot to learn, congratulations! If you're reading these lesson plans and find that you need to add a lot to your personal/professional understanding before starting programming options for this, there are a variety of resources on the toolkit website you can use to learn more background information and skills. You can also learn how other people have experienced lessons and can contribute your own perspectives and experiences in using a particular activity.

Know Your Strengths

We all tend to know our areas of teaching comfort, and we may seek out opportunities to try out new experiences. Some of us love teaching in front of large groups, while others enjoy teaching in venues with just three to five people. Some of us enjoy offering formal presentations, while others are more skilled in teaching through group discussion or experiential methods. As you use this toolkit, it will be important to identify the great foundation of skills and abilities you are bringing to your existing work with Black men. We designed the toolkit so it is clear in each activity plan what aspects are didactic (direct instruction, providing a primary lecture) or experiential (involving more discussion and role-plays of interactions).

Content in the Lesson Plans

You may look at this toolkit and see you already have much of the knowledge and content needed to provide all the lesson plans. Our hope would be that the activities and formats might provide some new teaching/training options to try. The suggested readings and resources listed with each plan are intended to add to the foundation of content and support for facilitators. Some activities may require less review of additional readings, while others will benefit from more.

Balancing Personal and Professional Roles

Most of us who specialize in providing high-quality care for Black men have a variety of professional and personal reasons for doing this good work. If it is expected that our personal passion guides our professional work, we need to have colleagues who help us guide our strength and focus in the right direction.

Even with our passion to support good work, we may have "things we don't know that we don't know" where we need to continue growing and assessing our own biases, which naturally change over time. The key is to know what to do when we hit a bias, which may result in an error, and address the situation with acknowledgment and an apology.

Logistics to Keep an Eye On

When preparing for a training or workshop, there are several logistical considerations you will want to make to ensure you are maximizing inclusivity and accessibility for participants:

- **Venue:** where you will be presenting
- **Arrangement/Accessibility:** the space's set-up and its accessibility to individuals with varying abilities
- **Locality:** whether this training is happening in your home town or across the country, make a point to review what is happening in the areas of training that you'll be offering, so you can be sure to be sensitive, inclusive, and responsive to the broader context of your activity

Self-Care

This is the area discussed the least when supporting care providers and often goes unaddressed in schools of higher education, medicine, and in the training of health and human service professionals. As a result, the best professionals (you included!) are not necessarily equipped or empowered to say that they need or want help in one way or another.

When you are utilizing the SWAG Toolkit successfully, you are likely going to get tired and have days when you can't stop thinking of what was shared during a discussion. Self-care can include taking a break from a stressful or volatile group, following up later with an email and/or activating self-care at home. All these options are great and encourage us to know that self-care is a truly important factor in the success of all our great work together. We cannot help and support others if we are not getting the help and support we need ourselves.

8

RESOURCES FOR SUCCESSFUL FACILITATION

Creating Community Agreements

The lesson plans in the SWAG Toolkit intentionally use the phrase “community agreements” as opposed to “ground rules.” We chose this language to disrupt the structure of hierarchy and power that traditionally exists among learners and facilitators. Like guidelines, community agreements set the tone for the learning environment that includes the needs of each learner. Such a set of agreements is amendable and can be redefined depending on the changing needs of the learning environment. Rather than coming prepared with a pre-determined list of guidelines, we encourage facilitators to develop community agreements with participants to foster a sense of collaboration, shared accountability, and community within the learning environment. When an agreement is suggested by a participant, the facilitator should seek shared understanding of the agreement, and take a consensus before writing down an agreement. Participants should mutually agree on suggested agreements so that learning takes place in an environment where everyone is seen, heard, and affirmed. When a participant’s suggestion is not received well by the group, or when consensus and agreement cannot be reached, the facilitator should continue discussing the suggestion until it is shaped into something the group can agree on.


SWAG: LESSONS IN SEXUAL WELLNESS AND GROWTH

COMMUNITY AGREEMENTS

Tracie Q. Gilbert

The following lesson establishes a blueprint for creating common sets of ground rules for facilitator and participant engagement during a SWAG Toolkit session.

TIME

15 minutes

The toolkit includes a lesson plan for engaging in the community agreements development process (see “Community Agreements”). If you are not familiar with facilitating this process, we encourage you to consult this lesson prior to implementing any other. Examples of community agreements (and their rationale) include:

- “*What is said here stays here, but what is learned here leaves here.*” This agreement sets the tone for the confidentiality of personal information but encourages sharing of educational information.
- “*Challenge the idea, not the person.*” This agreement sets the tone for disagreements among participants, who are encouraged to share their diverse experiences and perspectives, and respectfully challenge one another with the goal of understanding, shared learning, and observance of difference.
- “*Take space, make space.*” This agreement is like "stepping up and stepping back" without using ableist language. It considers the different needs of learners and encourages participation — some individuals process information by quiet reflection whereas others process information by sharing with the group. Make space for people who do not readily share so that everyone feels encouraged to engage.

Introductory Activities & Icebreakers

For many of the lessons in the SWAG Toolkit, it is assumed that facilitators have at least a passing familiarity with the group with whom they will be working. While each lesson includes an Opening Activity specific to it, you may still find that your group needs more time before they feel ready to open and engage more fully. For facilitators with more limited participant knowledge, you may also wish to consider incorporating one or more icebreaker activities into the session prior to the Opening Activity.

Icebreakers are generally useful for being "low-stakes," meaning that they do not require a great deal of emotional vulnerability. Icebreakers are also diverse and can take on several different forms:

- General personal and/or pop culture questions (e.g., "What is your fondest memory from the year 2014?", "If you could have dinner with anyone famous, dead or living, who would you choose and why?")
- General introductions (e.g., name + favorite color/ice cream flavor/item of clothing)
- Games (e.g., The Great Wind Blows, Two Truths & A Lie)

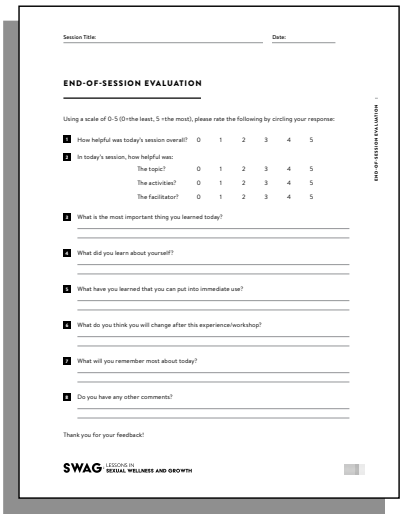
A simple Google search might elicit several additional icebreaker options. Participants themselves might know of various icebreakers that they find interesting or engaging and would like to use.

In any case, it is entirely up to the facilitator what icebreakers will be used, including the number, type, and time allotted for each. Icebreakers should not take an extensive amount of time; however, facilitators should be sure to effectively gauge whether enough icebreakers have been done to make participants feel comfortable with moving on to the rest of the session.

End-of-Session Evaluations

At the end of each session we strongly suggest that you pass out the End-of-Session Evaluation form. This form allows you to receive feedback from the group on the lesson and facilitation. This feedback can help you and your organization better understand the needs of your community and plan for future lessons. The evaluation is not a necessary part of the lessons, but we believe they provide excellent feedback from your community.

We welcome your sharing the feedback you receive with the ISRC team so that we can incorporate the feedback into any revisions, edits, or additions we make to the SWAG Toolkit.



Session Title: _____ Date: _____

END-OF-SESSION EVALUATION

Using a scale of 0-5 (0=the least, 5 =the most), please rate the following by circling your response:

1. How helpful was today's session overall? 0 1 2 3 4 5
2. In today's session, how helpful was:
   - The topic? 0 1 2 3 4 5
   - The activities? 0 1 2 3 4 5
   - The facilitator? 0 1 2 3 4 5
3. What is the most important thing you learned today?
4. What did you learn about yourself?
5. What have you learned that you can put into immediate use?
6. What do you think you will change after this experience/workshop?
7. What will you remember most about today?
8. Do you have any other comments?

Thank you for your feedback!

SWAG LESSONS IN SEXUAL WELLNESS AND GROWTH

END-OF-SESSION EVALUATION

9

GLOSSARY OF TERMS

The following terms appear throughout the SWAG Toolkit and may be unfamiliar to some. While this is not an exhaustive list, it is created to help introduce concepts that are often new to people. If you do not understand the definition, we encourage you to use the Internet and the resources provided on the SWAG Toolkit website to find other more in-depth resources. We have borrowed these definitions from the GSA network (gsanetwork.org/files/resources/Annual-Resource-final-17.pdf).

A

Agender: a person who does not identify with a gender identity or gender expression; some agender-identifying people consider themselves gender neutral, genderless, and/or nonbinary, while some consider "agender" to be their gender identity.

Ally/Accomplice: a person who recognizes their privilege and is actively engaged in a community of resistance to dismantle the systems of oppression. They do not show up to "help" or participate as a way to make themselves feel less guilty about privilege but are able to lean into discomfort and have hard conversations about being held accountable and the ways they must use their privilege and/or social capital for the true liberation of oppressed communities.

Androgynous: a person who expresses or presents merged socially-defined masculine and feminine characteristics, or mainly neutral characteristics.

Asexual: having a lack of (or low level of) sexual attraction to others and/or a lack of interest or desire for sex or sexual partners. Asexuality exists on a spectrum from people who experience no sexual attraction nor have any desire for sex, to those who experience low levels of sexual attraction and only after significant amounts of time. Many of these different places on the spectrum have their own identity labels. Another term used within the asexual community is "ace," meaning someone who is asexual.

B

Bigender: a person who identifies with having two genders, which aren't necessarily man and womxn.

Biphobia: the prejudice, marginalization, and hatred of people who are perceived to be bisexual, also experienced by other identities (pansexual, omnisexual, etc.).

Bisexual: a person who may be sexually and/or romantically attracted to people of a similar gender and a different gender.

Boi: a person who may identify as masculine-of-center and chooses to use this term as a reference to masculinity outside of cis-hood; a term originating in the black community.

Butch: someone who identifies themselves as masculine, whether it be physically, mentally or emotionally.

C

Cisgender/Cis: a person whose gender identity matches the sex they were assigned at birth (e.g., man and male-assigned).

Cisnormativity: the societal and structural assumption that all people identify with the sex they were assigned at birth.

D

Drag Queen/King: a person who performs masculine or feminine gender theatrically. While some drag queens and kings also are transgender, the terms are not used interchangeably.

Dyke: a slur historically used against queer womxn, particularly masculine-of-center womxn, which now is reclaimed by some to affirm their identities.

F

Fag: a slur historically used against queer men, which now is reclaimed by some to affirm their identities.

Female-To-Male (FTM), Male-To-Female (MTF): used to describe a person who has gone through a gender transition, sometimes used to refer to someone who has had gender reassignment surgery.

Femme: someone who identifies themselves as feminine, whether it be physically, mentally, or emotionally.

G

Gay: a person who is attracted exclusively to people of the same gender; misused as an umbrella term for the entire LGBTQ+ community.

Gender: gender covers a wide range of concepts related to identities that apply to everyone.

- **Gender Characteristics:** characteristics that are used to attribute gender to an individual, such as facial hair or vocal pitch.
- **Gender Confirmation/Affirming Surgery:** a variety of medical procedures that trans people may choose to feel more at home in their bodies; wanting these procedures is not a requirement for being transgender.
- **Gender Expression/Gender Presentation:** the way a person expresses their gender through gestures, movement, dress, and grooming.
- **Gender Identity:** a person's understanding, definition, or experience of their own gender, regardless of sex assigned at birth.
- **Gender Nonconformity:** not expressing gender or not having gender characteristics or gender identity that conform to the expectations of society and culture.
- **Gender Roles:** culturally imposed and expected behaviors associated with gender identities.
- **Gender Binary System:** a social system that requires individuals to adopt a male or female identity according to the sex assigned at birth. This system imposes limitations for how you are educated, what jobs you can do (or are expected to do), how you are expected to behave, what you are expected to wear, what your gender & gender presentation should be, and who you should be attracted to/love/marry, etc.

- **Gender Dysphoria:** strong, persistent feelings of discomfort with one's own assigned sex that results in significant distress or impairment.
- **Gender Euphoria:** strong, persistent feelings of contentedness with one's gender identity, expression, and/or presentation.
- **Genderfluid:** describes a gender identity that may change or shift over time between or within the mix of the options available.
- **Genderqueer:** a gender identity label often used by people who do not identify with the binary of man/woman; or as an umbrella term for many gender non-conforming or non-binary identities (e.g., agender, bigender, genderfluid).

Gender Pronouns: How people want to be referred to when they are addressed or talked about in third person. Some examples of gender-neutral pronouns are They/them/theirs and Ze/hir/hirs.

H

Heteronormativity: the assumption, in individuals or in institutions, that everyone is heterosexual, and that heterosexuality is superior to all other sexualities.

Heterosexism: The societal and structural assumption that all people identify as heterosexual.

Homophobia: The hatred, prejudice, and violence toward someone because they are or are perceived to be gay, lesbian, or queer.

I

Intersex: an umbrella term that describes someone with a combination of sex characteristics that puts you somewhere outside the binary "male" and "female" boxes. Visit interactyouth.org for more information about intersex issues.

L

Lesbian: a womxn who is attracted exclusively to people of the same gender.

M

Masculine: concept of what is considered traditionally male in terms of appearance, behavior, and personality.

Mx: a gender-neutral honorific meant to affirm individuals who do not fit in the Mr./Mrs. binary.

P

Pansexual/Omnisexual: a person who may experience sexual, romantic, physical, or spiritual attraction for members of all gender identities and expressions

Passing: being perceived as a particular privileged identity/gender, regardless of how the person identifies (straight passing, cis passing, etc.).

Polyamory: a romantic orientation and practice of having multiple partners, who are consenting to relationships with varying structures; not inherently queer.

Q

Queer: Term originally used as a slur that has been reclaimed; used as an umbrella term to describe someone who does not identify as straight (when used for sexual orientation) or someone who does not identify as cisgender (when used for gender, i.e., genderqueer) or someone who does not conform to sexual or gender expectations or norms. Queer has different meanings to different people.

QTPOC: Refers to queer and trans people of color, often used when differentiating the experiences of people of color and white people within the LGBTQ+ community.

S

Sex: Determined by a combination of anatomy, hormones, and chromosomes. Assigned at birth based on genitals.

Sexual Orientation: Sexual identity of a person in relation to attraction and gender. For example someone might identify as gay or lesbian if they are attracted to a person of the same gender.

T

Third Gender: A person who identifies with a gender outside of the gender binary imposed by colonization. Fa'afafine of Samoa, Hijra of South Asia, and the Muxe in Oaxaca, Mexico are some examples of third genders.

Transgender/Trans: an umbrella term used to describe people whose gender identity differs from the sex they were assigned at birth. 'Transgendered' has been noted to be an incorrect term.

Transphobia: The hatred, prejudice, and violence onto someone because they are or are perceived to be transgender.

Transition: Refers to the transitioning process transgender people go through when affirming their gender. This can be both a medical procedure and/or social transition (e.g., gender expression, pronouns, different name, etc.)

Two-Spirit: A modern umbrella term by and for LGBTQ+ Native Americans to describe a non-binary gender system that existed within many Native American communities before colonization. This term should not be co-opted by people who are not Native American.

W

Womxn: A spelling of "women" that aims to be more inclusive and intersectional, and to show that womxn are not limited to being defined by patriarchy or gender binary.

10

ACKNOWLEDGEMENTS

Support by ViiV Healthcare Company's *ACCELERATE!* Project

ISRC STAFF

Justin A. Sitron
Principal Investigator

Linda Hawkins
Co-Investigator

Javontae Williams
Applied Research Scientist, Project Coordinator

Tracie Gilbert
Research Scientist

Ahyana King
Clinical Research Coordinator

Darius Mooring
Research Technology Coordinator,
Implementation Coordinator

Li Lock
Program Development and Evaluation Specialist

Tyler Burns
Research Assistant

Hannah Boes
Research Assistant

AUTHORS

(in alphabetical order)

Ahyana King

Alecia Reed-Owens

Alexander T. Blue Jr.

Andrew B. Spiers

Brent Satterly

Brooke Wells

Darnell Motley

Erica L. Smith

Erika Evans

Hope Springs

John Taylor Thomas

Kimberly Huggins

Kurt Ragin Jr.

Linda Dixon-Rigsby

Sabitha Pillai-Friedman

Sean Smith

Tracie Gilbert

Wesley K. Thomas

Yolo Akili Robinson

DESIGN

SAYGRID

COMMUNITY PARTNERS

Baltimore, Maryland:

Community Education Group

African Ensemble Theater

Johns Hopkins School of Public Health

Gay Men's Health Collaborative

Total Health Care

JOY Baltimore

Black Men's Xchange

JHU AETC

The REACH Initiative of the Johns Hopkins School of Nursing

SOGAA, Inc.

UCHAPS

STAR TRACK, University of Maryland

Meet for a Cause

Greater Baltimore HIV Health Services Planning Council

Maryland Department of Health

Sisters Together and Reaching

Chase Brexton Healthcare

The Health Education Network

Breaking Bread

AIDS Action Baltimore

Community Cares Project

JACQUES Initiative

Jackson, Mississippi:

Jackson State University

MS in Action

Mississippi Center for Justice

My Brother's Keeper

Jackson Medical Mall Foundation

Southern Echo

Bridge-Port Services Group

Mississippi Department of Rehabilitation Services

Brotherhood Inc.

Delta State University

Mississippi Health Alliance

STRATEGIC PARTNERS

Linda Stringfellow, MS
Executive Director, F.A.B.R.I.C. Inc.

Cedric L. Sturdevant
ASC-PIER

Lonnie Bishop
Peer Health Navigator Coordinator

STAR TRACK Adolescent Health Program
Jessica Obanyan

JACQUES Initiative
Sam McClure,Director

The LGBT Health Resource Center of Chase Brexton Health Care

11

REFERENCES

Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. *Health Promotion International, 11*(1), 11–18. https://doi.org/10.1093/heapro/11.1.11

Baral, S., Logie, C. H., Grosso, A., Wirtz, A. L., & Beyrer, C. (2013). Modified social ecological model: A tool to guide the assessment of the risks and risk contexts of HIV epidemics. *BMC Public Health*, 13(1), 1-8. doi:10.1186/1471-2458-13-482

Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T. N. Postlethwaite (Eds.), *International encyclopedia of education* (2nd ed., Vol. 3, pp. 1643-1647). Oxford, UK: Elsevier Sciences Ltd.

Centers for Disease Control and Prevention. (2017a). *HIV among gay and bisexual men*. Retrieved from cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-msm-508.pdf

Centers for Disease Control and Prevention. (2017b). *HIV Surveillance Report*, 2016. Retrieved from cdc.gov/hiv/library/reports/hiv-surveillance.html

DeNavas-Walt, C., Proctor, B. D., & Smith, J. C. (2011). *Income, Poverty, and Health Insurance Coverage in the United States: 2010* (pp. 60–239). U.S. Census Bureau. Retrieved from census.gov/prod/2011pubs/p60-239.pdf

Freire, P. (1972). *Pedagogy of the oppressed.* New York, NY: Herder and Herder.

Hammond, W. P., Matthews, D., Mohottige, D., Agyemang, A., & Corbie-Smith, G. (2010). Masculinity, medical mistrust, and preventive health services delays among community-dwelling African-American men. *Journal of General Internal Medicine*, 25(12), 1300–1308. https://doi.org/10.1007/s11606-010-1481-z

Knowles, M. (1973). *The adult learner: A neglected species*. Houston, TX: Gulf Publishing Company.

Malebranche, D. J., Peterson, J. L., Fullilove, R. E., & Stackhouse, R. W. (2004). Race and Sexual Identity: Perceptions About Medical Culture and Healthcare Among Black Men Who Have Sex With Men. *Journal of the National Medical Association*, 96(1), 97–107.

Mezirow, J. (1991). *Transformative dimensions of adult learning*. San Francisco, CA: Jossey-Bass.

Purcell, D. W., Johnson, C. H., Lansky, A., Prejean, J., Stein, R., Denning, P., … Crepaz, N. (2012). Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. *The Open AIDS Journal*, 6, 98–107. https://doi.org/10.2174/1874613601206010098

Centers for Disease Control and Prevention. (2009). HIV Infection Among Young Black Men Who Have Sex with Men—Jackson, Mississippi, 2006–2008. *Morbidity and Mortality Weekly Report, 58*(4), 77-81. Retrieved October 12, 2017 from cdc.gov/mmwr/preview/mmwrhtml/mm5804a2.htm?s_cid=mm5804a2_e.

Centers for Disease Control and Prevention. (2015). Diagnoses of HIV infection in the United States and dependent areas, 2015. *HIV Surveillance Report*, 27, 1-114.

Centers for Disease Control and Prevention. (2017, September 27). HIV Among Gay and Bisexual Men. Retrieved from cdc.gov/hiv/group/msm/index.html

Centers for Disease Control and Prevention. (2017a). CDC fact sheet: HIV among Gay and Bisexual men. Retrieved October 12, 2017 from cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-msm-508.pdf

Centers for Disease Control and Prevention. (2017b, September 20). HIV in the United States by Geographic Distribution. Retrieved from cdc.gov/hiv/statistics/overview/geographicdistribution.html

Gamble, V. N. (1997). Under the shadow of Tuskegee: African Americans and health care. *American Journal of Public Health*, 87(11), 1773-1778. doi:10.2105/ajph.87.11.1773

Georgetown University Health Policy Institute. (2004, February). Cultural competence in health care: Is it important for people with chronic conditions? Retrieved from https://hpi.georgetown.edu/agingsociety/pubhtml/cultural/cultural.html

Guttmacher Institute. (2017, October 01). Sex and HIV Education. Retrieved October 12, 2017 from guttmacher.org/state-policy/explore/sex-and-hiv-education

Levy, M. E., Wilton, L., Phillips, G., II, Glick, S. N., Kuo, I., Brewer, R. A., . . . Magnus, M. (2014). Understanding Structural Barriers to Accessing HIV Testing and Prevention Services Among Black Men Who Have Sex with Men (BMSM) in the United States. *Understanding Structural Barriers to Accessing HIV Testing and Prevention Services Among Black Men Who Have Sex with Men (BMSM) in the United States*, *18*(5), 972-996. doi:doi.org/10.1007/s10461-014-0719-x

Mena, L., & Crosby, R. A. (2017). Portrait of an epidemic: Extremely high HIV prevalence and incidence among young black men having sex with men and residing in a southern city. *Sexually Transmitted Diseases*, 44(7), 401-402. doi:10.1097/olq.0000000000000606

Nunn, A., Barnes, A., Cornwall, A., Rana, A., & Mena, L. (2011). Addressing Mississippi's HIV/AIDS crisis. *The Lancet*, 378(9798).

Oster, A. M., Dorell, C. G., Mena, L. A., Thomas, P. E., Toledo, C. A., & Heffelfinger, J. D. (2011). HIV Risk Among Young African American Men Who Have Sex With Men: A Case Control Study in Mississippi. *American Journal of Public Health*, 101(1), 137-143. doi:10.2105/ajph.2009.185850

Sullivan, P. S., Coates, T., Goodreau, S. M., Mcgowan, I., Sanders, E. J., Smith, A., . . . Carballo-Diéguez, A. (2012). Successes and challenges of HIV prevention in men who have sex with men. *The Lancet, 380*(9839), 388-399. doi:10.1016/s0140-6736(12)60955-6

Interdisciplinary Sexuality Research Collaborative

ISRC | Widener University
One University Place
Chester, PA 19013

isrc@widener.edu
widenerisrc.com