Information about African Americans and HIV

Fact Sheets

CAPS' HIV Prevention Fact Sheets
What are African-American's HIV prevention needs?
http://www.caps.ucsf.edu/pubs/FS/afamrev.php

What are Black Men’s HIV Prevention Needs?
http://www.caps.ucsf.edu/pubs/FS/blackmen.php

Kaiser Family Foundation Fact Sheet
Fact Sheet: Black Americans and HIV/AIDS
http://www.kff.org/hivaids/6089.cfm

CDC Fact Sheet
African Americans and HIV/AIDS
http://www.hhs.gov/aidsawarenessdays/factsheets/docs/a_a_fact_sheet.pdf

Reports

http://www.nmac.org/Public_Policy/4616.cfm

http://blackaids.org/ShowArticle.aspx?pagename=ShowArticle&articletype=RE SOURCE&articleid=139&pagename=1

Gerald G. and Wright K. We’re the ones we’ve been waiting for: The state of AIDS in black America…and what we’re doing about it. A report from the Black AIDS Institute. 2007 Sep.
http://www.blackaids.org/ShowArticle.aspx?pagename=ShowArticle&articletype=RESOURCE&articleid=382&pagename=1

http://www.blackaids.org/ShowArticle.aspx?pagename=ShowArticle&articletype=RESOURCE&articleid=171&pagename=1
1. **A Community Level HIV Prevention Intervention for Young Black MSM**
   

   **Project Staff:** Susan Kegeles (PI); John Peterson (Georgia State University, Co-PI); Greg Rebchook (Co-PI); David Huebner (University of Maryland, Baltimore County, Co-investigator); Starley Shade (Statistician, Co-investigator); Michael Foster (Post-doctoral fellow); Robert Williams (Mpowerment Implementation Expert).

   **Project Description:** This project will test the efficacy of a community-level intervention (an adaptation of the Mpowerment Project) in reducing sexual risk behavior and increasing testing among young Black men who have sex with men (YBMSM). We will implement the Black Mpowerment Project for two years in Dallas, TX. Houston, TX will be the comparison community. We will conduct cross-sectional surveys of samples of YBMSM before and after the intervention in both communities to determine the efficacy of the intervention in: (a) reducing the proportion and frequency of sexual behaviors that are likely to transmit HIV, including reducing the number of sex partners; (b) increasing the proportion of men who know their current HIV serostatus; (c) modifying psychosocial mediating variables that may be causally related to HIV risk reduction; and (d) changing psychosocial factors that are indicators of positive mental health and well-being. Additionally, we will conduct process evaluations of the intervention to assess how the Black Mpowerment Project is implemented and to assess the perceptions of the project at both the individual- and community-level. We will also look for changes in sexually transmitted infection rates in both communities.

2. **Faith-Based HIV Prevention for Young African American MSM**
   

   **Project Staff:** Susan Kegeles (Academic PI); Minister Vera Owens (Community PI); Greg Rebchook (Co-PI); Michael Foster (Co-investigator); Emily Arnold (Project Director); Richard Hamilton (Community Research Associate)

   **Project Description:** The Unity Fellowship Church Movement (UFCM) and CAPS are collaborating to develop an innovative HIV prevention approach, positioned within a faith-based organization. It will mobilize young Black men who have sex with men (YBMSM) ages 18-29 to reach into the Black community to encourage their peers to have safer sex, obtain HIV testing when needed and, for their HIV+ peers, to access appropriate medical treatment and social support. This project will build on our previous UARP-funded work focusing on developing a community-level prevention model for use in Black AIDS service organizations. We will assess the capacity, interest and attitudes of certain Black churches towards HIV prevention by conducting semi-structured telephone interviews with representatives of select Black churches in California. Additionally, we will conduct six focus groups with YBMSM: two groups with YBMSM who do not attend church to discuss their attitudes towards churches running HIV prevention programs, two groups with YBMSM to discuss their opinions and experiences regarding HIV testing and the role that church-based interventions could play in encouraging testing, and two groups with HIV+ YBMSM to discuss issues related to HIV treatment and support for positive people, particularly through church-based interventions. Finally, UFCM and CAPS will recruit community experts and consultants to form two Boards of Cultural Experts, who will collaborate with the research team to develop the foundations for an HIV prevention intervention for Black faith-based organizations.

**What have we learned so far?**

The issue of gossip among YBMSM and in the Black community regarding men’s serostatus arose across focus groups. Men described concerns about accessing testing and treatment due to potential gossip within the Black gay community and larger Black community. Men explained this also affected disclosure of positive serostatus to sex partners, because they might tell others of one’s serostatus. Stigma for being HIV+ was both positively and negatively impacted by receiving treatment. Treatment was perceived by some as a way of avoiding having the physical appearance of having HIV, because one could remain healthy-looking on medications. Others felt that one’s positive serostatus would be obvious because of severe medical side-effects after starting treatment. The need for hope and belief in medications’ effectiveness and spirituality, faith, and the belief that God had provided testing and treatment facilitated obtaining testing and treatment. However, many YBMSM felt their churches had declared them sinners who deserved to contract HIV, which impacted their sense of self-worth and interfered with getting tested and obtaining treatment. Yet, some men had found churches that accepted and supported them as gay, and in some cases as HIV+ men. Many men discussed the need to be mentally healthy in order to obtain testing and treatment, and this was related to frustration that many other more basic needs are ignored with the exclusive focus on HIV/AIDS. To encourage testing and treatment, men recommended that: YBMSM, and particularly HIV+ men, should support their friends to seek HIV-related services; there should be support groups for YBMSM; and various mass media approaches should, in YBMSM’s own words, be used to promote...
the importance and availability of testing and treatment, but featuring typical YBMSM rather than public figures.

(Excerpted from a presentation at the 2007 National HIV Prevention Conference, Atlanta, GA, December 2007)

3. Social/Sexual Networks & HIV Risk: Men of Color

**Project Staff:** Kyung-Hee Choi, George Ayala, Jay Paul, Steven Gregorich, and Trista Bingham

**Project Description:** This study will advance theoretical understandings of HIV risk behaviors by examining potential mechanisms (i.e., social networks and sexual partnerships) through which social discrimination impacts sexual risk among MSM of color and offer valuable insights for possible interventions involving both individual and structural changes. In three phases, we will describe sexual partnership patterns and explain the association between social discrimination, social networks, sexual partnerships and HIV risk among African American, Asian and Pacific Islander (API), and Latino men who have sex with men (MSM) in Los Angeles, CA.

- **Phase 1** We will conduct ethnographic mapping, in-depth individual interviews (N=60), and focus groups (N=96) to explore the nature of sexual partnership formation and examine the key domains hypothesized to influence social networks, sexual partnerships and HIV risk in our working model.
- **Phase 2** We will utilize qualitative data to develop measures of the constructs of interest and test these new scales to establish their reliability and validity (N=168). Based upon these new measures and existing measures in the research literature, we will develop a quantitative survey instrument.
- **Phase 3** We will conduct a cross-sectional survey to describe sexual partnership patterns and examine our working model of HIV risk. A venue-based sample of 1200 men will complete audio computer-assisted self-interviews using a standardized questionnaire developed in Phase 2.

What have we learned so far?
From July 2005 to July 2006, we conducted 6 focus group discussions and 35 in-depth interviews with 29 African American, 28 API, and 28 Latino MSM (aged 18+) in Los Angeles. African American, API, and Latino respondents all reported experiencing racism in Los Angeles from the mainstream gay community, sex partners, and society in general (on the street, at work and from police). Respondents commonly described feeling unwelcome and unvalued by the mainstream gay community, which in Los Angeles was identified by respondents as being situated in West Hollywood. Specifically, African American, API and Latino respondents reported feeling invisible, being patronized, sexually objectified, and/or rejected for sex, having difficulty finding lover relationships, and being self-conscious about their body types or physical appearance. Respondents also expressed concern about negative race-based stereotyping of ethnic minorities by society in general (e.g., African Americans are inarticulate, Latinos are uneducated, APIs are subservient). Differences in the reported experiences of racism in the mainstream gay community were tied to race-based stereotypes that are specific to African American, API, and Latino communities. For example, API MSM reported feeling least sexually desirable and assumed to be sexually passive; African American MSM reported being called names on the street, seen as physically threatening, and assumed to be a criminal; and Latino MSM reported being ethnically and economically homogenized, assumed to all be Mexican gardeners or janitors. African American respondents had the most to say about institutional forms of racism (police harassment and discrimination in the work place) than their counterparts. (Excerpted from a presentation at the 2007 National HIV Prevention Conference, Atlanta, GA, December 2007)

4. Intervention for African American MSM Who Do Not Identify as Gay

**Project Staff:** Susan Kegeles (PI); Carla Dillard Smith (Co-PI); Don Operario and Emily Arnold (Co-investigators); Michael Benjamin (Project Director).

**Project Description:** Creating effective HIV prevention interventions for African American men who have sex with men (MSM) is among the most urgent priorities for the public health community. Among those at highest risk for HIV are African American MSM who identify as heterosexual. This is a community collaborative research study to identify factors related to HIV-related risk behavior for this group of men, and to develop an intervention specifically for African American MSM who identify as heterosexual. Through formative research (focus groups and individual interviews) and input from members of this group and community gatekeepers, this project will develop a culturally and gender-appropriate intervention tailored to the needs of these men. The study will develop and test the concept of an enhanced HIV prevention intervention, which involves HIV counseling and testing plus a series of individual health promotion/risk reduction counseling sessions.

The enhanced health promotion counseling sessions will address:
1) Recognizing the risks involved with one’s sexual behavior, with respect to male and female sex partners
2) Determining ways to reduce sexual risk-taking with male and female sex partners
3) Learning about one’s cognitive justifications for risk-taking and generating plans to lower risk behavior.

A sample of 100 African American heterosexual-identified MSM (het-MSM) will be recruited from the San Francisco Bay Area. This is a pilot study to examine issues regarding recruitment, maintenance of a cohort, reactions to intervention protocol and impact on sexual risk behavior over time. Hence, all het-MSM will be provided HIV counseling and testing and the enhanced intervention. All participants will complete baseline, immediate-post and 3-month post-intervention behavioral risk assessments using an audio computer-assisted interview (ACASI). A subset of participants will also complete post-intervention qualitative interviews to provide in-depth experiential insight into the intervention process. Through outcome and process evaluation we will measure and describe behavioral outcomes of the enhanced intervention, as well as develop plans for a large-scale randomized control HIV intervention trial for this group of men.

What have we learned so far?
We conducted 20 in-depth interviews with Het-MSM and 3 focus groups with community sectors that interact closely with the target population (HIV/AIDS service providers and gay-identified male partners). Interviews and focus groups were taped, transcribed, and analyzed. The emergent themes were used in the development of a 4-session individualized counseling curriculum which includes rapid HIV testing. CBO agency staff was trained on curriculum implementation. Het-MSM are being recruited into a pilot study to assess feasibility and acceptability of the Bruthas Project curriculum and outcome data trends. Five lessons were learned from the formative research: (1) Intervention processes must respect men’s heterosexual identity. The intervention content should reflect men’s personal identities as heterosexual men; (2) Het-MSM often disassociate same-sex sexual behavior from personal/emotional significance. Sex with other men was commonly experienced in terms of discrete behavioral episodes lacking personal significance outside of the compartmentalized episodes themselves; (3) Spontaneous and unplanned sexual encounters with men are common, frequently occur in high-risk contexts such as parks, street locations, cars, and adult bookstores, and are often associated with substance use or monetary exchange. Men reported feeling unable to plan strategies for protecting themselves given the context of the sexual activities; (4) Dynamics with female and male partners are typically conflicted. Participants described ambivalent and tense dynamics with both their female and male partners. Issues of distrust, gendered stereotypes, and power dynamics appeared as frequent barriers to open communication about sexual risk and safer sex communications with female partners; (5) Cultural norms of masculinity underlie sexual tension and partner dynamics. Gender norms related to masculinity, family expectations, and the Church/spirituality pose significant challenges for the men in acknowledging and addressing the potential risks associated with their same-sex behavior. These findings provided insight into participant recruitment strategies, and clarified content areas to address through individualized counseling, including condom negotiation skills, relationship dynamics with female partners, spontaneous sex with male partners, and needs for sexual secrecy. Preliminary findings from the pilot intervention support the feasibility of recruiting, engaging, and retaining Het-MSM in this research project, and highlight a need for consistent and supportive staff training in providing HIV prevention counseling services to this group. A rigorous test of the efficacy of the Bruthas Project in causing behavior change among AA Het-MSM should be conducted.

5. A Randomized Controlled Trial of the Bruthas Project
Project Staff: Emily Arnold (Academic PI); Carla Dillard Smith (Community Co-PI); Susan Kegeles (Co-PI); Don Operario (Consultant); Michael Benjamin (Project Director)
Project Description: This is a follow up study to rigorously test the effectiveness of the Bruthas Project. Creating effective HIV interventions for African American men is among the most urgent priorities for the public health community. Among those at highest risk for HIV are African American men who have sex with men and women (MSMW) who do not identify as gay, and are sometimes referred to as “men on the down low (DL)” or “DL men.” This study is a randomized controlled trial of the Bruthas Program, an enhanced HIV counseling intervention, which involves HIV counseling and testing (HIV-CT) plus a series of individual sexual health promotion counseling sessions. We will compare the Bruthas Program to a standard program involving HIV counseling, testing and referral to general case management services. The enhanced counseling intervention sessions will address: (a) increasing comfort with one’s personal identity, (b) establishing positive relationships, and (c) building safer sex skills. A sample of 400 African American MSMW who do not identify as gay will be recruited from the San Francisco Bay Area. After receiving HIV counseling and testing, half will be randomly assigned to the enhanced intervention condition and half randomly assigned to the standard program. All participants will complete baseline, post-intervention, and 3-month post intervention behavioral risk assessments using an audio computer-assisted interview. A subset of participants will also complete post-intervention qualitative interviews to provide in-depth experiential insight into the intervention process. We will evaluate the effectiveness of the enhanced counseling intervention by evaluating our primary outcome, which is
the reduction of sexual risk behavior among men participating in the enhanced intervention compared to men in a standard HIV-CT program. This work is a collaboration between the Center for AIDS Prevention Studies (University of California, San Francisco) and the California Prevention and Education Project (CAL-PEP) in Oakland, CA. Our team works out of a shared understanding that service providers, researchers, and community members must collaboratively work together to create solutions that can mitigate the spread of HIV/AIDS in the African American community.

5. **The Ballroom Community Project: Social Networks and Social Support for Young African American MSM**
   

   **Project Staff:** Emily Arnold (PI), TBN Research Assistant

   **Project Description:** This research investigates the relationship between social networks, social support and HIV-related risk behavior among young African American MSM (YAAMSM) who participate in the Ballroom community. The Ballroom community consists of houses, figurative and sometimes literal homes for queer youth of color, and the elaborate balls they host and compete in. The Ballroom community exists in urban centers across the US, and provides African American queer youth with support for same-sex desire and identity, along with multiple forms of support for HIV prevention. For many young people, houses within the Ballroom community constitute a form of family due to the social marginalization they experience in day-to-day life.

   Despite the long history of this community and its prominence in the lives of queer youth of color, little to no scholarly research has been done to assess the impact of Ballroom community involvement on the lives of its participants. This research looks at the forms of social support that young men receive through their involvement in the community, particularly with regard to HIV-related risk behavior. The study will be carried out in three phases:

   1. An ethnographic phase to determine the forms social networks and social support take with YAAMSM in the Ballroom community,
   2. A phase to develop and adapt appropriate scales of social networks and social support for a YAAMSM population, and
   3. A cross sectional survey of social networks within YAAMSM Ballroom communities to determine the influence of social networks and social support on HIV-related risk behavior.

   The data accumulated during this study will be used as the basis for developing an intervention tailored specifically to the Ballroom community. Approximately 300 YAAMSM will be recruited into the study, which will take place in the San Francisco Bay Area.

6. **HIV Risk Among Male Parolees and their Female Partners**


   **Project Staff:** Megan Comfort (PI), Olga Grinstead (Co-PI), Tor Neilands, Philippe Bourgois, Jackie Ramos, Claudia Smith, and Jim Taylor

   **Project Description:** This study explores HIV risk among men who were released from prison within the last year and are currently on parole (male parolees) and the women who are in sexual relationships with them (female partners). Couples will be recruited from community sites in Oakland, CA for participation in a quantitative survey. Each couple will come to an appointment together but will be interviewed separately. Two hundred couples will participate in the survey. A sub-sample of 40 couples will also be asked to participate in a qualitative interview to provide more in-depth contextual information about HIV risk and risk reduction among couples affected by incarceration. This study is funded by the National Institute of Mental Health (NIMH).

   Our preliminary studies have underscored the complexities of understanding how the context of a man’s incarceration influences couples’ decision-making processes involving HIV risk and risk reduction and have compelled us to undertake couple-level research on this issue. Public-health researchers have identified the necessity of developing and providing population-specific HIV interventions and services for people affected by incarceration both in prison and in their home neighborhoods post-release. This study will yield critical information about HIV risk and risk reduction in dyadic relationships between male parolees and their female partners that potentially can be used to develop population-appropriate and effective interventions for the millions of low-income people of color who experience their own or their partner’s incarceration each year.
7. **HOLLA: Developing an HIV/Hepatitis C/STD Prevention Intervention for Men Recently Released from Prison**  

**Project Staff:** Janet Myers, Barry Zack, Craig Hutchinson, Isaac Taggart  
**Project Description:** This is an HIV prevention intervention project aiming to reduce risk and increase testing among men recently released from prison. In the formative research phase of this project, we engaged men and their potential service providers in in-depth qualitative interviews to develop an understanding of their experiences and their community.

In the intervention phase, we have used the information gained through the qualitative interviews as a guide to choosing and tailoring a proven-effective case management intervention model so that it can address the unique HIV prevention and health care needs of these men. We are currently working to implement and evaluate the tailored intervention in Oakland and Richmond, California. The intervention is modeled on the Healthy Living Project and uses a 5-session design to help improve coping effectiveness, reduce HIV risk and increase HIV testing and receipt of social services.

**What have we learned so far?**
Interview respondents were parolees and ranged in age from 20 to 62 years. Across the sample there was a mix of severity in the crimes committed and so in the “level” on which men were housed in prison. The average length of stay among the men interviewed was 13 months (with a range from 1 month to 7.5 years). Many had in common chaotic lives, and a family history of crime, drugs, violence or prostitution. Respondents noted that the scope of sex in prison is sensationalized. Most sex is consensual and occurs among men identified as “homosexuals,” “punks,” or “faggots.” Forced sex was reported to be less common but does occur as punishment, when seeking protection, or by a few inmates preying on the weak. Attitudes towards sex among men included disapproval, ridicule, indifference, or tolerance. Twenty-five participants stated that men who have sex with men are gay, regardless of self-identification. Only one respondent talked about his own sexual experience with another man, yet all men said that it happened to others. Respondents considered themselves straight and could not understand why men in prison would have sex unless they were homosexual before prison or “lifers” who could “indulge” because they have nothing to lose. HIV risk in prison was also related to illicit drugs used because of addiction or to escape reality. Most men did not use because of the expense, the risk of being caught, a chance to be clean and sober, and the potential violence (including sexual violence) associated with drugs’ effects or drug-related debts. Inmates do not generally talk about HIV, except in the context of jokes or to know who is infected. Many inmates do not test for HIV, because of concern about their sex or drug history and fear of finding out their status. *(Excerpted from a presentation at the 2007 National HIV Prevention Conference, Atlanta, GA, December 2007)*

*This information was compiled for you by the CAPS Technology and Information Exchange (TIE) Core. Questions? Comments? Contact Marliese Warren, Marliese.Warren@ucsf.edu, 415-597-4995.*