



NASTAD™

NATIONAL ALLIANCE OF STATE
& TERRITORIAL AIDS DIRECTORS

YOUTH

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HIV/AIDS: Crisis among Young Black and Latino Gay Men and Other Men Who Have Sex with Men (MSM)

INTRODUCTION

In 2008, the Centers for Disease Control and Prevention (CDC) released data underscoring the devastating impact of HIV/AIDS on Blacks and Latinos in the United States (U.S.). While Black Americans comprise approximately 12 percent of the total U.S. population, they comprise 46 percent of all new HIV infections in the U.S.¹ Similarly, Latinos represent 15 percent of the U.S. population and make up 18 percent of all new infections.

The National Alliance of State and Territorial AIDS Directors (NASTAD) has long prioritized addressing racial and ethnic health disparities by influencing the direction of HIV/AIDS and viral hepatitis policy and by assisting health departments in improving the effectiveness of programs targeting HIV/AIDS and viral hepatitis in minority communities. In 2005, NASTAD released a call to action entitled, [*Turning Point: Confronting HIV/AIDS in African American Communities*](#), to underscore the devastating impact of HIV/AIDS on Black Americans in the U.S. and to call on state and local health departments, community leaders, federal agencies and policy makers to strengthen their responses to this public

health crisis. Subsequent publications, *Black MSM: Issue Briefs 1, 2 and 3*, [*African American Women: The Landscape of HIV/AIDS among African American Women in the U.S.*](#), and a monograph, [*Why We Can't Wait: The Tipping Point for HIV/AIDS among African Americans*](#), further underscore the impact of HIV/AIDS on Blacks, provide a comprehensive analysis of relevant issues confronting each population and recommend steps for reducing the rates of infection in these communities.

Additionally, in September 2008, NASTAD released [*Adelante!: Strengthening the Response to HIV/AIDS and Viral Hepatitis in Latino Communities*](#) which urges health departments, national organizations, federal partners and key community-based organizations and leaders to reaffirm commitments to providing a comprehensive approach to address health disparities in Latino communities. This *Call to Action* serves as a springboard for enhanced activities targeting Latino communities, including Latino men who have sex with men (MSM), in the U.S.

This issue brief on youth—focused on young Black and Latino gay men and other MSM—will explore how to best

engage youth as partners in combating the HIV/AIDS, sexually transmitted disease (STD) and viral hepatitis epidemics in the U.S. It is the first in a three-part series that will focus on youth and offer health department an opportunity to find answers in their efforts to engage young people in public health services. This first issue brief will discuss specific youth populations most impacted by HIV/AIDS, STD and viral hepatitis, present a contextual framework in which disease prevention and care and treatment programs can be considered and offer a range of public health strategies for organizing and delivering services to young Black and Latino gay men and other MSM.

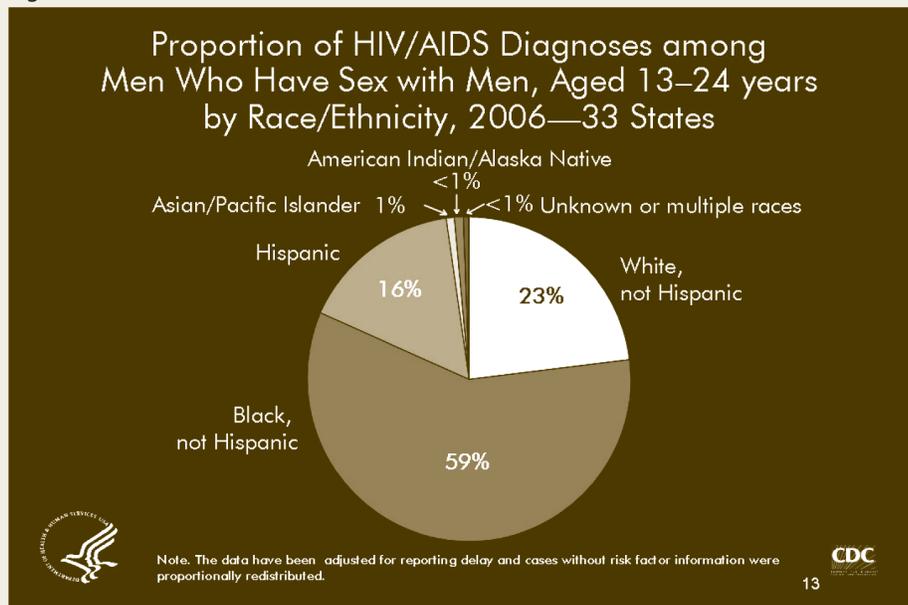
HIV/AIDS EPIDEMIC AND YOUNG BLACK AND LATINO GAY MEN AND OTHER MSM

Since the late 1990s, HIV/AIDS surveillance data have shown that young Black and Latino gay men and other MSM are disproportionately affected by HIV/AIDS at an increasingly higher rate than other gay men and MSM. With 53 percent of all new infections resulting from male-to-male sexual contact, men overall accounted for 73 percent of the total estimated new HIV infections in 2006.² When viewed by

age and gender, recent estimates from CDC revealed alarming differences in the rate of new HIV infections in the U.S. Thirty-four percent of new HIV infections occurred in young people between ages 13 and 29. Gay men and other MSM aged 13 – 29 years accounted for 38 percent of new HIV infections among all MSM, with Blacks in this age cohort representing 48 percent of all new infections and Latinos, 21 percent. Combined, young Black and Latino gay men and other MSM aged 13 – 29 years represent approximately 69 percent of new HIV infections among all gay men and other MSM in the same age category.

In a three-year study conducted by the CDC to determine the rates of HIV transmission in the U.S., findings revealed that the rates of HIV/AIDS diagnoses were higher among Black and Latino men who self-identified as being gay or bisexual than among White men with the same identification.³ Moreover, the percentage of men whose illness progressed to AIDS within three years of their HIV diagnoses was higher among Black and Latino gay men and other MSM than among White men with the same identification. CDC also found that rates among young gay men and other MSM between ages 13 and 19 showed the largest increases in HIV/AIDS diagnoses, increasing 14 percent

Figure 1



annually compared to 13 percent for gay men and other MSM aged 20 – 24 years.³ In 2006, Black and Latino gay men and other MSM aged 13–24 years accounted for three-quarters of HIV/AIDS diagnoses among gay men and MSM, as illustrated in Figure 1.

UNDERSTANDING THE COMPLEXITY OF HIV/AIDS AMONG YOUNG BLACK AND LATINO GAY MEN AND OTHER MSM

Despite significant advances in anti-retroviral treatment, the HIV/AIDS epidemic in racial and ethnic minority communities continues to have devastating consequences for both men and

women living in communities where access to adequate prevention and care and treatment is often restricted by factors such as poverty, stigma and discrimination. Among Blacks, men accounted for nearly two-thirds of new HIV infections with 63 percent of these infections among gay men and other MSM. Latino gay men and other MSM made up 72 percent of all new infections among Latino men.

Our ability to understand the cumulative impact of environmental factors (i.e., social class and racism, in combination with co-occurring conditions, such as STD and viral hepatitis infections, mental health concerns and substance

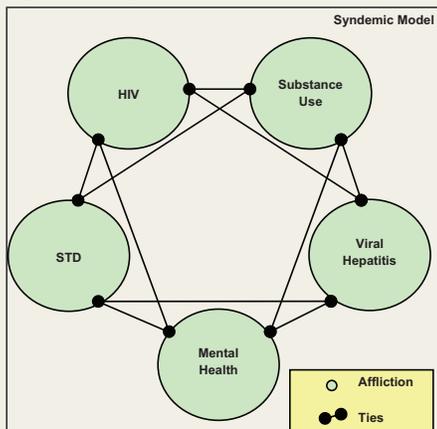
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use and abuse) has a significant bearing on our efforts to address these co-occurring crises. The harmful effect of multiple conditions working in concert with one another magnifies opportunities for the risk behaviors that lead to infection and actual exposure to HIV, STD and viral hepatitis.⁴ As illustrated in Figure 2, the term *syndemic* describes this negative, synergistic interaction of two or more conditions or diseases that disproportionately burden a segment of the population, like those mentioned above.⁵ With one-third of all new HIV infections occurring in persons between the ages of 13 and 29 and nearly half of new STD infections occurring in persons aged 15 to 24 years⁶ (limited data are available for viral hepatitis infections), renewed commitment and efforts are needed to confront these “intersecting epidemics” that profoundly impact the lives of our nation’s youth.⁷ As we have seen, young Black and Latino gay men and other MSM face great risks for HIV, STD and viral hepatitis infection and, possibly, pose the greatest challenge for targeting programs and services to address their prevention needs. Investment in comprehensive HIV, STD and viral hepatitis prevention, substance abuse prevention and treatment and mental health services, as a few examples, must be part of any solution to counter the syndemic facing young Black and Latino gay men and other MSM.

Figure 2: A Syndemic Network



ADOLESCENCE AND ENVIRONMENTAL CHALLENGES

During adolescence and early adulthood, young people develop emotionally, learn to negotiate socially and begin to experiment sexually. In addition, these life stages also represent times when gay men and other MSM are vulnerable, beginning to engage in behaviors that could result in poor health outcomes and, as the data suggest, increased risk for HIV, STD, and viral hepatitis infection and transmission. To understand the correlation between behavior and health outcomes, CDC collects data on adolescent morbidity and mortality using the *Youth Risk Behavior Surveillance Survey* (YRBS). The YRBS categorizes risk behaviors into six indicators: (1) intentional and unintentional injuries, (2) drug and alcohol abuse, (3) sexually transmitted infections (STI) and unintended pregnancies, (4) diseases associated with tobacco use, (5) illnesses resulting from inadequate physical activity and (6) health problems resulting from poor dietary conditions.⁷

While negative health outcomes can be prevented, research suggests that young gay men and other MSM are at increased risk for poor physical and mental health conditions resulting from physical abuse, sexual violence and victimization. These conditions often manifest behaviors ranging from poor academic performance and truancy, running away and homelessness, depression and substance abuse and self-mutilation and suicide.⁷ When compared to their heterosexual counterparts, young gay men and other MSM face additional social challenges in developing a positive self-identity due to stigmatization, discrimination and homophobia. For young Black and Latino gay men and other MSM, racial prejudice and discrimination can

further exacerbate social and emotional isolation and increase their vulnerability and risk for poor physical and mental health outcomes.

STRUCTURAL BARRIERS: RACISM, STIGMA AND HOMOPHOBIA

Today, much research focuses on understanding the underlying social determinants of health and health equity that influence the risk of disease transmission. While Blacks and Latinos face many of the same syndemic factors in their communities, each group is confronted with unique barriers to accessing prevention and care and treatment services. For example, language barriers, distorted perceptions of risk based on intra-cultural beliefs and values and the effects of migration on sexual relationships affect Latino communities in different ways than Black communities.⁸ For Black communities, gender relationships, the role of the church and high rates of incarceration contribute differently to the vulnerability of Blacks to poor health outcomes and discrimination.⁹

For young Black and Latino gay men and other MSM, racial prejudice and discrimination can further exacerbate social and emotional isolation and increase their vulnerability and risk for poor physical and mental health outcomes.

Moreover, the social and cultural intolerance for gay and bi-sexual culture, particularly in Black and Latino communities, contributes to internalized homophobia and, for some, a decision to live in isolation – absent the sup-

port of family and peers. For many young Black and Latino gay men and other MSM, living in communities where male-to-male sexual behavior is not tolerated and is stigmatized, their social realities can lead to substance use and depression.¹⁰ Co-occurring issues like these and others, including childhood sexual abuse, partner violence and psychological distress (e.g., depression or anxiety), can increase the likelihood of engaging in risky sexual and other behaviors. For example, symptoms of depression may be associated with unprotected sex, multiple sex partners and increased exposure to STD.¹¹

Further, survivors of childhood sexual abuse were found to have higher rates of depression, self-destructive behaviors and attitudes, increased alcohol and/or substance use and engagement in frequent sexual activity and promiscuity without attention to risks.¹² Ibanez, et al., also suggest gay men and other MSM more often use drugs (e.g., methamphetamine) to enhance their sexual desire, which lowers their inhibitions for engaging riskier sexual activities.¹³ Historical data indicate that this association between drug use and sexual risk behaviors significantly contributes to the spread of HIV. Young persons who use injection drugs (IDUs) frequently shared contaminated needles and lacked access to “youth friendly” health services that could help them become knowledgeable about HIV, hepatitis C virus (HCV) and safe drug use.¹⁴ Research studies examining barriers to HIV/AIDS care and treatment experienced by specific populations offer evidence of the disparities associated with race and ethnicity in the domestic HIV/AIDS epidemic and of the urgent need to educate young gay men and other MSM about HIV/AIDS.¹⁵ Hall, et al., argue that poorer health outcomes among minority men could be attributed to late diagnosis, lack of access to treat-

ment and later entry into treatment than their white counterparts.¹⁵

According to Millet, et al., young Black gay men and other MSM are less likely to identify themselves as gay or bisexual.^{16,17} Similarly, Latino MSM avoid self-identifying as gay, but may identify as being bisexual to ward off social stigma and to shield themselves emotionally from internalized homophobia. Combined with the stigma associated with disease, particularly HIV/AIDS, these may serve to perpetuate existing inequalities of class, race, gender and sexuality that underscore disparities in accessing health care services.¹⁸ Agronick, et al., maintain that in Latino culture homosexual relationships outside of marriage are tolerated as long as “sexual silence” is maintained.¹⁹ In other words, seeking casual, same-sex relationships is often tacitly accepted; however, during these encounters, men are more likely to be under the influence of alcohol and drugs and to engage in unprotected sexual activities.

To combat these factors, many young Black and Latino gay men and other MSM turn to one of the few venues and communities that are affirming of their gender, sexual and racial identities. These may include social service agencies, local gay bars and nightclubs and online communities such as *MySpace*, *Facebook* and other social networking websites. Also, increasingly, young Black and Latino gay men and other MSM in urban communities across the U.S. are turning to the House and Ball Community (HBC) as a social context that promotes their racial and sexual identities and encourages diversity in sexual expression. The HBC, which is thought to have originated almost a century ago in New York City, was formed to serve as a source of social support, friendship and family for

predominantly Black and Latino gay, lesbian and transgender persons, and includes a large proportion of youth. The HBC is comprised of an extensive network of “houses” which include members of the community. Over the years, these networks have expanded to cities across the U.S., including Atlanta, Charlotte, Chicago, Detroit, Houston, Los Angeles and Oakland, among other cities. The focal social event within the HBC is the “ball,” in which houses and individual members of houses engage in dance and performance competitions. While balls can be fiercely competitive, the community also has the capacity to dismantle internalized stigma around homosexuality and promote self-worth among Black and Latino gay men and other MSM.²⁰ However, the HBC has also been known to have a high level of HIV/AIDS stigma among members. This stigma, as well as the variety of other risk factors noted earlier, may contribute to the relatively high levels of HIV infection in the community. For example, a recent study of the HBC in New York City showed that 17 percent of the sample (which was comprised of 95 percent Blacks and Latinos, 82 percent of whom were under the age of 30) tested HIV-positive in the study. More concerning, 73 percent were unaware of their HIV status.²¹

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Recently, emerging data from the HBC as well as large-scale national epidemiological studies show that HIV/AIDS and other related health issues are major problems among Black and Latino gay men and other MSM. Both young Black and Latino gay men and other MSM have the highest number of reported cases of STD in persons aged 13 – 24 years, further elevating their risk for HIV infection.²² Hence, engaging in normal sexual exploration and experimentation becomes fraught with risks in an environment where HIV/AIDS and STD prevalence is relatively high among potential sex partners (again, data for viral hepatitis are limited). These sexual social networks are believed to play a significant role in the relationship between high-risk behaviors and HIV and STD transmission among young Black and Latino gay men and other MSM. In a five city study of seroprevalence among young MSM aged 18 – 24 years, 14 percent were HIV-positive and 79 percent were unaware of their positive serostatus. This issue is further compounded with the findings of several studies on HIV seroprevalence that indicate young Black and Latino MSM are less likely to be tested for HIV than other young MSM, which has serious implications for access to prevention and care and treatment services.

HEALTH EDUCATION POLICY AND YOUNG GAY MEN AND OTHER MSM

Recent CDC data from 2006 estimates 34 percent of all new HIV infections occurred in young people between ages 13 – 29 and that 47 percent of the 19 million new STD cases in 2007 occurred in persons between the ages 15 and 24. These findings provide a compelling indictment of the failure of our education and health systems, as well as a stunning lack of political will by policymakers to formulate comprehensive policies to educate youth about the impact and repercussions of unprotected sex, particu-

larly the risk for HIV and STD.²³ In the face of the unacceptable impacts of these diseases on our nation's youth, abstinence-only programs are still being funded by the federal government and receive substantial support, despite their inability to prevent negative sexual health outcomes for youth.²⁴

In contrast, comprehensive sexuality education has been found to delay sex and offers school-aged youth a range of information about human behavior, relationships and sexuality. Comprehensive sexuality education is medically-accurate, culturally and age-appropriate and teaches young people about the importance of correct and consistent condom use, choices in contraception and stresses the role of abstinence in HIV, STD and teen pregnancy prevention.²⁴

The *Guidelines for Comprehensive Sexuality Education* developed by the Sexuality Education and Information Council of the United States (SEICUS) outline the fundamental goals and principles embodied in comprehensive sexuality education programs for grades K – 12. These keys concepts cover human development, relationships, personal skills, sexual health and behavior and society and culture.²⁵ SEICUS describes sexuality educations as “a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. . .[and] addresses the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values, and attitudes; and developing communication, decision-making, and critical-thinking skills.”³¹ In short, the goal of comprehensive sexuality education is to promote adult sexual health by helping young people develop positive attitudes about sexuality and preparing them to make responsible, informed decisions regarding their sexual health.

...for young gay men and other MSM, much of the current sex education curricula exclude same-sex relationships and transgender identities in discussions of sexuality and health.

Comprehensive sexuality education has been the subject of intense debate in recent years. Much of this debate has been fueled by misconceptions or misinformation that suggests talking to young people about sex is morally inappropriate and encourages early sexual debut and engagement in sexual activity. Moreover, for young gay men and other MSM, much of the current sex education curricula exclude same-sex relationships and transgender identities in discussions of sexuality and health. Abstinence-only-until-marriage curricula commonly address same-sex behavior within the context of promiscuity and disease. With its focus on abstinence-only-until-marriage, they also do not address the sexual health needs of gay, bisexual, lesbian, transgender and questioning youth. Moreover, as schools and communities clash over morality and local control, it is often difficult to impact change in education agency settings where health curricula rely on support from ideologically aligned federal funding.

Recognizing the need to reach the most at-risk youth with prevention education, health departments have worked, either in cooperation with school health educators or independently, to support programs for youth – both in and out of school – through afterschool programs, youth peer-mentoring and education and other programs (e.g., in juvenile detention facilities). While the political and social hurdles remain challenging in

segments of our nation, greater health and education agency collaboration is beginning to emerge.

EFFECTIVE PUBLIC HEALTH STRATEGIES

Given the aforementioned issues facing young Black and Latino gay men and other MSM, effective public health responses must consider multiple frames of reference as they construct strategies to provide comprehensive HIV, STD and viral hepatitis prevention and care and treatment services. NASTAD has produced a variety of technical assistance documents and tools, which address strategies for reducing HIV, STD and viral hepatitis in the U.S. NASTAD encourages health departments and their community partners to employ these strategies and other relevant recommendations from the field when constructing programs targeting discrete populations. In addition to these previous recommendations, health departments and community partners are also encouraged to consider macro level “*guiding principles*”—overarching principles that provide a basis for creating effective programs and a direction towards which goals can be set, despite circumstantial changes in an existing contexts or political or social environments. Another frame of reference considers “*current strategies*” that demonstrate an understanding of how programs acknowledge and address the needs that exist for a particular population. Current strategies can be identified by reviewing existing programs and tools targeting an identified population. The final frame, “*best practices*,” provides an evidence-base for implementing interventions and programs that address specific needs in a target population. Best practices are most often identified through research and evaluation of a particular approach intended to reach an identified outcome.

Guiding Principles

As young Black and Latino gay men and other MSM face multiple risks when they engage in behaviors that can lead to HIV infection and transmission, it is important that guiding principles acknowledge and address the related co-morbidities of STD and viral hepatitis. Guiding principles are meant to transcend specific issues and challenges faced during the planning, implementation and evaluation of programs and, as such, can be held as a consistent base upon which programs are organized and delivered. As with any field that benefits from ongoing research, guiding principles can change when new discoveries are made.

The following principles were gleaned from a variety of sources, including NASTAD’s [*The Blueprint: Ending the Epidemic through the Power of Prevention*](#), NASTAD’s [*Principles for Reauthorization of the Ryan White CARE Act*](#) (unpublished) and the National Viral Hepatitis Roundtable’s (NVHR) [*Eliminating Viral Hepatitis: A Call to Action*](#) (NASTAD is a founding member of NVHR), as well as NASTAD’s Monographs, Calls to Action and Issue Briefs. The principles, also cross-referenced with the National Coalition of STD Director’s [*STD Program Core Components and Strategies – 2009*](#) to ensure consistency, provide suggestions for advancing both programmatic and policy actions that can reduce morbidity and mortality among young Black and Latino gay men and other MSM.

- Provide full coverage of services and tools that prevent HIV, STD and viral hepatitis infections, including condoms, clean needles and syringes, vaccination for hepatitis A (HAV) and hepatitis B (HBV) and treatment for STD.
- Ever-expand the HIV, STD and viral hepatitis prevention arsenals,

including strategies that are not widely practiced, strategies that need additional research to gauge effectiveness and appropriateness and research to identify not-yet-realized strategies.

- Encourage all people living with HIV/AIDS, STD and viral hepatitis to know their status.
- Assure that all persons living with HIV/AIDS, STD and chronic viral hepatitis, regardless of income, racial or ethnic group, age, gender and sexual orientation or place of residence, have access to appropriate and high-quality health, medical care and other related and required support services to improve health status and to lower the probability that infected individuals transmit the virus to others.
- Work to eliminate disparities based on race, ethnicity, gender, sexual identity, class and immigration status to eliminate the disparities that exist between those with power and privilege in the U.S. and those who are marginalized.
- Address the complexity of individuals’ lives to recognize and respond to other real life issues, such as mental health concerns, substance use/abuse and homelessness and unstable housing.
- Use structural-level interventions to effect change to remove structural level impediments like restrictive policies and to leverage potential assets for interventions, such as the Internet and House and Ball Community.
- Continually educate the mass public to reinforce accurate, evidence-based information and to reduce stigma associated with HIV/AIDS, STD and viral hepatitis.

Current Strategies

Current strategies represent the collective wisdom that can be gleaned from existing approaches and programs that serve to meet the needs of a specific target population. Because the identities of and realities facing young Black and Latino gay men and other MSM represent a junction between age, race and ethnicity, gender and sexuality identity, strategies across each of these categories, independently and in combination, were reviewed to identify a common set of strategies that apply to these populations. The following strategies represent categorical clusters that were determined by reviewing several sources, identifying common strategies across sources and grouping them under a common descriptive heading. Using the following strategies as a way to acknowledge and address the needs of young Black and Latino gay men and other MSM can help ensure that public health efforts include approaches that have been found to be successful across multiple programs. From our review, the following strategies emerged:

- **Promote Ownership, Empowerment and Leadership**—Youth are considered active partners and are instrumental in the creation, development and leadership of programs and policies.
 - **Develop Skills, Self-Esteem and Self Identity through Strengths-Based, Multifaceted Programming**—Youth are given the opportunity to be challenged, interested and confident across a variety of activities.
 - **Ensure a Safe and Secure Environment**—Youth feel safe and supported, both physically and psychologically, and their differences are respected and appreciated.
 - **Hire and Train Trusted Staff**—Youth are provided clear direction
- in a welcoming and respectful manner by caring and competent staff.
 - **Promote Healthy Development**—Youth are given accurate and non-judgmental information that empowers them to make informed choices about health and wellness, including sexual health.
 - **Provide Alternative Social Settings**—Youth are encouraged to form positive relationships in fun and engaging environments that cultivate a sense of belonging and ownership.
 - **Promote Opportunities for Engaging the Broader Community**—Youth are helped to see themselves as assets in their communities by giving back and through accessing other supportive community resources.
 - **Value Healthy Relationships with Adults**—Youth build relationships with adults, including family members where appropriate, to benefit from their support and guidance.
 - **Promote Diversity and Inclusiveness**—Youth with diverse backgrounds are valued and given opportunities to learn about and from the differences among peers and these differences are used to support positive development.
 - **Set Clear Expectations for and Recognition of Good Behavior**—Youth develop, agree upon and understand what is expected of them and are recognized for positive behavior.
 - **Practice Continuous Quality Improvement**—Youth benefit from activities that are evidence-based, evaluated and sustainable and are monitored and modified based on their feedback.

This set of strategies represents a synthesis of several programs and tools, each including specific activities and actions. Health departments and their community partners are encouraged to use these strategies as a starting point to explore appropriate and meaningful activities and services targeting young Black and Latino gay men and other MSM.

Best Practices

Best practices suggest interventions to health departments and their community partners that are effective in promoting behavior changes that lead to reduced risks for HIV, STD and viral hepatitis infection and transmission. These interventions are based in science and have been rigorously reviewed to ensure they are sound. Only interventions that meet this standard of evidence are included here. Other strategies and interventions that have been evaluated to gauge effectiveness may also represent appropriate options for health departments.

Commonly held perceptions question and, at times, deny the existence of evidence-based interventions suitable for young Black and Latino gay men and other MSM. While this assumption seems to have some merit on cursory review, as very few interventions explicitly name these populations, a deeper examination of existing best practices offers a different perspective that should be considered by health departments and their community partners. Reviewing the interventions currently compiled by the CDC in their [*Diffusion of Effective Behavioral Interventions \(DEBI\) and Replicating Effective Interventions initiatives and the 2008 Compendium of Evidence-based HIV Prevention Interventions*](#) surfaces many interventions that may be suitable for young Black and Latino gay men and other MSM, according to the original research base.

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Diffusion of Effective Behavioral Interventions that may be Suitable for Young Black and Latino Gay Men and Other MSM According to the Original Research

DEBI	Target Population	Description	Outcomes
Community PROMISE	Any population	Community-level intervention that relies on role model stories and peer advocates from the community	More consistent condom use with main and non-main partners; increased condom carrying; progression in the stages-of-behavior-change for condom use
d-up: DEFEND YOURSELF (a cultural adaptation of <i>Popular Opinion Leader</i>)	Black MSM who are in social networks with other Black MSM	Community-level intervention designed to change social norms and perceptions regarding condom use	Decreased rates of unprotected anal sex; increased rates of condom use; decreased number of anal sex partners
Focus on Youth with ImPACT (Informed Parents and Children Together)	African American Youth, 12-15	Community-based intervention that uses fun, interactive activities to convey prevention knowledge and skills and a short parental component focusing on parental monitoring and effective communication	Increased condom use; fewer sexual encounters; decreased substance use
Healthy Relationships	Men and women living with HIV, 18+	Group-level intervention focusing on developing skills and building self-efficacy and positive expectations about new behaviors	Greater self-efficacy for suggesting condom use with new partners; decreased unprotected sex; increased protected sex and fewer sexual contacts
Many Men, Many Voices	Black MSM, 18+	Group-level intervention addressing factors that influence the behavior of Black MSM	Decreased frequency of unprotected anal intercourse; increased condom use
Mpowerment Project	Young gay man, 18-29	Community-level intervention run by a core group of 10-15 young gay men who, along with volunteers, design and carry out formal outreach, M-groups (2-3 meetings to discuss factors contributing to unsafe sex), informal outreach and an ongoing publicity campaign	Decreased rates of unprotected anal intercourse
Popular Opinion Leader	Various at-risk populations, including gay men	Community-level intervention designed to identify, enlist and train opinion leaders to encourage safer sexual norms and behaviors within social networks	Decreased unprotected anal intercourse; increased condom use during anal intercourse; decreased number of sexual partners
RESPECT	Any population	Individual-level, client-focused intervention used to enhance an individual's perception of risk and level of concern for HIV infection	Increased condom use; decreased risky behaviors; decrease in new STD (particularly among adolescent participants)
Safe in the City	STD clinic patients	23-minute prevention video for STD clinic waiting room	Decreased STD diagnoses among participants (with the largest effects among males and those diagnosed with an STD at their first clinic visit)
Street Smart	Runaway and homeless youth, 11-18	Mixed-level intervention including group sessions, individual counseling and a visit to a community-based organization that provides health care	Decreased rates of substance use (with the largest effects on African American youth); decreased unprotected sex
Together Learning Choices	Youth living with HIV, 13-29	Group-level intervention focused on helping HIV-positive youth identify ways to increase use of health care, decrease risk sexual behavior and substance use and improve quality of life	Increased use of the social support coping style; decreased number of sexual partners, including fewer HIV-negative partners; decreased unprotected sex; decreased in substance use
Video Opportunities for Innovative Condom Education and Safer Sex (VOICES/VOCES)	African American and Latino adult men and women attending STD clinics, 18+	Video-based intervention providing information about HIV risk behavior and condom use; facilitated small group discussion; education about and distribution of condoms	Increased knowledge about HIV/STD transmission; more realistic assessment of personal risk; increased likelihood of participants taking and intending to use condoms; fewer repeat STD among participants
Safety Counts	Out-of-treatment active crack and injection drug users	Mixed-level intervention including individual counseling sessions, interactive group sessions, field-based follow up and monthly social events	Decreased likelihood of injecting drugs; among injectors, decreased use of others' works

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The interventions that follow are based in science and have been found to lead to positive outcomes for participants. Again, despite the fact that their scientific framework does not identify young Black and Latino gay men and other MSM as the sole target population, the potential applicability of these interventions, either directly as constructed or through adaptation and tailoring, is worthy of renewed consideration. Further, the collection of interventions presented here acknowledges the heterogeneity of young Black and Latino gay men and other MSM, as the interventions target a range of possible life experiences including substance use, homelessness, family relationships, STD infection and HIV-positive status. As the authors of the study that provided the evidence base for “dUP! DEFEND YOURSELF” state, “While primary intervention research is being conducted, available efficacious interventions should be adapted to address the cultural concerns and realities for Black MSM.”²⁶ Arguably, the same holds true for young Black and Latino gay men and other MSM.

In the absence of interventions that solely focus on young Black and Latino gay men and other MSM and in the presence of very real and harmful epidemics, health departments and their community partners must use every tool and resource available to provide quality prevention services to young men. Current deficit-based perceptions must be challenged to reconsider the potential for these and other evidence based interventions while research moves toward identifying additional options. Finally, in the absence of an available, evidenced-based intervention that meets the needs of a specific sub-group of young Black and Latino gay men and MSM, programs may consider exploring the component

parts of these interventions to create new interventions. While this practice is not sanctioned by researchers or CDC, health departments and community partners must do whatever possible to provide services to these populations in a way consistent with the aforementioned guiding principles and current strategies with the goal of reducing negative health outcomes for young Black and Latino gay men and other MSM.

Interventions from the CDC 2008 Compendium of Evidence-based HIV Prevention Interventions that may be Suitable for Young Black and Latino Gay Men and Other MSM According to the Original Research

Best Practices

- **Healthy Living Project (HLP)**—HIV-positive persons at risk of transmitting HIV (18+)
- **Positive Choice: Interactive Video Doctor**—HIV-positive clinic patients (18+)
- **Becoming a Responsible Teen (BART)**—African American adolescents (14-18)
- **Be Proud! Be Responsible!**—Inner-city African American male adolescents
- **Choosing Life: Empowerment, Actions, Results (CLEAR)** (In-person delivered intervention)—Young HIV-positive substance abusers
- **¡CUÍDATE! (Take Care of Yourself)**—Latino youth (13-18)
- **EXPLORE**—HIV-seronegative MSM (16+)
- **Personalized Cognitive Risk-Reduction Counseling** (with optional sex diary)—MSM who are

HIV-seronegative and have undergone repeat HIV testing (18-49)

- **Seropositive Urban Men’s Intervention Trial (SUMIT)**—Enhanced Peer-Led Intervention—HIV-seropositive MSM (18+)

Promising Evidence

- **Options/Opciones Project**—HIV-positive clinic patients (18+)
- **Responsible, Empowered, Aware, Living Men (REAL Men)**—African-American adolescent boys and their fathers (adolescent boys—11-14; fathers—18+)
- **Brief Alcohol Intervention for Needle Exchangers (BRAINE)**—Active IDU who are also heavy alcohol users (English speaking, 18+)
- **Drug Users Intervention Trial (DUIT)**—Young HIV-negative and HCV-negative IDU (English speaking, 15-30)
- **Intensive AIDS Education**—Incarcerated, male adolescent drug users
- **Sniffer**—Intranasal heroin users
- **Assisting in Rehabilitating Kids (ARK)**—Substance-dependent adolescents (Based on BART)
- **Partnership for Health (Loss-frame Intervention)**—HIV-positive clinic patients (18+)

Other Strategies

In addition to suggested guiding principles, current strategies and best practices, health departments are encouraged to review previously published NASTAD documents that focus on racial and ethnic health disparities. Within these documents, issues impacting young gay Black and Latino gay men and other MSM are examined and

specific strategies and recommendations are made for health departments and community partners. Examples include:

- Develop Requests for Proposals that address co-morbid issues facing young Black and Latino gay men and other MSM, such as mental health, substance abuse and infectious disease prevention.
- Ensure the allocation of resources matches the level of disease burden experienced by young Black and Latino gay men and other MSM.
- Use Web 2.0 technology (“new media”) to reach young Black and Latino gay men and other MSM, such as blogs and Internet sites.
- Build a cohort of young Black and Latino advocates by training them on the art of advocacy.
- Recruit young Black and Latino gay men and other MSM to serve on HIV prevention and other community planning groups.
- Convene young Black and Latino gay men and other MSM to advise public health leaders on how to enhance the quality and responsiveness of services, e.g., ask youth what they want and need.
- Ensure community based organizations serving young Black and Latino gay men and other MSM have the training and support necessary to provide effective and competent services and to successfully meet grant requirements, like monitoring and evaluation.
- Promote collaboration between state health and education agencies to ensure young Black and Latino gay men and other MSM receive accurate sexual health information.
- Develop partnerships between health departments and commercial

sex venues to reach young Black and Latino gay men and other MSM who use these venues.

- Consider ways to use existing resources to reach young Black and Latino gay men and other MSM, e.g., CDC PS-07768 *Expanded and Integrated Human Immunodeficiency Virus (HIV) Testing for Populations Disproportionately Affected by HIV, Primarily African Americans*.
- Consider ways to creatively integrate prevention activities into existing infrastructures and programs, particularly given current funding constraints, such as integrating HAV and HBV vaccination as well as HBV and HCV testing into HIV and STD testing sites.

CONCLUSION

As we have discussed throughout this issue brief, young Black and Latino gay men and other MSM face numerous challenges in addition to their risk for becoming infected with HIV, STD and viral hepatitis. To enhance their strategies, health departments and community partners are encouraged to fully understand these challenges, particularly the historical, cultural, social and political forces that influence young Black and Latino gay men and other MSM. Oppression is still manifested in the U.S., both intrinsically and extrinsically (e.g., through minimum sentencing laws and immigration policies). There exists an important context by which racial/ethnic minorities came to be part of the U.S. and this context still impacts the lives of Black and Latino Americans. Minority Americans may not choose to inherently accept predominate cultural values, norms and behaviors, and this is not wrong or bad. Some young Black and Latino gay men and other MSM have attributes that increase their risk for disease, like trading sex, being out of school, having refugee/immigrant status

and hiding their identities. Race, ethnicity and class conspire to reinforce health disparities in Black and Latino Americans (i.e., many do not have the same access to resources as White Americans).

Health departments and their community partners are also encouraged to never overlook the complex lives young Black and Latino gay men and other MSM live and to fervently ask questions that can inform the development of appropriate strategies to keep these populations healthy, questions like *How can programs capitalize on or mitigate the influence of music and the media on decision making?*; and *How can programs honor the reality that sex is, oftentimes, about passion and the reality that young people inherently just want to feel love?* Similar to the forces that influence the ultimate health and wellness of young Black and Latino gay men and other MSM, there are many questions that must be asked and many answers that must be found.

As one focus group participant in NASTAD’s *Black MSM Issue Brief #3* stated, “You cannot do HIV prevention without addressing poverty. You cannot do HIV prevention without addressing homophobia. You cannot do HIV prevention without addressing homelessness. You certainly cannot do it without addressing the dynamics of family relationships. It’s just so deep. I keep saying that HIV is a social problem that manifests as a public health problem.” While the forces are many and their resolution is difficult, naming and honoring these realities is an essential part of understanding them and integrating them into the essential work of disease prevention and care and treatment.

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NASTAD strengthens state and territory-based leadership, expertise and advocacy, and brings to bear in reducing the incidence of HIV infection and on providing care and support to all who live with HIV/AIDS. Our vision is a world free of HIV/AIDS.



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