



# NASTAD™

NATIONAL ALLIANCE OF STATE  
& TERRITORIAL AIDS DIRECTORS

# BLACK MSM

## Issue Brief No.2

February 2007

# Black Men Who Have Sex with Men (MSM)

## Survey of Health Department HIV Prevention Activities Directed Toward Black Men Who Have Sex with Men (MSM)

*As with our understanding of the term Black, it is important to highlight the varied assortment of identities encapsulated in the term "MSM." Practitioners and policy-makers need to be aware of the heterogeneity among Black MSM and tailor programs and strategies accordingly.*

### INTRODUCTION

NASTAD has a long history of working with state and local health departments in responding to the HIV epidemic among men who have sex with men (MSM). In May 2001, NASTAD issued a Call to Action encouraging mobilization of public health leadership to combat HIV risk among young MSM, communities of color, and MSM who do not necessarily identify as gay.

Over the next several years, NASTAD continued a variety of activities focused on these populations, including a cadre of awareness-building activities and publications, participation in various consultations and conferences, and coalition building among health departments, community based organizations, researchers and community leaders. In November 2005, NASTAD issued a Call to Action, entitled *A Turning Point: Confronting HIV/AIDS in African American Communities*.

In the publication, NASTAD urged state and local health departments, African American leaders, federal agencies, and policy makers to redouble their efforts in responding to the HIV/AIDS crisis within African American communities.

NASTAD published Black MSM Issue Brief No. 1, *Black Men Who Have Sex With Men (MSM)* in February 2006. This first issue brief was developed in response to data released by the Centers for Disease Control and Prevention (CDC) at the 2005 National HIV Prevention Conference in Atlanta, GA,

which highlighted the HIV epidemic's continued disproportionate impact on Black MSM. A CDC-funded study of MSM conducted in five U.S. cities (Baltimore, Los Angeles, Miami, New York City, and San Francisco) between June 2004 and April 2005, showed that 46 percent of Black MSM tested were HIV-positive, and 67 percent of these men were unaware of their status.<sup>1</sup> Issue Brief No. 1 not only focused on the alarming findings from the 5-city study, but also provided a background on some of the psychosocial issues facing Black MSM, highlighted the components needed for effective prevention and treatment interventions for this population, and laid out recommendations for steps health departments can take in responding to the high rates of HIV infection among Black MSM.

Following discussions with members of the National Black Gay Men's Advocacy Coalition, the NASTAD Executive Committee determined that an analysis of health department HIV prevention activities directed toward Black MSM was warranted. To facilitate this, NASTAD conducted a survey of state and directly funded local health departments. The survey was designed to obtain jurisdiction-level (i.e., state- or city-level) epidemiological data on HIV prevalence and incidence among Black MSM, assess the level of resources directed toward Black MSM, and document prevention and related activities directed to this population, as well as barriers and facilitators associated with providing targeted HIV prevention services for Black MSM. Issue Brief No. 2

presents findings from the analysis of the completed surveys. Findings presented in this issue brief are intended to serve as a springboard for future efforts to determine policies and programs focusing on this population.

## DEFINING BLACK MSM

As noted in Issue Brief No. 1, it is important to have a common understanding of the terms that are used in the series of NASTAD issue briefs focusing on Black MSM. The term “Black” is used to be inclusive of persons of African descent, including those who are originally from Africa or the Caribbean. While we believe reference to the heterogeneous groups that make up the Black community is appropriately used in the context of this issue brief, NASTAD encourages program planners and policymakers to be cognizant of the vast diversity that exists among Black diaspora. Likewise, the term “men who have sex with men (MSM)” is used to be inclusive of men who engage in sexual activity with other men, but who do not identify as gay. Some Black MSM may choose to describe their same-sex sexual orientation by self-labeling, using terms such as “queer” or “same-gender-loving;” others may not be inclined to disclose their same-sex behaviors and choose to describe themselves as heterosexual. As with our understanding of the term

Black, it is important to highlight the varied assortment of identities encapsulated in the term “MSM.” Practitioners and policymakers need to be aware of the heterogeneity among Black MSM and tailor programs and strategies accordingly.

## SURVEY METHODOLOGY

In February 2006, a 14-item, self-administered questionnaire was distributed to HIV/AIDS program directors in each of the 50 state health departments,

five U.S. territories and the six cities directly funded by the CDC for HIV prevention. Of the 61 questionnaires distributed, 47 were returned for an overall response rate of 79 percent.

The questionnaire was divided into five sections. The first section obtained census and epidemiological data. This section was completed by all participating health departments. The remaining four sections of the questionnaire were completed only by jurisdictions reporting that Black people accounted for at

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**Table 1**

### NASTAD Survey of Health Departments Participating Jurisdictions (N=47)

Jurisdictions in which Blacks make up less than 5% of population and Black MSM make up less than 10% of HIV cases (n=19)

- |              |                   |
|--------------|-------------------|
| 1. Alaska    | 11. New Hampshire |
| 2. Arizona   | 12. Oregon        |
| 3. Colorado  | 13. Rhode Island  |
| 4. Hawaii    | 14. South Dakota  |
| 5. Idaho     | 15. Utah          |
| 6. Iowa      | 16. Vermont       |
| 7. Maine     | 17. Washington    |
| 8. Minnesota | 18. West Virginia |
| 9. Montana   | 19. Wyoming       |
| 10. Nebraska |                   |

Jurisdictions in which Blacks make up more than 5% of population and Black MSM make up more than 10% of HIV cases (N=28)

- |                          |                    |                    |
|--------------------------|--------------------|--------------------|
| 1. California            | 10. Louisiana      | 20. Oklahoma       |
| 2. Chicago*              | 11. Los Angeles*   | 21. Pennsylvania   |
| 3. Connecticut           | 12. Massachusetts  | 22. Philadelphia*  |
| 4. Delaware              | 13. Maryland       | 23. South Carolina |
| 5. District of Columbia* | 14. Michigan       | 24. San Francisco* |
| 6. Florida               | 15. Missouri       | 25. Tennessee      |
| 7. Georgia               | 16. North Carolina | 26. Texas          |
| 8. Houston*              | 17. New Jersey     | 27. Virginia       |
| 9. Illinois              | 18. New York City  | 28. Wisconsin      |
|                          | 19. Nevada         |                    |

\* CDC directly-funded city

least five percent of the jurisdiction's general population and that Black MSM accounted for at least ten percent of all HIV/AIDS cases within the jurisdiction. The second, third, and fourth sections of the survey addressed community planning, funding for prevention programs, and other prevention-related activities, respectively. The fifth and final section of the questionnaire addressed leadership, infrastructure for prevention efforts targeted toward Black MSM, and contextual factors impacting prevention efforts directed toward Black MSM. Data from the survey were analyzed by obtaining basic frequencies for the survey items. Responses to questions requiring narratives were coded for themes.

A list of state and local health departments that participated in the survey is provided in Table 1.

## SURVEY FINDINGS

Findings from the survey focus on a variety of topics, beginning with HIV/AIDS prevalence among Black MSM, which all participating jurisdictions reported. Subsequent findings are grouped by those from the low prevalence jurisdictions, which provided basic information about prevention activities engaged in, and by those from the higher prevalence jurisdictions, which supplied more detailed information on community planning, funding, prevention activities, and barriers and facilitators to effective intervention.

## EPIDEMIOLOGICAL DISTRIBUTION OF HIV/AIDS CASES

Some of the census and epidemiological data obtained from the 48 participating jurisdictions is highlighted in Table 2. The data showed that Black people accounted for a median of seven percent of the general population (range 0 to 60 percent). The median number of Black people in the general population among the participating jurisdictions was approximately 300,000.<sup>2</sup>

Health departments indicated that

**Table 2**  
**Census & Epidemiological Data from Participating Jurisdictions (N=48)**

	MEDIAN	MINIMUM	MAXIMUM
Number of Blacks in population	304,460	2,692	2,706,227
Proportion of population that is Black	7%	0%	60%
Number of HIV cases that are Black men	1,205	1	25,475
Proportion of male HIV cases that are Black	23%	0%	78%
Number of male HIV cases that are BMSM	508	1	10,009
Proportion of male HIV cases that are BMSM	11%	0%	59%

Blacks accounted for a median of 23 percent of all male cases of HIV/AIDS across jurisdictions (range 0 to 78 percent). The median number of Blacks among all male cases was 1,205. Among male HIV/AIDS cases, jurisdictions indicated that a median of eleven percent of cases occurred among Black MSM (range 0 to 59 percent). The median number of cases of Black MSM occurring among all male HIV/AIDS cases was 508.<sup>3</sup>

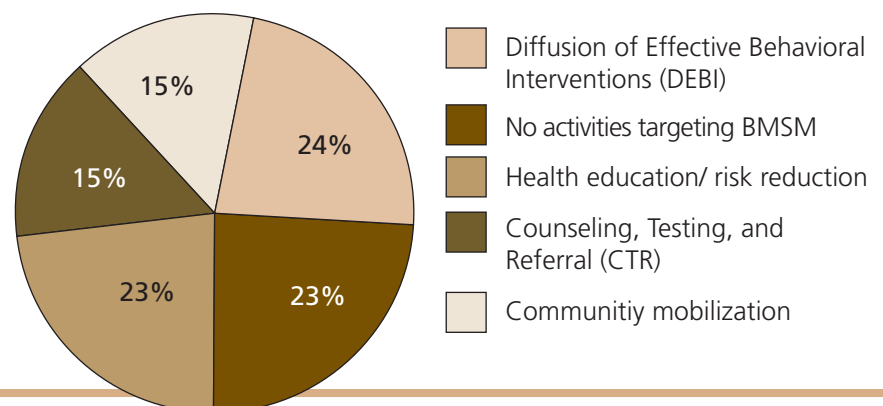
## HIV PREVENTION FOR BLACK MSM IN JURISDICTIONS WITH LOW PREVALENCE

Jurisdictions in which Black people constituted less than five percent of the general population and in which Black MSM constituted less than 10 percent

of all HIV/AIDS cases (N=19) were asked to conclude their participation in the survey by providing a brief narrative description of HIV prevention activities directed toward Black MSM that they support. Responses provided by 15 (80 percent) of low prevalence jurisdictions represent the proportion of specific prevention activities endorsed by low prevalence jurisdictions. (See Figure 1 below.)

As indicated previously, the sections of the survey focusing on community planning, funding for prevention programs, other prevention-related activities, and factors impacting prevention efforts were completed only by jurisdictions reporting that Black people represented at least five percent of the general population and where Black MSM represented at least 10 percent of living HIV/AIDS cases (N=28).

**Figure 1**  
**Prevention Activities Targeted to Black MSM in Low Prevalence Jurisdictions**



## COMMUNITY PLANNING

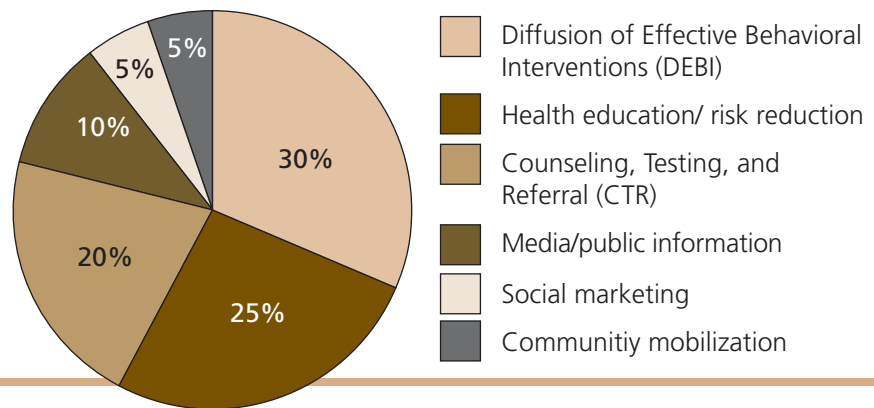
Health departments reported that Black MSM represent a median of 12 percent of community planning group (CPG) membership (range 0 to 42 percent). The median number of Black MSM CPG members was three (range 1 to 14).

A majority (79 percent) of health departments indicated that Black MSM had been specifically prioritized by the CPG in the jurisdiction's most recent HIV prevention plan. Of these, 86 percent of health departments indicated that they specifically prioritized interventions for Black MSM. Health departments were asked to describe the interventions prioritized for Black MSM in their most recent prevention plan. Responses represent the proportion of specific prevention activities prioritized by participating jurisdictions. (See Figure 2.)

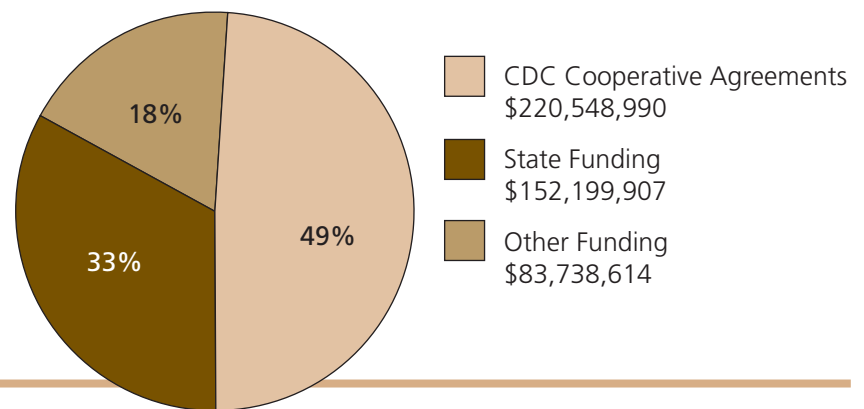
## PREVENTION FUNDING

Health departments reported receiving a total of \$456,487,511 in HIV prevention funding from all sources. Approximately \$220 million was obtained through CDC Cooperative Agreements (range \$1.9 million – \$22.3 million).<sup>4</sup> The median amount obtained was \$5.9 million. Jurisdictions indicated a total of approximately \$152 million in state/local funding (median amount of \$2.5 million; range \$0 – \$33.7 million) and approximately \$84 million in other funding (median amount of \$672,436; range \$0 – \$35.3 million) for HIV prevention activities.<sup>5</sup> (See Figure 3.)

**Figure 2**  
**Interventions Prioritized for Black MSM**



**Figure 3**  
**Sources of Prevention Funding**



Participating jurisdictions were asked to provide an estimate of the total HIV prevention funding, from all sources, that was issued in the form of contracts (or their equivalent) to support local HIV prevention activities. During the most recent fiscal year, health departments reported that a total of

\$222 million was issued in the form of contracts, with a median of \$6.45 million reported across jurisdictions (range \$0.7 million – \$35.4 million). These resources were awarded through a median of 44 contracts per jurisdiction.

Among all contracts issued by health departments, a median of nine

**Table 3**  
**Community Planning & Prevention Funding Among Jurisdictions (N=28)**

	MEDIAN	MINIMUM	MAXIMUM
BMSM representation on CPG	12%	0%	42%
Proportion prioritizing interventions for BMSM	86%	N/A	N/A
Amount of CDC funding	\$5.9 million	\$1.9 million	\$22.3 million
Funding for HIV prevention primarily targeting BMSM	\$440,000	\$0	\$1.7 million
Number of contracts issued	44	5	200
Number of contracts issued primarily targeting Blacks	9	0	123
Number of contracts issued primarily targeting BMSM	2	0	11

were issued to community-based providers to support HIV prevention activities that were directed primarily to Black communities and a median of 19 were issued to community-based providers to support HIV prevention activities that were directed in part to Black communities. With respect to contracts issued by health departments to support services targeted to Black MSM, a median of two contracts were awarded for services primarily targeted to Black MSM. A median of nine contracts were awarded for services targeted, in part, to Black MSM.

*The total prevention funding reported specifically targeted for Black MSM was \$10,777,535, which represents 2.4 percent of the total prevention funds available.*

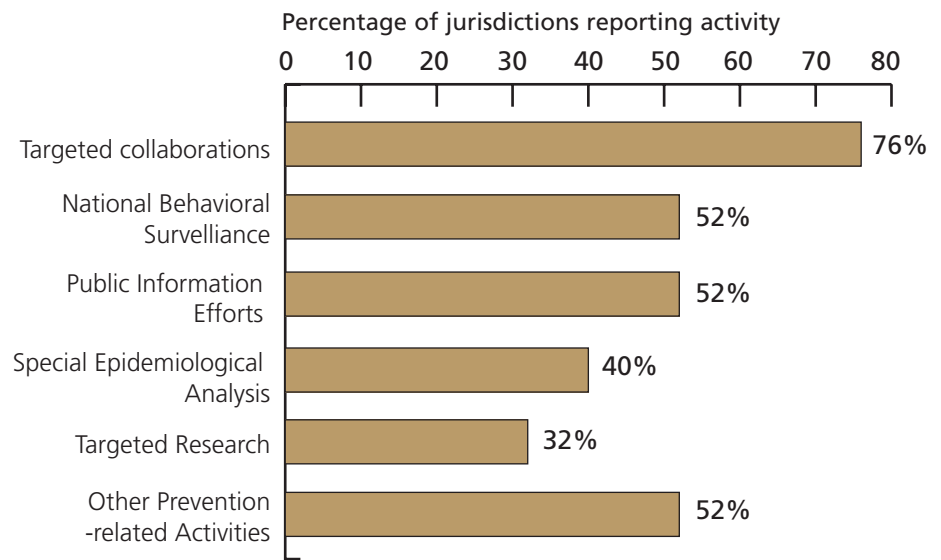
The total prevention funding reported specifically targeted for Black MSM was nearly \$10.8 million, which represents 2.4 percent of the total prevention funds available. The median amount of total prevention funding awarded by health departments to support HIV prevention directed primarily toward Black MSM was approximately \$440,000. It is important to note that this question sought to determine funding specifically targeted to Black MSM. Survey responses indicated that this population is also served via programming targeted to MSM and/or Black populations, in general.

## **OTHER PREVENTION RELATED ACTIVITIES**

Health departments support a range of other HIV prevention-related activities. (See Figure 4.)

Health departments were asked to provide brief narrative descriptions of these prevention related activities as they relate Black MSM. Many of the jurisdic-

**Figure 4**  
**Other Prevention-related Activities Targeting Black MSM**



tions that reported participation in the National HIV Behavioral Surveillance project indicated conducting special analyses of Black MSM obtained from the MSM portion of this project.

Targeted research related to Black MSM was quite varied in terms of level of investment, sophistication and goals. Some jurisdictions reported conducting focus groups, community forums and key informant interviews specifically with Black MSM, as part of community planning activities or as part of collaborations with community partners.

Targeted community-level collabo-

where Black MSM congregate and/or socialize. Several jurisdictions referenced working with community-based organizations, CPGs, businesses, communities of faith, and others in activities such as health fairs, community events and, in particular, the National Black AIDS Awareness Campaign. Others have established more formal and extensive collaborations.

Most jurisdictions reported some form of public information efforts. In many cases, general reference was made to “media campaigns” or “social marketing campaigns.” Some jurisdictions indi-

*Targeted community-level collaborations appear to be a major part of health departments’ HIV prevention efforts directed toward Black MSM.*

rations appear to be a major part of health departments’ HIV prevention efforts directed toward Black MSM. These collaborations primarily took the form of contracts with, or technical assistance to, community-based providers of services. Some health departments indicated that they have implemented services, most notably counseling and testing, in neighborhoods or venues

cated relatively well-developed targeted multi-media campaigns.

Other prevention related activities reported by health departments included convening advisory groups to obtain information about Black MSM and their prevention needs, coordinating with state/local offices of minority health in order to better coordinate activities, and coordinating community events for Black MSM.

## FACILITATORS TO IMPLEMENTING HIV PREVENTION ACTIVITIES FOR BLACK MSM

Health departments were asked to provide a brief description of up to five factors that act as facilitators to implementation of HIV prevention efforts directed to Black MSM. (See Figure 5.)

The most important facilitator to targeted prevention efforts for this population appears to be the presence of culturally competent service providers. This was followed by the availability of data regarding Black MSM, as it relates to demonstrating the impact of the epidemic on Black MSM, identifying their specific HIV risks and guiding selection of interventions. Health department support for MSM-targeted interventions was identified as an important facilitator. Leadership also appears to be a key facilitator of targeted HIV prevention. Leadership from CPGs, the Black community, and from Black MSM all received mention as well.

## OBSTACLES TO IMPLEMENTING HIV PREVENTION FOR BLACK MSM

Health departments reported numerous obstacles to implementing HIV prevention activities for Black MSM. (See Figure 6.)

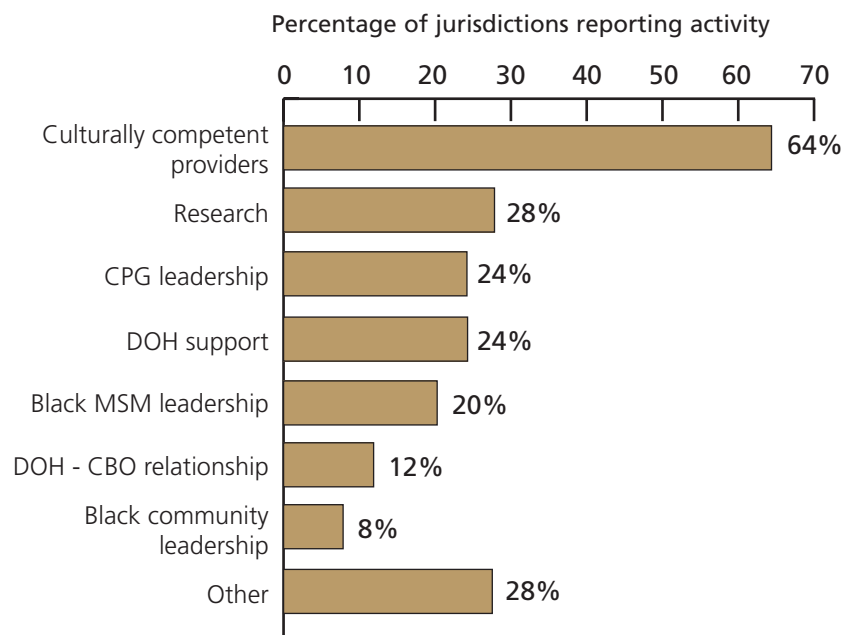
Inadequate funding appears to be the most important obstacle in supporting targeted prevention efforts for Black MSM, as this was reported as a barrier by over one-half of participating jurisdictions. Four of ten health departments indicate that inability or difficulty in accessing this population is a key barrier. Predictably, a significant proportion reported stigma as a key barrier to targeted prevention efforts. A lack of organizational infrastructure and cultural competence to provide targeted services were also identified as important obstacles to prevention efforts.

## SUMMARY OF THE FINDINGS

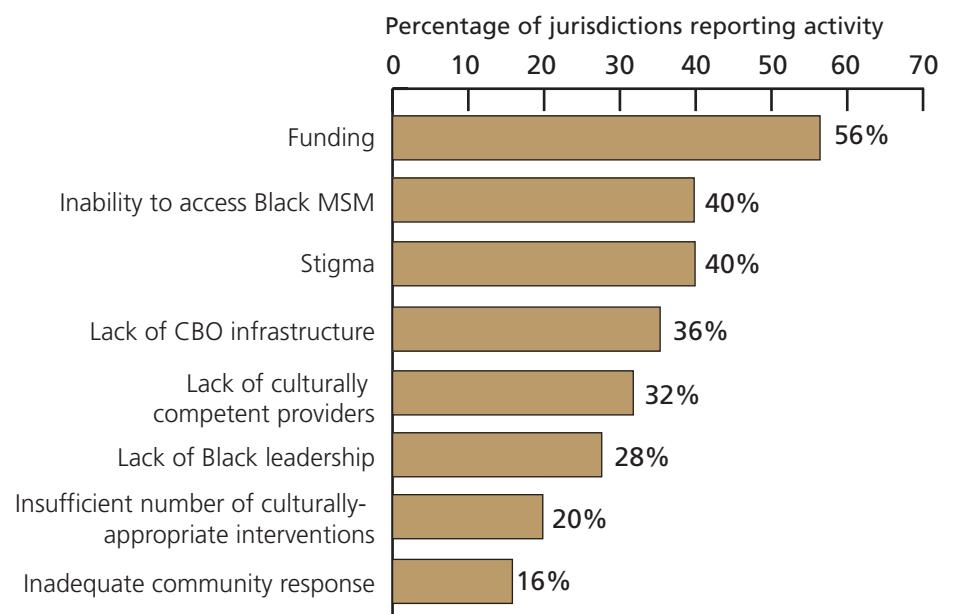
Health departments recognize the substantial impact that the epidemic has on Black MSM and are committed to, and invested in, addressing the HIV prevention needs of this population. All health departments responding to this survey, inclusive of those jurisdictions with a comparatively small proportion

of Black MSM represented among living HIV/AIDS cases, are providing some level of services to this population. Most are attempting to do so in a targeted manner through a variety of mechanisms, including direct prevention services, media campaigns, and collaborative efforts designed to promote community mobilization.

**Figure 5**  
**Facilitators to HIV Prevention for Black MSM**



**Figure 6**  
**Barriers to HIV Prevention for Black MSM**



In order to develop effective HIV prevention strategies and plan for their implementation, it is important that data regarding Black MSM's HIV risk, prevention needs, and preferences for prevention services be made available. Furthermore, the development, implementation, and evaluation of culturally-appropriate interventions that address the prevention needs of this population is needed. Stigma was identified as a key issue for interventions to address.

Organizational infrastructure and cultural competence of providers are simultaneously facilitators and obstacles to HIV prevention efforts targeted toward Black MSM. Thus, efforts to enhance the capacity and cultural competence of local prevention service providers to offer evidence-based, culturally-appropriate HIV prevention services are urgently needed.

Funding was identified as a major obstacle to the development and implementation of prevention programs. Data from the survey suggest that health departments currently lack sufficient funding to appropriately and adequately respond to the epidemic of HIV/AIDS among Black MSM. Over and above, providing funding to service providers to deliver HIV prevention services and expand their organizational infrastructure must be increased in order to ensure sustained HIV prevention activities. In addition, the implementation and repli-

cation of interventions requires a greater investment in training and technical assistance for community-based providers. Development of these interventions necessitates a thorough understanding of the factors which place Black MSM at risk for HIV, as well as the social and structural factors which are barriers to prevention.

expanded response to the growing epidemic among Black MSM. NASTAD is committed to continuing its work with both leaders within the Black MSM community and with the CDC to develop an understanding of the level of investment by various jurisdictions in prevention activities directed toward this population. NASTAD is also committed

*Inadequate funding appears to be the most important obstacle in supporting targeted prevention efforts for Black MSM, as this was reported as a barrier by over one-half of participating jurisdictions.*

Finally, leadership is a critical issue to address with respect to HIV prevention for Black MSM. Leadership was identified by respondents as a key facilitator to HIV prevention efforts and, at the same time, a critical barrier to these efforts. Leadership is needed not only from the Black community at large, but also health department officials. Such leadership was, however, viewed by health departments as currently inadequate.

## CONCLUSION

The information provided in Issue Brief No. 1, and the survey findings presented in this second issue brief, represent the initial components of NASTAD's

to providing leadership in developing effective and appropriate responses at all levels to reverse the rising infection rates among Black MSM. In this vein, NASTAD is engaging in work with select jurisdictions to more fully explore their efforts. This will be presented in a forthcoming third issue brief. The goal of this work is to provide a greater level of detail around the barriers and facilitators to effective HIV prevention targeted toward Black MSM, and to provide "best practice" exemplars, with the greater goal of providing technical assistance and support to state and local health agencies in their attempts to thwart the rapidly growing HIV epidemic among Black MSM.

## ENDNOTES

1. CDC. *HIV Prevalence, Unrecognized Infection, and HIV Testing Among Men Who have Sex with Men - Five U.S. Cities*, June 2004-April 2005. *MMWR* 2005; 54 (24): 597-601.
2. With the exception of six jurisdictions that reported using state data, population data was derived from the 2000 U.S. Census.
3. Fifty-one respondents indicated surveillance data from 2005 was used, 43 percent reported using 2004 data, 4 percent reported using 2003 data and one jurisdiction reported using 2002 data.
4. Among all respondents, 57 percent reported their FY2004 Cooperative Agreement award while 32 percent reported their FY2005 award, and the remainder reported either awards from 2003 or 2006.
5. Among all respondents, 70 percent reported funding from FY2005, while the remainder reported funding from 2003 or 2004.

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