Center for Engaging Black MSM Across the Care Continuum (CEBACC)

Focus Group Updates & Review
December 17, 2014
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To Ask a Question

• **Via email:** Send questions to [ddaniels@NASTAD.org](mailto:ddaniels@NASTAD.org).

• **Via webinar chat:** Type questions into the webinar chat window.

• All participants are in “Listen Only” mode.
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Senior Manager, Health Equity/Health Care Access, NASTAD

Project Coordinator, CEBACC
Agenda

- Overview of CEBACC
- Focus Group Overview
- Challenges & Successful Strategies
  - Providers & Black MSM
- HIV Campaigns/Messaging
- Key Takeaways
- Q&A
CEBACC Goals: Develop, Design & Disseminate

Two Year HRSA Cooperative Agreement

- Develop a Resource Inventory on HIV Care for Black MSM
- Design CME Units to Accelerate Delivery of High Quality HIV Care for Black MSM Patients
- Disseminate Technical Assistance and CME training to Provider and Patient Audiences
CEBACC Organizational Structure

National Partners  Behavioral Clinical Community Advisory Panel

NASTAD Staff & Members  Federal Partners
CEBACC Resource Utilization

• Audience
  o Patients
  o Providers
  o Service Organizations
CEBACC National Partners

AAHIVM
AMERICAN ACADEMY OF HIV MEDICINE

hivma
hiv medicine association

ANAC
Association of Nurses in AIDS Care

IMPACT
MARKETING + COMMUNICATIONS

NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS
CEBACC Organizational Structure

Behavioral Clinical Community Advisory Panel

Clinicians
Quinton Robinson
Leandro Mena

Researchers
Elijah Robinson
Daniel Driffin

Program Directors
Gregorio Millett
Kali Lindsey
Anton Bizzell
HIV Positive Black MSM
National Health Outcomes and Care Access

Individual, Social, and Structural Challenges

- Routine testing, knowledge of HIV status and viral load, condom usage, substance use, depression, ART treatment adherence
- BMSM HIV prevalence, shame, stigma, discrimination, other-ing, social support
- Health care access and utilization, health literacy, education, incarceration, employment, SES, HIV criminalization

Health Care Providers
CEBACC Staff
Meico Whitlock
Senior Manager, Communications, NASTAD

Drew Daniels
Manager, Communications, NASTAD
Focus Group Framework

- Challenges for HIV testing among Black MSM
- Challenges for engagement and retention in HIV care for Black MSM
- Successful engagement and retention strategies/practices/models
- Successful messages and campaigns around HIV/AIDS
Focus Group Demographics

Providers
- Connected Health Care Providers
-Disconnected Health Care Providers

Black MSM
- Connected & Disconnected 13-24
- Connected & Disconnected 25+
Providers
Challenges & Successful Strategies
Providers: Challenges

• Patient and provider priorities are out of sync:
  - “…you have to understand these individuals don't look at treatment care the way you're looking at it as a caregiver so their priority is to eat, sleep, go to work, live a normal life.” –Case Manager

• Ineffective retention strategies:
  - “Keeping up with their contact information. Their phone changes rapidly, their address. We’ve got a lot of couch surfers. We can’t use social media to locate them, so I think that’s one of the biggest challenges.” –Nurse
Providers: Challenges

• Lack of resources/training on culturally appropriate care for Black MSM patients:
  – “We’re removed a couple of generations and just keeping up with the language...there is so much information I don’t know...it may be helpful to understand what it means when someone says ‘questioning,’ and ‘queer,’ and ‘the top to the bottom,’ and even ‘catfishing.’” – Nurse

• Patient fear of being associated with HIV-specific providers:
  – “When I first started working here there was a stigma that was associated here. A young black MSM wouldn't be caught dead walking through [our] door.” – CBO Staff
Providers: Challenges

- Enrolling patients in available insurance and benefits programs:
  - “And I think that's been one of the biggest barriers. They're trying to help them understand it. The paperwork we do, we have to do in order to stay available.”
  - Nurse Practitioner
Providers: Successful Strategies

- Developing meaningful relationships with patients
- Working in multidisciplinary teams and communicate consistently across teams
- Investing in effective retention strategies
Providers: Successful Strategies

• Engaging in bi-directional patient-provider education
• Developing partnerships
Black MSM Challenges & Successful Strategies
Black MSM: Challenges

• HIV-related stigma:
  – “…when I got diagnosed I just turned 19, and I was living in dorms in college, and getting to the hospital from the dorms without letting people find out where I was going or what I was doing and then taking my medicine at the correct time...So I had to try to sneak in the bathroom and take my pill at night or hide my pill in my sock if I went somewhere.” -Young Black Man

• Stigma related to sex and sexuality:
  – “So, I don’t know how my mom feels about the whole gay thing...so if I try to tell my mom I’m going to get an HIV test, she’s going to know I’m gay and know that I’m having sex. That’s just not a conversation I’m comfortable having with my mom.” -Young Black Man
Black MSM: Challenges

• Patient and provider priorities are out of sync:
  – “You have other things going on and trying to get to the hospital or whatever, things like that because you're dealing with life, trying to survive, where you going to eat, where you going to pay your bills. [Medical care] may be at the bottom of your priority list.” – Young Black Man

• Vulnerability and invincibility:
  – “I think for me being HIV positive when I first tried to get into care was the fact that I feel invincible, like I felt that nothing could hurt me or touch me until the point that I got sick. And that was the only time that I seeked healthcare. But once I got to a point where I was healthy again, I dropped out of care.” – Young Black Man
Black MSM: Challenges

• Misinformation about HIV risk and transmission and sex:
  – “…not fully understanding that like if I tested negative and my
    partner tested negative that two negative people can't contract
    HIV and not fully understanding that aspect of it, which was
    never communicated to me, except for the fact of like if you have
    sex with somebody, you're at risk of contracting HIV, even
    though I never had sex. My boyfriend at the time never had sex.
    But we were still fearful of HIV…” –Young Black Man

• Finding supportive social networks:
  – “I see a lot of people who don't really have their support with
    their real families usually are those who engage a life within a
    gay family because they want to feel welcome, loved, and from
    that standpoint, that allows them to I guess express [themselves]
    and be free to be themselves.” -Young Black Man
Black MSM: Successful Strategies

• Building support systems outside of traditional family structures
• Building positive, affirming relationships with providers
• Being willing to educate providers as well as be educated by them
• Seeking out sources of health education other than primary provider
Common HIV Knowledge Gaps

**Providers**
- How to prescribe and get patient coverage for PrEP
- Which HIV regimens to prescribe
- Sexual behaviors of MSM
- Anal health
- Patient “lingo”

**Black MSM**
- What it means to be “undetectable”
- Assumptions about physical appearance and HIV status
- How specific sexual behavior impacts transmission risk
- Risks for people living with HIV
HIV Campaigns & Messaging
HIV Campaigns & Messaging

Black MSM want to see messages that:

• Affirm who they are
• More positive reinforcement around staying healthy
• Feature faces of Black gay love
• Utilize social media and digital technology
Key Themes & Takeaways
Key Themes & Takeaways

• Patients and providers are resilient in the face of challenges they face
• Great providers may not necessarily need to look like the patient population – compassion and empathy seem to resonate regardless of cultural differences
• Basic services such as transportation and housing make a big difference for some patients
• Revisions to clinic policies around confidentiality and flexible scheduling may increase linkage and retention among some patients
Key Themes & Takeaways

• Black MSM specific campaigns and messaging that are affirming, speak to holistic health, and show it’s possible to live well with HIV may resonate with some patients

• There is a general awareness of PrEP, but continued education may be needed for patients and providers

• Social media and other digital technology can be an important tool to connect and educate patients and providers
Next Steps

• Continue to identify promising practices and models for linkage and retention in HIV care for Black MSM

• Develop marketing and communications strategy for reaching and engaging providers and Black MSM with CEBACC resources

• Identify gaps in focus group data and themes that may warrant further review

• Plan next round of focus groups
Q & A

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Contact

For more information, please visit: http://careacttarget.org/CEBACC.

Please feel free to contact Terrance Moore, if you have additional questions: tmoore@NASTAD.org.