
KEY FINDINGS & STRATEGIES

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Introduction

The Institute at Harm Reduction Coalition

The Institute at the Harm Reduction Coalition is a national training and capacity building initiative that provides a wide range of services, including technical assistance, trainings, informational workshops and mentoring on topics related to harm reduction (e.g., substance use, opioid overdose, HIV/AIDS and hepatitis C).

Since September 2009, The Institute has been funded by the Centers for Disease Control and Prevention (CDC) to provide capacity building assistance to community-based organizations (CBOs). Since 2004, this initiative, CBA for CBOs (formerly known as the African American Capacity Building Initiative), has been providing training, technical consultation and coaching to CBOs in the areas of evidence-based HIV prevention interventions, public health strategies, quality assurance, program evaluation and cultural competency. The program has now expanded to provide CBA services nationally in the aforementioned areas along with organizational infrastructure and program sustainability.

The Forgotten Population

This position paper highlights the lack of HIV prevention efforts for heterosexual Black/African American men- “The Forgotten Population” in this epidemic. Behavioral interventions, government funding, social services and media attention targeting HIV prevention among heterosexual Black/African American men do not reflect their representation in the epidemic.

- 45% of new HIV infections (56,300 people annually) are among Blacks/African Americans. (CDC, 2007)
- HIV is the 2nd leading cause of death for Black men aged 35-44. (CDC, 2006)
- Of all Black men living with HIV/AIDS, the primary transmission category was sexual contact with other men, followed by injection drug use and high-risk heterosexual contact. (CDC, 2007)
- Over one-fourth (28%) of all AIDS cases among men in the US occurred through injection drug use and heterosexual sexual contact. Over three-fourths of those cases were among men of color, with African-American men comprising more than half (55%) of cases. (CDC, 2001)

Why Address This Issue?

The need to generate awareness around this particular issue, and to solicit feedback from key stakeholders- direct service providers at community-based organizations and other health agencies, researchers, policy-makers and those invested in capacity-building and education- on why there are gaps in HIV prevention services for

To be a Black man in America means to be misunderstood by everyone around you, so there’s a certain disconnection with who you are. There’s a disconnection with who you are on an ancestral level. There’s a disconnection with your history. There’s a disconnection with the other Black men around you. And there’s a disconnection from Black women. - (Igwe, 29)

“The Forgotten Population” Film
heterosexual Black/African American men is a step forward in strategizing what the best practices in engaging this population are. HRC has developed this position paper as a living document and resource for all stakeholders interested in and committed to improving the quality of life of Black men. The goal is to raise awareness and increase knowledge about this issue, solicit feedback from community stakeholders and key informants to determine the HIV prevention needs of African American heterosexual men, and strategize and develop capacity building assistance solutions that can support the work of community-based organizations and health departments implementing HIV prevention strategies with African American heterosexual men.

**Methodology**

*Expert Panel (Web Conference)*

This paper is based on a series of initiatives and activities focused on this population. HRC first hosted a Community Advisory Group (CAG) Web Conference forum. The web conference was attended by service providers and health department staff and featured a panel of experts who presented data on HIV infection rates among heterosexuals in the Northeast. Participants brainstormed possible solutions/strategies to address this and provided feedback to HRC on how it could support their work with this target population.

*Literature Review*

Next, HRC conducted a review of extant research literature that addressed issues relating to HIV risk in the target population. Five “key themes” emerged from the literature review: 1) healthy relationships with Black/African-American women, 2) class and poverty, 3) substance use, 4) incarceration and 5) mental health. The literature review was distributed at the 2008 United States Conference on AIDS and used to develop a training curriculum around the topic of HIV prevention with heterosexual Black/African American men. The key themes from the review were also used to develop questions for key informant interviews.

*Key Informant Interviews and Forgotten Population Film*

Key informants were identified and interviewed using questions that were developed from the key themes listed above. Their responses were video recorded and from these responses a film entitled The Forgotten Population, featuring the perceptions and attitudes of heterosexual Black/African American men regarding the key themes as they related to HIV, was created.

*Expert Panel and Discussion Groups*

The CBA team facilitated an institute at the 2008 United States Conference on AIDS (USCA) that included the presentation of information on national demographics and statistics on rates of HIV infection and transmission among heterosexual Black men as well as an expert panel showcasing anecdotal experiences in program management and advocacy working with the target population. Following the panel, The Forgotten Population film was shown, and breakout sessions based upon the key themes mentioned earlier were used to brainstorm the barriers in working with this population and capacity building strategies to assist service providers in working with this population around their HIV prevention needs.
Written Questionnaire

A written questionnaire was developed to assess heterosexual Black/African American men’s HIV risk attitudes and behaviors. Questions pertained to number of sexual partners, condom use and perceived risk for acquisition of HIV and other sexually transmitted diseases. The survey was completed by forty-four individuals, twenty-six of whom were heterosexual African American-identified men who reported living in the state of New York at the time of completion. Data from the questionnaire were collected and analyzed to identify emerging trends.

Discussion Groups

Seven heterosexual African American/Black men assembled for a discussion group, the purpose of which was to aid in the completion of the Regional Gaps Analysis (RGA) conducted by the New York State Department of Health- AIDS Institute every five years to determine what HIV prevention gaps exist for populations disproportionately affected by the virus. Participants watched The Forgotten Population film and were then asked for their insights on topics that included being a black man in America, HIV risk among heterosexual Black men and programming and services to address the needs of this population. A significant majority of the men in the discussion group identified as HIV-positive, providing a unique perspective on the topic of HIV prevention with this population.

For additional detail on methodology, see Appendix A: “‘Forgotten Population’ Update: HIV Prevention with Black/African American Men Who Have Sex with Women.”

Findings and Recommendations

As a result of the literature review and the subsequent key informant interviews, HRC identified five key themes related to HIV prevention with Black/African American heterosexual men. Those themes are: 1) healthy relationships; 2) class and poverty; 3) substance use and drug policy; 4) incarceration and the prison system; and 5) mental health. Under the key theme of healthy relationships, the subtheme of masculinity and sexuality was also identified and explored. General findings will be presented first, followed by the findings specifically related to each of the key themes.

General Findings and Recommendations

The work that HRC had done around the topic of HIV prevention with heterosexual Black/African American men has yielded several general findings. The primary finding was that heterosexual men generally, and Black/African American heterosexual men in particular, do not
identify HIV as a priority concern. In fact, health care in general is not seen as important by many African American heterosexual men.

This connects to another finding, namely that service providers need to offer HIV prevention services in conjunction with other services that meet the established priorities of Black men (e.g., housing, employment, education, etc.). Connecting HIV prevention strategies with non-traditional stakeholders and community entities would increase both recruitment and retention of Black men into HIV prevention efforts and would better mobilize this community into action around this health issue.

Additionally, HRC found that service providers reported a distinct lack of competency around working with heterosexual Black men in HIV prevention efforts. Service providers worried about recruiting and retaining heterosexual Black men into existing programs, developing new programs to meet the distinct needs of these men, and mobilizing key community members to make HIV a priority issue for this population. Service providers expressed the need for capacity-building on both individual and organizational levels in order to effectively work with heterosexual Black men.

Finally, the key informant interviews and workgroups with service providers both revealed a significant need to work with heterosexual Black men, both as staff members and consumers/clients, at all stages of HIV prevention, from the planning and design of programs to their implementation and development and throughout the monitoring and evaluation process. Such a community-based participatory approach has been adopted in research projects and with other populations in the field of HIV prevention and needs to be extended to heterosexual Black men in order to adequately and effectively address the impact of the HIV epidemic on this population.

**Findings and Recommendations- Healthy Relationships**

Related to the key theme of healthy relationships, key informants expressed that there was a distinct need for heterosexual Black men to have a space in which they could develop a personal sense of several important concepts, from what a healthy relationship is to what intimacy means in a relationship. The men also expressed the need to explore their identities as heterosexual Black men in general and also their identities as parents, members of a family unit and romantic or sexual partners. They also expressed the need for an alternative outlet for discussion about the problems that they faced in relationships, as they felt they could not discuss these problems with their friends or their intimate partners. This translates into an opportunity and imperative for service providers to establish safe spaces for heterosexual Black men to explore personal identities, discuss relationship issues and teach these men effective interpersonal communication skills.
Both the key informants and service providers that HRC spoke with identified a primary need to refine sociocultural definitions of what it means to be a man. This would entail both the deconstruction of entrenched, destructive norms around masculinity and the development and refinement of newer, more positive norms. Such a task would require greater engagement with the heterosexual Black male community and mobilization around adopting a more affirming sense of self-identity.

**Findings and Recommendations - Class and Poverty**

As mentioned earlier, healthcare is not a priority for many heterosexual Black men. Consequently, HIV/AIDS often falls toward the end of a long list of pressing needs and issues. Instead, homelessness and joblessness are at the forefront of concerns facing heterosexual Black men in the United States. As such, there is a need to increase their access to available resources and to build up resources where lacking. This holistic approach to HIV prevention will focus on assets over deficits and draw individuals who usually ignore or do not participate in HIV prevention efforts. To adopt a more holistic approach to HIV prevention, organizations should collaborate with non-traditional partners, especially temp agencies, job training programs, GED classes and other educational/vocational programs.

**Findings and Recommendations - Substance Use and Drug Policy**

On the topic of substance use and drug policy, key informants revealed the then-extant Rockefeller Drug Laws that have resulted in the unfair and unequal incarceration of large numbers of Black men in New York on charges of narcotic drug possession or sale. On a larger scale, both key informants and service providers discussed the need for culturally competent drug treatment facilities and organizations employing harm reduction models to address substance use among heterosexual Black men. Such change would entail a greater focus on non-injection drug users (e.g.,
individuals who use alcohol, marijuana, crack-cocaine, and prescription drugs). Further, they stated that it was also necessary to address the stigma associated with substance use within the African American community, the medical community and at HIV prevention agencies and organizations. To best address these issues requires a multi-layered approach. First, organizations should train all staff, not just front-line staff or direct service providers, in the harm reduction philosophy and the importance of a client-centered approach. Next, organizations should re-evaluate their programs to ensure that they are addressing substance use with all clients and recognizing the sexual activity (and possible sexual risk) of substance users. Finally, organizations should partner and collaborate with syringe exchanges and drug treatment programs to adequately address the sum of the HIV prevention needs of their heterosexual Black male clients.

**Findings and Recommendations- Incarceration and the Prison System**

An unfortunate consequence of the Rockefeller Drug Laws, as mentioned previously, is the high rate of incarceration among Black men. As such, it is clearly insufficient to address substance use and drug policy without addressing incarceration and the impact of the correctional system on the lives of heterosexual Black men. To better address incarceration within HIV prevention, service providers and key informants urged the need to recognize incarceration as a fluid experience, meaning that Black men transition in and out of prisons and jails and even those men who are not currently or formerly incarcerated are still influenced by the correctional system.

Accordingly, the fact of disparate incarceration rates among Black men must be accounted for by all HIV prevention efforts by developing programming and initiatives that target Black men before, during and after incarceration. This translates into a need to develop effective recruitment and retention strategies for heterosexual Black men generally and incarcerated and formerly incarcerated heterosexual Black men specifically. For those men not currently incarcerated, HIV prevention and incarceration prevention may go hand-in-hand, and addressing norms and stereotypes of masculinity as well as the impact of popular media on the lives of heterosexual Black men can serve both purposes. For those men who are incarcerated, addressing the stigma around HIV in jails and prisons is critical. Overall, our recommendation is that any HIV prevention intervention or initiative targeting heterosexual Black men needs to address the significant impact of incarceration on the lives of Black men and women.
Findings and Recommendations - Mental Health

Often overlooked in conversations of health, mental health is an essential part of HIV prevention. Nearly all of the key informants touched upon the importance of mental health at one point in their interviews, especially regarding the impact of low self-esteem and the need for social support. Service providers expressed that it was necessary to address stigma and to change norms within Black communities in order to mobilize heterosexual Black men around seeking mental healthcare. HIV prevention efforts inclusive of mental health should work to address the relevant issues in heterosexual Black men’s lives, such as one’s family, personal history and the other key issues mentioned above. As has already been mentioned, organizations engaged in HIV prevention should create safe spaces for Black men that foster social support systems, teach effective stress management and coping skills and build self-esteem and self-worth.

Conclusion

In sum, data gathered throughout this project concerning healthy relationships, class and poverty, substance abuse and drug policy, incarceration and the prison system, and mental health highlight the importance of implementing programming that meets the needs and addresses the concerns of heterosexual Black men. Cultural competency is the key element in the creation of interventions to address HIV/AIDS risk in working with this population. Service providers can respond to the needs of Black men by engaging them around issues of personal identity and masculinity, and addressing their educational, vocational, housing, and mental health needs. Programming must account for the ways in which incarceration, drug use and stigma around drug use influence Black communities. Interventions with this population should utilize community-based participatory approaches in their planning, implementation and evaluation phases. It is through the building of organizational capacity around understanding and working with heterosexual Black men that service providers can begin to reduce the acquisition and transmission of HIV/AIDS among the Forgotten Population.

To access the Forgotten Population video, or for more information on the Forgotten Population Project, please consult http://aacbi.homestead.com/forgottenpopulation.html.
Works Cited


## Appendix A

“Forgotten Population” Update: HIV Prevention with Black/African American Men Who Have Sex with Women
United States Conference on AIDS (USCA)
October 31, 2009
8:30 a.m.-10:30 a.m.

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Key Findings</th>
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<tbody>
<tr>
<td></td>
<td>● Service Providers and Health Department staff lack knowledge about the HIV Prevention needs of heterosexual Black men</td>
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<tr>
<td>2. Literature Review (Summer 2008)</td>
<td><strong>Five Key Themes</strong></td>
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<tr>
<td></td>
<td>● Healthy Relationships</td>
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<td>● Class &amp; Poverty</td>
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<td>● Substance Use</td>
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<td>● Mental Health</td>
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<td>● Incarceration/Prison System</td>
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<td>3. Key Informant Interviews-Documentary (Summer 2008)</td>
<td><strong>Healthy Relationships</strong></td>
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<tr>
<td></td>
<td>● The state of affairs among Black men and women is strained. One participant said, “Black men and women are really divided”</td>
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<td></td>
<td>● Black men perceive Black women to have “issues” yet they also describe Black women as beautiful, unique, people who are struggling, highly misunderstood, anxious, confrontational, impatient, sad, and spiritual</td>
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<td>● Black men view intimacy in various ways (i.e. being able to communicate with partner; being transparent and comfortable expressing feelings; spending quality time)</td>
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<td><strong>Masculinity and Sexuality</strong></td>
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<td>● The consensus was that it is not easy being a Black man in America: Participants said, “It means to be misunderstood by everyone around you, there is a disconnection with who you are on an ancestral level and with other Black men around you and there is a disconnection from Black women”</td>
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- Black men learn about their sexuality through sexual experimentation, growing up in the streets, from peers, and the media
- Black masculinity is determined by others who are not Black
- Black men see masculinity as being “the boss” and being macho

**Perception of HIV Risk**

- Black men perceive the high rates of HIV infection in Black urban communities is driven by the following: initiating sexual intercourse at young ages, lack of education about condoms and HIV, condoms decrease sexual pleasure, the victimization of the Black community by the greater society leads unhealthy behaviors, and misperception about personal HIV risk.
- One participant indicated, “No…Black brothers really don’t be caring about that to much, I guess if its lower class and upper class.” “Lower class people through the hood are like what ever, let me get this one and that one, if I get burnt I will clean it up.” “Upper class, maybe more aware of it and will have protection.”
- Black men rest their morals on the stigma that HIV is a homosexual disease; they tend to believe they are less at risk.”

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**Healthy Relationships**

HIV prevention interventions/strategies targeting African American heterosexual men should:
- Define what healthy relationships are
- Explore what intimacy means in a relationship
- Explore one’s identity as a parent, a romantic partner and a member of a family unit
- Teach and promote honest, effective interpersonal communication
- Develop alternative outlets of communication about relationship issues

**Masculinity and Sexuality**

HIV prevention interventions/strategies targeting African American heterosexual men should:
- Deconstruct old norms about masculinity
- Develop new norms around masculinity
- In the US there has been a significant history of sexual exploitation and objectification of the Black
male. Black men often are referred to by their presumed sexual preoccupation and/or prowess rather than being seen as complex multi-dimensional beings with strengths as well as weaknesses. (Frimpong, 2009)

**Class & Poverty**

HIV prevention interventions/strategies targeting African American heterosexual men should:
- Address the fact that HIV/AIDS not a priority for most individuals
- Recognize that homelessness & joblessness are at the forefront of concerns
- Increase access to available resources
- Build new resources for African American men that address ALL of their needs
- Should partner with job training, GED and other educational/vocational programs
- Black and African American men face discrimination in education and employment. Because of this, Black men often cannot obtain gainful employment, putting them at a significant disadvantage in our technological economy. Lack of employment is linked to increased involvement in activities that can increase risk of HIV infection such as substance use, commercial sex, homelessness and incarceration. (Frimpong, 2009)

**Substance Abuse & Drug Policy**

HIV prevention interventions/strategies targeting African American heterosexual men should:
- Focus on non-Injection Drug Users (IDU), i.e. crack cocaine, prescription drugs, alcohol, etc.
- Address stigma associated with drug use
- Partner and collaborate with needle exchange programs
- Recognize the sexual activity of substance users
- Incorporate harm reduction strategies
- Be inclusive of Black heterosexual males during the development and implementation process

**Incarceration/Prison System**

HIV prevention interventions/strategies targeting African American heterosexual men should:
- Work to build the representation of Black heterosexual men in service organizations (as employees, clients/consumers, CAB members, etc.)
- Recognize incarceration as a fluid experience
- Develop effective recruitment and retention strategies to engage this population
- Recognize the impact of media on perception of Black men
- Work to destigmatize HIV/AIDS in the correctional system
  - Nearly one-third of all Black men have been incarcerated either as adolescents or adults. Cycling in and out of the prison system can negatively affect Black men’s ability to keep and maintain jobs and relationships.

**Mental Health**
HIV prevention interventions/strategies targeting African American heterosexual men should:
- Start at home (focus on building support within families and other existing relationships)
- Educate society on the importance of mental health
- Validate the concerns of Black heterosexual men
- Build self-esteem and self-worth
- Address the social norms among Black men
- Address drug use and concurrent issues
- Build support systems (mentoring, communication, education, etc.)
- Creating safe spaces for Black heterosexual men to express the problems in their lives
- Increase stress management/coping skills
- Address family origins and explore past life experiences

5. **Survey** [Institute for HIV Prevention Leadership (IHPL) *February 2009*]

**Perception of Risk**
- Respondents indicated that unprotected sex is a risk factor for HIV even while engaging in sex with main/multiple partner. However, respondents perceived risk of contracting HIV did not reinforce condom use. Lack of condom use was influenced by marital status

**Peer Influence**
- Self-reported condom use behaviors reflected peer beliefs about condom use)

6. **Discussion Group** *(September 2009)*

**Perceptions of being a Black man in America**
- The consensus was that it is not easy being a Black man in America. Statements like “It’s tough” or “It’s hard” were used
**Perceptions of risk**
- In general, it was thought that Black men do not see themselves as being at risk

**Barriers to accessing medical services**
- Lack of adequate insurance
- Competing priorities

**Increased Risk and Role of Black Men in HIV Prevention**
- Lack of education (particularly early education)
- Use of drugs and alcohol
- Lack mentorship and role models for the next generation
- Abstinence only education not effective
- Stigma around condom use—even among women

**The Role of Religion**
- Religion is essential

**Other related and important issues**
- While HIV medicines may be covered under insurance, individuals may not be able to afford non HIV medicines
- More psychosocial resources for heterosexual Black men are needed
- Heterosexual Black men need a legislative voice

7. [IHPL Survey 2.0](Fall 2009) | Results coming soon