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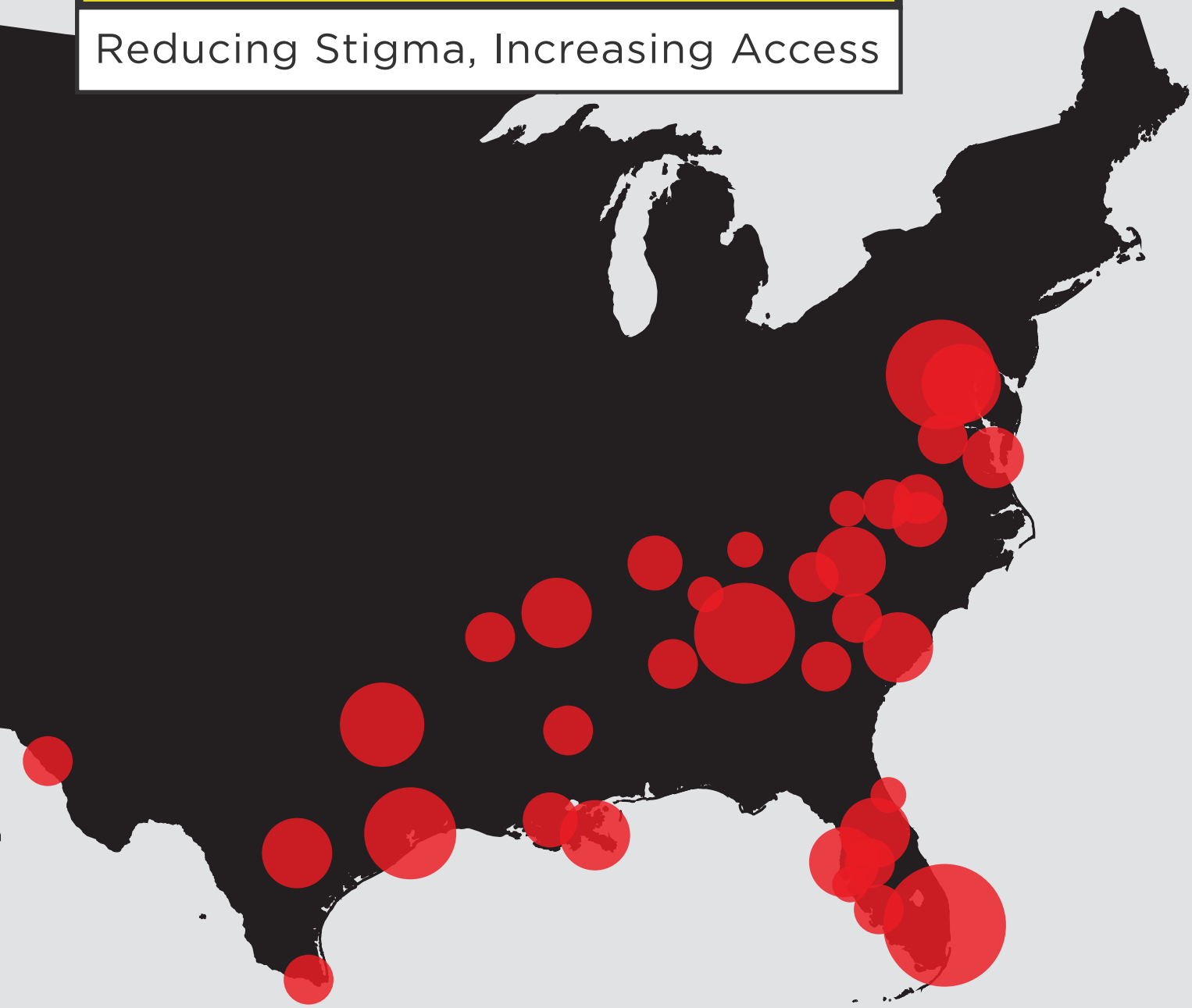
HIV Prevention in the South

Reducing Stigma, Increasing Access



NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

HIV Prevention in the South

Reducing Stigma, Increasing Access

Estimated Diagnoses of HIV Infection by Metropolitan Statistical Area, 2013

Miami, FL	2579	Memphis, TN	412	El Paso, TX	136
Washington, DC	1990	Virgina Beach, VA	340	Greensboro, NC	135
Atlanta, GA	1915	Baton Rouge, LA	296	Mission, TX	119
Houston, TX	1546	Nashville, TN	240	Greenville, SC	110
Dallas, TX	1386	Raleigh, NC	218	Durham, NC	108
Baltimore, MD	1009	Richmond, VA	188	Lakeland, FL	104
Tampa, FL	612	Columbia, SC	175	Daytona, FL	98
Orlando, FL	604	Birmingham, AL	172	Sarasota, FL	94
New Orleans, LA	538	Jackson, MS	168	Winston-Salem, NC	88
San Antonio, TX	476	Little Rock, AR	168	Knoxville, TN	62
Charleston, SC	432	Augusta, GA	151	Chattanooga, TN	52
Charlotte, NC	432	Fort Meyers, FL	147		

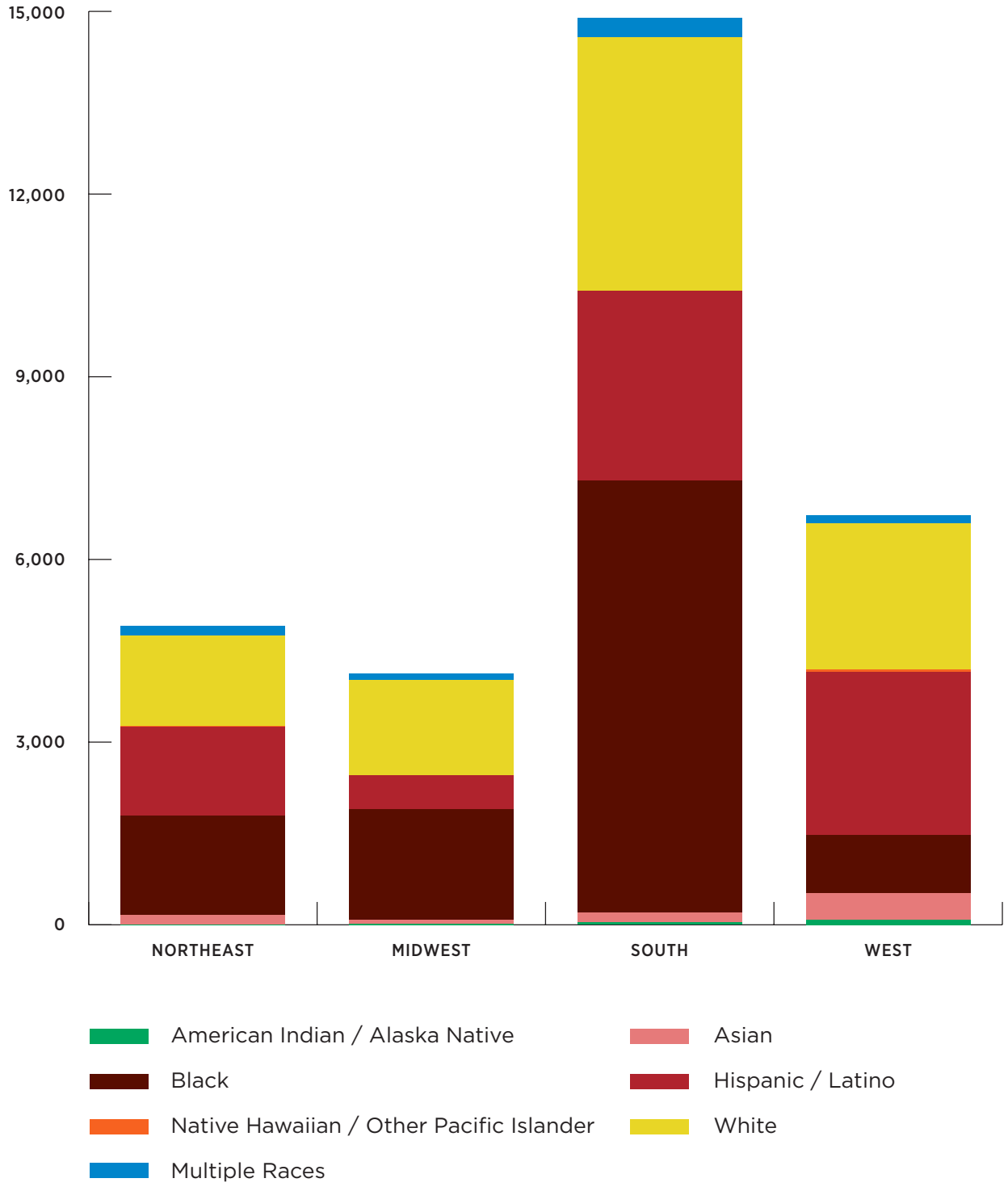
Reference: Centers for Disease Control and Prevention. Diagnosed HIV infection among adults and adolescents in metropolitan statistical areas—United States and Puerto Rico, 2013. HIV Surveillance Supplemental Report 2015;20(4):15-17.

Introduction

The vision of the National HIV/AIDS Strategy for 2015-2020[1] is that the United States will become a place where new HIV infections are rare and, when they occur, that every person has unfettered access to care, free from stigma and discrimination. Despite substantial progress in prevention, screening and diagnosis, linkage to care, and viral load suppression, HIV remains a major health concern particularly for gay and bisexual men, other men who have sex men (MSM), and transgender women. Our country is seeing declines of new diagnoses among some population groups, but among MSM and transgender women, and particularly those who are young and Black, the epidemic persists and remains severe.[2] In 2013, Black gay and bisexual men accounted for the largest estimated number and percentage of HIV diagnoses (N = 12,069; 39%) and the highest estimated number and percentage of persons diagnosed with AIDS (N= 5,804; 40%).[2] Transgender women represent a small share of the overall number of persons living with HIV in the U.S., yet they carry an extraordinarily high burden of HIV.[3] Geographically, HIV is highly prevalent in the Southern U.S. where more than half of all HIV infections occur but only 1/3 of the U.S. population lives (Figure 1). The South accounts for 9 of the top 20 states and 9 of the top 20 metropolitan areas with the highest rates of HIV diagnoses.[2]

Reducing HIV infection rates requires a clear understanding of the HIV epidemic in the South, as well as an expansion of HIV screening and prevention efforts in this region. Innovative strategies are necessary for reaching the highest risk populations. Because sexual and gender minorities, as well as Black communities, often mistrust the health care system due to stigma resulting from experiences of discrimination and bias, these strategies must also focus on reducing stigma. Fortunately, health centers and other health care organizations, in partnership with health departments, academic medical institutions, faith-based organizations, and community based organizations, are in a strategic position in the South to lead these efforts.

Estimated Diagnoses of HIV Infection among Men Who Have Sex with Men, by Region of Residency and Race/Ethnicity, 2014

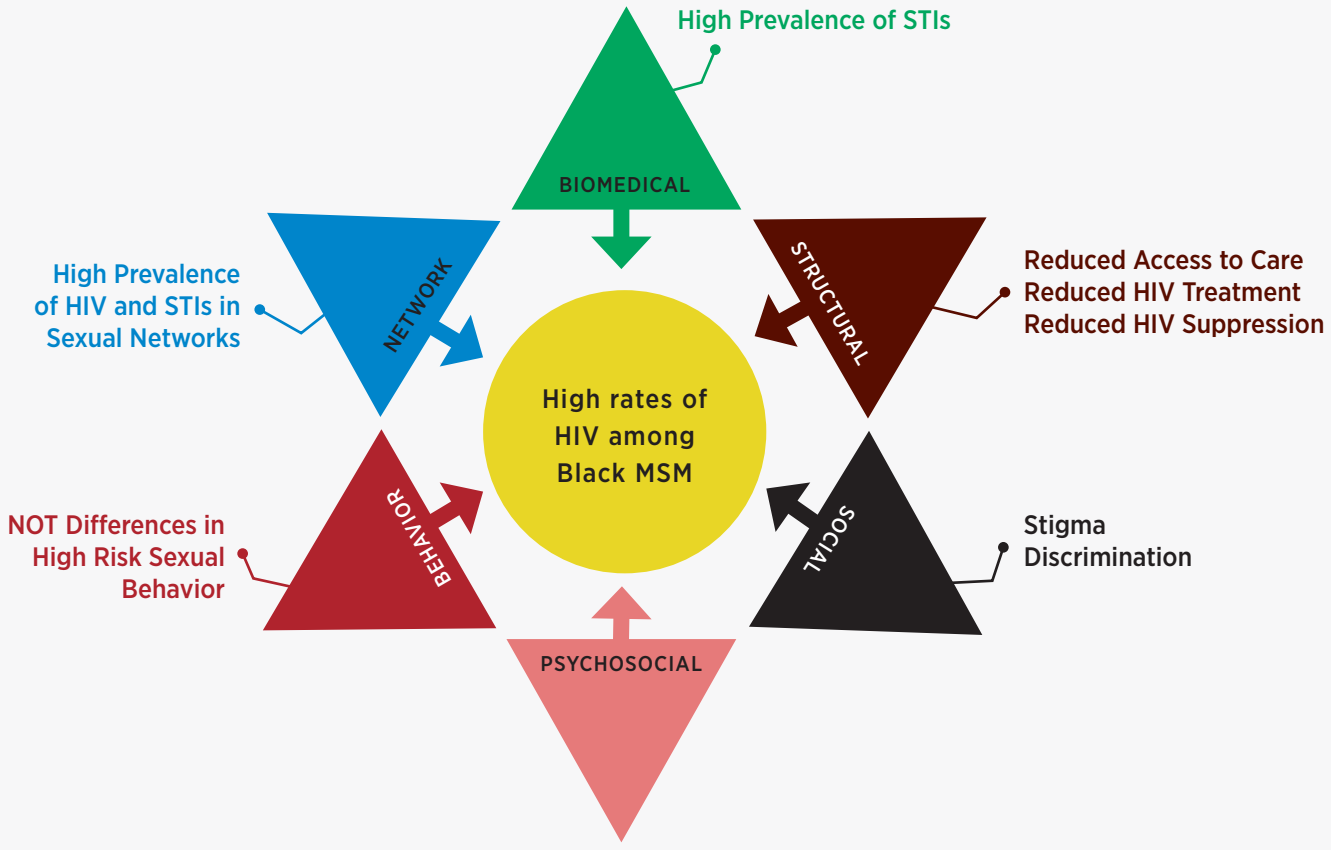


Reference: Centers for Disease Control and Prevention. HIV Surveillance Report. 2014;26.

Understanding HIV Risk and Vulnerability

Although the HIV disparity in young Black MSM is clear, the reasons for the disparity and increased vulnerability to HIV are complex. Biomedical, structural, social, and network factors are implicated, and the answer is likely in the interplay between these factors (Figure 2). What is clear is that Black MSM have not been shown to engage in higher-risk sexual behavior or higher levels of substance use compared to White MSM.[4] Increased rates of HIV in this group are more likely related to high rates of undiagnosed seropositivity as well as sexual networks that have a high background prevalence of HIV. Also contributing are higher rates of concurrent sexually transmitted infections (STIs) among Black MSM that increase both risk for transmission and acquisition of HIV.[5-7]

Figure 2: Factors that May Contribute to High Rates of HIV among Black Gay, Bisexual, and other Men who Have Sex with Men (MSM)

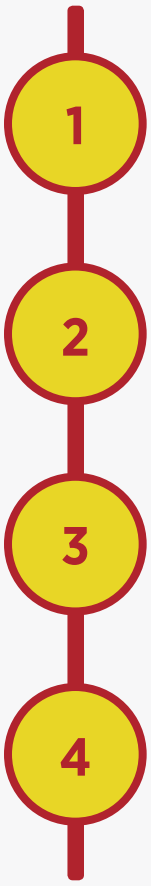


Low HIV service densities where Black MSM reside, coupled with a reduced utilization of available care for both HIV prevention and treatment services may also contribute to HIV disparities.[8] Other structural barriers, such as the cost of care, lack of transportation, and clinical hours that conflict with work hours can decrease access as well. In addition, medical mistrust and misinformation remains high in Black populations in the South.[9-14]

Stigma related to same-sex behavior and HIV is thought to be higher in rural areas and in the South than in other regions of the country.[15] Many churches and other faith-based organizations do not condone same-sex behavior, making it difficult for lesbian, gay, bisexual, transgender (LGBT) people to feel accepted and embraced by their faith communities.[15] Black churches are one of the main sources of health outreach programs in southern Black communities, but stigma can make them wary of endorsing HIV-related activities.[16] By fostering poverty and unemployment, stigma also limits access to health care and health insurance. It contributes to poor mental health, stress, and social isolation, as well as substance use, risky sex, and the inability to maintain long-term relationships.[17] The effect of stigma is particularly potent for Black MSM and transgender women, who face multiple forms of discrimination based on race, sexual orientation, gender identity, and HIV status. Thus, as a group, they may be less likely to disclose sexual behavior or to identify as gay or bisexual to family, friends, or health care providers alike, limiting the support that they might receive from these groups.[18-20] In addition, because HIV stigma still exists within the gay community, HIV-infected men may be less likely to share their HIV status with partners.[21,22] Non-stigmatizing attitudes towards same-sex behavior and HIV are extremely important for HIV reduction in the South. In geographic areas where there is greater acceptance for same-sex behavior, there are also lower rates of HIV.[23]

Strategies to Prevent HIV in the South

Strategies for preventing the further spread of HIV among vulnerable populations in the South requires a multi-faceted approach focused on reducing stigma and increasing access to information, education, and care. Health centers—in partnership with state and local health departments, academic medical centers, faith-based organizations, and community based organizations—are integral to achieving success in this approach. The main strategic elements are: (1) reduction of stigma for same-sex behavior and HIV; (2) education with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission for populations at greatest risk; (3) intensification of HIV prevention efforts in communities within the South where HIV is most heavily concentrated; and (4) expansion of efforts to prevent HIV infection using effective, evidence-based approaches including Pre-Exposure Prophylaxis (PrEP). Many opportunities are available at the state and local level to reduce stigma and to ensure that prevention resources are strategically concentrated in specific communities with high levels of risk for HIV infection.



Reduce stigma towards HIV and same-sex behavior

Educate about HIV risks, prevention, and transmission

Intensify efforts in heavily affected communities

Include PrEP and other effective, evidence-based approaches

REACHING AND EDUCATING COMMUNITIES

HIV education must be accessible to and accessed by at-risk communities. Accessibility starts with messaging. An important step to reducing HIV-related stigma and improved message uptake is an overall sexual health message that is both affirming and accepting of diverse sexual behaviors. HIV education that promotes HIV screening and utilization of HIV prevention measures, including PrEP, needs to be a part of the message. Educational messaging also must consider not only sexual orientation and gender identity, but also its interaction with race. Further, access involves developing messages that reach both urban and rural communities in the South. An example of an innovative approach to educating high-risk, rural communities is being developed for Black adolescents in the Black Belt (originally named for its rich, dark soil), a poverty-stricken region of Alabama with few health care resources. Young Black men who live in the Black Belt have over 10 times the risk for acquiring HIV than others living in Alabama.[24] Access to accurate HIV prevention education is limited not only by distance from health care clinics but also by stigma. Comfort Enah, PhD, RN at the University of Alabama at Birmingham has developed and is studying an HIV prevention game specific for adolescents in this region. In this game, the adolescent creates an Avatar that navigates risky situations in any way that they choose. They get to see the consequences of their actions and, as video games allow, get "do overs." In the process they also learn about HIV.[25]

Black churches and other faith-based organizations can also serve as key sources of HIV education and outreach in the South. Many ministers increasingly perceive HIV to be a problem in their congregations[26] and have expressed interest in conducting prevention activities.[27] Researchers, health professionals, and public health practitioners can work directly with leaders in Black churches to develop effective intervention strategies.[28]

PROVIDING PATIENT-CENTERED CARE

In addition to education, high-risk communities need access to patient-centered health care that is free of stigma and that is focused on a full range of health care needs, including HIV prevention and treatment. For example, in Jackson, Mississippi, a group of dedicated community leaders and health care professionals recognized the need to address disparities in Jackson's LGBT population — in particular the high prevalence of HIV among their Black LGBT population — and founded Open Arms Healthcare Center in 2012. Open Arms is based on a philosophy of providing primary and behavioral health care services while also filling the gaps in the HIV continuum. It is modeled after the medical home and offers HIV prevention, including pre- and post-exposure prophylaxis (PrEP and PEP), HIV screening, and HIV care. Open Arms also provides transgender health services, mental health care, case management, employment assistance, legal services, housing services and a food pantry — understanding that prevention and treatment adherence requires caring for the whole person and their concurrent, intersecting health and wellness needs.

Open Arms has already demonstrated substantial success. Since opening they have provided care for 1,300 patients. Their patients are screened frequently for HIV and when infection occurs, it is found earlier. Open Arms' presence in the Jackson community has begun to reduce the stigma surrounding sexual orientation and HIV. In the South, some MSM may not identify as gay or bisexual. To provide services for this group of men, Open Arms' creative team has developed strategies including Men's Health Monday — a clinic open after college athletic games at the University of Mississippi that provides sexual health screening for all young men. The clinic is trusted by the LGBT community and has improved the community's health literacy. It draws Mississippians from all over the state. Plans are underway to open more clinics based on the Open Arms model in other parts of the state.

TRAINING HEALTH CENTERS TO BE INCLUSIVE AND WELCOMING

A health center or other health care organization does not need to be focused specifically on the LGBT community in order to provide high-quality, stigma-free primary care and HIV prevention and care to this population. In fact, many health centers in Southern states are making strides in creating health care environments that are inclusive and welcoming of LGBT people. For example, since 2014, our organization (the National LGBT Health Education Center) in collaboration with the Mississippi State Department of Health, the University of Mississippi Medical Center, and several other organizations in Mississippi* have been conducting assessments and LGBT health training programs with Mississippi health centers and county health department clinics. These programs include an introduction to LGBT concepts as well as practical strategies for creating a welcoming environment and effectively communicating with LGBT people. They also often include a panel of LGBT community members (both live and recorded panels) speaking about their real life experiences with health care—both positive and negative. These panels enhance the relevance of the trainings, increase buy-in from providers, and also have the potential to improve perceptions of LGBT panel members who see the health care community working to better serve LGBT people—an experience that they may share with other members of their communities. For more information about training and technical assistance, visit www.lgbthealtheducation.org.

THE ROLE OF COMMUNITY LEADERS IN HIV EDUCATION AND STIGMA REDUCTION

Overall, attitudes about LGBT people are improving across all racial and ethnic groups in the United States.[29] However, among Black Americans, attitudes are changing at a slower rate and many still consider homosexuality wrong.[30] Acceleration of change in public opinion about homosexuality among Black Americans benefits from examples of mainstream Black gay and bisexual men and transgender women in the public light. Thanks to the courageous actions of individuals like R&B singer Frank Ocean, All American and SEC 2013 Defensive Player of the Year Michael Sam, former NFL cornerback Wade Davis, retired professional basketball player Jason Collins, and actress Laverne Cox, positive examples are becoming more prevalent. By publicly sharing their sexual orientations and gender identities, they challenge stereotypes, reduce stigma, and illustrate living openly for young, Black MSM and transgender women. Their willingness to use their celebrity and connect with local communities can help to strengthen local efforts to support and educate Black MSM. Wade Davis, who is co-creator of You Belong (an LGBTQ youth development organization), joined AIDS Alabama as an Ambassador for the "PrEP UP" Alabama campaign, a new education and media campaign targeting Black and Latino MSM with information on health and wellness options.[31] These well-known individuals' public acknowledgement of their sexual orientation and gender identity also serves as a strong motivator for local individuals to do the same when possible. Local and consistently present LGBT leaders can then help to champion HIV education and stigma reduction efforts in their own communities.

* Other collaborating organizations include: Mississippi Primary Health Care Organization, Mississippi Nurses Association, and My Brother's Keeper Inc.

Conclusion

To meet the goals of the National HIV/AIDS Strategy for the United States for 2015-2020, particular emphasis must be placed on preventing HIV among young, Black MSM and transgender women in the South. A multi-faceted approach should include evidence-based, accessible HIV education, as well as health centers and clinics with staff and providers who are affirming and culturally competent. This approach also benefits from involvement of community leaders who stand as positive role models for young, Black LGBT people living in the South. Strategies that have been shown to be effective in other parts of the country for HIV education, prevention, screening, and engagement in care for PrEP or for antiretroviral therapy may be applicable to the South, but may also need modification to account for cultural, racial, and economic factors unique to this region. Further, more research and greater collaboration with faith-based and community members and leaders are required to better understand how best to meet the needs of Black gay and bisexual men, other MSM, and transgender women living in the South. Through this multi-faceted approach the goals of the National HIV strategy will be met and, more importantly, Black gay and bisexual men, other MSM, and transgender women will see improvements in HIV-related health.

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Resources

National HIV/AIDS Strategy 2015-2020
http://aids.gov/federal-resources/national-hiv-aids-strategy/overview

AIDS Education and Training Center's National Resource Center
http://aidsetc.org

Southern HIV/AIDS Strategy Initiative
http://southernaidsstrategy.org

PrEP Watch
http://prepwatch.org

AIDS Action Committee's Talk PrEP Website
http://talkprep.org

The Black Church and HIV: The Social Justice Imperative
http://theblackchurchandhiv.org

HIV and the Black Community: Do #Black(Gay)Lives Matter? amfAR Issue Brief, February 2015
http://amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2015/Black%20Gay%20Men%20and%20HIV.pdf

Addressing Stigma: A Blueprint for Improving HIV/STD Prevention and Care Outcomes for Black and Latino Gay Men, NASTAD & NCSD, 2014
https://www.nastad.org/resource/stigma-toolkit-addressing-stigma-blueprint-improving-hivstd-prevention-and-care-outcomes

Back of the Line: The State of AIDS among Black Gay Men in America, Black AIDS Institute, 2012
https://www.blackaids.org/back-of-the-line

RISE Proud: Combating HIV Among Black and Bisexual Men, NMAC, 2013
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The National Center for Innovation in HIV Care provides training and technical assistance to Ryan White-funded AIDS service organizations (ASOs) and community-based organizations (CBOs) to help them navigate the changing health care landscape. Their website www.nationalhivcenter.org has many resources and publications.

The National LGBT Health Education Center provides training and technical assistance to health care organizations nationally with the goal of optimizing the delivery of high-quality, culturally affirming, cost-effective health care for LGBT people. Publications, webinars, and other educational resources on increasing access, reducing stigma, and preventing HIV can be found at www.lgbthealtheducation.org.

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