RISE Proud: Increasing Our Knowledge, Building Our Strength

A Mobilization Guide for Leaders Who Work with Black Gay Men
September 2015

RISE

NMAC

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Acknowledgements

The RISE Proud Community Implementation Guide is based on the report, *RISE Proud: Combating HIV Among Black Gay Men*. The report provides an analysis of societal and structural factors that contribute to Black gay and bisexual men's vulnerability and experiences with HIV/AIDS. It also suggests recommendations to mitigate the impact of the disease.

The report and the guide were developed by NMAC (formerly, the National Minority AIDS Council) with support from the Ford Foundation and partnerships with the Johns Hopkins Bloomberg School of Public Health and a panel of Black gay and bisexual men from across the country.

We acknowledge and thank 2015 regional partners and community based organizations who served as community engagement hosts in Houston, TX; Shreveport, LA; Columbus, OH; Charlotte, NC; St. Louis, MO; Washington, DC; and Brooklyn, NY for their support and willingness to struggle, ponder and rebuild their strength. They are the faces and essence of RISE Proud.

The tools offer practical suggestions for developing individual and community-driven strategies based on the *RISE Proud* recommendations. Through your actions, you can make positive impacts in the lives of many Black gay and bisexual men, and society as a whole.

Purpose of RISE Proud

The development of the RISE Proud report and guide stem from a strong belief that Black gay and bisexual men have a right to pursue healthy lives not hindered by the threat or impact of HIV/AIDS. To develop the report, a group of community advocates met over 14 months to examine research and interventions that focused on the lives of black gay and bisexual men.

Their charge was to explore the root causes for the increasing rates of HIV infection among Black gay and bisexual men, and to develop recommendations to best address the most pressing issues. They met four times to discuss selected papers and to hear from speakers on salient topics.

Their recommendations are in no way meant to be exhaustive, but to add to the dialogue surrounding the current and growing needs of Black gay and bisexual men and efforts to end HIV/AIDS. The panel acknowledges the important and meaningful work done each day by community-based organizations and individual citizens in these areas. The RISE Proud Community Implementation Guide encourages meaningful partnerships with these efforts.

Using the Community Implementation Guide

The RISE Proud Community Implementation Guide will help you consider ideas for implementing the recommendations in your community. Background information is provided on the subject areas throughout the guide. The details underscore the issue's significance and help provide contextual information for building your action plans.

How you use the workbook is your decision. The panel envisioned that Black gay and bisexual men and their allies would use this tool to create dialogue around the recommendations and strategies that lead to change.

Have a dialogue with the guide. Think of it as a living document—as society changes (or as you change), feel free to make changes. The strategies that you enact may hold the promise for mitigating the impacts of HIV and AIDS for Black gay and bisexual men.

Profile of Bayard Rustin

Bayard Rustin (March 17, 1912 – August 24, 1987)

For decades, Bayard Rustin has been one of the least known, yet prolific, contributors to the civil rights movement. Many people note the actions of Dr. Martin Luther King, Jr. and others to bring about change. Yet Rustin served as the brains behind the 1963 March on Washington for Jobs and Freedom, managing to coordinate and promote the event in just two months. As a gay man, Rustin was kept in the shadows by the homophobia of both his enemies and his allies at the time.

August 28, 2013 marked the 50th anniversary of Rustin's effort to collectivize a racial and economic rally that became a watershed moment for contemporary civil rights. Rustin emblemizes both a contemporary and historic fight for racial equality, which is now accompanied by a quest for economic justice, as well as gay rights. If alive today, Rustin would presumably recoil at the fact that Black gay men represent one the demographics most heavily impacted by HIV and suffer the greatest disproportionate burden of the disease.

For more information: "Brother Outsider: The life of Bayard Rustin," at *http://rustin.org/*

What can you learn from Bayard Rustin?

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What actions would Rustin take to address the alarming HIV rates among Black gay and bisexual men?

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HIV/AIDS Impact Among Black Gay/ Bisexual Men

Research shows that Black gay and bisexual men in the United States bear the heaviest burden of HIV.

• Less than 1% of the overall US population, but account for more than 22% of the new HIV infections in 2010 (according to 2012 CDC data).

• Between 2006 and 2009, young Black gay men saw a 48% spike in new infections, with those between the ages of 13 and 24 being especially hard hit (according to 2011 CDC data).

• Young Black gay men account for approximately 10% of all new HIV infections (according to 2012 CDC data).

• In 2011, the estimated number of new HIV infections among Black gay and bisexual men surpassed that of White gay and bisexual men for the first time in the epidemic (according to 2013 CDC data).

• 1 in 4 Black gay or bisexual man in the United States is estimated to be HIV+ (according to 2005 CDC data)

High rates of HIV among Black gay and bisexual men continue to persist despite evidence that show that Black gay and bisexual men typically engage in less risky sexual behavior when compared to other gay and bisexual men.

Many Black gay and bisexual men already have access to high quality health services, but may not access them. Some men may feel estranged from the environments where these services are provided. It is important to identify causes of these issues. It is also important to develop strategies that can decrease the burden of HIV that these men may experience.

For more information: "HIV among Black/African American gay, bisexual and other men who have sex with men," at *http://www.cdc.gov/hiv/risk/racialethnic/bmsm/facts/index.html*

In your community, what do rates of infection look like?

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Why might men not access "high quality" health services in their community? Outside of their community?

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How Much Do We Value Black Gay Men?

The level of investment in HIV services targeting Black gay and bisexual men has never adequately reflected the burden of the epidemic borne by this community. As part of our RISE Proud initiative to highlight the HIV prevention and care needs of Black gay and bisexual men in the United States, NMAC partnered with Dr. David Holtgrave from John Hopkins Bloomberg School of Public Health to quantify both the scale of unmet needs within the community, and the level of investment necessary to adequately match the scope of the crisis.

Dr. Holtgrave and his team built upon the previous research of Spencer Lieb to estimate the number of Black gay, bisexual and other men who have sex with men (MSM) living in the United States. Dr. Holtgrave and his team estimate that there are 195,313 Black MSM living with HIV in the United States. 50,196 of them are unaware of their sero-positivity. For those who know their HIV status, 67,625 were not linked to care. What's more, only 43,390 Black MSM in the U.S. are on antiretroviral treatment and have achieved an undetectable viral load.

Building on his previous cost effectiveness research and modeling for prevention and care services, Dr. Holtgrave and his team estimate that if our nation is serious about meeting the goals of the National HIV/AIDS Strategy (NHAS) it will require an investment of around $2.475 billion. The costs are broken down as follows:

- Housing: $45 million
- Diagnostic services: $360 million
- Care & Treatment: $2.041 billion
- Prevention Services: $27 million

If we make this investment, the article estimates that we can avert 6,213 new infections among Black gay and bisexual men, surpassing the 25% goal laid out the NHAS. It is important to note that not all of this investment needs to come from the government. The largest portion of the overall cost to achieve this goal falls under the care and treatment category. As we look forward to open enrollment for the health insurance marketplaces in October, thousands of Black gay and bisexual men living with HIV will be able to access private health insurance, while others will be eligible for Medicaid.
For more information: "Unmet HIV Service Needs Among Black Men Who Have Sex with Men in the United States," at *http://www.ncbi.nlm.nih.gov/pubmed/23892769*

Key Policy, Concepts and Ideas Likely to Affect Organizing

Many people have discussed the changing landscape for HIV prevention, given new prevention modalities and political action (or inaction) in society. These policies, concepts and ideas are relevant when considering action plans and other organizing efforts. Many communities in the US are already feeling the effects of these policies, concepts and ideas. It is important to have an understanding of each one.

A short description of these political efforts is provided. As you read the descriptions, consider whether you have sufficient knowledge about the policy, concept or idea. Use the provided space after each description to write your ideas on how the policy, concept or idea could/will affect your organizing efforts.

National HIV/AIDS Strategy (NHAS)
The NHAS was released by the White House on July 13, 2010, providing the Nation's first "roadmap" to interrupt HIV/AIDS in the US. The 2010 Strategy had three overarching goals: to reduce infections, increase access to care, and reduce health disparities.

NHAS is being updated based on informaton gathered in national level convenings held in 2015. The White House Office of National AIDS Policy will release a Federal Implementation Plan in December 2015 outlining the Strategy's key recommendation. The newly updated NHAS addresses many significant activities to include BMSM specifically. These changes were deemed necessary in order to better focus and improve public health efforts at the national, state and local levels domestically.

The Strategy addresses the vision:

"The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high-quality, life-extending care, free of stigma and discrimination."

For more information: "National HIV/AIDS Strategy," at *http://www.WhiteHouse.gov/ONAP*

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High-Impact Prevention (HIP)

The Centers for Disease Control and Prevention (CDC) has aligned its HIV prevention efforts with the NHAS by focusing on a HIP approach. The approach requires geographically targeting CDC resources to areas of the country where HIV/AIDS is hardest felt, such as in the South. It also expands HIV testing so that more people know their HIV status, as nearly one in five Americans who have HIV do not know it. Finally, it uses the best combination of approaches to reach the maximum benefit (e.g. increased testing among those with the highest risks and linking people living with HIV into care). Because the strategies in this approach have been shown to be effective, this shift will require, for example, some community-based organizations to shift away from behavioral interventions that they may have previously employed.

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Same Sex Marriage Equality

The United States Supreme Court declared on June 26, 2015, in Obergefell v. Hodges, that same sex couples have a constitutional right to marry in the United States. In this landmark decision, the Court grounded its ruling on the fundamental rights of the Due Process Clause and the Equal Protection Clause of the Fourteenth Amendment and struck down as unlawful all state laws prohibiting the issuance of marriage licenses to same sex couples. This historic decision follows the U.S. Supreme Court decision in 2013 in United States v. Windsor, declaring the federal Defense of Marriage Act unlawful and unconstitutional for denying federal protections, rights and benefits to same sex couples.

The Obergefell and Windsor decisions marked the culmination of years of advocacy by the LGBT community and allies for marriage equality. Writing for the Court's 5-4 majority in Obergefell, Justice Anthony Kennedy stated, "It demeans gays and lesbians for the State to lock them out of a central institution of the Nation's society. Same-sex couples, too, may aspire to the transcendent purposes of marriage and seek fulfillment in its highest meaning." Obergefell v. Hodges, 576 U.S. ___(2015) (slip op. at 17). With the Obergefell and Windsor decisions, the U. S. Supreme Court opened the doors to marriage and to federal and state rights and benefits previously denied to same sex couples.

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The Affordable Care Act

This law, signed by President Obama in March 2010, will expand opportunities for accessing health insurance coverage for millions of Americans, including those with pre-existing conditions. It strengthens patient protections through a patient's bill of rights. It helps ensure those with private or public coverage have quality care by providing useful information about coverage options; quality, comprehensive care; preventive care; and coordinated care across doctors. It also expands Medicaid eligibility and provides rebates and subsidies for the purchase of private insurance in state and federally operated marketplaces.

For more information: "The Affordable Care Act and HIV/AIDS," at *http://aids.gov/federal-resources/policies/health-care-reform/*

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Violence Against Women Act (VAWA)

The bill signed in March 2013 strengthens existing protections and expands victim services by authorizing $659 million over five years for various programs that help prevent domestic violence, including national hotlines, shelters and housing assistance. For the first time, the bill includes expanded protections for Native Americans and immigrants and provisions for LGBT victims of domestic violence. Moreover, the bill includes provisions to address sexual violence on college campuses.

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Pre-exposure Prophylaxis (PrEP)

PrEP is a new HIV prevention method in which people that do not have HIV take a daily pill to reduce their risk of becoming infected. When used consistently, PrEP has been shown to reduce the risk of HIV infection among adult men and women at very high risk for HIV infection through sex or injecting drug use.

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Treatment as Prevention (TasP)

TasP is a term describing the use of antiretroviral drugs to reduce the risk of passing HIV to others. The strategy would function as a secondary benefit of antiretroviral treatment (ART) after its primary purpose of improving an individual's health. The rationale for this approach is that ARVs reduce viral load. Higher viral loads have been linked to increased risk of passing HIV to sexual partners. TasP is an emerging area and there are different terms and phrases used to describe different strategies using this approach. These include "test and treat" and "testing and linkage to care plus (TLC-plus)".

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Housing Opportunities for People with AIDS (HOPWA)

HOPWA was created in 1992 in response to the unique and varied housing needs of people living with HIV/AIDS. The program, managed by the Office of Community Planning and Development in the U.S. Department of Housing and Urban Development (HUD), directly addresses the housing and service needs of people living with HIV/AIDS. Research has shown that housing is the greatest unmet service need for people living with the disease. Stable, affordable housing offers the best opportunity for persons living with HIV/AIDS to access drug therapies and treatments and supportive services that will enhance the quality of life for themselves and their families.

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Ryan White HIV/AIDS Program

This program provides funding to cities, states and local community-based organizations to assist community members without sufficient health-care coverage or the financial resources to properly manage their HIV disease. It was first authorized by Congress in 1990. It is funded at $2.35 billion. Full reauthorization is not being pursued in 2013. Though not decided, there is significant speculation that the program will change and more services for people living with HIV/AIDS will be delivered through Medicaid and in Federally-Qualified Health Centers.

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Social Determinants of Health

This concept describes the various ways that conditions in society influence risks to a person's health and well-being. It takes into account the broader social and structural forces that influence health through their effects on individual characteristics and as a proximate cause on HIV vulnerability. For Black gay and bisexual men, it is important to consider how the local HIV/AIDS epidemic is influenced by social, political, and economic challenges; and, to consider how they influence heightened vulnerability to HIV infection.

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Employment Non-Discrimination Act

The Act represents key employment legislation being considered by Congress to protect workers on the basis of their sexual orientation or gender identity. It is modeled on existing federal employment discrimination laws. It would protect many

LGBT community members who find it difficult to find a job or maintain employment due to harassment in the work place. Today, there are only 19 states (and DC) that have laws banning discrimination based on sexual orientation. However, they do not provide protection for gender identity.

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Student Non-Discrimination Act

This Act would provide anti-bullying protections for youth in schools, especially those who are being discriminated against based on their actual or perceived sexual orientation or gender identity. It is being considered by Congress. There are many structural and institutional challenges for those who drop-out of school; for gay men of color, and other communities, this can lead to a cascade of negative social, economic, and health outcomes.

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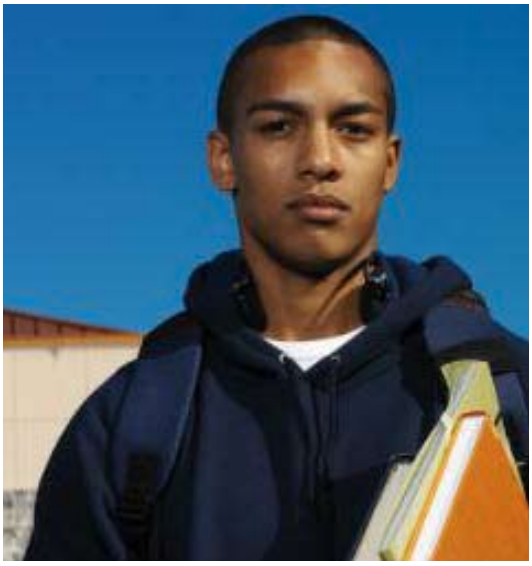
Social Determinants of Health and Black Gay/ Bisexual Men

For Black gay and bisexual men, the HIV/AIDS epidemic is predominantly characterized by social, political, and economic challenges that contribute to a heightened vulnerability to HIV infection. These challenges—also referred to as social determinants—impact the trajectory for an individual's education, employment, housing security, health outcomes, and intrapersonal quality of life. The role that any specific social determinant serves as a proximate cause to HIV vulnerability varies by individual. When the factors are put together, they provide compelling explanations to health-related behaviors and outcomes for certain communities and groups.

Consequently, to effectively reduce new infections for Black gay and bisexual men, and improve health outcomes for those men already living with HIV, a detailed examination into the role that social determinants play in HIV prevention must take place.

Summary of RISE Proud Report – Education and Black Men



Race-based inequality is deeply rooted in the fabric of America's public school system, beginning in the Reconstruction Era and exacerbated by Jim Crow laws. And while schools were integrated almost 60 years ago, following the 1954 Supreme Court ruling Brown v. Board of Education, significant disparities remain. Black youth continue to report high school graduation rates and enrollment in higher education that are below the national average. Black men have the lowest high school graduation rate in the country at 47 percent, which is 11 points lower than Latinos and nearly 28 points lower than that of non-Hispanic white men (Schott, 2012).

• Black gay youth are more prone to drop out of school than their counterparts, partially due to the lack of support at home (se Dunn and Moodie-Mills, 2012).

• Students who identify as gay dropout at a rate of 33% and 4.5 time more likely to skip school because of safety concerns compared to other students (Lambda Legal, 2013).

• 44.7% of LGBT students of color face harassment based on both their sexual orientation and ethnicity (Lambda Legal, 2013).

• Gay youth of color who are bullied at school earn a GPA at least a half point lower than their non-bullied peers (Diaz and Kosciw, 2009).

For more information: "Arrested development: Harnessing the potential of LGBT youth of color," at *http://allinnation.org/2013/07/arrested-development-harnessing-the-potential-of-lgbt-youth-of-color/*

Recommendations: Education and Black Men

Legislation must be enacted to protect young Black gay men in public schools from abuse based on their race, ethnicity, or sexuality

Department of Education must eliminate the preclusion of certain felons from receiving federal aid to attend post-secondary institutions

Resource: "HR 4530 – The 'Student Non-Discrimination Act'," at *http://blackmenrise.org/wp-content/uploads/2013/08/4-Student-Non-Discrimination-Act.pdf*

Resource: The TrueChild, *http://www.truechild.org/*

Summary of RISE Proud Report – Schooling and Sexual Health

Public schools in the United States have the ability to provide students with knowledge about effective ways to prevent getting HIV and other sexually transmitted infections through direct education. There has been a long-standing debate regarding the type of education youth should receive related to their sexual health, such as abstinence-only versus comprehensive sex education. Young gay men of color have voiced the need for educational programming that addresses dating, intimacy, self-esteem, sexual identity, and inclusion of sexual practices (Seal et al, 2000).

• Black high school students report having engaged in intercourse at a rate of 60% compared to 49% for Latinos and 44% for Whites (KFF, 2011).

Resource: "Abstinence only vs. comprehensive sex education: What are the arguments? What is the evidence?" at *http://ari.ucsf.edu/science/reports/abstinence.pdf*

What are the pros and cons to abstinence-only sexual health education? Comprehensive sex education?

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What role does sexual orientation play in academic performance and success for young Black gay and bisexual men?

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Recommendations: Schooling and Sexual Health

The Department of Education must be fully funded and empowered to enforce comprehensive sexual health education in public schools that gives students information to protect themselves and their partners if they choose to be sexually active

The Department of Education must develop an objective measurement tool to assess the success of sexual health programs, such as a comparison of HIV/STI incidence before and after a program has begun, to provide the most effective and evidence-based harm reduction trainings

Resources must be provided to provide workshops for the facilitators who teach sexual health to students to raise the level of cultural competency to better relate to students

Summary of RISE Proud Report – Housing and Homelessness

DISCUSSION BREAK

A secure home environment is an incredibly important factor in achieving positive health outcomes. Unstable housing can often lead to higher-risk sexual behavior and increased risk of infection (Rew et al, 2005; Ebner & Laviage, 2003; Gangamma et al, 2008). Newly homeless LGBT youth have been shown to have greater sexual risk behaviors, including higher numbers of sexual partners, decreased condom use, and greater rates of participation in transactional sex compared to their peers with more stable housing (Solorio et al, 2008). Access to stable housing allows a person who is HIV+ to store their medication properly and maintain consistent communication with a medical provider.

• Only 21% of HIV+ Blacks are virally suppressed, and they constitute over 50% of shelter patrons (CDC, July 2012)

Resource: The Ali Forney Center, at *http://www.aliforneycenter.org/*

Summary of RISE Proud Report – Intimate Partner Violence

Gay and bisexual men are often more likely victimized by sexual partners. Abuse between males often goes unreported due to the assumption that law enforcement personnel "are unknowledgeable, unsympathetic, and perhaps even hostile toward them" (Herek & Sims, 2008). Moreover, victims of intimate partner violence (IPV) often experience re-victimization after the event. Since the majority of IPV criminal statues are written for opposite sex state-sanctioned marriages or common-law relationships, there are no written protections for men in relationships with other men.

Summary of RISE Proud Report – Religious Institutions

For some members of the Black community, faith-based institutions provide a critical support and buffer to the institutional biases in the larger society and help foster a sense of community for members. However, some Black gay and bisexual men have experiences with Black Churches that remain at odds with effective HIV prevention messaging and holistic support for HIV-positive individuals. Tension may exist between perceived scripture and the Christian sentiment to aid those in need (Fullilove & Fullilove, 1999). As with other social structures, the perception of Black faith institutions as extensively homophobic is a proximate, rather than a direct, cause to heightened HIV vulnerability for Black gay men.

For more information: "A la familia: A conversation about our families, the Bible, sexual orientation and gender identity," at *http://www.thetaskforce.org/downloads/reports/reports/a_la_familia_11_11.pdf*

Resource: The Balm in Gilead, Inc., at *http://www.balmingilead.org/index.php*

Resource: Many Voices, at *http://www.manyvoices.org*

Summary of RISE Proud Report - Employment

Fostering or maintaining a stable living situation and other health outcomes is most easily attained through substantial and consistent employment. Unemployment rates are high in Black communities and especially among Black men. Gender non-conforming and effeminate men experience higher levels of unemployment than men who are considered more masculine (Sears et al, 2009). To provide for themselves, some men turn to commercial sex work or transactional sex to pay for food and stable shelter. The lack of employment opportunities also limits one's access to regular and routine health care (Jones et al., 2009), and may delay HIV testing or treatment. The challenges of finding employment are greater for men with a criminal record.

Recommendations: Employment

The Department of Labor must examine and eliminate, when unjustified, policies that ban felons from various vocational opportunities

Legislation should be enacted to protect Black gay and bisexual men from discriminatory employment and hiring practices

The Department of Labor must promote the use of proactive diversity and inclusions language in hiring applications to expand awareness of employee rights and discrimination protections

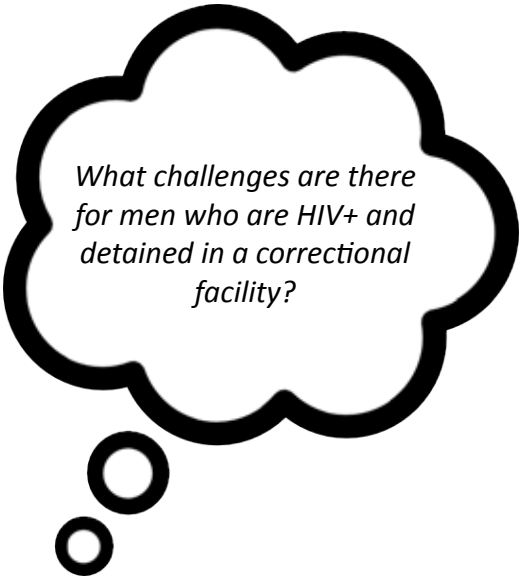
HHS and the Department of Labor must partner to ensure that PLWHA are made fully aware of the employment protections extended to all HIV-positive persons

HHS and DOL must engage state and federal prisons to create a program for released prisoners to gain employment as health navigators into ACA, which would assist with the ACA registration within their respective communities while also offering a source of income to the former incarcerated

Summary of RISE Proud Report - Incarceration

It is estimated that over 33% of Black men have been incarcerated at some point during their lives (BJS, 2011). A study conducted in 2012 estimated that up to 60% of Black gay men have been incarcerated at least once throughout their life (HPTN, 2012). Given the lack of employment opportunities, some Black gay and bisexual men turn to commercial sex work or transactional sex. Commercial sex work is a unique contributing factor in the over incarceration of Black gay men throughout the country (Fondacaro et al, 1999), and can exacerbate men's risks for getting HIV.

DISCUSSION BREAK



For many of these men, their initial contact with medical providers for HIV testing and treatment typically occurs within an incarceration setting and may be the first time they are educated on how to protect themselves and their sexual partners from HIV infection (Olga et al, 2003). It is estimated that at least 1.5% of prisoners are HIV+, which is 4 times that of the general population (BJS, 2010). This underscores the need for condoms to be made available in prisons. It is important to provide continued services that facilitate medication adherence if, and when, these men become reintegrated into their communities.

Recommenda -tions: Incarceration

Compulsory HIV education courses need to be prepared for correctional officers and for prisoners to reduce HIV-related stigma and to better understand the actual routes of HIV transmission

HIV screening during intake into state prisons must be enacted and routinely repeated every six months during incarceration on an opt-out basis to help identify undiagnosed inmates who will benefit from treatment before disease progression

Prisoners should be granted greater privacy for their health related information to improve healthcare engagement and reduce isolation within the prison walls

Condoms must be made available to inmates to prevent HIV/STI transmission

Summary of RISE Proud Report – Law and Law Enforcement

In some cities, specific policing policies such as 'Stop and Frisk' and 'Condoms as Evidence' contribute greatly to the criminalization rates of Black gay men (HRW, 2012). The 'Stop and Frisk' program, allows the police to stop, question and frisk a person when a police officer feels that person has committed a crime (Weir, 2013). When 'Stop and Frisk' is combined with 'Condoms as Evidence' policies, police have arrested individuals and charged them with prostitution (HRW, 2012). The assumption is that someone carrying multiple condoms is intending to engage in sex work. Quite often, those youth who are stopped not only are racial minorities, but are LGBT-identified or non-gender conforming (Center for Constitutional Rights, 2012). This practice undermines safer sex public health initiatives to improve health outcomes through condoms. It is well documented that condom use, especially by youth, lowers the transmission of HIV and STIs (CDC, 2013).

For more information: "Memorandum of support from Human Rights Watch for Bill S-323/A.1008 [re: Condoms as Evidence]," at *http://www.nocondomsasevidence.org/wp-content/uploads/2012/04/20120227-hrw-a1008-memo-in-support.pdf*

Consider this: "Eric Holder says DOJ will let Washington, Colorado marijuana laws go into effect," at *http://www.huffingtonpost.com/2013/08/29/eric-holder-marijuana-washington-colorado-doj_n_3837034.html*

Recommendations: Law and Law Enforcement

Department of Corrections must review statutes and sentences of laws that disproportionately affect Black Americans to reduce the stigma and stressors experienced by Blacks with no actual improvement in public safety

Policing procedures, such as Stop & Frisk and Condoms as Evidence, must end to reduce the amount of undue stress on Black gay men that also discourages carrying tools necessary to prevent HIV/ STI infection

For more information: "Memorandum of support from Human Rights Watch for Bill S-323/A.1008 [re: Condoms as Evidence]," at *http://www.nocondomsasevidence.org/wp-content/uploads/2012/04/20120227-hrw-a1008-memo-in-support.pdf*

Summary of RISE Proud Report – HIV Criminalization Laws

The United States has prosecuted more people for alleged HIV transmission or exposure than any other country worldwide (UNDP, 2011). Statutes criminalizing HIV transmission and exposure perpetuate outdated public health information and contribute to the continued stigmatization of HIV-positive people (UNDP, 2012). In some states, if a person with knowledge of his or her positive HIV status engages in sexual activity without disclosing, then criminal liability may ensue. Given the high rates of HIV/AIDS among Black gay and bisexual men, this is an important issue that has the potential to further marginalize these men.

DISCUSSION BREAK

How do HIV transmission laws lend to HIV stigma Black gay and bisexual men experience?

Michael Johnson is a black gay man. In 2015, he was convicted and sent to prison for allegedly transmitting HIV to a sexual partner. He will sit in prison for many years for an alleged offense that has no bearing on public health. His conviction is a strong and important illustration of the issues concerning HIV criminalization.

For more information: "Fact sheet on HR 1843, REPEAL HIV Discrimination Act, AIDS United, Center for HIV Law and Policy, and partner organizations, 2013," at *http:// www. hivlawandpolicy.org/resources/view/843*

Recommendations: HIV Criminalization Laws

HIV-specific statutes criminalizing transmission and exposure must be eliminated to reduce HIV-related stigma and to support best public health practices, which encourage knowing and disclosing one's HIV status

African-American men, including Black gay and bisexual men, access health care at a significantly lower rate than any other demographic in the United States—despite their higher rates of infectious disease, hypertension, cancer, diabetes, stroke, and cardiovascular disease (CDC, 2011). Because of high unemployment rates within the group, they are less likely to benefit from employer-based health insurance. Access to health insurance alone is a critical step in improving health outcomes for Black gay and bisexual men.

For more information: "Improving the health care of LGBT people: Understanding and eliminating health disparities," at *http://www.lgbthealtheducation.org/wp-content/uploads/12-054_LGBTHealtharticle_v3_07-09-12.pdf*

Summary of RISE Proud Report – Health Care, Access, and Utilization

Opt-out testing should be implemented for all federally funded clinics and hospitals to reduce any missed opportunities to engage any undiagnosed HIV-positive individuals in appropriate care and treatment

The National Institute on Minority Health and Health Disparities (NIHMD) must expand its mission to also focus on individuals who possess both racial/ethnic and sexual minority status to help reduce provider distrust and improve provider cultural competency through appropriate training on the needs of dual minorities, such as Black gay men.

Recommendations: Health Care, Access, and Utilization

The NIHMD must develop appropriate trainings for physicians and other staff in Patient- Centered Medical Homes (PCMH) to competently engage with Black gay men on their holistic health needs to foster trust between the physicians and their respective patients

Oversight of the placement of Federally Qualified Health Centers and Federally Qualified Behavioral Health Centers must be implemented to ensure areas of high HIV incidence have an increased health provider density per capita to ensure accessibility to physical and mental health clinicians

Current PCMHs must be fully funded and subsequently expanded to all regions that have an increasing rate of HIV/STI acquisition among Black gay men

A program must be created to enroll low-income prisoners in Medicaid who do not have, but desire, access to healthcare

For more information: "Improving the health care of LGBT people: Understanding and eliminating health disparities," at *http://www.lgbthealtheducation.org/wp-content/uploads/12-054_LGBTHealtharticle_v3_07-09-12.pdf*

Summary of RISE Proud Report – Patient Protection and Affordable Care Act

Perhaps the most significant opportunity to improve health care access for Black gay and bisexual men is the Patient Protection and Affordable Care Act (ACA). It was signed into law by President Obama in 2010. According to The Henry J. Kaiser Family Foundation, the ACA focuses on three areas: expanding health care coverage; controlling the cost of health care and improving the delivery system. When fully implemented, it will expand access to health insurance for more than 30 million Americans.

With ACA, Black gay and bisexual men living with or vulnerable to HIV will

•Have a real opportunity to obtain quality health care and treatment;

•Be able to access preventive STI and HIV screenings at little or no costs;

•Connect with a Patient-Centered Medical Home, a provision of ACA, to receive enhanced primary care for prevention and chronic care management (reducing the risk of falling out of care).

Expanded coverage does not automatically mean that men will access the services. There are still certain social barriers (e.g. perceived homophobia and racism) that prohibit men from accessing available services. Similarly, there are structural barriers, such as the lack of transportation, food or unstable housing that may discourage going to a doctor. The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was created in 1990 to address the medical needs and supportive services of HIV+ persons with limited resources. It does this through financial assistance that aids continual service, like case management, psychosocial support, treatment adherence, temporary housing, nutritional services and transportation for medical appointments. Even as the ACA is implemented, the Ryan White program will remain critical to further aid Black gay and bisexual men with insurance and limited resources.

While ACA implementation will expand much needed health coverage to Black gay and bisexual men, more attention and resources must be directed to increase insurance enrollment and health care engagement, especially in the Southern states where politics, combined with a dismal health care infrastructure, will not benefit from its reforms.

For more information: "The Affordable Care Act and HIV/AIDS," at *http://aids.gov/federal-resources/policies/health-care-reform/*

Recommendations: Patient protection and Affordable Care Act

Health & Human Services (HHS) must form a plan to specifically address enrollment of Black gay men into the ACA to help build the capacity of Black gay men to manage their own health

HHS must prepare, in advance, to create Duty Stations in areas with high rates of HIV incidence in the South that may not fully implement ACA to ensure that all Black MSM benefit from having increased access to quality healthcare

Interagency coordination of federal bodies must continue to improve in order to foster transparent communication, pooling of resources, and best practices to benefit Black gay men

Online social networks must be utilized to help disseminate information to Black gay men in rural settings related to sexual health needs and affirming community support

Formal reauthorization of the Ryan White CARE Act should be delayed until a thorough review of the changing needs of HIV-positive persons after the implementation of ACA

Community-based organizations should receive additional funding to build their capacity to teach and reinforce sexual health to participants

Community-based organizations should receive additional funding for programming to help young Black gay men foster community with peers and mentors in order to reduce emotional distress and social isolation

For more information: "The Affordable Care Act and HIV/AIDS," at *http://aids.gov/federal-resources/policies/health-care-reform/*

Moving to Action

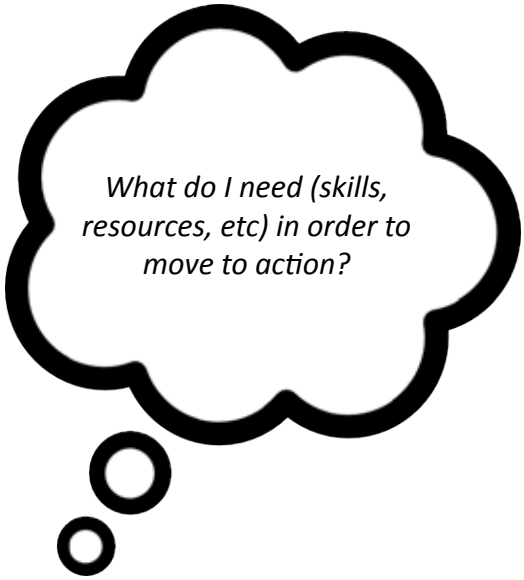
The information in the previous sections provides contextual information for planning an individual or community action plan. There are many things you could do. Examples include:

- Schedule a visit with district office of elected official
- Write your elected official
- Create a sign-on letter for community endorsement to send to elected official
- Submit an opinion piece to your local newspaper's editorial board
- Write a blog in the issues
- Organize a community meeting or town hall on the issues

In fact, you are encouraged to consider how you can take each of the actions listed above based on the recommendations. The next section will provide information to help you develop your individual and/or community action plans.

DISCUSSION BREAK

How do I move to action? What do I need in order to be successful?



Seven Steps for Implementing RISE Proud

Seven Steps for Implementing RISE Proud Recommendations:

1. Explore partnerships to address recommendations
2. Focus partnership on most pressing issues
3. Build capacity to properly address issues
4. Select an approach to promote change
5. Move from planning to action
6. Measure your progress
7. Maintain the momentum

This guide provides some details about each step. This area is based on the model presented in "Promoting health equity: A resource to help communities address social determinants of health," at *http://www.cdc.gov/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf*

Focus the Partnership on Most Pressing RISE Proud

While the RISE Proud Panel has reviewed the available research and offered recommendations to promote health among Black gay and bisexual men, it will be important for you to understand how it applies to you and your local community. The Panel recognized the number of recommendations it suggested; as well as the fact that it would take more than one person to create larger levels of change for these men.

What is needed in your community? What are the most pressing issues and how do they align with the recommendations? After you answer these, it is critical to identify a shared vision and mission for the partnership. Everyone needs to have their voices heard as they contribute to this shared vision. Remember to come back to the vision and mission when things get out of order.

Selecting Recommendations to Implement

The RISE Proud Panel suggested many recommendations. It may not be possible to implement each of them. It is important to focus your action. Ask yourself the following questions to help decide on which issue or recommendation to tackle:

- What is the current climate for Black gay and bisexual men?
- What is the need in your community?
- Are there pressing issues that are being discussed in the media (or from politicians)?

Selecting an issue or recommendation may be difficult for some. You also may decide to change issues or recommendations as you learn more about it. You are encouraged to begin to think about at least three recommendations to explore and create action plans.

Issue/Recommendation to Implement:

_____
_____
_____
_____
_____
_____
_____
_____

Extra Notes

RISE

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