



National Black HIV/AIDS Awareness Day February 7, 2019

Research and Resources for
African American HIV/AIDS Prevention

UCSF Center for AIDS Prevention Studies
Prevention Research Center
Division of Prevention Science



Center for AIDS Prevention Studies (CAPS) UCSF Prevention Research Center (PRC)

Research & Resources

This brochure lists research projects with African Americans and helpful resources produced by CAPS/PRC. You might use it to:

- Stay up-to-date on research and what we found out from the research
- Provide materials in trainings/presentations
- Advocate for services/funding
- Write grants
- Develop new or modify existing HIV prevention programs
- Evaluate current programs
- Connect with CAPS/PRC to develop new projects. Lead researchers (PIs) are listed for each study.

Questions? Comments? Contact Daryl Mangosing at 415-502-1000 ext. 17163 (vm only) or Daryl.Mangosing@ucsf.edu

This brochure was prepared by the CAPS **Community Engagement (CE) Core**, which is previously known as the *Technology and Information Exchange (TIE) Core*.

Acronyms

MSM: Men who have sex with men

PI: Principal Investigator (lead researcher on the study)

CO-I: Co-Investigator (contributing researcher or research partner)

Message from the Director

The Center for AIDS Prevention (CAPS) and UCSF Prevention Research Center (PRC) are committed to addressing HIV among populations most impacted by HIV. CAPS/PRC stands with the community Together to Stop HIV! As we reflect on this year's National Black HIV/AIDS Awareness Day (NBHAAD) theme, "Together for Love: Stop HIV Stigma", we continue to commit to research that focuses on HIV prevention among African Americans. Our research has addressed HIV disparities fueled by stigma, increased HIV testing and PrEP among African Americans, developing effective interventions for trans women of color, and improving the care continuum. We are unwavering in our strong commit to a community-engaged research process that builds on past partnerships and ignite new collaborations that support meaningful HIV prevention learning exchanges between researchers and community. Research can make a difference. HIV diagnosis among African Americans has decreased from 2010 to 2016 among women by 25%, heterosexual men by 26% and young men who have sex with men by 5%.¹



But we still have work to do. On this 18th Annual NBHAAD, we cannot become complacent because Black/African Americans remain hardest hit by the HIV/AIDS epidemic than any other racial/ethnic group in the United States. According to the CDC, in 2017, African Americans accounted for 40.1% of the 38,739 cases of HIV diagnosed that year, despite making up just 12% of the U.S. population. More than sixty percent (63% or 15,532) of African Americans who received an HIV diagnosis were gay or bisexual men.² Although African American women are less impacted than their male counterparts are, they represent 66.1% of all cases diagnosed among women. African Americans are also more likely to die of HIV disease, accounting for 52% of total deaths from HIV in the United States in 2015.³

We will look forward to sharing the research findings from projects that are recently completed, currently underway, or are on the horizon, including but not limited to HIV Prevention among:

- Black transgender women: <http://transhealth.ucsf.edu/tcoe?page=programs-sheroes>
- MSMW "Bruthas Project": <https://link.springer.com/article/10.1007%2Fs11121-018-0965-7>
- Ball Communities: <http://www.californiaaidsresearch.org/files/award-abstracts/disparities%20/ucsf-cfrar-disparities-project2.html>
- Black MSM Couples: <https://clinicaltrials.ucsf.edu/trial/NCT03100643>
- Black MSM in STYLE – CDC evidenced based intervention: <https://style.ucsf.edu/>
- Black MSM who re-engage in care: <https://clinicaltrials.ucsf.edu/trial/NCT03579251>

Marguerita Lightfoot, PhD
CAPS/PRC Director
Division of Prevention Science Chief

1. <https://www.cdc.gov/features/blackhivaidsawareness/index.html>
2. <https://www.cdc.gov/hiv/statistics/overview/atag glance.html>
3. <https://www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html>

Translation and implementation

Prevention Research Center (PRC)

Investigators: Marguerita Lightfoot (PI), Greg Rebchook, Janet Myers, Susan Kegeles, Emily Arnold; George Rutherford (GHS); Rob Newells (AIDS Project of the East Bay or APEB)

This project addresses the significant HIV health disparities among African Americans by strengthening community engagement and supporting implementation of evidence-based strategies and approaches. The PRC will also translate and disseminate high-impact prevention research, the STYLE (“Strength Through Youth Livin’ Empowered”) Implementation Package from our core research project, train students, public health professionals, and community members, and continually evaluate the PRC’s activities.

The PRC is collaborating with the AIDS Project of the East Bay (APEB) in Oakland, CA to adapt, implement, and evaluate the evidence-based intervention, STYLE, to improve engagement in healthcare among MSM of color living with HIV (African American and Latino), with a focus on younger men.

HIV care, testing, and PrEP among MSM

An Intervention to Increase Retention in Care among HIV-Positive Black Men

Investigator: Wilson Vincent (PI)

The National HIV/AIDS Strategy and the National Institutes of Health has emphasized achieving viral suppression among HIV+ persons in order to reduce HIV transmissibility, particularly for disproportionately affected groups such as Black men, including Black MSM, by retaining them in HIV care. However, critical psychosocial barriers to retention in care for HIV+ Black MSM, in addition to structural barriers that are typically addressed via case management or patient navigation, have not been sufficiently addressed.

Thus, this NIMH-funded study aims to develop an intervention that will (1) find HIV+ Black MSM who have left HIV care and

(2) provide an individualized, combination in-person/mHealth approach that tackles psychosocial and structural barriers to care. This intervention will meet these men where they are, including clinical, community, and social settings as well as online/virtual spaces.

Locating and Reaching HIV-Positive Black Men Who Have Sex with Men Who Have Fallen Out of HIV Care

Investigators: Wilson Vincent (PI)

HIV-positive Black men who have sex with men (BMSM+) comprise 1/4 of new HIV infections in the US, and HIV prevalence is 30% among BMSM+ in some cities. Identifying where to locate BMSM+ who have fallen out of care is essential in order to help them re-engage in care. Moreover, it is unclear where such an intervention should be conducted so that men are likely to participate in it.

This project is identifying ways of locating and recruiting BMSM+ who have fallen out of care to get them back into HIV care. It is also determining the best community or clinical settings to conduct an intervention to re-engage them into care. Semi-structured interviews are ongoing with a variety of key informants, including BMSM+ themselves.

The N’Gage Project: Creating a mHealth Tool for Enhancing HIV Care Engagement in the Dyadic Context

Investigators: Judy Tan (PI)

Black men who have sex with men (MSM) show lower rates of engagement in HIV care and treatment compared to other groups of MSM. The primary romantic relationship provides an important context for understanding HIV care engagement among MSM in a primary romantic relationship with another man. Relationship factors such as communication, relationship satisfaction, and social support have been shown to predict health outcomes, including those in the HIV Care Continuum.

Mobile health (mHealth) holds tremendous potential for facilitating relationship factors conducive to HIV care engagement among Black men who are in a primary romantic relationship with another man.

The goal of this project is to develop a couples-focused mHealth tool that enhances relationship factors important to HIV care engagement among HIV+ Black men who are in a primary romantic relationship with another man.

Project T: MSM and HIV Self-Testing

Investigators: Marguerita Lightfoot (PI), Sheri Lippman (Co-I), Nicholas Moss (Alameda County Department of Public Health)

Project T aimed to enhance identification of undiagnosed HIV infection and increase linkage to HIV care among African American and Latino gay and other men who have sex with men in Alameda County utilizing HIV self-test kits.

We enlisted 34 members of the African American and Latino MSM and Transgender communities to act as recruiters. Each was asked to identify 5 MSM peers they believe to be sexually active to complete a HIV self-test. A total of 165 tests were distributed to social and sexual network members. Compared to data from the county testing program, men in our sample were more likely to have never tested and more likely to report a positive test result.

Research finding: Our findings suggest that using a network-based strategy to distribute HIV self-test kits has the potential to increase testing uptake and reduce undiagnosed infections among African American and Latino MSM.

Community Mobilization to Improve the HIV/AIDS Continuum of Care Among Young Black Gay Men

Investigators: Susan Kegeles (PI), Greg Rebchook (Co-PI), John Peterson (Georgia State University), David Huebner (George Washington University)

This project involves using a community empowerment and mobilization approach to help and motivate young black MSM who are living with HIV to engage in care and take HIV medications regularly. This approach includes adapting the Mpowerment Project so that it focuses, in addition to risk reduction and HIV testing, on helping men deal with internalized and external HIV stigma, support men living with HIV to get support from friends in their social networks, and increase HIV treatment literacy.

A Community-Level HIV Prevention Intervention for Young Black MSM

Investigators: Susan Kegeles (PI); John Peterson (Georgia State University, Co-PI); Greg Rebchook (Co-PI); David Huebner (University of Maryland, Co-investigator)

This project involved adapting the Mpowerment Project for young Black MSM in Texas and testing its efficacy in reducing sexual risk behavior and increasing HIV testing. The adapted project was called United Black Ellument. The adapted intervention was first implemented in Dallas, and then it

was implemented in Houston. The project also involved a qualitative study of young Black MSM who were followed over several years to examine the issues that they faced related to HIV prevention.

Transgender women

Culturally relevant PrEP demonstration for trans communities - TRIUMPH

Investigators: Jae Sevelius (PI)

The “Trans Research-Informed communities United in Mobilization for the Prevention of HIV” (TRIUMPH) Project is developing and evaluating a culturally-relevant, community-led PrEP demonstration project, driven by the needs and experiences of transgender women of color. The TRIUMPH Project identifies the best methods to deliver PrEP safely and effectively to trans communities while achieving the highest levels of adherence possible.

While we do not exclude transgender men or other members of various trans communities, our project is designed with the needs of those communities most impacted by HIV in mind, namely trans women, and in particular trans women of color. Members of the target population are involved in all stages of planning, implementation, and evaluation.

Reducing risky sexual behavior among high-risk transgender women - Sheroes

Investigators: Jae Sevelius (PI)

HIV disproportionately impacts transgender women, especially transgender women of color. Social and contextual issues, such as severe stigma, discrimination, alienation, poverty, and victimization underlie many of their risk behaviors. Despite elevated risk for HIV, the rates of HIV testing among transgender women are lower than other at-risk groups. Our research with trans women who test positive indicates unique barriers to treatment uptake and adherence.

The Sheroes intervention was designed in close collaboration with the transgender community and distills common concerns of trans women living with HIV, HIV-negative, and unknown status. Sheroes is grounded in Social Learning Theory, the Theory of Gender and Power, and our team’s work in the area of Gender Affirmation.

It Takes Two

Investigators: Kristi Gamarel (MPI/University of Michigan); Jae Sevelius (MPI); Don Operario (MPI/Brown University); Rachel L. Kaplan; Lynae Darbes (University of Michigan); Tor Neilands; Mallory Johnson; and Tooru Nemoto

Transgender women, particularly Black trans women, are among the populations at the highest risk for HIV in the United States and worldwide. One of the most consistently reported contexts for HIV transmission among trans women is within a primary partnership. Despite the critical importance of primary partnerships for HIV prevention, the vast majority of HIV prevention studies and interventions for trans women have been individually-focused.

The overarching goal of “It Takes Two” is to test the efficacy of a promising couples-focused HIV prevention intervention to reduce HIV risk among trans women and their primary partners by integrating biomedical and behavioral risk reduction strategies to help couples choose the most appropriate HIV prevention plan for their relationship. In its early stages, the project is driven and being developed by the needs and experiences of trans women of color in the Bay Area.

Men who have sex with men and women

The Bruthas Project: Sexual Health Promotion Counseling Sessions

Investigators: Emily Arnold (PI), Gloria Lockett (Community PI)

Black men who have sex with men and women (BMSMW) are at high risk for acquiring and transmitting HIV, but few interventions exist to address their prevention needs. To address this, we developed the Bruthas Project, a series of four individualized sexual health promotion counseling sessions designed to build upon HIV counseling and testing (HIV-CT).

Research finding: In this randomized controlled trial of the Bruthas intervention, we compared participants who received culturally tailored HIV testing and counseling plus four individualized counseling sessions to those who received only the culturally tailored HIV testing and counseling. BOTH groups reduced their number of sex partners and episodes of condomless intercourse. BMSMW are responsive to HIV prevention and testing efforts when they are provided in a culturally responsive and respectful manner.

Youth

We Are Family: Testing, Linkage and Engagement in Care among African American Gay, Bisexual, and Trans youth in the House Ball Community

Investigators: Emily Arnold (PI), Parya Saberi, Susan Kegeles, Torsten Neilands, Lance Pollack, Michael Benjamin (CAL-PEP), Felicia Bridges (CAL-PEP), and Gloria Lockett (CAL-PEP)

This 4-year study was supported by the California HIV/AIDS Research Program (CHRP) to develop and test intervention activities that build upon forms of social support already occurring among young people involved in the house ball and gay family communities, specifically related to HIV prevention and care. This is a collaboration between UCSF, CAL-PEP, and members of the house ball and gay family communities.

Research finding: Many Bay Area houses and gay families already share HIV prevention information and support to help one another connect to services if necessary. Building on family connections provides a natural forum to bring up the most recent prevention and treatment advances, such as home testing and PrEP/PEP, and U=U.

Adapting, Implementing, and Evaluating an Evidence-Informed Intervention to Improve Engagement in Care Among Black MSM Living with HIV in Alameda County

Investigators: Greg Rebchok (PI), Janet Myers, Susan Kegeles, Emily Arnold (Co-Is), Rob Newells (APEB)

AIDS Project of the East Bay (APEB) and the UCSF PRC’s collaborated to adapt, implement, and evaluate STYLE, an evidence-informed intervention shown to improve engagement in healthcare among young MSM of color. APEB worked with local stakeholders to tailor STYLE for the target population and rebranded it as M+. M+ was intended to provide red-carpet HIV care in a community-based clinic, support groups, educational classes, wrap-around services (e.g., case management, transportation, nutrition assistance, referrals to mental health and substance use services), social marketing, community outreach, and mobile HIV testing. The UCSF PRC and APEB are evaluating M+ through qualitative interviews with staff and participants and with longitudinal quantitative surveys with M+ program participants.

Black Men & HIV Prevention Fact Sheet (2017)

Visit <https://prevention.ucsf.edu> to download full PDF

What are Black Men's HIV Prevention Needs?



Prepared by Bob Haas & Barbara Green-Ajufo, DrPH, MPH

Community Engagement (CE) Core Date | August 2017

Who are black men?

In the U.S., Black men include different ethnic groups from the African Diaspora. They are friends and diverse family members: fathers, grandfathers, husbands, partners, brothers, uncles, sons, nephews, and cousins. They are colleagues working in professional and blue-collar jobs. They also represent different sexual orientations, have diverse spiritual and religious beliefs, and speak different languages, among having other demographic differences.

Why is HIV a concern among black men?

HIV is a health emergency among Black men of every age and sexual orientation. In 2015, 33% of HIV infections diagnosed in the U.S. were among Black men. They were diagnosed eight times more than white men and two times more than Hispanic men.[1] One in every twenty Black men will be diagnosed with HIV in their lifetime. Among the general population of men, Black men have a higher risk of HIV, noted by the differences below that will continue if current trends are not reversed.[2-4]

- Men who have sex with men (MSM): black (1 in 2); general MSM population (1 in 6)
- Injection drug users (IDU): black men (1 in 9); general male IDU population (1 in 36)
- Heterosexual men: black (1 in 86); general heterosexual male population (1 in 473)

Among MSM, Black MSM (BMSM) – including gay and bisexual men – are more likely than others to be diagnosed with HIV (39% in 2015).[5] Young Black MSM (YBMSM) are most at risk. Seventy-five percent of all BMSM diagnosed with HIV in 2015 were ≤ age 34 – split equally between those aged 13-24 (37.7%) and aged 25-34 (37.3%).[6]

Many studies have shown that BMSM's engagement in unprotected "condomless" anal intercourse (UAI) and number of sexual partners are similar to or less than MSM of other race or ethnic groups. However, BMSM are more likely to be diagnosed with HIV. This finding is true for different populations of BMSM.[7-10] In one study, YBMSM were nine times more likely to be living with HIV than white participants with similar risks.[7]

The demand for and awareness of PrEP – a proven biomedical intervention – is lower for BMSM than white MSM (WMSM).[11] From January 2012 to September 2015, 74% of the PrEP prescriptions in the U.S. were to whites, 12% to Latinos, and 10% to African Americans.[12]

What are HIV risk factors for black men?

Many factors affect Black men's risk of HIV infection.

Stigma and Discrimination – When Black men experience stigma or discrimination, they are less likely to use PrEP [13] or disclose their HIV status.[14] Moreover, discrimination-related traumas, based on being gay, black or living with HIV, are associated with greater UAI.[15] High HIV infection rates, racist attitudes of non-Black gay men, and social networks and environments where gay men gather have been found to stigmatize and isolate BMSM from other MSM.[16]

HIV Care Continuum Disparities – Poor retention of Black men in health care is deeply rooted in discriminatory practices of the medical system towards the Black community.[17] Consequently, BMSM are less likely than WMSM to know their HIV status, more likely to be diagnosed later, and less likely to stay engaged in care and on treatment.[18-19]

Poverty – Discrimination and reduced access to and retention in quality education are reasons that Black men experience more unemployment or are underemployed, compared to white men.[20] Consequently, Black men are more likely to be living in poverty, which usually means reduced access to quality health care.[20] HIV rate increases 3.0 to 5.5 times with increasing neighborhood poverty level from < 10% (low poverty) to more than 30% (very high poverty level).[21-22] For Black individuals living with HIV, poverty is associated with lower levels of engagement in HIV care.[23]

Sexual Trauma – Sexual abuse and assault rates are high among MSM and are related to greater risks of HIV infection. In the EXPLORE Study, 39% of MSM reported childhood sexual assault; Black participants were more likely to have a history of assault than no history of assault.[24-25]

Sexually Transmitted Diseases (STDs) – Having an STD can increase the chances of a person transmitting or becoming infected with HIV.[26] STD and HIV disparities in the Black community increase the likelihood of HIV transmission.[27-29]

Social networks and sex with men of their race – The high HIV rate among BMSM and their preference for sex with MSM of their same race increase the chances of BMSM having a sexual partner that is living with HIV. A review of studies found that at least 29% of BMSM in networks having sexual contact were living with HIV and 47% of men living with HIV in these networks did not know their status.[30]

What is being done?

Research findings for black men of diverse ages, sexual orientations, and HIV serostatus, discussed below, have been shown to reduce sexual risk behaviors and increase engagement in HIV care.[31]

Randomized Comparison Group Interventions: Two studies, Many Men Many Voices (3MV) and Brothers to Brothers, report positive findings for either a reduction in number of UAI occurrences with casual partners, number of any unprotected insertive anal intercourse, number of male sex partners, and/or a greater likelihood to test for HIV.

Pre- Post-Test/Repeated Survey Interventions: Black MSM who participated in D-up! Connect with Pride, BRUTHAS, Motivational Interviewing (MI), or Special Projects of National Significance (SPNS) interventions report improved outcomes, compared to those with limited or no participation. Studies found either a reduction in any UAI at different times during the intervention, a reduction in occurrences of UAI with main partners, reduced number of sexual partners, greater condom use with main partners, reduced number of high-risk sexual encounters with female sex partners, and/or a reduction in sex under the influence of drugs. Different studies also reported improvements in social support, self-esteem, and loneliness, as well as improved likelihood of HIV counseling and testing, return for test results, and fewer missed HIV medical visits. For one study, as the number of hours spent attending case management meetings increased, the time in HIV care increased.

Blended Pre- Post-Test and Control Group: Young MSM of color who participated in STYLE (Strength Through Youth Livin' Empowered) reported 83% retention in care, and the chances of attending a clinic visit was greater for the STYLE participants than non-participants (2.58, 95% CI 1.34-4.98).

What still needs to be done?

HIV prevention targeting Black men should not simply address high-risk sexual behaviors but also societal and structural issues. We need policies that will prevent new infections and add to our understanding of Black/White HIV infection disparities, including the role of structural interventions. [32-33]. We need to combine behavioral and biomedical interventions; abandon a "one size fits all" approach; address high STD rates, traumatic events and structural and access barriers; and, consider the intersection of health and social conditions.

The need to address stigma – including ones that are unapparent – must not be lost. For example, data must be presented with background, community perspective, and accurate explanation. HIV disclosure must include strategies to help partners and family members receive information that their loved one is gay or living with HIV. Broad implementation of successful interventions in areas where HIV is highest for Black men is necessary.

Says who?

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For other fact sheets in English and Spanish, visit
<https://prevention.ucsf.edu/resources/factsheets-english-and-spanish>

CAPS/PRC Resources

Research and publications with African Americans:

<https://prevention.ucsf.edu/search/node?keys=black>

Fact Sheets: <https://prevention.ucsf.edu/library?title=black>

- Black Gay Men and the Church
<https://prevention.ucsf.edu/research-project/black-gay-men-and-church-0>
- What are the HIV prevention needs of African Americans?
<https://prevention.ucsf.edu/research-project/what-are-african-americans-hiv-prevention-needs>
- What are Black men's HIV prevention needs? (*newly updated in 2017*)
<https://prevention.ucsf.edu/research-project/black-men-2017/>
- What are Black women's HIV prevention needs?
<https://prevention.ucsf.edu/research-project/black-women>

Survey Instruments & Scales:

<https://prevention.ucsf.edu/resources/survey-instruments-and-scales>

- Topics include counseling and testing, healthcare providers, risk behavior, adherence, coping, substance use and knowledge/attitudes.

Evaluation Manuals:

- [Good Questions Better Answers: A Formative Research Handbook for California HIV Prevention Programs](#)
 - [A Buenas Preguntas... ¡Mejores Respuestas!](#)
- [Working Together: A Guide to Collaborative Research in HIV Prevention](#)

Interventions: <https://prevention.ucsf.edu/resources/intervention-curricula/>

- African American Men's Health Study Training Manual
- Healthy Oakland Teens Curriculum

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