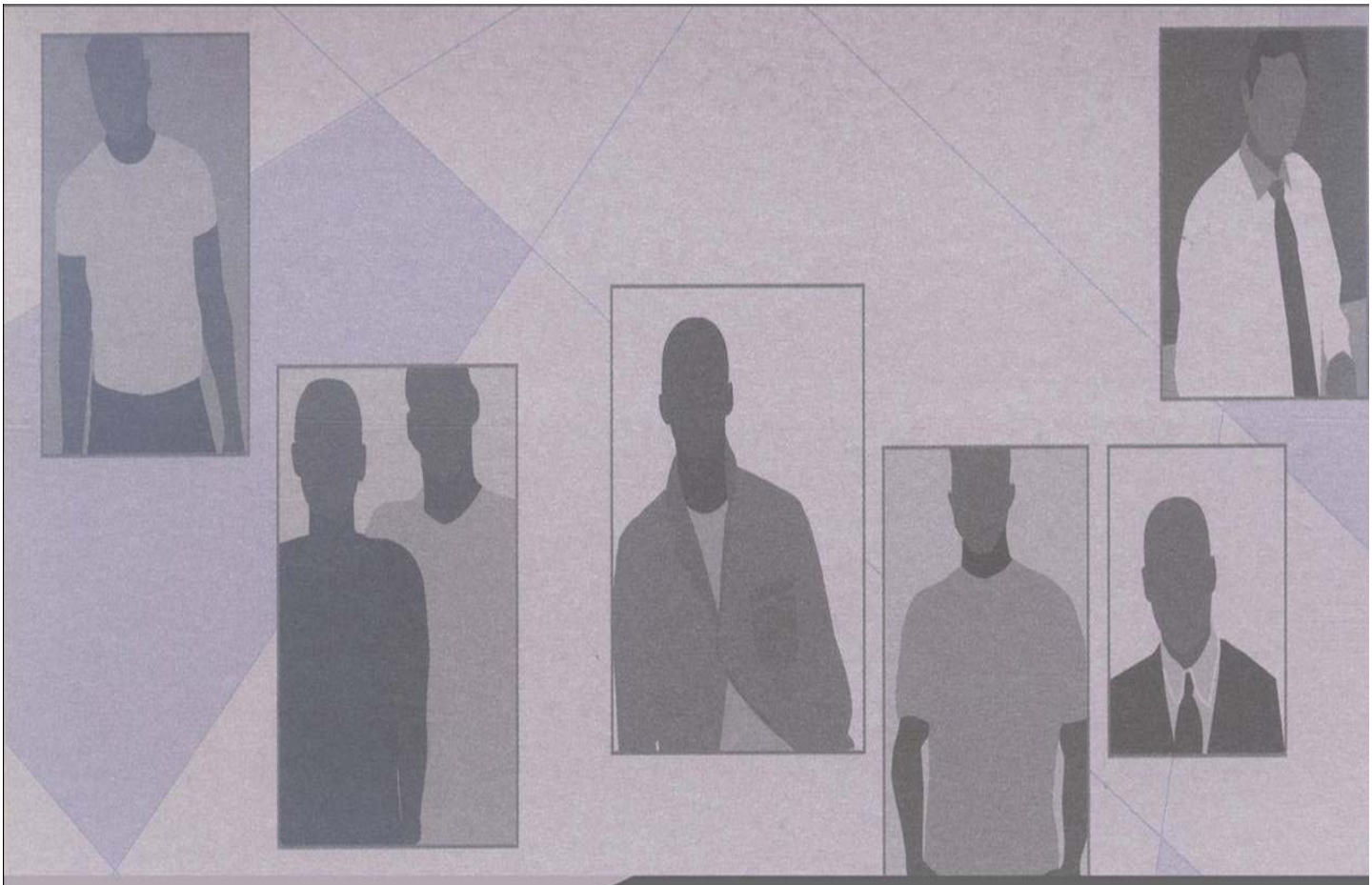

A National Black Gay Reseach Agenda

June 2007

TABLE OF CONTENTS

I. Acknowledgements

This publication has been a collaborative undertaking from the planning of the research agenda summit to the finalization of this document. Beginning with the research agenda summit, a retreat planning committee was formed (Rudy Carn, Reggie Caldwell, Michael Roberson, and Evelyn Williams) to identify and invite participants, determine the summit's structure, and oversee the summit's logistics. NAESM personnel assisted Mr. Carn with logistical arrangements.

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Heartfelt thanks to everyone for making this historically groundbreaking event come to fruition.

Evelyn Williams

BLACK GAY MEN'S RESEARCH AGENDA

Research Agenda Report

II. EXECUTIVE SUMMARY

Epidemiological data released at the 2005 National HIV Prevention Conference demonstrated the significantly disproportionate HIV incidence among Black men who have sex with men (BMSM). In a large-scale study, 1,767 MSM were tested for HIV, and 46% of those who tested positive were Black. Of the Black men who tested HIV positive, 64% had been unaware of their HIV status (CDC, 2005). This report triggered an outcry from Black gay men across the United States. A central question emerged in response to these results: Given the federal and local appropriation earmarked for HIV and AIDS research and program interventions, why were Black gay men not experiencing improved health?

Following the conference, Black gay leaders, researchers, and community advocates met repeatedly to determine how to articulate their concerns about these findings. This heightened activity served as the genesis of the National Black Gay Men's Advocacy Coalition (NBGMAC, or "the Coalition"). Incorporated in March 2006, the Coalition "is "committed to improving the health and well-being of Black gay men through advocacy that is focused on research, policy, education, and training."

One of the Coalition's primary organizational objectives is to influence national and state-level health care policy, and in 2007, an advocacy agenda was created. However, Coalition members recognized that the integration of scientific evidence and policy recommendations was missing from their conceptual process. Thus, at NBGMAC Fall meeting in 2006, Coalition members met with members of the Black Gay Research Group (BGRG) to determine how scholarly knowledge about Black gay men could frame future policy. This initial conversation prompted the California Office of AIDS to take the lead in subsidizing a meeting designed to generate a national Black gay men's research agenda.

The Black Gay Men's Research Agenda Summit was held in Charlotte, North Carolina, on January 23 and 24, 2007, preceding the 2007 National African American MSM Leadership Conference on HIV/AIDS. The two-day research summit was financially supported by the

California Office of AIDS and National AIDS Education & Services for Minorities, Inc. (NAESM), provided logistical support.

Fifteen Black gay men participated in the event, which focused on developing the following elements of a core research agenda:

- Background
- Conceptual framework
- Research themes
- Guiding principles for research
- Research methodology
- Conclusions and recommendations

Participants developed three general questions which provided the contextual framework for exploring research themes and specific research questions:

1. What factors contribute to the high prevalence of HIV/AIDS among BMSM?
2. What conceptual frameworks, research methodologies, strategies, and approaches will reduce the incidence of HIV among BMSM?
3. What factors promote and sustain the health and wellness of BMSM infected with or affected by HIV/AIDS?

Building on the aforementioned research questions, the development of research themes focused on key understudied areas that relate to HIV in the lives of BMSM. For each research theme, empirical questions were developed to stimulate research undertakings, the results of which will inform future HIV prevention interventions. The following themes frame the BMSM research agenda:

- Risk correlates of HIV infection
    - Biomedical factors
    - Sociocultural factors
- Intervention development
- Program evaluation: Assessment of current practices
- Other significant areas of inquiry, including
    - Homophobia
    - Stigma
    - Incarceration
    - Transgender identity and experience
    - Violence
    - Non-HIV sexually transmitted infections

The remaining sections of the research agenda focus on the guiding principles for research, research methodologies, and recommendations.

III. INTRODUCTION

Since the beginning of the AIDS epidemic, Black MSM have experienced disproportionate rates of HIV infection as compared to other racial/ethnic groups in the US (CDC, 2006; Fullilove, 2006; Mays, Cochran; Zamudio, 2004). Specifically, recent HIV epidemiological data demonstrated the significantly disproportionate incidence of HIV infection among Black MSM in that 46% were found to be HIV positive and 64% of these men were unaware of their HIV infection (CDC, 2005). These findings raised major concerns among Black gay men across the US. (One community-based organization in the Northeast distributed red and black buttons that read "46% IS NOT ACCEPTABLE"). A central question emerged from this report: Given the federal and local appropriations earmarked for HIV and AIDS research and program interventions since the introduction of the Ryan White CARE Act and other HIV-related legislation, why were Black gay men not experiencing improved health?"

Following the National HIV Prevention Conference, Black gay leaders, researchers, and community advocates met repeatedly to determine how to articulate their concerns about the findings presented in the report and to determine what immediate strategies needed to occur at the national and policy levels of government in order to change the disproportionately high rate of HIV infection in the BMSM community. Conceptual papers and corresponding action plans developed out of several national meetings. Foremost, a BMSM consultation meeting was held with the Centers for Disease Control and Prevention (CDC) during August 29–31, 2005. The meeting produced nine topical recommendations and numerous specific strategies for CDC, state and local health departments, and the community.

This heightened activity served as the genesis of the National Black Gay Men's Advocacy Coalition (NBGMAC, or "the Coalition"). Incorporated in March 2006, the Coalition "is committed to improving the health and well-being of Black gay men through advocacy that is focused on research, policy, education and training" (See Appendix A). The Coalition's core purpose is "fighting for the lives of Black gay men—primarily by addressing HIV/AIDS and other health disparities."

One of the Coalition's primary organizational objectives is to influence national and state-level health care policy, and an advocacy agenda was created in 2007. However, Coalition members recognized that a missing feature in their conceptual process was evidence-based policy recommendations. Thus, at NBGMAC Fall meeting in 2006, Coalition members met with members from the Black Gay Research Group (BGRG; see Appendix B) to determine how scholarly knowledge about Black gay men could frame future policy agendas. This meeting prompted the California Office of AIDS to subsidize a meeting designed to produce a national Black gay men's research agenda.

To this end, the BGRG and other Black gay researchers were invited to a two-day research summit. Provided here is a brief summary of the research summit's activities, followed by the articulation of a national Black gay research agenda and its accompanying recommendations.

IV. BLACK GAY MEN'S RESEARCH AGENDA SUMMIT

The Black Gay Men's Research Agenda Summit was held in Charlotte, North Carolina, January 23–24, 2007, preceding the 2007 National African American MSM Leadership Conference on HIV/AIDS. The event was financially supported by the California Office of AIDS, and logistical support was provided by National AIDS Education & Services for Minorities, Inc. (NAESM).

Fifteen Black gay men participated in the research summit (see Appendix C), which was structured around the following themes, questions, and action items:

- Background
    - What is happening? What is known and not known about BMSM? What are gaps in our knowledge that merit a research focus on BMSM?
- Conceptual framework
    - What should be the overarching topical headings that frame the agenda?
    - What are the major research questions that should guide this agenda?
- Research themes
    - Derive themes from literature reviews, policy paper recommendations, identify gaps in knowledge, and experience in the field
    - Determine the key themes and corresponding research questions
- Guiding principles for research
    - What is the relevance to the community or group that the research addresses?
    - What is the level of urgency for receipt of new and/or expanded knowledge?

    - What is the role of the people being studied? Who should be involved in design and implementation of the research undertaking and interpretation of the results?
    - Who should conduct this type of research?
- Research methodology
    - What disciplines should undertake research on Black gay men?
    - What types of research are needed? (e.g., cross-sectional analysis, longitudinal studies)
- Conclusions and recommendations
    - What are the next steps?
    - What are the leadership requirements for moving the agenda? Who will assist in seeing that the agenda is followed?
    - How will the agenda be linked with policy recommendations and program initiatives?
    - Who will be the target for these recommendations?

Working from the above format, participants engaged in three distinct decision-making processes.

A. Establishing a Consensual Identifier for Black Gay Men

To avoid becoming sidetracked by a challenging conceptual discussion of the best descriptor of Black gay men's identity, the group decided to use the descriptor "Black men who have sex with other men" (BMSM) for this discussion. This descriptor applies to:

- Self-identified gay or bisexual men
- Non-gay-identified men (MSM or other men who enjoy male companionship but do not identify as gay)
- Men who have sex with men only in specific situational or institutional occurrences (e.g., prison inmates)

Additionally, the term "Black" is operationalized as having African, African-American, or Caribbean-Diaspora ancestry and residing in the United States.

B. Conducting a Literature Review, Categorizing Research, and Identifying Research Issues within the BMSM Community

Within the context of HIV prevention research, participants reviewed two key literature review articles (Millett, Malebranche, and Peterson 2005; Millett, Peterson, Wolitski, and Stall 2006), abstracts on BMSM from the American Public Health Association's 2006 meeting, and a research study on Internet Chat Rooms (Fields et al., 2006). Three workgroups formed to

categorize what is currently known about BMSM, gaps in that knowledge, and pressing issues that impact BMSM. Each work group defined general research categories and relevant specific subject areas, and then identified general categories that cut across each workgroup. Table 1, below, lists these categories and potential research topics and questions.

Table 1. Proposed General Research Categories and Corresponding Topics and Questions

GENERAL CATEGORY	RESEARCH TOPICS AND QUESTIONS
Demographics	Urban vs. rural vs. suburban settings: Where do these high-risk behaviors occur? Need to redefine the "youth" cohort into smaller sub-divisions
Sociocultural factors	Conversations about sexual practices: What are the healthy conversations, and who is having them? Cultural meanings associated with condom use Family and familial issues: aspects of gay families and how one is raised missing from research undertakings Spirituality vs. religiosity, differences in faith teachings, wounded-spirit concept Social networks: Which ones are beneficial and healthy? Poverty: Where are we in understanding the relationship between poverty and HIV infection? How is intimacy perceived? Need for linked with condom use and BMSM relationships What are BMSM's cultural perspectives on power, and how do they manifest within the constructs of femme-phobia and masculinity?
Psychological factors	What role does rejection play in risk status? Denial of the extent of impact of HIV on BMSM Depression/isolation/distress
Behavioral factors	Resiliency and its relationship to staying HIV negative Childhood sexual abuse: (experience vs. abuse) Does it look different? What constitutes abuse? Emotional and physical abuse How are high-risk sexual behaviors gauged? What are the predictors of receptive and insertive sexual risk? Black gay relationships generally, and seroconcordant vs. serodisdcordant relationships specifically
Interventions	Why is technology not being used in interventions among BMSM? What barriers exist in accessing services? What prevalent theories block interventions in BMSM communities?

Health	Access to care Substance use/abuse Mental health issues, including stigma around mental illness Prostate screenings and other general health issues Health-seeking behaviors
Other	House Ball community: How do you conduct research and prevention in an area that is "invisible"? The impact of the media on the coming-out process Transgender community: gender identity, sexualities, family composition, individual/group needs

C. Establishing the Conceptual Framework

Having identified general categories and associated topics and questions, the next task was to establish the context of the research agenda. Since HIV and AIDS has had a disproportionate impact on BMSM, and addressing its issues can include a holistic examination of BMSM lives, the participants elected to have HIV and AIDS as the conceptual framework from which the primary research questions and themes would evolve. The first day of the summit concluded with the formation of three primary research questions (see Section IV, Section B).

Day two was devoted to identifying research themes and their corresponding research questions, guiding principles surrounding research undertakings, types of research methodologies to be employed, and recommendations for researchers, policymakers, and community-based organizations. The next task was to integrate and align topics and questions into a unified agenda. The following section presents the synthesis of a two-day rigorous analytical and reflective undertaking.

V. NATIONAL BLACK GAY MEN'S RESEARCH AGENDA

A. Background

As we approach the third decade of the AIDS epidemic, BMSM have experienced disproportionate rates of HIV infection (Millett, Malebranche, and Peterson 2005). In addition to the study described in the June 24, 2005, *Morbidity and Mortality Weekly Report*, several studies have shown that BMSM are disproportionately HIV positive (Millet, Malebranche, Peterson

2005). Fields and colleagues (2006) note that of the 41,312 new cases of HIV infection in 2004, Black men "had the highest case/rate at 99.4/100,000" (p. 53). The authors also refer to a 2000 CDC report, which found that 65% of people aged 13–24 who tested positive for HIV were Black (Fields et al. 2006: 54).These statistics are representative of a trend extending as far back as 1987, when a prospective study "reported higher HIV prevalence and incidence rates for Black MSM than for white MSM despite comparable reported risk behaviors" (Millet, Peterson, Wolitski, and Stall 2006: 1007). Similar findings were noted in studies reported in 1993 and 1998 (Millet, Peterson, Wolitski, and Stall 2006).

Although there is consensus on the disproportionate prevalence of HIV in BMSM, there is still no "confirmed evidence of what risk correlates can account for this disparity" (Millett, Malebranche, and Peterson 2005: 540). To obtain an overview of research related to "racial or ethnic differences in HIV prevalence or HIV risk behaviors" (p. 540), Millett, Malebranche, and Peterson (2005) undertook a review and analysis of the peer-reviewed literature to assess the research conducted to date. The authors placed the reviewed studies within three categories, as shown in Table 2.

Table 2. Categories and Topics of Research on HIV Risk and HIV Prevention for BMSM

HIV RISK FACTORS	PRIMARY HIV PREVENTION INTERVENTIONS FOR BMSM	HIV POSITIVE BMSM AND SECONDARY PREVENTION
Demographic Interpersonal behavioral Psychological Sociocultural Genetic/biological	HIV Prevention Interventions Components of effective HIV preventions/ interventions Cultural influences Prior HIV interventions research with BMSM Directions for future research interventions with BMSM	HIV Testing Practice Health care access and utilization HIV treatment access and adherence Mental health and social support Sexual risks Future directions for secondary HIV prevention for BMSM

Despite the breadth of the above research undertakings, the authors noted several shortcomings:

- Correlates of HIV status, HIV risk, and HIV protective behaviors have not been tested across studies.

- Effective interventions focusing on HIV negative BMSM are unknown and there is "no identified effective risk reduction intervention for HIV positive Black MSM."
- Most studies examining resilience correlated with HIV risk behaviors have limited their focus to demographic, behavioral, and psychological factors; future research needs to explore sociocultural and structural-level correlates of risk.
- There is silence about the impact of racial or sexual discrimination on health care utilization and the participation of BMSM in research undertakings.

Millett, Malebranche, and Peterson (2005: 558) offered three recommendations to guide future research strategies:

1. Define and explore existing correlates of HIV status, risk, and protective behaviors.
2. Develop and evaluate culturally specific interventions for both HIV negative and HIV positive BMSM.
3. Emphasize secondary prevention among HIV positive BMSM.

In a similar literature review, Millett, Peterson, Wolitski, and Stall (2006) "performed a comprehensive review of scientific literature reporting evidence for and against the possible causes of higher rates of HIV infection for Black MSM than for MSM of other races/ethnicities" (p.1007). Searching five online databases containing data from January 1974 to November 2005, and subsequently drawing from 59 articles and four conference abstracts, the authors identified 12 hypotheses, which they placed into three groups:

- Those supported by scientific evidence
- Those hypotheses not supported by scientific evidence
- Those for which they were insufficient or contrary evidence

Of the 12 hypotheses, only two provided "partial explanations for the disproportionate HIV rates for BMSM" (p. 1015). Based on their analysis of the literature review, the authors concluded that:

- Few studies have examined HIV risk exclusively among BMSM.
- Future studies should resolve the discrepancy between low self-reported sexual risk behaviors and high STI prevalence among BMSM.
- No studies have used standardized testing to examine social desirability bias among MSM.
- There is a need to examine role of sociocultural factors in the disparate rates of HIV infection among MSM.

The NASTAD issue brief, "Black MSM: Standing at the crossroad of the HIV/AIDS epidemic in the U.S.," called attention to the gaps in knowledge regarding effective prevention and care strategies for BMSM. For example:

- There is limited knowledge regarding effective intervention strategies for preventing HIV infection.
- Connection between risk and unique circumstances related to BMSM is unknown.
- Intervention strategies that are based on limited epidemiologic findings may not be optimal for BMSM.

The above narrative briefly captures the empirical exploration that helped framed discussions on what is known, what is missing, and what gaps warrant future research explorations.

B. Research Agenda: Primary Research Questions and Research Themes

1. Primary Research Questions

The participants constructed three primary research questions which provide the contextual framework for developing research themes and corresponding specific research questions.

1. What factors contribute to the high prevalence of HIV/AIDS among BMSM?
2. What conceptual frameworks, research methodologies, and strategies and approaches will reduce the incidence of HIV/AIDS among BMSM?
3. What factors promote and sustain the health and wellness of BMSM infected and affected by HIV/AIDS?

2. Research Themes and Specific Research Questions

The development of research themes focused on key areas that relate to HIV in the lives of BMSM. Our goal in creating research questions was to stimulate scholarly undertakings that will develop knowledge to inform future interventions. In exploring themes, it is essential to recognize that there may be other theories, as yet unrecognized, that may be more culturally appropriate and applicable to this population.

a. Risk correlates

Risk correlates refer to a multitude of factors that contribute to the high prevalence of HIV and AIDS in BMSM. These factors have a major impact on BMSM and have been indicative of understudied areas in this group and require substantial scholarly inquiry.

- What is the relationship between intimacy-seeking and HIV risk-taking?
- How does family of origin or family of choice serve as a predictor of sexual risk?
- What are the demographics and sexual characteristics of both the social networks and sexual networks of BMSM?
- How do the characteristics of social and sexual environments frequented by BMSM influence HIV risks?
- What is the impact of psychological correlates on HIV risk?
- What are socio-geographical factors that impact the perception of risks and prevalence for HIV/AIDS among BMSM?
- How do racial/cultural norms impact perceptions and expressions of gender? How do perceptions and experiences of gender relate to sexual behaviors of BMSM?
- How do peer norms affect HIV/STD risk decision-making among BMSM?
- How does perception of stigma affect decisions to accurately disclose HIV status among BMSM?
- How does child sexual abuse influence sexual health and HIV sexual risk behavior among BMSM?
- How does the self-concept of BMSM influence their HIV risk?
- What are the barriers to health care for BMSM that include but are not limited to HIV/AIDS?
- What is the relationship between substance use/abuse of BMSM and their HIV risk?

b. Biomedical factors

Biomedical research issues refer to a host of biochemical and physiological factors that contribute to how HIV is transmitted, establishes infection, reproduces, and mutates, and how HIV disease progressed to AIDS. It also includes research on biochemical and physiological protective factors against HIV. The current biomedical literature has a paucity of this type of research specifically on and with BMSM.

- How do we encourage the enrollment of BMSM in HIV vaccine trials?
- What is the efficacy of male circumcision on the spread of HIV among BMSM?
- What is the feasibility of male circumcision as a check to the spread of HIV among BMSM?
- What biochemical features allow for the efficient spread of HIV among BMSM?

- What are the biological protective factors of HIV positive BMSM who are long-term non-progressors?
- What are the biological factors that determine the efficacy or failure of antiretroviral medications in BMSM?

c. Sociocultural factors

"Sociocultural" refers to the convergent contextual factors that have an impact on and shape experience, as well as HIV protective and risk behaviors, among BMSM. These factors include but are not limited to racial, cultural, class-, gender-, and sexuality-based norms in BMSM communities.

- How do negative perceptions of same-sex behavior impact BMSM's ability to discuss sexuality and sexual behavior?
- Where do BMSM seek social support regarding sexuality and sexual behavior?
- What is the influence of racial, gender, and sexual identities on the self-concept of BMSM?
- What is the relationship between family of choice and sexual networks?
- How is youth conceptualized among young BMSM?
- How do we redefine the conceptualization of youth among HIV/AIDS researchers?
- What are the components of self-concept for HIV positive/HIV negative BMSM?
- What are the existing safe spaces for BMSM?
- Where are BMSM using substances?

d. Intervention development

In the consultation report generated during the meeting with the CDC, several recommendations were directed at community-based interventions. The first of these recommendations was to clearly define intervention models and determine through scientific methods their relevance to BMSM. There was also a call for the CDC to establish "structural interventions to develop or change social norms to enhance wellness/health and reduce stigma" (p. 24). The participants also emphasized the need for culturally specific intervention for BMSM.

- What culturally relevant theories that can be integrated into existing interventions?
- What culturally relevant practices that can be integrated into existing interventions?
- What culturally relevant theories that can be used to create new interventions for BMSM?
- How do we develop HIV/AIDS prevention interventions for the range of young BMSM?
- What resilience factors for HIV/AIDS prevention exist in virtual networks for BMSM?

- What roles do race, gender, and sexuality play in existing interventions?
- What factors are important for successful interventions for BMSM?

e. Program evaluation: Assessment of current practices

To date, there is minimal information on effective interventions for BMSM. Foremost is the need to understand what is working and how best it can be replicated. Attention also needs to be directed towards the expansion of infrastructure, identification of current gaps, and development of the systems needed to support effective intervention strategies.

- How can existing sources of data be used to improve the provision of services to BMSM?
- What is the existing infrastructure/system for dissemination/implementation of HIV interventions, and how effective is it?
- What is needed to promote and replicate effective practices in BMSM organizations?
- How do we create places for BMSM to congregate that are protective against HIV risk?
- How can we effectively utilize group, individual, community, and structural interventions to improve the health of BMSM?
- How do we identify and assess best practices for BMSM HIV intervention programs?

f. Other significant areas of inquiry

1. Homophobia

Little is known about the impact of systemic forms of homophobia on the experiences of BMSM and how these factors have an impact on social and sexual behavior. Homophobia includes BMSM's experiences with violence and disparaging treatment within familial, religious, and communal institutions. It also relates to the larger structural forms of homophobia at political, legal, and governmental levels.

- What are the societal, communal, and cultural dimensions of homophobia for BMSM?
- What is the relationship between homophobia, the social isolation that many BMSM experience, and HIV/AIDS status and disclosure?
- How does the intersection of racism, heteropatriarchy (sexism), and homophobia impact the experiences of BMSM and their sexual behaviors?
- What are the similarities and differences between homophobia and heteronormativity?
- How do these factors impact research and policy on HIV/AIDS among BMSM?

2. Stigma

Addressing stigma is pivotal to changing the HIV epidemic among BMSM in several ways. First, reducing stigma encourages individuals to test for HIV. Second, reducing stigma encourages HIV positive individuals to maintain care, negotiate safer sex practices, and disclose their status if they choose to. The examination of stigma as a research theme focuses on several major categories: (1) stigma that BMSM experience due to their sexual identity, (2) stigma surrounding HIV testing, (3) stigma associated with race and ethnicity, (4) internalized stigma, (5) illness-related stigma, and (6) stigma surrounding actual HIV status *and* the perception of HIV status.

- What are the barriers that influence BMSM's decision to get tested for HIV?
- How does stigma influence HIV positive BMSM's adherence to antiretroviral therapy?
- What factors influence BMSM's decision to disclose/not disclose their HIV status in intimate relationships (family, romantic relationships)?
- What are the differences in the stigma faced by BMSM compared with other racial groups?
- What factors mitigate the stigma that HIV positive BMSM face?
- How do we measure internalized stigma among BMSM? HIV positive BMSM?
- How does stigma from femme identification influence one's sexual risk-taking behavior?
- How does stigma surrounding body image influence risk-taking behavior?
- What is the effect of the media on self-esteem among BMSM?
- How does HIV stigma influence HIV positive BMSM's ability to seek intimate relationships?
- Does stigma act as a barrier to revealing unsafe sexual behaviors/acts and hinder opportunities for prevention messages?
- How do changes in the body as the result of antiretroviral therapy influence the self-esteem of HIV positive BMSM?
- How does stigma associated with HIV status influence decisions to use condoms with non-disclosing partners among BMSM?
- What role does parenting play in reducing the stigma associated with homosexuality, and can it help protect youth from HIV?

3. Incarceration

Black men have experienced a disproportionate rate of incarceration in the U.S. There has been a significant void in research on the impact of incarceration on HIV risk behavior and HIV infection rates in BMSM, particularly within the context of primary and secondary HIV prevention in correctional facilities.

- What is the impact of the increasingly significant rate of incarceration on HIV risk behavior and HIV infection rates in the Black community?

- What is the impact of the prohibition of prophylactic and educational prevention in correctional settings on HIV risk and HIV infection rates?
- What is the estimated rate of consensual/coercive sexual relations between Black men in shorter- and medium-term correctional facilities?
- Are there differential rates of HIV infections among Black men between correctional facilities which require HIV testing and offer treatment/counseling upon entry and those that do not?

4. Transgender identity and experience

Black transgender people have experienced a significant disproportionate impact of HIV and AIDS in transgender communities. In some cases, Male-to-Female (MTF) transgender people are categorized statistically as BMSM, despite the fact that they identify as transgender or live their lives as women. The complex relationship between Black transgender people, the conditions in which they live, and HIV/AIDS is woefully understudied.

- What are the various gender and sexual identities of transgender BMSM (MTF in particular)?
- How does the interplay between gender and sexual identities and expressions impact the transmission of HIV and STIs?
- How do transphobia and femme-phobia impact MTF Black transgender people's social and sexual behavior?
- What are some of the health risks associated with gender transition that are not engaged with established health care?
- What barriers that inhibit MTF Black transgender people's access to resources for HIV/AIDS prevention and treatment?
- How can we understand and take into account the various genders and sexual identities and practices in programs for HIV/AIDS prevention and treatment?
- How does the intersection of race, class, gender, and sexuality impact transgender people's risk factors for HIV and progression to AIDS?

5. Violence

Intimate partner violence (IPV) in same-gender primary partner relationships and anti-gay violence among BMSM are two significant understudied areas of inquiry. Research needs to be developed that examines the impact of these forms of violence on the mental health and HIV risk behavior of BMSM. Connected to these areas, individual and institutional levels of violence based on the racial, gender, and sexual identities of BMSM need to be explored.

- Intimate partner violence in same-gender primary partner relationships
    - What is the prevalence of IPV in same-gender primary partner relationships among BMSM?
    - What are the characteristics of IPV (emotional, physical, sexual) in same-gender primary partner relationships among BMSM
    - How does IPV in same-gender primary partner relationships relate to risk factors associated with the mental health of BMSM?
    - How does IPV in same-gender primary partner relationships relate to HIV sexual risk behavior of BMSM?

- Anti-gay violence
    - What is the prevalence of anti-gay violence, victimization, and discrimination against BMSM?
    - How does gender non-conformity relate to anti-gay violence against BMSM?
    - What protective and risk factors are associated with anti-gay violence against BMSM?
    - What are the synergistic inter-relationships between anti-gay violence and other forms of victimization (e.g., racism-related stress) that BMSM experience based on their racial, gender, and sexual identities?

6. Sexually transmitted infections

While campaigns have been developed to target BMSM for HIV testing, there has not been equivalent emphasis on STIs other than HIV. Studies suggest that infection with an STI may increase the likelihood of acquiring HIV nearly ten-fold. Any broad approach to reducing HIV incidence must also include strategies to reduce non-HIV STIs through prevention and treatment.

- What is the prevalence of non-HIV STIs in the social networks of BMSM?
- What is the prevalence of non-HIV STIs in the sexual networks of BMSM?
- Do BMSM's perceived severity and perceived risk for HIV differ from their perceived severity and perceived risk for non-HIV STIs?
- Is there a difference in BMSM's testing rates for HIV and non-HIV STIs?
- Does STI history predict current condom use among BMSM?
- What is the prevalence of non-STIs among BMSM attending Black Gay Pride events?
- What is the prevalence of non-HIV STIs among BMSM who volunteer for HIV testing?

C. Guiding principles for research

The guiding principles of this research agenda were developed to reflect the research that needs to be conducted, the specific target population of that research, the urgency of the research, and the need to have it adequately funded. They were also formulated to acknowledge our desire that

the research include BMSM researchers at all levels. The Black Gay Men's Research Group strongly affirms that adhering to these principles will allow for a meaningful impact on the HIV/AIDS epidemic among BMSM:

- Research on BMSM at risk for HIV/AIDS should be timely.
- Research on BMSM at risk for HIV/AIDS should be primarily designed, implemented, and interpreted by BMSM researchers.
- Research on BMSM at risk for HIV/AIDS must be conducted across the diverse sociodemographic of BMSM.
- Research on BMSM at risk for HIV/AIDS must be funded from multiple sources at levels sufficient to develop and sustain research efforts with genuine potential to impact the epidemic.
- Research on BMSM at risk for HIV/AIDS should be conducted in partnership with BMSM organizations and individuals.

D. Research Methodologies

How can data collected *on* BMSM be used to *benefit* BMSM? It is imperative that future research undertakings be relevant to both policy and interventions. There is also a need to examine varied BMSM data resources, such as community-based data collected by community based organizations and local health departments. These data collection sites may be able to supplement and/or provide a baseline for future research undertakings.

- Research methodology for/on BMSM at risk for HIV/AIDS should employ a host of innovative and interdisciplinary qualitative and quantitative methodologies, such as participative research.
- Research methodology for/on BMSM at risk for HIV/AIDS should be structured around culturally appropriate and culturally relevant theoretical frameworks.
- Epidemiological methods need to be developed and/or expanded to accurately assess and monitor BMSM.
- Further examination of sampling methodologies used to generate research samples of BMSM is warranted.

E. Recommendations

Expediting and expanding research activities on BMSM requires creative research strategies, such as developing joint academic and community-based research projects. BMSM should be active partners in the design, implementation, and evaluation of research studies. Research efforts should be designed to:

- Increase the capacity of academic and non-academic BMSM to conduct research
- Encourage research partnerships between academia and community-based organizations
- Evaluate pre-existing strategies and replicate effective programs

Regarding interventions, research programs should:

- Aim to increase the number of effective interventions
- Address and promote healthy norms for responding to racism and homophobia
- Strengthen peer norms for condom use
- Acknowledge other gender- and sexuality-minority communities that are "behind us" that deserve the same kind of emphasis

VI. CONCLUSION

The BMSM research agenda establishes the groundwork for the development and implementation of future policy and intervention approaches that can significantly reduce the prevalence and incidence of HIV in BMSM communities. This document serves as a catalyst to encourage and direct future research, policy, and program undertakings. However, to move this agenda forward, innovative funding strategies are warranted from the federal, state, and local sectors. For example:

- The federal administration can prioritize the proposed research themes in upcoming special program initiatives and Requests for Proposals directed at HIV and AIDS interventions.
- Federal agencies that sponsor research programs, such as CDC and the National Institutes of Health, can work with national and regional planning groups to devise action plans that address proposed research strategies and recommendations.
- New funding initiatives can be developed at the federal level for research partnerships between academic and community-based institutions designed to develop new knowledge about BMSM.
- Federal and state funding can be targeted to develop demonstration programs that develop or expand knowledge about implementation of successful HIV risk-reduction and prevention interventions.

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APPENDIX A

National Black Gay Men's Advocacy Coalition

The National Black Gay Men's Advocacy Coalition (NBGMAC, or "the Coalition") is committed to improving the health and well-being of Black gay men through advocacy that is focused on research, policy, education and training. NBGMAC is the nation's first health policy coalition to address the rising HIV incidence among Black gay men. The catalyst for the formation of the Coalition was a June 2005 CDC report stating that, in a large study conducted in five U.S. cities, 46% of MSM found to be HIV positive were Black.

The Coalition's core purpose is fighting for the lives of Black gay men—primarily by addressing HIV/AIDS and other health disparities. Principal among the NBGMAC concerns is health policy, and advocacy efforts are directed towards federal and state policymakers, public health officials, and community leaders. Through education and advocacy, the Coalition aims to shift attention and resources to the long- neglected health needs of Black gay men.

NBGMAC believes that if the United States is to achieve an elimination of HIV infections as a national goal to end the HIV epidemic the following principles must be followed:

- The lives of Black gay men must be valued and respected.
- Our nation must establish and adhere to a national plan to combat the HIV epidemic.
- The leadership of Black gay men and their organizations must be supported and promoted.
- Black gay men must be involved in all consultation, program planning and research to develop effective services to address HIV in our population
- Federal and State governments must commit to partnership with Black gay men and must be held accountable for the allocation of resources that will enable a sustainable response.

In order to adhere to these principles and achieve a broad national policy and programmatic framework for addressing the HIV epidemic, it is imperative that our nation

eliminate the marginalization of and stigmatization and discrimination against Black gay men and other men who have sex with men (gay/MSM). African-American and other Black gays and MSM, including Caribbean-, European-, and African-born individuals, make up the population hardest hit by HIV, with diagnosis rates twice those seen among white gays/MSM. Yet currently there is only one HIV prevention program that has been specifically designed for Black gays/MSM. Investing in research to implement interventions for Black gays/MSM is essential to reversing the epidemic in our communities. Promoting leadership among Black gay/MSM and sustained capacity-building investments in the organizations that serve them is critical. NBGMAC is committed to an advocacy agenda that address these key principles and factors necessary to responding effectively to the epidemic.

For more information, contact the Coalition at:

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APPENDIX B

THE BLACK GAY RESEARCH GROUP

In the spring of 2001, a group of Black gay men of diverse professional and educational backgrounds met in the apartment of Brooklyn activist Gary English, where they engaged in the first of many informal discussions about the current state of research and scholarly work being produced by and about BMSM. The first formal planning meeting was held on September 22, 2001. The discussion centered on what research is and why there is a need for a Black gay research body. The members unanimously agreed that a research group should be formed and identified four intentions that would serve as the framework for the research group's *raison d'etre:*

- To sponsor a research summit focusing on Black gay men;
- To establish a research agenda, which would evolve from the summit, to examine the life stages of Black gay men socially, spiritually, economically, and psychologically;
- To publish a compendium of research papers drawn from summit presentations that would reflect current directions in research on Black gay life; and
- To create sustainable research activity that continuously identifies, explores, and promotes innovative program interventions within the Black gay community.

The research summit served as the focal point for the formation of the Black Gay Research Group (BGRG). Members saw the summit as the launching point for subsequent roundtable discussions, academia/community research collaborations, and potentially as a data source for federal and state policy development and analysis.

Following the initial planning meeting in September, researchers, educators, and representatives from Black gay agencies and programs geared toward Black gay men/MSM from New York City met regularly for the next two and a half years to plan the first summit. This sustained commitment resulted in the first Black Gay Research Summit, held July 31–August 2, 2003.

After the event, BGRG assessed the outcomes of the research summit and reaffirmed its commitment to supporting the development of a research agenda for Black gay men. During this planning phase, the group also committed to sponsoring a second research summit in 2005. Thus, the second Black Gay Research Summit was held August 3–5, 2005.

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APPENDIX C

BLACK GAY MEN'S RESEARCH AGENDA SUMMIT

January 23–24, 2007, Charlotte, North Carolina

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