



# Project Healthy Living:

## Moving the Health of Black Gay Men Forward

### Background

For decades, HIV has had a devastating impact on black gay and bisexual men. In the United States, gay, bisexual, and other men who have sex with men (MSM) are disproportionately affected by HIV. MSM represent approximately 2% of the US population, but accounted for more than half of all estimated new HIV infections annually from 2008 to 2010. Among gay/bisexual men, black men, especially young black men are at highest risk of contracting HIV. According to the Centers for Disease Control and Prevention (CDC), young black gay/bisexual men saw a 48% increase in new HIV infections between 2006 and 2009. For many of them, HIV is but one of a plethora of challenges that impact their life on a day to day basis. Substance abuse, depression, stigma, pervasive anti-gay rhetoric from faith leaders, family and community rejection, and discrimination also disproportionately impact this population as well. In addition to the above psychosocial challenges, access to preventative/routine health care and treatment, incarceration, racism, and moderate to low income are just a few of the social determinants that black gay men are forced to deal with as they navigate through life. All of the aforementioned challenges have a direct impact on the decision making, sexual and general health outcomes, and quality of life of black gay men.



### Who we are

Project Healthy Living (PHL) is a working group of black gay/bisexual/SGL men with very close ties to and direction from the DC Department of Health (DOH) HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA). The National Alliance of State and Territorial AIDS Directors (NASTAD) provided initial funding for the formation of the group. Working group members are representatives of the community we serve and possess an array of professional and educational backgrounds. Our mission is to improve sexual health outcomes and influence healthy life choices for black gay/bisexual/SGL men and their social and sexual networks through a series of interventions that aim for risk reduction.

### What we do

In an effort to address and combat some of the psychosocial and environmental challenges that black gay/bisexual men face, Project Healthy Living has adopted a holistic approach through the creation of the "ManDate" initiative that aims to look at all aspects of black gay men. Project Healthy Living's focal activities are our monthly ManDate sessions and our annual Health & Wellness conference. The monthly sessions are social networking and group discussion events held in a private home to ensure a safe space where participants can openly dialogue about the issues that affect black gay men and impact our overall health and well-being (physical, mental, spiritual, financial, etc.). The annual Health & Wellness conference is a three-day, weekend long event that allows us to explore the issues that arise in our monthly sessions in greater depth for a larger audience with assistance and guidance from noted experts who host a number of

workshops, panels, and plenaries. Our inaugural conference in 2012 offered workshops on general health, mental health, physical fitness, nutrition, HIV, PrEP and PEP, adoption, credit and financial management, home ownership, relationships and dating, and religion and faith. At every session, we disseminate surveys to gather data from our participants on risk behaviors, HIV prevalence and treatment rates, and satisfaction with the event. We then analyze this data in order to measure the level of impact of our intervention and satisfaction with our programming. This informs any adjustments that need to be made to increase our effectiveness.

Critically, in all of these activities a conscious effort is made not to problematize black gay men by having a singular focus on disease. Rather, we address black gay men holistically with a solution-oriented focus that raises awareness of the myriad health issues impacting our community and offers participants the opportunity to begin developing realistic strategies to combat these issues effectively.

## What we've done

1. **Health departments have had difficulty reaching black gay men. PHL is reaching this population.** After little over a year in operation, turnout at our monthly sessions already averages 50-60 black gay/bisexual men. To date we have over 300 non-duplicated black gay/bisexual men that have attended at least one session. Our first Health & Wellness conference in November of 2012 drew over 180 black gay/bisexual men. Reviews from conference surveys were overwhelmingly positive and sparked a near doubling in attendance at the monthly meetings.
2. **PHL has impact data that shows shifts in attitude and positive behavior change as a result of participating in**

**ManDate activities.** PHL administered its first impact evaluation in March of 2013. Findings from the impact evaluation data strongly suggest that ManDate activities are having a positive impact on attendees' self-acceptance and self-esteem and their sense of community. In addition, of those surveyed, a significant proportion reported an increase in condom usage and improvement in their ability to communicate with their social and sexual networks about sexual health. Lastly, a majority of respondents attributed their paying more attention to their overall health and wellbeing, and thinking more carefully about their sexual choices, to their attendance at ManDate sessions.

3. **Health departments have had difficulty getting data from black gay men. PHL is getting data consistently from this population.** First time attendees are required to complete a behavioral survey that captures demographic, sexual behavior, and sexual health data. This data is giving us a wealth of information to use to formulate appropriate and effective topic driven discussions and activities. In addition, we analyze the data on a semi-annual basis, which gives us the opportunity to compare and contrast behavioral data between program cohorts.

## Scalability

The success of the ManDate in the District of Columbia is evident from the direct feedback and qualitative data we've collected from participants that have attended our monthly sessions and special events. Participants have consistently expressed appreciation for



the intimate setting of the sessions and the sense of community that emerges from the open dialogue that is facilitated in this safe space.

Traditionally, successful interventions seek to “scale up” and reach a larger population to have a higher impact. Scaling up the ManDate program locally in the traditional sense would involve having a higher number of black gay men gathering in a larger, less intimate venue; we believe that this would take away from the aspects of the program that participants have appreciated most. A more appropriate strategy for the ManDate is to “scale up” by “scaling out”. That is, we feel that this program can be successfully replicated in other jurisdictions by having similar small to medium-sized groups of black gay men gathering in safe spaces. Additionally, we hope to scale out to other populations at high risk for HIV, Hepatitis B/C, and STDs who might benefit from this holistic intervention.

PHL is currently developing a toolkit and curriculum to assist groups in other jurisdictions with starting and sustaining their own ManDate program. The toolkit draws upon the successes and missteps of the process undertaken in DC to provide best practices for identifying target populations and participant recruitment strategies via formative research, developing data collection tools, effective planning and implementing monthly sessions, and data analysis/dissemination strategies.

The benefit of adopting a standard curriculum with options for tailoring to targeted populations would allow for

aggregation of data across all jurisdictions.

## **Innovative Data Use Strategies**

Going beyond bar charts, ManDate seeks alternative

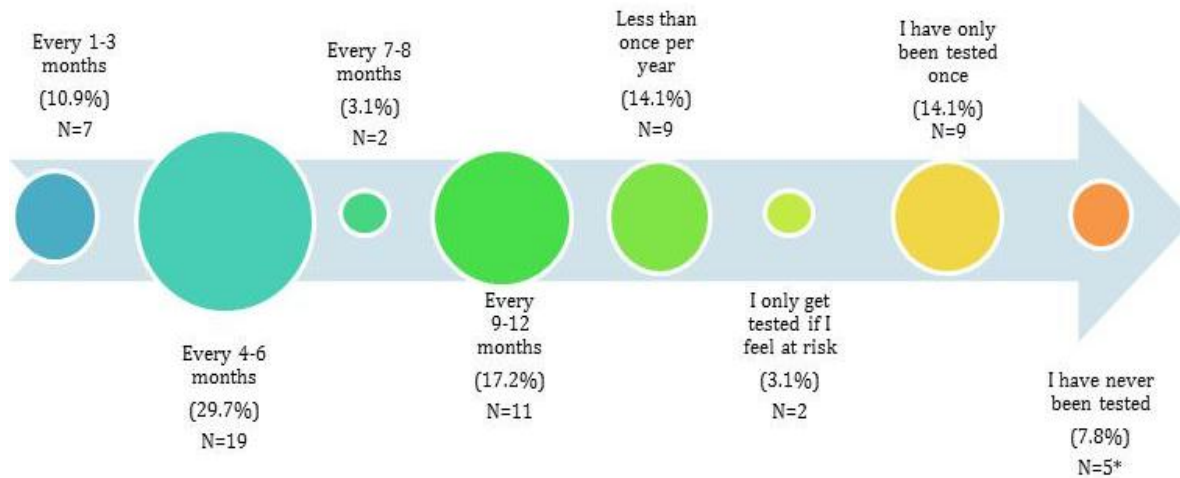


ways to deliver data and information relevant to its audience. In the District of Columbia, ManDate has leveraged a multidisciplinary approach to data collection, analysis, and dissemination by involving health department epidemiologists with backgrounds in statistics, survey design, sociology, and health behavior in the planning process.

PHL also uses data gathered from monthly attendees to identify gaps and disparities, which assists the Program Subcommittee in designing topic specific sessions that address specific issues more in depth.

Finally, we have embraced the use of technology to both gather and disseminate information among ManDate participants and their social and sexual networks. Some monthly sessions have incorporated the use of audience response technology to collect responses to surveys in real time via text messaging. Additionally, we have devoted increasing efforts toward making the ManDate website a source of relevant information related to sexual health and overall well-being for black gay men. As the program grows and scales out to other jurisdictions, the website will be a useful portal for communication among program staff and participants.

## Question: How often did you get tested BEFORE attending the ManDate Session(s)?



The graphic above shows HIV testing patterns among 64 ManDate participants who completed an evaluation of the impact of the program during the year 2012. The figure indicates that, before attending their first ManDate session, more than half of the respondents had received at least one HIV test per year.

## Vaccination Component

Gay and bisexual men are at increased risk for certain sexually transmitted diseases, including but not limited to Hepatitis A, B and C, which are contagious liver diseases. The Centers for Disease Control and Prevention estimates that 10% of new Hepatitis A and 20% of new Hepatitis B infections in the United States are among gay/bisexual men. Health officials recommend that all gay and bisexual men be vaccinated for Hepatitis A and B. The Hepatitis A and B vaccines can be administered as a combination vaccine and require 3 shots spread over a six month period. Barriers faced by those needing vaccines fall into 4 categories: lack of knowledge surrounding vaccinations, cost, lack of access, and logistics. In an effort to overcome the aforementioned barriers, PHL added a vaccination component to the program. PHL offers Hepatitis A & B vaccinations (there is no vaccine for Hepatitis C) during the monthly ManDate sessions at no cost to ManDate attendees. PHL follows up with attendees that have been vaccinated via email, text messaging, and phone calls to remind, confirm, and schedule future shots until the full series is complete.

## Partnerships

Partnerships are a critical component of PHL. PHL has a strong partnership with the DC DOH HAHSTA. Through this strategic partnership, PHL has access to a team of epidemiologists that monitors, evaluates, and analyzes data from the program. In addition, buy-in and trust from the community that is being targeted is fundamental. It is important that community members participate in the planning, coordination, and implementation of the ManDate program due to the fact that they are part of the community being served. Lastly, PHL has relationships with several clinics and HIV/AIDS service providers based in the District that target black gay/bisexual men as a way to link ManDate participants to mental health counseling and treatment, STD/STI testing and treatment, and HIV testing and treatment when necessary.