



TO: Robert W. Healy, City Manager
FROM: Claude-Alix Jacob, Chief Public Health Officer
DATE: November 6, 2009
SUBJECT: Response to Policy Order #12, dated 5/18/09

Text of Order: That the City Manager confer with the Chief Public Health Officer for a review of this issue [high and increasing rates of HIV infection among black MSM] as it applies to black MSM in Cambridge and report back to the City Council on this matter.

For full text of Council order, go to:

www.cambridgema.gov/cityClerk/PolicyOrder.cfm?action=search&item_id=25438

While HIV/AIDS is no longer a leading cause of death in the United States, it remains a devastating infectious disease for which there is no vaccine or cure. While new medicines have prolonged the lives of infected individuals, they are expensive and can have serious side effects.

The vast majority of individuals infected with HIV/AIDS in the United States are male.¹ In 2006, men and adolescent boys represented 73% of all Americans living with HIV/AIDS, as well as 73% of new cases diagnosed that year.² In Massachusetts, men accounted for 70% of HIV/AIDS cases diagnosed between 2000 and 2006; in Cambridge, they accounted for 72% of cases diagnosed during this period.³

HIV/AIDS disproportionately affects men of color in the United States. The Centers for Disease Control and Prevention estimates that among U.S. males diagnosed with HIV/AIDS, about 49% are black and 18% are Hispanic.⁴ In addition to experiencing higher infection rates than their white peers, black and Hispanic males also have a higher rate of death from the disease.⁵

Impact of HIV/AIDS on Massachusetts Communities of Color

The HIV/AIDS crisis within the Commonwealth's black and Hispanic communities has been well documented by the Massachusetts Department of Public Health (DPH). In 2007, DPH released a report, *An Added Burden: The Impact of the HIV/AIDS Epidemic on Communities of Color in Massachusetts*, which presented comprehensive epidemiologic data and explored possible reasons behind the disproportionately high rates of HIV/AIDS infections and deaths within black and Hispanic communities of color.

¹ "HIV/AIDS: Basic Statistics," Centers for Disease Control and Prevention, Available at: www.cdc.gov/hiv/topics/surveillance/basic.htm.

² *HIV/AIDS Surveillance Report, 2006*, Centers for Disease Control and Prevention, 2008, pp. 15, 20. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports.

³ Massachusetts Department of Public Health, HIV/AIDS Surveillance Program, data as of 12/1/07.

⁴ "HIV/AIDS and African Americans," Centers for Disease Control and Prevention. Available at: www.cdc.gov/hiv/topics/aa/index.htm.

⁵ *Health, United States, 2007*, Table 42, p. 219.



According to the report, African-American and other black residents – especially new immigrants and refugees – appear to experience greater barriers to prevention education and HIV counseling and testing services than their white, Hispanic, and Asian counterparts.

The authors write:

The very attitudes in some communities about HIV/AIDS and about the populations at risk for HIV infection may be a barrier to accessing services. Attitudes about gay and bisexual individuals, injection drug use, and specific sexual behaviors may prove a challenge to participating in preventive services, just as denial of the very prevalence of HIV in one's home community may enable avoidance of testing services.

The history of unethical and invasive medical and public health practices in the past appears to be a major factor in the lower than expected utilization of HIV/AIDS services. Beliefs about the public health system, particularly in the African American community, are rooted in the history of research studies (such as the Tuskegee syphilis study), the eugenics movement, and long-standing patterns of unequal treatment in medical care are reinforced both by word-of-mouth and ongoing experience. Despite the location of HIV/AIDS services in communities of color statewide (and great effort to staff these programs with members of their priority populations) these services continue to be delivered largely by white individuals located in large institutions that may be intimidating to certain members of these communities.

Larger societal factors may also contribute to these patterns of underutilization. In communities with higher levels of poverty and unemployment, lower educational opportunity, limited child care options, a range of non-HIV health issues (including cardiovascular disease, asthma, obesity, and violence), and the continual experience of racism and discrimination, the seeking of HIV prevention and testing services may be seen as a relatively low priority.⁶

Cambridge and Massachusetts HIV/AIDS Data on Men of Color

In Cambridge – like elsewhere in the state and nation – the male populations most profoundly affected by HIV/AIDS are African-American and other black men, men of Hispanic heritage, and gay white men. Asian men and heterosexual white men (with no history of injection drug use) have very low infection rates.^{7,8}

Among the city's men of color, new HIV infections are concentrated in immigrant communities. In Cambridge, 60% of black men and 41% of Hispanic men diagnosed with HIV/AIDS between 2000 and 2006 were first-generation immigrants,⁹ the majority of whom were born in the

⁶ *An Added Burden: The Impact of the HIV/AIDS Epidemic on Communities of Color in Massachusetts*, Massachusetts Department of Public Health, 2007, pp. 9-10. Available at: www.mass.gov/Eeohhs2/docs/dph/aids/aids_report07.pdf

⁷ *An Added Burden: The Impact of the HIV/AIDS Epidemic on Communities of Color in Massachusetts*, Massachusetts Department of Public Health, 2007, pp. 5, 7.

⁸ Data provided to the Cambridge Public Health Department by the Massachusetts Department of Public Health HIV/AIDS Surveillance Program, data as of December 1, 2007.

⁹ *Ibid.*



Caribbean or Africa.¹⁰ Among white male residents diagnosed with HIV/AIDS during this period, only 5% were born in a foreign country.

As of 2008, there were 94 black males in Cambridge living with HIV/AIDS, representing 32% of the total Cambridge male population infected with the virus.¹¹ While the Cambridge Public Health Department does not have data on how these men acquired HIV, it is possible to infer “mode of exposure” by examining state data. Among the 2,748 black males in Massachusetts living with HIV/AIDS in 2007, 25% believed they acquired the virus through having sex with men, 4% through either injection drug use or having sex with men, 25% through injection drug use, 10% through heterosexual sex, and 3% through other risk factors. In addition, another 23% of cases were classified as “presumed heterosexual sex” by the Massachusetts Department of Public Health because these individuals did not report a history of having sex with other men or injection drug use, and believed they were exposed to the virus through heterosexual contact but were unable to indicate the known risk or HIV-positive status of their heterosexual partners. Finally, 10% of cases were classified as “undetermined” by the state because these individuals reported no identified risk factors for HIV.¹²

As alluded to in the *Added Burden* report, black men who are gay or bisexual may experience a double stigma in the community: First, for their skin color and second, for having sex with other men.¹³ This may lead some black MSM (men who have sex with men) to forgo HIV testing and for those who do get tested and are positive, to report inaccurately how they acquired the virus. Thus, the population of black men in Cambridge and Massachusetts who are HIV-positive and who acquired the disease through sex with other men is likely greater than the current data would indicate.

Black Men in Greater Boston Who Have Sex with Men: The Story Behind the Numbers

Cambridge Cares About AIDS and partners* received a three-year grant from the Blue Cross Blue Shield of Massachusetts Foundation in December 2008 to study and address HIV-related disparities among black MSM in the Greater Boston area. By engaging the social networks of black MSM, Cambridge Cares is seeking to understand the factors that deter some black MSM who are HIV-positive from engaging in behaviors that could reduce their risk of infecting their partners and from delaying seeking treatment until the late stage of the disease when their immune systems are already severely compromised.

¹⁰ Data provided to the Cambridge Public Health Department by the Massachusetts Department of Public Health HIV/AIDS Surveillance Program, data as of October 1, 2004. Note: A total of 294 Cambridge males were living with HIV/AIDS in 2008.

¹¹ “People living with HIV/AIDS on December 31, 2008 by gender and race/ethnicity: Cambridge, Massachusetts, Table 5,” Massachusetts Department of Public Health, HIV/AIDS Surveillance Program, data as of 1/1/09. Available at www.mass.gov/Eeohhs2/docs/dph/aids/2008_profiles/city/cambridge.pdf.

¹² *Inequitable Impact: The HIV/AIDS Epidemic Among Gay and Bisexual Men and Other Men Who Have Sex with Men in Massachusetts*, Massachusetts Department of Public Health, 2008, p. 14 (Word version). Available at: www.mass.gov/Eeohhs2/docs/dph/aids/inequitable_impact.doc.

¹³ Cambridge Cares About AIDS, personal communication, October 29, 2009.

* Note: The Blue Cross Blue Shield grant is a collaborative project of Cambridge Cares About AIDS, JRI Health/Sidney Borum Health Center (Boston), and the Institute for Community Health (Cambridge).

In 2009, the project team completed a community needs assessment to learn more about barriers faced by black MSM with HIV in seeking and receiving HIV-related medical care, as well as participating in needle exchange programs. As part of this process, the team engaged 121 participants from Greater Boston who took part in a range of activities, including:

- *We're Still Here*, a peer-led discussion group in which Black MSM with HIV shared support and tools for long-term survival with HIV/AIDS.
- *The Hustlers Project*, another peer-led discussion group in which members examined their survival skills on the streets as a way of supporting one another's strengths.
- *Theater of the Oppressed workshops*, in which members were trained in leadership and theater skills as a means to identifying barriers to care and addressing these concerns with the medical community.
- A *survey* about attitudes in the black community and among medical providers regarding people who use drugs and how these attitudes might deter injection drug users from seeking and obtaining harm reduction and treatment services. The survey was completed by approximately 60 black MSM living with HIV/AIDS, some of who were also injection drug users.

Key findings from the community needs assessment:

Stigma associated with HIV in the black community. Some participants reported they were “doubly stigmatized” within the broader community for being black and within the black community for having sex with men. In addition, Cambridge Cares About AIDS reports anecdotally that among its black MSM clientele from communities outside Cambridge, many are unwilling to obtain care and treatment in their local neighborhoods due to stigma and the potential compromise of their confidentiality.

Low utilization of health care system. Participants reported that black men typically only visit the doctor in emergency situations, and rarely participate in preventive or routine care. Some reasons for this, according to participants, were distrust of or lack of comfort with medical providers, cost of health care for people who do not have insurance coverage or cannot afford quality coverage, lack of transportation, and lack of knowledge about how to navigate the health care system and the benefits of preventive care. Other stated reasons for not seeking care were depression, resistance, denial, and fear of the unknown.

Stigma associated with drug use in the black community. When asked about stigma associated with heroin, injection drug use, and men having sex with men, the majority of survey respondents reported that injecting drugs was more stigmatized than heroin (58%) or men having sex with men (51%). Family members, church leaders, and medical care providers were considered to be the most judgmental about injection drug use and least likely to be available for support with drug use issues.

When asked about perceived barriers among black men regarding accessing needle exchange services, the top three barriers reported were: 1) not wanting to anyone in the community to see you, 2) not wanting to be associated with injection drug users, and 3) risks associated with policing.

Stigma associated with drug use in the medical community. One-third (33%) of the survey respondents reported being treated poorly by health care providers because of their drug use. In addition, nearly one-quarter (23%) reported not accessing health care services for fear of judgment related to drug use.

Addressing Needs of Black MSM in Greater Boston

Note: This section only addresses services provided by Cambridge Cares About AIDS. Additional HIV services for men who have sex with men are available through JRI Health, AIDS Action Committee of Massachusetts, Multicultural AIDS Coalition, Fenway Community Health, and other groups.

Cambridge Cares About AIDS* is community-based organization that provides accessible HIV-related prevention, education, advocacy, and support services to adults and youth in Greater Boston. The organization has been offering prevention services to men who have sex with men (including black MSM) for more than 15 years.

Current programs include:

- Weekly outreach, education, and distribution of risk reduction materials at the Paradise gay nightclub in Cambridge.
- Weekly outreach, education, and distribution of risk reduction materials at the Fellsway, a public sex environment visited by MSM.
- Outreach to LGBT youth who are members of Cambridge Cares About AIDS' Youth on Fire program. This program, based in Harvard Square, serves homeless and street-involved youth.

As previously stated, Cambridge Cares About AIDS is also developing programs and services focused exclusively on black MSM who are HIV-positive. As part of the three-year Blue Cross Blue Shield grant, Cambridge Cares is currently engaged in implementing the following activities and recommendations:

- Expanding social network outreach efforts to more effectively engage members of communities of color in preventive and testing services by relying on the trusting relationships that are a major source of resiliency in these communities.

These efforts include the peer-led discussion groups and theater project for black MSM described in the previous section. Participants reported a number of positive benefits from these programs including learning how to communicate more effectively with health care providers and advocate for themselves in a health care setting, as well as providing an opportunity to interact with other black gay men in a non-sexually charged environment and build a peer support network.

* The Cambridge Public Health Department has collaborated with Cambridge Cares About AIDS for over a decade to ensure that prevention, harm reduction, and support services are available to Cambridge residents who are at risk for HIV/AIDS infection or are living with the disease.



- Developing, testing, and implementing science-based prevention interventions that use the language, visual images, values, and traditions of various communities of color.
- Expanding the availability of needle/syringe access programs in locations likely to be visited by men of color.
- Targeting intervention research and evaluation for the multiple subsets of MSM, including men of color.
- Ensuring widespread availability of free condoms to MSM.
- Further developing interventions rooted in a sexual harm reduction approach and utilizing a sexual health framework, delivered with sufficient intensity and of sufficient length to effect behavior change.
- Developing and implementing interventions focused on skill-building around disclosure/discussion of HIV status with partners and the negotiation of sexual harm reduction, including condom use.

More Information

Inequitable Impact: The HIV/AIDS Epidemic among Gay and Bisexual Men and Other Men Who Have Sex with Men in Massachusetts, Massachusetts Department of Public Health, 2008. Available at: www.mass.gov/Eeohhs2/docs/dph/aids/inequitable_impact.doc.

An Added Burden: The Impact of the HIV/AIDS Epidemic on Communities of Color in Massachusetts, Massachusetts Department of Public Health, 2007, pp. 9-10. Available at: www.mass.gov/Eeohhs2/docs/dph/aids/aids_report07.pdf.