

“ As a Black Man, I Got 99 Problems & I Sure Ain’t Thinking about HIV at the End of the Day”:

The Social Drivers of Black Men’s Sexual HIV Risk & Protective Behaviors

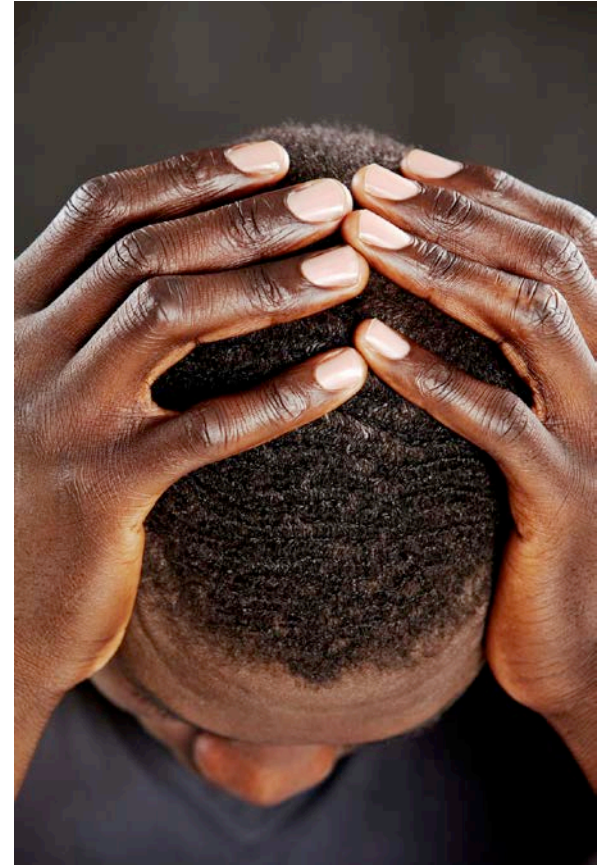
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North American Housing & HIV/AIDS

Research Summit VIII, 9.14.15



**THE GEORGE
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UNIVERSITY**

WASHINGTON, DC

Overview



- MENHOOD
- Focus group findings re social drivers (language warning)
- Challenges
- Implications of the “post HIV/AIDS priority” future

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Bowleg (PI): 1 R01 HD074451-01 (2012-2017)

National Institute of Mental Health

Co-investigators: Jeanne Tschann, Ph.D., UCSF, James Peterson, Ph.D., GW, Ryan Engstrom, Ph.D., GW

Menhood's Conceptual Model

Neighborhood-Level

Social Structural Stressors

Neighborhood Resilience

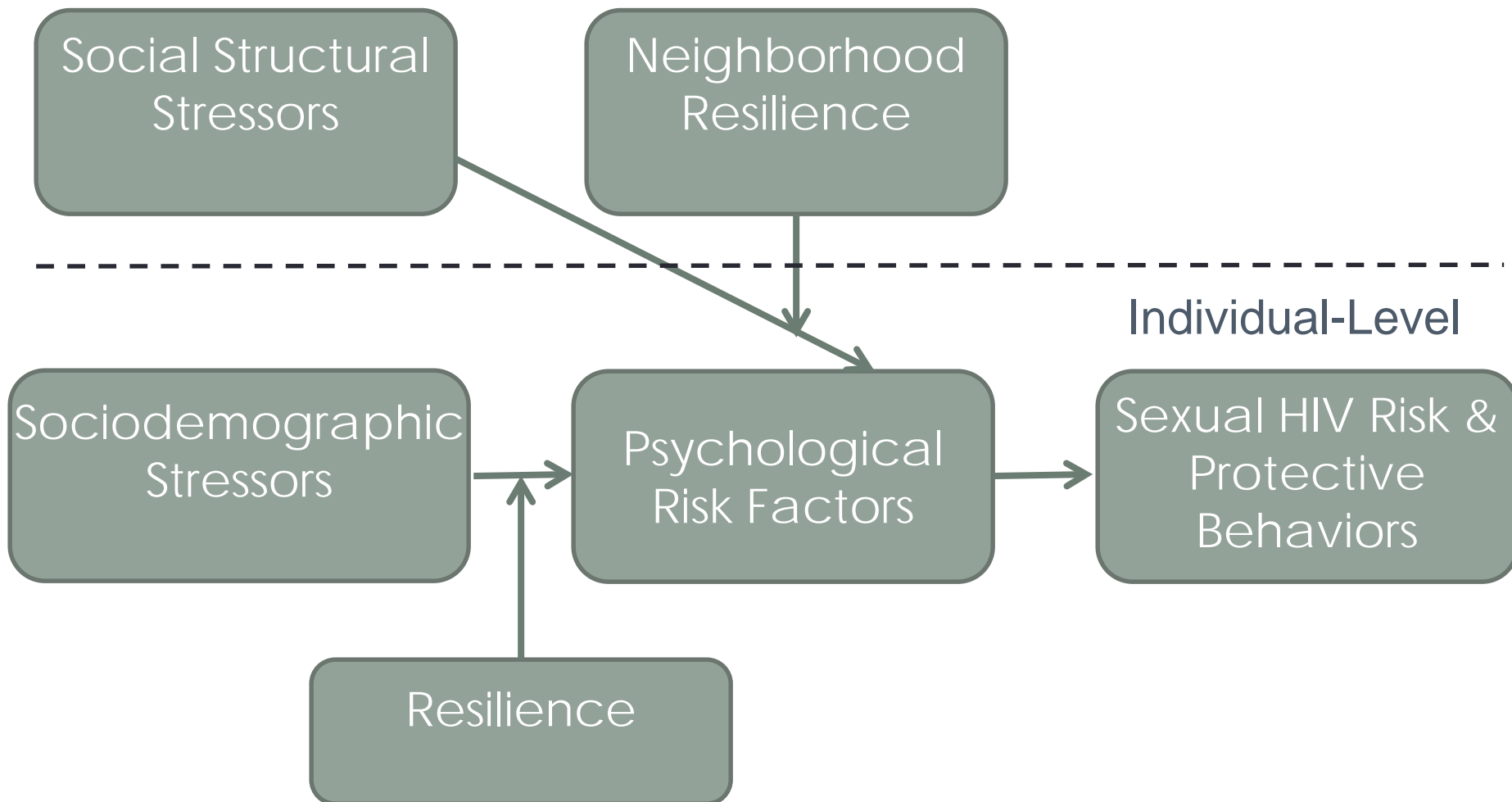
Sociodemographic Stressors

Psychological Risk Factors

Sexual HIV Risk & Protective Behaviors

Resilience

Individual-Level



Mixed Method Study Phases

Phase I: Focus Groups
(n = 83)

A large, light gray downward-pointing arrow indicating the flow from Phase I to Phase II.

Phase II: ACASI (n = 844)

A large, light gray downward-pointing arrow indicating the flow from Phase II to Phase III.

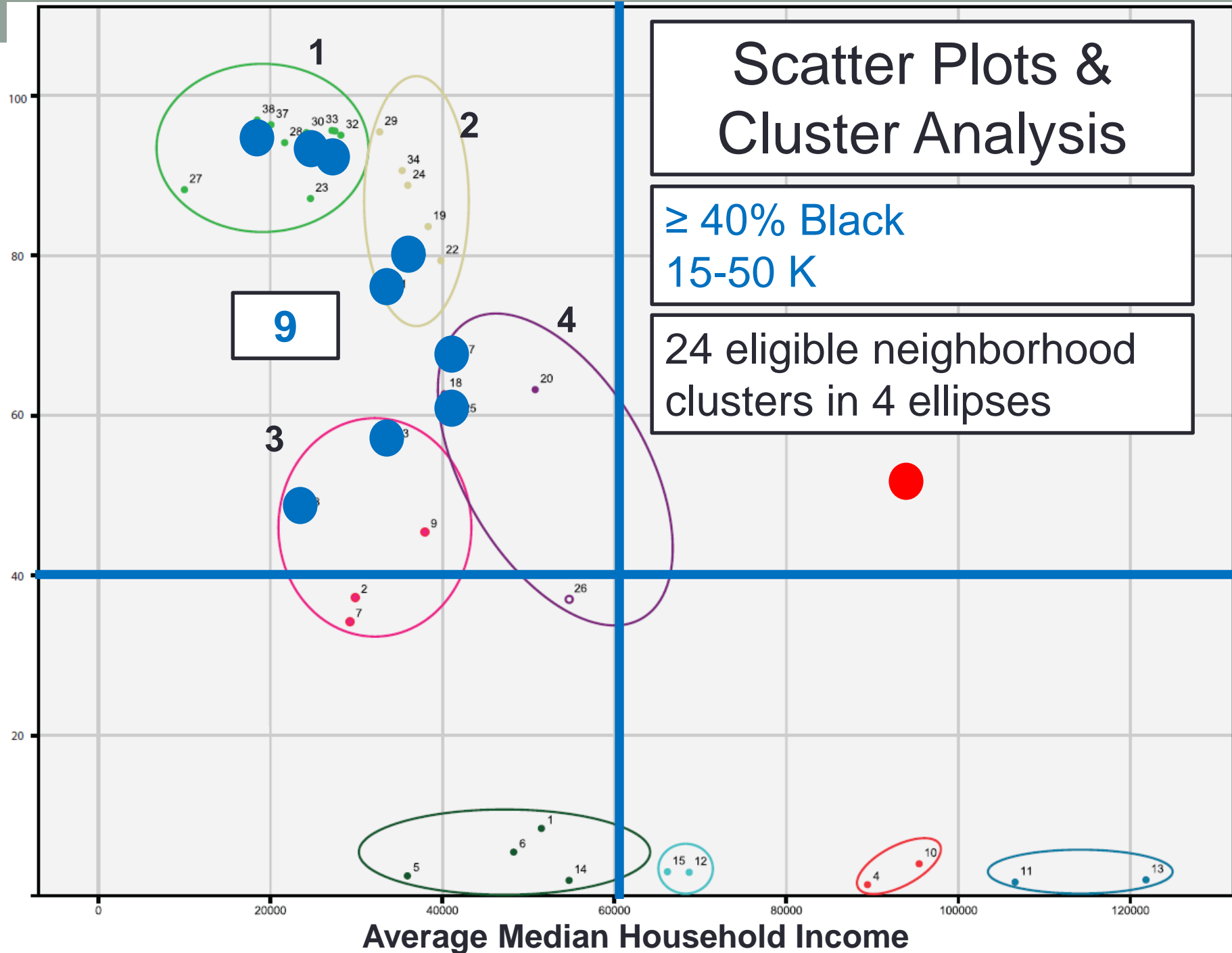
Phase III: Focus Groups
& Interviews (n = 51)

Scatter Plots & Cluster Analysis

$\geq 40\%$ Black
15-50 K

24 eligible neighborhood clusters in 4 ellipses

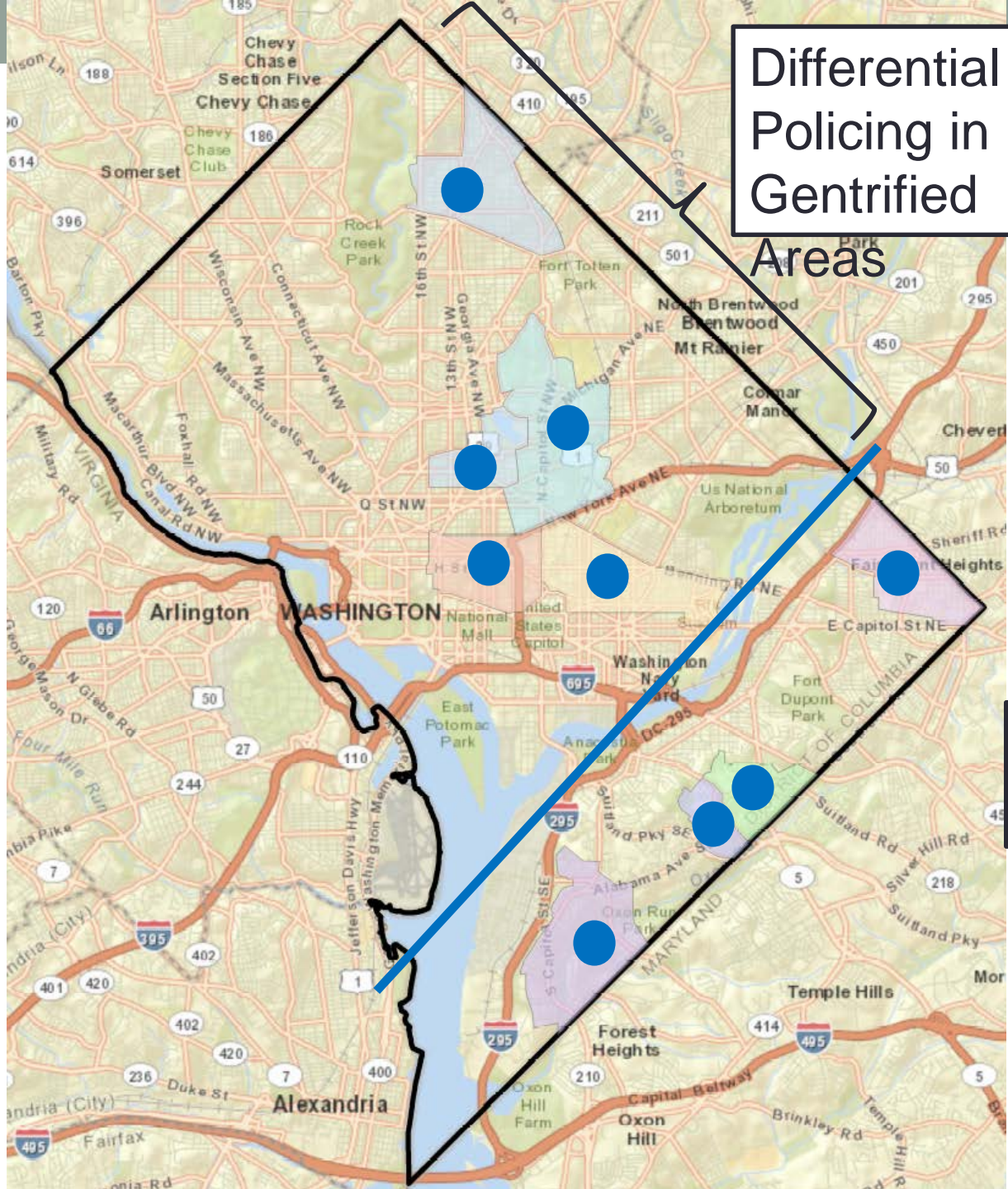
% Black Population



Differential Policing in Gentrified Areas

Uptown

East of the River



Demographics (n = 83)

Variable	
Age range	18-48 (M = 29.96, SD = 6.9)
Education	
Did not finish high school	16 (26%)
High school diploma/GED	28 (45%)
Some college	14 (23%)
College degree	2 (3%)
Employment status	
Unemployed	56 (68%)
Full-time work	26 (31%)
Ever incarcerated	
Yes	41 (66%)
No	17 (28%)

Sample Focus Group Questions

- What are some of the things that make your neighborhood a healthy place to live?
- How important is HIV in the lives of Black men?
- What kinds of things in your neighborhood might increase or decrease risk?

More Pressing Priorities

R: ... The police is the forefront of what's going on down here 24 hours a day. ...They ain't going to be thinking, you can't see the AIDS coming you focus on what you're dealing with here, your surroundings

R: I would say today the Black man, I got 99 problems and I sure ain't thinking about HIV at the end of the day.

R: ...We already, we already [have] hypertension and stuff like that so I mean it's just one more thing added on to the [list](#).

Small Social Networks

Damn near every neighborhood, if you around there for a long time, everybody f** everybody. [And STI/HIV risk] increase because you just don't expect [inaudible segment] like you've been living here your whole life, 30 years, you going to f** somebody... And this going to be in the same neighborhood like this is one big community so everybody pass around. (Edgewood Focus [Group](#))

Unemployment, Substance Use & Boredom

F: What are some things in you neighborhood that may increase HIV risk?

R: More time on your hands with nothing to do, no job. Nothing to do but f** and get high.

F: Weed?

R: That's all it is to do right?

F: Liquor?

R: Ecstasy

R: Nothing to do [but watch] videos.

R: Smoking [weed] that's all them youngins do.

R: Like you said with boredom that's what most people do, smoke and have sex.

R: Get high and f***.

R: That's why you've got, you've got a lot of VD's walking around though here. (Woodland Focus Group)

Stigma

I'm saying with HIV and AIDS it's always a stigma. Like the reason why I think a lot of people, you know probably don't know about it or probably don't want to know about it because the stigma that comes behind it. Like if someone has HIV [it's] like he got Leprosy or something. (Howard University Area Focus Group)

Overarching NIH/AIDS Research Priorities (OAR, 2015)

NIH HIV/AIDS Research Priorities and Guidelines for Determining AIDS Funding

Notice Number: NOT-OD-15-137

Key Dates

Release Date: August 12, 2015

Related Announcements

None

Issued by

National Institutes of Health (NIH)
Office of AIDS Research (OAR)

Purpose

The purpose of this Notice is to inform the scientific community of the overarching HIV/AIDS research priorities and the guidelines NIH will use for determining AIDS funding beginning in fiscal year 2016 for the next three to five years.

The NIH supports a comprehensive portfolio of biomedical, behavioral, and social science research on HIV and its associated coinfections, comorbidities, and other complications. The Office of AIDS Research (OAR), a component of the NIH Office of the Director, is legislatively mandated to coordinate, plan, evaluate, and budget for the NIH AIDS research program. Building on the most recent scientific progress and scientific opportunities to most likely contribute to ending the AIDS pandemic, developing a cure for HIV/AIDS, and achieving an AIDS-free generation, NIH has identified the highest HIV/AIDS research priorities for the next 3-5 years. NIH will use these guidelines to ensure that AIDS resources are supporting the highest HIV/AIDS research priorities. The overarching NIH HIV/AIDS research priorities are: 1) research to reduce the incidence of HIV/AIDS, including the development of safe and effective HIV/AIDS vaccines; 2) development of the next generation of HIV therapies with improved safety and ease of use; 3) research towards a cure for HIV/AIDS; and 4) HIV-associated comorbidities and co-infections. Basic research, health disparities, and training that cross-cut these priorities also will be supported. These priorities were informed by the OAR Advisory Council's recommendations, the Annual Trans-NIH Plan for HIV-Related Research, and input from NIH leadership. Implementation of these priorities will begin with fiscal year 2016 funding of HIV/AIDS research.

The NIH has developed a series of guidelines for determining whether a research project has a high-, medium-, or low-priority for receiving AIDS-designated funding. These guidelines do not assess/determine the scientific and technical merit of a project only the priority for receiving AIDS-designated funds. A description of these priority topics and examples of each are provided below.

High Priority topics of research for support using AIDS-designated funds

- Reducing incidence of HIV/AIDS including: developing and testing promising vaccines, developing and testing microbicide and pre-exposure prophylaxis candidates and methods of delivery, especially those that mitigate adherence issues; and developing, testing, and implementing strategies to improve HIV testing and entry into prevention services.
- Next generation of HIV therapies with better safety and ease of use including: developing and testing HIV treatments that are less toxic, longer acting, have fewer side effects and complications, and easier to take and adhere to than current regimens. Additionally, implementation research to ensure initiation of treatment as soon as diagnosis has been made, retention and engagement in these services, and achievement and maintenance of optimal prevention and treatment responses.
- Research toward a cure including: developing novel approaches and strategies to identify and eliminate viral reservoirs that could lead toward a cure or lifelong remission of HIV infection, including studies of viral persistence, latency, reactivation, and eradication.
- HIV-associated comorbidities, coinfections, and complications including: addressing the impact of HIV-associated comorbidities, including tuberculosis, malignancies; cardiovascular, neurological, and metabolic complications; and premature aging associated with long-term HIV disease and antiretroviral therapy.
- Cross cutting areas: Basic research, health disparities, and training including:
 - Basic Research: understanding the basic biology of HIV transmission and pathogenesis; immune dysfunction and chronic inflammation; host microbiome and genetic determinants; and other fundamental issues that underpin the development of high priority HIV prevention, cure, co-morbidities, and treatment strategies.
 - Research to Reduce Health Disparities in the incidence of new HIV infections or in treatment outcomes of those living with HIV/AIDS.
 - Research Training of the workforce required to conduct High Priority HIV/AIDS or HIV/AIDS-related research.

Medium Priority topics of research for support using AIDS-designated funds include projects that demonstrate HIV/AIDS is a meaningful component of the project and/or knowledge about HIV will be enhanced by the project, as evidenced in the specific aims.

Several examples of research that could be considered as Medium Priority include:

- The project examines a fundamental scientific question (or questions) that has a clear or potential link to HIV/AIDS;
- The project includes people (or biological specimens from people) who are living with HIV, are HIV exposed, and/or are at elevated risk for HIV infection as part of a broader sample or as a comparative cohort;
- The project addresses health and social issues that are clearly linked with HIV (transmission/acquisition, pathogenesis, morbidity and mortality, stigma) and examines them in the context of HIV (i.e., in populations or settings with high HIV prevalence or incidence), such as other infectious pathogens and diseases, non-infectious pathogens and diseases, substance use/addiction, and mental health disorders;
- The project meaningfully includes HIV/AIDS (or HIV) outcomes/endpoints; or
- The results of the project will advance HIV treatment or prevention and/or provide tools/techniques and/or capacity beneficial to HIV research (including training and infrastructure development).

Low Priority topics of research will not be supported with AIDS-designated funds; however, highly meritorious projects could be eligible for support with non-AIDS funds by an NIH Institute or Center. Several examples of research that will be considered Low Priority include:

- Research on natural history and epidemiology that is entirely focused on a co-morbidity and does not have any focus on or inclusion of HIV (e.g., malaria, TB, and drug abuse);
- Basic virology research on pathogens that are co-infecting, but not in the context of HIV infection; and basic immunology studies of general relevance, but not specific to HIV including - basic virology and neurobiology research of co-infecting pathogens not in the context of HIV infection (e.g., Herpesviruses, HPV, TB, Malaria, hepatitis C and B, syphilis, Cryptococcus, flaviviruses, JC virus, etc.); basic cancer-related immunology studies not in the context of HIV infection; or studies on co-morbidities of general relevance, but not in the context of HIV (e.g., diabetes, lipid defects, endocrinology);
- Data analysis and systems tools that are not HIV-related, e.g., genomics studies of little or no relevance to HIV; or
- Studies of behaviors (e.g., sexual activities, drug use activities) or social conditions that have multiple negative outcomes where HIV/AIDS is only one of many outcomes being studied without a focus on how HIV/AIDS is unique in that context.

AIDS-Funding Priorities (OAR, 2015)

High Priorities

- 1. Reduce HIV/AIDS incidence, including vaccine development
- 2. Develop next generation of HIV therapies
- 3. A cure for HIV/AIDS
- 4. HIV-associated comorbidities & co-infections

Low Priorities

- “Studies of behaviors (e.g., sexual activities, drug use activities) or social conditions that have multiple negative outcomes where HIV/AIDS is only one of many outcomes being studied without a focus on how HIV/AIDS is unique in that context.”

Global Success in Reducing HIV/AIDS

(UNAIDS, 2015)



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UNAIDS announces that the goal of 15 million people on life-saving HIV treatment by 2015 has been met nine months ahead of schedule

The world has exceeded the AIDS targets of Millennium Development Goal (MDG) 6 and is on track to end the AIDS epidemic by 2030 as part of the Sustainable Development Goals (SDGs).

ADDIS ABABA/GENEVA, 14 July 2015—The AIDS targets of MDG 6—halting and reversing the spread of HIV—have been achieved and exceeded, according to a new report released today by the Joint United Nations Programme on HIV/AIDS (UNAIDS). New HIV infections have fallen by 35% and AIDS-related deaths by 41%. The global response to HIV has averted 30 million new HIV infections and nearly 8 million (7.8 million) AIDS-related deaths since 2000, when the MDGs were set.

And Thus... What is the Future of

- Prioritizing the biomedical over the social-structural?
- Development of social-structural interventions?
- Activism for housing for people at risk for or living with HIV/AIDS?