



National Black HIV/AIDS Awareness Day February 7, 2018

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

Today, February 7, 2018, marks the 18th year of National Black HIV/AIDS Awareness Day. The Center for AIDS Prevention Studies (CAPS) and the UCSF Prevention Research Center (PRC) conduct research grounded in a commitment to understand and address the HIV stigma and health disparities experienced by the Black community.

The disparities experienced by the Black community are significant. Although Black MSM do not engage in more risk behaviors, they remain at higher risk of being infected: 1 in 2 Black MSM are expected to be diagnosed with HIV in their lifetime compared to 1 in 6 for the general MSM population. Similarly, 1 in 86 heterosexual black men are expected to be diagnosed, compared to 1 in 473 in the general heterosexual male population.² One in 48 Black women, whose primary sexual partners are Black men, are expected to be diagnosed, compared to 1 in 880 white women.¹ Clearly, the fight is not over.



We are excited to share this Research and Resources Booklet with our community partners and the wider community, featuring our work and highlighting current research portfolios of faculty who have committed their life work to working with community-based research partners and the Black Community to improve our knowledge and understanding of key HIV prevention issues.

With our dedication, scientific innovation, commitment to rigor, and commitment to community-engaged partnerships, we will continue the fight, continue to improve HIV prevention in the Black Community, and transform this year's slogan from "Stay the Course, the Fight is Not Over!" to "We Stayed the Course and the Fight is Over!"

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

1. CDC. Lifetime Risk of HIV Diagnose. <https://www.cdc.gov/nchhstp/newsroom/2016/croi-press-release-risk.html>

2. NAM Aidsmap. Major disparities persist in lifetime risk of HIV diagnosis in the US. <https://www.aidsmap.com/Major-disparities-persist-in-lifetime-risk-of-HIV-diagnosis-in-the-US/page/3038645/>

Translational and implementation research

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

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.

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.

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.

Home Testing Among Young, African American Gay, Bisexual, & other MSM

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

Encouraging young, African American gay, bisexual, and other MSM (YAAMSM) to know their current HIV status in order to reduce the number of undiagnosed HIV cases is an important part of the National HIV/AIDS strategy, but little data exist about YAAMSM's experience with and attitudes toward home testing. To address this knowledge gap, we conducted an evaluation of an Mpowerment Project adapted for YAAMSM in Texas to learn more about their experience with and

attitudes towards home testing for HIV.

Given the strong interest in home testing as an option for YAAMSM, the HIV prevention workforce should consider developing strategies to make home testing more widely available and affordable.

Research finding: *Among the HIV-negative or status unknown participants, 61% said that they are either extremely likely or somewhat likely to use a home kit in the future. Home testing use increased significantly from 19% in '13 to 27.5% in '14.*

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.

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 men who are living with HIV to engage in care and take ART medications regularly. This 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 involves 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 is called United Black Ellument. The adapted intervention was first implemented in Dallas, and then it was implemented in Houston. The project also involves a qualitative study of young Black MSM over several years to see the issues that they face within HIV prevention efforts.



Men who have sex with men & Women

The Bruthas Project: Sexual Health Promotion Counseling Sessions

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

African American men who have sex with men and women (AAMSMW) 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 standardized HIV counseling and testing (HIV-CT) with the following goals: 1) increase comfort with one's personal identity, 2) build safer sex and sexual communication skills, and 3) increase regular HIV testing for men who are negative.

With data analysis and manuscripts in progress, the intervention will reach a vulnerable population to encourage uptake of regular HIV testing and reduced sexual risk taking if Bruthas is found to be effective.

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 is a 4-year study supported by the California HIV/AIDS Research Program (CHRP) to develop 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. The We Are Family intervention will have four components: group-level sessions, community-level events, an app to connect participants to services and information, and culturally appropriate delivery of HIV-specific services. We will enroll up to 120 participants in a study to test the acceptability and feasibility of the intervention in the coming year.

The CRUSH Project: Connecting Resources for Urban Sexual Health

Investigator: Janet Myers

The CRUSH project demonstrated the feasibility and effectiveness of integrating comprehensive sexual health services in a youth clinic to support HIV prevention and care engagement. Lessons learned here: <http://ow.ly/RiiK30igmPc>

Replicating STYLE: Strength Through Youth Livin' Empowered

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

This project is a collaboration between UCSF and AIDS Project of the East Bay (APEB) to adapt and replicate STYLE in Oakland, CA with Black gay, bisexual, and other MSM who are living with HIV. STYLE is an evidence-based intervention that has been shown to improve engagement in healthcare among young MSM of color living with HIV.

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?

1. CDC. HIV among Afr. Americans. Feb 2017.
2. Gavett G. Timeline: 30 Yrs. of AIDS in Blk. Americans. KQED Frontline. Jul 10, 2012.
3. Hess K, et al. Est. Lifetime risk of dx of HIV infect in the U.S. CROI 2016. Boston, abstract 52.
4. CDC. Lifetime risk of HIV dx. Feb 2016.
5. CDC. HIV in the U.S.: At A Glance. Dec 2, 2016.
6. CDC. HIV among Afr. Am. gay and bisexual men. Jul 2016.
7. Millett GA, et al. Greater Risk for HIV Infect of Blk MSM. Lit Rev. AJPH. Jun 2006;96(6):1007-19.
8. Millett GA, et al. Disparities in HIV Infect among Blk and Wht MSM: Meta-Analysis. AIDS. Oct 1 2007;21(15):2083-91.
9. Magnus M, et al. Elevated HIV Prev. Despite Lower Rates of Sexual Risk Behav among Blk MSM in DC. AIDS Patient Care STDS. Oct 2010;24(10): 615–22.
10. Maulsby C, et al. HIV among Blk MSM in the U.S.: Lit. Rev. AIDS and Behav Jan 2014;18(1):10-25.
11. Cohen SE, et al. Response to race and PH impact potential of PrEP in the U.S. J Acquir Immune Defic Syndr. Sep 1 2015;70(1):e33-e35.
12. Highleyman L. PrEP use rising in U.S. but large racial disparities remain. nam aidsmap. Jun 24, 2016.
13. Chaill S, et al. Stigma, med mistrust, and racism affect PrEP awareness and uptake in Blk compared to Wht MSM in Jackson, MS and Boston, MA. AIDS Care, 2017.
14. Overstreet NM, et al. Internalized stigma and HIV status disclosure among HIV-pos MSM. AIDS Care 2013;25 4, 466-471.
15. Fields EL, et al. Assoc. of Discrimination-Related Trauma with Sexual Risk among HIV-Pos Afr. Am. MSM. AJPH. May 2013;103(5):875-80.
16. Raymond HF, et al. Racial Mixing and HIV Risk among MSM. AIDS Behav Aug 2009;13(4):630-37.
17. Lisa Eaton, et al. Role of Stigma and Med Mistrust in Routine Hlth Care Engagement of MSM. AJPH. Feb 2015;105(2) e75–e82.
18. Levy ME, et al. Understand Structural Barriers to Accessing HIV Test & Prev Servs among Blk MSM in the U.S. AIDS Behav. 2014 May; 18(5): 972–996.
19. Christopoulos KA, et al. Link and Retention in HIV Care among MSM in the U.S. Clin Infect Dis. 2011 Jan 15; 52(Suppl 2): S214–S222.
20. Ethnic and Racial Minorities and SES. Factsheet. APA. <http://www.apa.org/pi/ses/resources/publications/factsheet-term.pdf>
21. Alameda Co. CA eHARS data (2008-2012). Verbal communication with Nina Murgal, Dir, HIV/AIDS Surv Unit.
22. Wiewel EW, et al. Assoc bwt Neighborhood Poverty and HIV Dx among Males and Females in NYC, 2010-2011. PH Rep. Mar-Apr 2016;131(2):290-302.
23. Lechtenberg RJ, et al. Poverty, Race, Engagement: Diff Assoc with Retention in Care among PLWH in Alameda Co. UCSF CFAR HIV Hlth Disparities Symposium, Mar 24, 2017.
24. Mimiaga MM, et al. Child Sexual Abuse: Assoc with HIV Risk-Taking Behav and Infect among MSM in the EXPLORE Study. J Acquir Immune Defic Syndr. 2009 Jul 1;51(3):340-348.
25. Millett GA, et al. Rev of HIV epidemics in Blk MSM across African diaspora. Lancet. Jul 28 – Aug 3,390(9839): 411-23.
26. CDC. STDs and HIV – CDC Factsheet, Nov 17, 2015.
27. CDC. 2015 STDs Surveillance – STDs in Racial and Ethnic Minorities. Jan 23, 2017.
28. Scott HM, et al. Racial/ethnic and sexual behav disparities in rates of STIs. SF (1999-2008). BMC Pub Hlth. Jun 6, 2010;10: 315.
29. Pathela P, et al. MSM have higher risk for newly dx HIV and syphilis compared with heterosexual men in NYC. J Acquir Immune Defic Syndr. Dec 1, 2011;58(4):408-16.
30. Hurt CB, et al. Invest Sexual Network of Blk MSM: Implications for Transmission and Prev of HIV Infect in U.S. J Acquir Immune Defic Syndr. Dec 1, 2012;61(4):515-21.
31. Maulsby C, et al. Rev of HIV Interv for Blk MSM. BMC Pub Hlth. 2013;13:625.
32. Peterson, JL, et al. Soc. discrimination and resiliency not assoc with differ in HIV infect in blk and wht MSM. JAIDS 2014;66:538-543.
33. Sullivan PS, et al. Understand racial HIV/STI disparities in blk and wht MSM. PLoS One 2014;9: e90514.

Special thanks to the following reviewers of this Fact Sheet: Emily Arnold, Jesse Brooks, Lorenzo Hinojosa, Loren Jones, Micah Lubensky, Daryl Mangosing, Janet Myers, Nasheedah Byne-Muhammad, Rob Newells, John Peterson, Greg Rebchook, Andrew Reynolds, and Wilson Vincent

Reproduction of this text is encouraged; however, copies may not be sold, and the University of California San Francisco should be cited as the source. Fact Sheets are also available in Spanish. ©2017, University of CA. Comments and questions about this Fact Sheet may be e-mailed to CAPS.web@ucsf.edu. This publication is a product of a Prevention Research Center and was supported by Cooperative Agreement Number [5U48DP004998](#) from the Centers for Disease Control and Prevention.

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

CAPS/PRC Resources

Research and publications with African Americans:

http://prevention.ucsf.edu/library/?_sf_s=black

Fact Sheets: https://prevention.ucsf.edu/library/?_sf_s=black&_sft_resource_type=factsheets

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

Survey Instruments & Scales:

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

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

Evaluation Manuals:

https://prevention.ucsf.edu/library/?_sft_library_type=resource&_sf_s>manual

- Good Questions Better Answers: A Formative Research Handbook for California HIV Prevention Programs
- 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

This information was compiled by the CAPS **Community Engagement (CE) Core**.
Questions? Comments? Contact Daryl Mangosing at 415-502-1000 ext. 17163
(vm only) or Daryl.Mangosing@ucsf.edu

<https://prevention.ucsf.edu>



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

CAPS/UCSF PRC
Mission Hall Bldg
UCSF Box 0886
550 16th Street, 3rd Floor
San Francisco, CA 94143

Ph: +1 (415) 476-6288
Web: <http://prevention.ucsf.edu>
Email: caps.web@ucsf.edu