Qualitative Assessment Findings

Among African American MSM in Dallas-Fort Worth and Houston Texas

Prepared by

UT Southwestern Medical Center
Community Prevention and Intervention Unit
EduCAPE Technical Assistance Team

2007

UT SOUTHWESTERN MEDICAL CENTER

Table of Contents

I. Purpose of the Study

The Texas Department of State Health Services (DSHS) contracted with UT Southwestern Medical Center (UTSWMC) to conduct a series of community assessments (focus groups and key informant interviews) with African American (AA) men who have sex with men (MSM) 18 yrs old and older in the Dallas/Fort Worth (DFW) and Houston areas to enhance understanding of the factors that: 1) affect recruitment and retention of AA MSM into programs or interventions aimed at reducing their risk for acquiring or transmitting HIV; 2) motivate AA MSM to become more actively engaged in their health care, including testing and care seeking behaviors; and 3) are important to AA MSM in regards to the possible integration of HIV prevention services into primary care settings. The qualitative information gathered from the interviews will be used to assist the Texas Statewide Community Planning Group (TXCPG) in performing their duties as outlined by the 2003 HIV Prevention Community Planning Guidance created by the Centers for Disease Control and Prevention (CDC).

Between August 2007 and November 2007 eight focus groups with 47 men were conducted with AA MSM who live in either the DFW or Houston Metropolitan areas. This document will detail the methods undertaken and the findings from the focus group interviews. In addition, 5 informal key informant interviews were held with men to determine recruitment locations and arrangements for the groups.

II. Methodology

Qualitative research techniques (using focus groups and key informant interviews) were used to collect the information from the study participants. Focus groups and key informant interviews were used in particular because of the "depth, quality and richness" of information that can potentially be obtained. Additionally, participants were allowed the opportunity to voice their thoughts, beliefs, opinions, ideas and experiences in a more relaxed and non-threatening atmosphere, thus allowing for a more in-depth understanding of salient and emerging issues.

However, despite the advantages of using focus groups or key informant interviews, they do have their limitations. Research results from focus groups or key informant interviews should not be used to generalize information to the entire population nor should the results be used to replace other quantitative methods.

Topic Guide Development

Based on discussions with key informants, anecdotal data and information found in existing literature sources, UTSWMC staff developed a topic guide to explore the issues related to *recruitment and retention of AA MSM in HIV prevention programs or interventions; mobilization of AA MSM; and integration of HIV prevention services and ongoing care into routine medical care settings.* Drafts of the topic guides were sent to DSHS for review and were later pilot tested with select members of the target population. After conducting the first focus group, UTSWMC staff observed how responses to some questions also elicited responses for questions that came

later in the interview. Therefore, UTSWMC staff elected to rearrange the order of the questions and to "fine-tune" a few others to improve the flow of the focus groups.

Participant Recruitment

UTSWMC staff created flyers to aid in recruiting study participants. Staff went to various locations and events in the Dallas area that are frequented by members of the target population. UTSWMC staff also enlisted the assistance of local intervention and outreach workers, along with members of the TXCPG to help in the recruitment of study participants. However, the most substantial support and assistance in recruitment was obtained from key members of the target population (gatekeepers) in Dallas, Fort Worth and Houston. These individuals played a vital role in recruiting participants and in securing space to host the interviews. The gatekeepers were supplied with information on the purpose of the interviews, a description of the target population (AA MSM age 18 and older) and flyers to aid in their recruitment efforts. Although there were no formal exclusion criteria, gatekeepers were asked to not divulge the existence of monetary tangible reinforcements to potential participants during their recruitment efforts. Additionally, the flyers did not make any references to monetary tangible reinforcements or sexual orientation. The flyer did make reference to the provision of refreshments. The reference to both monetary tangible reinforcements and sexual orientation were excluded purposefully. UTSWMC staff wanted to ensure that potential study participants were not attending solely for financial gain or monetary reward. Additionally, UTSWMC staff did not include any references to MSM on the flyer so as to not prevent or dissuade men who may not openly identify as homosexual, but engage in male to male sex from attending the group. The steps taken to enhance recruitment were deemed successful as evidenced by the number of men recruited for the groups along with feedback received from study participants and gatekeepers following each interview session. UTSWMC staff received several compliments on the flyers and many of the participants said they were pleasantly surprised to receive a monetary tangible reinforcement at the conclusion of the interview. A large majority of study participants commented that they had not expected to receive anything in return for their participation other than the sheer satisfaction of having their voices heard. UTSWMC staff would like to acknowledge the efforts and support received by the gatekeepers. They were instrumental in recruiting participants and for securing space to host the interviews.

Thank you to F.U.S.I.O.N. Center in Houston, H.E.L.P. in Fort Worth, Project M.O.C.H.A. and the Prevention Training Center (PTC) in Dallas.

Focus Groups

The focus groups were held in venues secured by gatekeepers in the host cities. Upon arrival at each venue, study participants were asked to sign in and were given self-adhesive name tags for identification purposes during the interview. Participants were told they could use either their real name or a pseudo name. Prior to the start of each group, participants were provided refreshments and were asked to complete a pre-assessment form. The participants sat in either a circular or rectangular format depending on the size of the room. The interviews were facilitated by an African American female and a Caucasian male. When one served as the facilitator the

other observed and took notes of the interviews. The facilitator discussed the purpose of the group interview, confidentiality assurances and ground rules and read through the consent form. Once each participant individually read and signed the consent form, the interview began. Each interview was tape recorded and lasted between 60 and 120 minutes. The average time for a group was approximately 90 minutes. The number of participants per group ranged from 5 to 10. At the conclusion of each group, the participants were thanked for their participation and were given a $20 gift card.

Data Analysis

The focus group interviews were audio taped and later transcribed by UTSWMC staff. The transcribed data were then grouped into one large document by individual questions and participants' responses. The grouping of the information allowed staff to more readily identify and extract emerging patterns and themes. During the analysis, the responses that were repeated frequently were identified along with more subtle responses for inclusion into the final report.

III. Results

Basic demographic results from the pre-assessment can be found in Appendix A.

The major themes emerging from the interviews are presented below. Where appropriate, differences by city will also be discussed.

Recruitment

Participants were asked what they thought were the best ways to inform people about the availability of prevention programs and the ways to access them.
The majority of participants from all three areas believed that there wasn't enough being done to recruit more men in intervention programs. An overwhelming majority voiced strong opinions regarding the mechanisms used to recruit. Many were opposed to actively recruiting at bars or clubs. While a good portion of the men agree that bars and clubs are prime locations to "find" members of the target population, they asserted that it is extremely difficult to engage these individuals in conversations about prevention or safer sex practices, let alone trying to convince someone to come learn more about your "program". A few men did suggest that recruitment efforts at clubs and bars could be more successful if a well known person from the club scene, e.g., the owner of the establishment, DJ or performer(s) were asked to deliver the message. Additionally, one person suggested using the large screen monitors to display information so that club or bar patrons could view it at their leisure.

QUOTES

"I think it's just as important to understand the dynamics of the target audience that you're trying to reach and what they going to buy into so." (Dallas participant)

When asked what they thought were the best ways to advertise intervention programs or to recruit for them, participants responded with a plethora of varying ideas. The ideas consistently and strongly repeated from group to group included: "word-of-mouth" advertising, using key people in the community to attract others (gatekeepers), the internet, multimedia (radio, TV and newspapers), and church.

Word-of-mouth and gatekeepers

The majority of men identified "word-of-mouth" as a very powerful and effective tool for recruiting individuals into programs. Participants stated that individuals recruited via word-of-mouth would receive a first hand account of what to expect from attending the program. Additionally, word-of-mouth referrals carry an element of *trust* with them. The person relaying information about the program is generally regarded as a credible source, therefore the level of persuasion that otherwise might be required is significantly reduced. This suggestion tied closely to the use of community gatekeepers to assist in recruitment efforts. Participants who attended the focus groups emphasized this fact by stating how they were recruited to participate in the focus group as an illustration of how well word-of-mouth can work.

QUOTES

"The facilitator was a mentor of mine and he calls me and asks me if I would be involved" (Dallas participant)

"I think word of mouth is, good and just like participant X called me and called other people and I can tell somebody else and just kind of spread the word like that. To me that is the best advertisement is word of mouth, or organizations or churches." (Houston participant)

"I really, I like t-shirts, and even if it's a one-time intervention like Many Men is supposed to be, if I wore my t-shirt out and somebody asked me about it, it would give me an opportunity to say, oh this is a program I went through, you should go through it." (Houston participant)

"I was just going to say that uh, key persons, key personnel, key people in the community and centers, most definitely, any of them can get anybody to come." (Houston participant)

"Word of mouth and the education I mean the things that you learned that you didn't know I mean none of us knows everything I mean we've all been to the groups and we still don't know everything but you can share what you did learn with someone who know nothing. Hey, come go to this group with me you know and this is why I'm telling you this and it really helped me and it can help you too and your friends too." (Fort Worth participant)

"Why I went to this and this is a great thing and I encourage you to come or come with me or something like that." (Houston participant)

"Um, I think um, networking has always been very powerful. If I tell a friend, you tell a friend, he tells a friend, that type of thing" (Houston participant)

Internet

Several participants suggested utilizing the internet as a mechanism for recruiting men into programs or interventions. Additionally, they stressed how the internet could be used as a vehicle for providing service referrals and educational information not only to men who identify as gay, but also to those men who do not openly identify themselves as gay or homosexual. Arguments against using the internet included access issues and obtaining website approval. Various individuals in the group asserted that not everyone goes on the internet or has access to the net. Additionally, they stated that many of the sites frequented by the target population do not allow organizations to actively recruit for programs or post information on prevention. However, two separate individuals (one from Houston and one from Dallas) did state that they were able to obtain permission to post their information and to recruit on a popular website after "jumping" through hoops and after being told that they had to "disguise" their profiles or create a "hotboy" account.

QUOTES

"Not trying to be funny or anything, but I find that um, a lot of African American men spend a lot of time on Adam for Adam, Men for Now, uh, to be honest, maybe you could have got a catchy name and did a profile on uh, Adam for Adam or Men for Men for Now and put it out there on the internet and made it more appealing for the eye" (Dallas participant)

"I think internet interventions and a person does not have to show their face so they can get in and chime in, and I think chat rooms are persons who like to keep their anonymity and want to connect in some way. I think that is one positive way we can use the internet." (Houston participant)

"…an intervention specialist, you can't go on, they will kick you off so you have to, you have to just create a hot boy, and go in under that and then actually lead the conversations in the that direction." (Houston participant)

Multimedia sources

Participants felt strongly that not enough exposure was being given to HIV in mainstream media sources. Although they acknowledged the emergence of testing campaigns being spotlighted on urban radio and television stations like MTV and BET, they commented that organizations need to include more mainstream media sources to help get testing, treatment and safer sex messages out to the masses. One participant from Dallas commented that HIV prevention efforts are segmented and that they typically target only MSM affiliated venues or media sources. He made the point that if he were a person who did not identify as being homosexual then he would not

frequent MSM affiliated venues or read the publications. He then went on to comment that info should be geared towards the general population so that men who do not identify will get the message. The Dallas participant and a few participants from Houston and Fort Worth stated that using terms like MSM, gay, homosexual and Same Gender Loving (SGL) should not be used as often when trying to recruit or deliver information. They also commented that events, activities or programs should not be promoted as HIV related. They believe that the stigma and fear associated with HIV is so strong that using it in media materials deters individuals from participating. Additionally, they said that in order to draw large crowds that other issues should be spotlighted and once individuals come, then talk to them about HIV. Participants from all three cities suggested that recruitment efforts should take place in more mainstream venues like barbershops or gyms and not just clubs, parks or bars.

QUOTES

"I would have to say with the short time I've been in Dallas, that would probably be the biggest downfall from my viewpoint is that these types of events or organizations are kind of ostracized from more mainstream uh, community efforts" (Dallas participant)

"I think the radio would be a good avenue" (Dallas participant)

"Well one of the ways I think to, uh to get information to men who are not out is um, is just to do an information that's to the general public. Um, just talk to a general audience, just talk to a group of men um, and not necessarily going to a group of men or billing it as a group for same gender loving men or men who have sex with men or gay men or bisexual men, it's just for men. And more than likely HIV, if HIV is going to a part of the topic, HIV is, it ought to be way down at the bottom." (Houston participant)

"..one club has a projection screen that can show commercials and show media, let that be you voice, let that be your presence by showing your name popping up and have you heard this, contact us for more information this, and just, that can be your presence. You don't physically have to be there, its good to be there but let that be your voice" (Houston participant)

Church

An overwhelming majority of participants from every city stated and restated how important involving churches would be in terms of recruiting for programs and for disseminating educational information. One of the Houston participants is a minister and he stressed the importance of stepping up the efforts to include more ministers and churches in prevention education and testing efforts. He acknowledged that it would be an uphill battle and that ministers might initially be resistant to include information on HIV, sex or other issues when speaking to their congregations. However he believed strongly that involving the church should be a primary initiative in prevention efforts.

QUOTES

"Hmm, well, umm, I think maybe, key people like he just said, maybe churches, uh pastors, uh maybe like several ministers saying it on Sunday morning, saying it to their congregations on the same day, and if uh, if maybe a hundred ministers say it on the same Sunday, that means thousands of people are hearing the same message on the same Sunday so that means a whole lot of people are hearing the same thing on that one Sunday" (Houston participant)

"I would say 40% of churches would allow you to put a flyer in their Sunday bulletin." (Houston participant)

Retention

Participants were asked if they had attended and or completed any intervention programs. Those who responded yes were asked what kept them coming back to the sessions and those who responded that they hadn't completed the program were asked why they didn't return. Participants across the board stated that in order for individuals to return to programs week after week, that the atmosphere must be a positive one. Those who completed programs were in agreement that they each returned because of the positive and supportive atmosphere they had experienced. They spoke highly of the bonds and friendships that were created as a result and how they appreciated being able to interact with men who had similar interests and concerns. The men also stated how it was important that they feel like they are getting something out of the program and that they aren't there just to help an organization achieve their "quota". Others stated their main reason for continuing in a program was based on their desire to gain more knowledge and for self improvement. Additionally, the men stated the atmosphere must be conducive to learning and the information should be relevant to those in attendance. Participants who did not return to complete a program commented that programs or groups should be more supportive and empathetic to individual group members' needs. Most importantly, the men believed that once the "intervention" is over that there is no where for them to go. They feel dropped. They voiced their concern about organizations providing some mechanism for continuing the momentum of the groups after the sessions have been completed. In particular, they want to continue attending their intervention group sessions, but with the understanding that the group will now serve as follow-up "support" to reinforce the information, skills, etc., learned during the intervention. Lastly, the men voiced that while monetary tangible reinforcements are great, other types of incentives could be more useful e.g., milk or food vouchers, bus tokens, t-shirts, refreshments, etc.

QUOTES

"It was a, it was learning different things and it really was, I mean, I learned a lot of stuff through that program. So that's what kept me coming back, couldn't wait to come back the next week to learn more." (Dallas participant)

"The ability to interact with others just like myself." (Fort Worth participant)

"..outreach programs or community based programs they've been really disorganized, and I'm an organized individual so I particularly like things that have you know, have a flow to them and it doesn't seem very disjointed and the people that are sort of running the show, I would expect to have a certain level of education and knowledge and training when they are, you know, actually facilitating such programs so, that's why I haven't participated"
(Dallas participant)

"For fear of, damn somebody see me going or this place to tell you about AIDS, they going to think I got AIDS, folks think I want to be my friend and you know I'm going have this stigma of being sick or you know some ignorance."
(Fort Worth participant)

"Even though I enjoyed it the times I did go, I'd fall off for whatever reason. I get so wrapped up in stuff I'm dealing with at home or at work and I'm not um you know accommodating that portion of it as if I'm unaware that it is important.."
(Fort Worth participant)

"I think the most important thing when you come to a program like that is gives you more of a chance to be yourself because you're around more people who are like you versus being in a different atmosphere with different other people. You can be yourself, let your hair down and just like real open or just being real versus being you know at church, in a church group you can't just say what you want to say and be who you want to be. It gives you the opportunity to be more open and more verbal with your discussions." (Houston participant)

"We need the education and we don't have any other way of getting it and these kind of programs promote our morale, they give you the support and you're in an environment where you're comfortable asking questions you normally wouldn't not even have anyone to ask or be embarrassed to ask" (Fort Worth participants)

Program Effectiveness

Participants were asked their opinion on the effectiveness of prevention programs and interventions

Overall the participants believed that most prevention programs and interventions are effective, however they were quick to point out items that may impact program effectiveness. A significant number of participants responded that they believe programs can produce effective results if they are implemented properly. Several participants agreed that poor leadership, having improperly

trained facilitators and program disorganization play a key role in why some interventions do not produce favorable results. Some participants believed that location, time of sessions and other accessibility issues impact whether or not the program can be effective. In terms of attending sessions, a variety of participants indicated that their work schedules preclude them from participating in programs that meet during the day or late afternoon. Across all three groups, individuals mentioned the importance of the intervention being "relevant" to the target population. Some indicated that they felt many of the existing programs or interventions were not relevant to African American men. One participant called the programs "cookie cutter". Several of the men agreed with him and others went on to say that many of the interventions were created with Caucasian populations in mind and hadn't taken into consideration the unique nuances and cultural differences that exist in the African American community. Two other prominent themes emerged: ongoing support and intrinsic motivation. The men again shared ideas about "ongoing support" and how it could aid program effectiveness. Several of the men stated that they believed programs would be more successful if they didn't "drop you" after the program ended. The men asserted that by providing ongoing support to program participants not only would that foster an atmosphere of trust, but it would allow those who completed the program an opportunity to serve as role models to others who follow. More importantly, those men who completed the program would be the best form of advertisement the program could have via word-of-mouth referrals. Lastly, an overwhelming majority of the men felt strongly that it wouldn't matter how effective a program was if an individual wasn't ready to change or didn't have a desire to change. This theme was consistently repeated from group to group. The men believed that individuals must first have an innate desire to change or to want to better themselves and there wasn't any type of program, effective or not that could change that fact.

QUOTES

"Going off of what he said, basically the interventions can't, just be cookie-cutter, they can't just be we do this, we do that. It has to be more catered to the people.." (Houston participant)

"I think that if a person has a sincere desire to change whatever behavior it is that they need to change and they actively seek to do so, then its effective, but if you don't then its not." (Dallas participant)

"So if you're not sincere about changing those behaviors or you don't have that particular desire, you can enroll in a thousand programs but its not going to help you." (Fort Worth Participant)

"But on that, what your question was, to me it was like a communication, uh, more of a comfort level, uh, trustworthy because being that, you know, sometimes we think that nobody else is going through the same thing we're going through so um, that's what it was more like for me, being around men who you could talk about issues that you want to talk it about with." (Houston participant)

"Your coordinators, your people working behind the scenes because many people are not in a position to be dedicated or to do a job, many people are in places for paychecks. So dedication is not what it used to be in my perspective."
(Fort Worth participant)

"I think that facilitators and their level of cultural competency"
(Houston participant)

"It's, I guess it's just the people who's running the program" (Houston participant)

"I would have to say being redundant. Because if you're doing the same thing just renaming it or be it, it's not effective anymore because you're just, now you're just telling me to go to this other program which was the same program I just came from and we're talking about the exact same thing, so." (Houston participant)

"Overall, there was virtually no difference between the three groups in their responses about recruitment and retention issues. The major themes that emerged resonated within each and every group. In retrospect, the groups were actually more similar in their responses than anticipated." (Dallas participant)

Mobilization

Participants were asked if they believed there was a distinct community of African American MSM in their city

This question garnered lively discussion among all of the groups. In Dallas, the majority of men agreed that there was a distinct community of AA MSM. However, they also believed that the "community" was segmented and broken up according to which clique you associated with. One participant said the groups were broken up according to the "haves and have nots, the educated and uneducated, the clubbers and non-clubbers, etc". Many of the men were in agreement about there being sub-populations or cliques within the larger population. They also thought the segmentation of the population did more harm than good. They explained that these "cliques" often were in competition or disagreement with one another. For this reason, a few of the men in the group did not agree that there is a distinct community in the Dallas area. They believed the cliques were divisive therefore making it impossible for the men to come together as a community.

QUOTES

Well uh I think that to speak on that one particular microcosm of African American men having sex with men, um particularly, it is broken up into more of a social caste system, …there are clubbers and non-clubbers, you have people who you know, are at a point of success in life and those who are unsuccessful in life and so they tend not to intermingle with each other you know, and unfortunately you have you know the communities they tend to I guess polarize" (Dallas participant)

"It's kind of hard cause Dallas is real cliquish. Like he said there its different levels of gay men that don't socialize with other gay men you know because of economics, background, living conditions." (Dallas participant)

Houston participants on the other hand did not agree that there was a distinct community of AA MSM in their area. Although their rationale was similar to that of the Dallas participants, their conclusions were different. Houston participants felt that the segmentation was the very reason why they didn't have a distinct community. The participants agreed that there were "different classes" and cliques but that there wasn't a clearly defined community. They too believed that the cliques were more of a detriment than a benefit.

QUOTES

"Because we come from different socioeconomic groups, we come from different cultures, we come from different communities and Houston is the fourth largest city in the America and we're real diverse. We're diverse within a population that's diverse within a population that's diverse." (Houston participant)

"Its more diverse a community that anything. So I don't thinks it's, I personally don't think it's like well defined, I think its more of a diversity in, because I can be in one community where all my friends are professionals, they have degrees and, and things of that nature and I can be in another group where they just like to party, they just always going out of town, traveling and having fun."
(Houston participant)

The majority of the Fort Worth participants said that a great number of the AA MSM in their area are non-identifying therefore making it nearly impossible to distinguish a clearly defined community. The topic of cliques and segmentation arose in Fort Worth as well. Participants explained how they were all diverse within an even more diverse population and that the cliques caused more of a separation and division among the already small group of MSM in the area.

QUOTES

"I think that would fall on what I said; you have to target the cliques just like, you used to live close you know there's different cliques in, in the Fort Worth community and I guess you would just have to know each individual clique because you know there is a ring leader in each clique ya'll know that. I mean and just you know talk to them" (Fort Worth participant)

"I think that the main thing here is most of the guys are DL, community does exists but it's like they were saying, everybody's so DL that you don't see a clear margin or line." (Fort Worth participant)

"I've been in the Fort Worth area for about 10 years and what I've learned is being here a lot of people here have their, they're in cliques and like this I was thinking of

I think that might be a part of the reason why the clubs atmosphere doesn't last as long as it normally does because we have all the different cliques"

(Fort Worth participant)

Participants were asked what they thought could be done to strengthen and empower the AA MSM in their area.

Participants from all three areas felt strongly about becoming more unified. They believed solidarity was evading them because of the dissention caused by the cliques. The participants were all very passionate in expressing their discontent with the cliques and some offered ideas on how to possibly overcome the negativity caused by the cliques. Participants from the three cities all agreed that approaching the various clique "leaders" would be the best way to move towards solidarity. The participants all shared their views about obtaining buy-in from the leaders so that any unifying type events or activities would be welcomed and well attended by all. The Dallas participants wanted to encourage more collaborative events and group community service projects between cliques to assist in building camaraderie among the groups. One Dallas participant in particular, suggested having more events at mainstream venues e.g., the Black Academy of Arts and Letters (BAAL), to help ease the tension among the groups. On the other hand, involving the church was another persistent theme from one group to the next. Several participants believed that church could play a very vital role not only in empowering the community but also offering support and guidance. Another Dallas participant thought involving the church would be an ideal mechanism for combating the divisiveness they were experiencing. Similar suggestions and ideas were generated in the other two cities.

QUOTES

"I was just saying that would almost be impossible as I see it, to get unity in a group like in the gay African American community would be tough."

(Dallas participant)

"If we can get the leaders of those cliques together and bring them to the table and let them go back to their members, we can get the dialogue started that way. We have to start it somewhere." (Dallas participant)

"I work on the AIDS ministry at a local church. And every World AIDS Day we have something at local colleges and we have sent out invitations to every black church in the city of Dallas, and not, not even my minister showed up"

(Dallas participant)

"a majority of the African American who go to clubs and do go online, a good percentage of them do go to church on Sunday morning, they go to bible study, you know, they are very active in their community and their church, um, some groups feel like these people should just be targeted at clubs. Some people who go to church may not go to clubs … just different avenues other than just the um, stereotypical places that gay men go, um, you know what I'm saying because I feel like if it was just introduced just a little bit more, um enlightening, that it may have a more positive feedback" (Dallas participant)

In Houston, the main concern was creating an atmosphere that was devoid of the pettiness and negativity generally associated with events where various cliques were in attendance. One Houston participant suggested having monthly gatherings including potlucks, movie or game nights to help build better relationships among the groups. Another participant wanted everyone to consider activities that were not just about "hooking up". The participant suggested having events where individuals could build friendships and create bonds with other men who had similar interests and goals where the main goal was not to have sex. This sentiment was echoed throughout the group and everyone agreed that they thought this idea was one worth pursuing.

QUOTES

"Access the churches again I keep telling you, I'll go through this again I'm keep telling you go back to the churches." (Houston participant)

"And even club owners, I mean there's not a lot of clubs here but I think if there's a place or whatever or, a kiosk or something in the night clubs that's a possibility. Because there's 3 places where you going to find black people, you going to find them at church, the beauty and the barber shops, nail salons and at the club." (Houston participant)

"get with some of those folks that we know are powerful in those small communities and try to have some kind of unifying event." (Houston participant)

"I think in this, in this area it would be like bringing together the Montague's and the Capulet's together, you know the 2 feuding families because there are some people who have issues being around drag queens, who can't stand them. So we would have to break down those individual fears first..." (Houston participant)

"And that's one of the reasons why dealing with some of the people we know who are powerful in those small groups because they can really pull, and I've seen that here working with R3 how he can get on the phone with R1 or with some friends and bring folks together you know what I'm saying? So, I think there's a lot of power in that." (Houston participant)

"I think more positive people as well as more positive events. Because I think now we tend to like to go to places that have a lot of drinking and other sexual activities. I mean so I think if we kind of step away from sex, drugs and all that other stuff and try to do something more vibrant than we can know that we'll have fun in a positive atmosphere, we're positive people and we'll do great things." (Houston participant)

Fort Worth participants believed small groups were embittered toward one another for non essential reasons. One participant said it would be nice to squash the feuds, but it "would be like bringing the Montague's and Capulet's together". This participant went on to assert that without

addressing individual's issues solidarity may not be possible. The participants believed involving the leaders of the cliques and having more positive settings for meetings, discussions and activities would aid in building solidarity. Similar ideas of having monthly gatherings, potlucks, discussion groups, etc., were repeated in the Fort Worth interviews. One participant even offered to host the first monthly gathering at his house and invited all of the attendees to come and bring others with them.

QUOTES

"Have some type of function. We love functions, whether it be um dinner or um just a mixer where you can come meet different people, or have an event, um just something that I think would attract me and say hey I want to go be apart of"
(Fort Worth participant)

"I can't speak for them; I can only speak for myself. Attitude adjustment and I'm speaking mostly of my own because I have an opinion of apathetic people that I have dealt with here in Fort Worth in trying to get them together in groups, and a lot of what R5 was saying they're cliquish and they snipe at each other. Promotion of unity is what we need most here in Fort Worth, we don't have many but the few that we have are embittered toward each other and it just keep dissention"
(Fort Worth participant)

"And you got a lot of them who don't like each other because they got into it with you know over stupid things or things in the past" (Fort Worth participant)

"I don't know if any of ya'll know, talking to the older guys, there was a group of us trying to get a, they had pot-lucks….[if] somebody will do the same time on a monthly basis I think that's something that we in this community can really use. Since I'm speaking up I will try to start that, I'm saying ya'll are here, I got 7 or 8 of you here Ill probably try to start that." (Fort Worth participant)

"I think that would fall on what I said; you have to target the cliques just like, you used to live close you know there's different cliques in, in the Fort Worth community and I guess you would just have to know each individual clique because you know there is a ring leader in each clique ya'll know that. I mean and just you know talk to them." (Fort Worth participant)

"I just feel like meetings like this gives black African Americans, give us more strength you know what I'm saying, to be able to speak on and be able to be ourselves and be able to, be able to do things you know, on your own, I mean just to be able to be yourself and not be ashamed of who you are. When you have other people who you feel like are supporting you and you feel like you have backup then I mean you should be able to act yourself." (Fort Worth participant)

Participants were asked to tell us their level of "activism" in relation to MSM and or HIV/AIDS issues.

Across the board the results were mixed. In Dallas, the majority of the men indicated that they were very active and many had become active after a significant event had occurred e.g., HIV diagnosis of themselves or a close friend, being influenced by a mentor or as a result of having participated in some activity, event or program. Of those who said they were active, their levels of activism varied. There were those who considered themselves "extremely" active. These individuals characterized their activism as working passionately in the field by educating laymen and peers, working on community advisory boards or volunteering in a variety of areas in the Dallas area. Many of these individuals were thought of as potential "leaders" or "key" people to know in the MSM community. There were others who considered themselves active, but in a different capacity. These individuals were the "behind-the-scenes" worker bees. These individuals spoke about how they assisted some of the more vocal "leaders" and how they were always willing to lend a hand when needed. One gentleman from Dallas said that he was the person to call when "you were in a pinch and needed help last minute." Another participant stated that he didn't have a desire to be in the spotlight and would prefer working in a capacity where he felt more comfortable. Of those who expressed ambivalence, they stated that they wanted to become more active, but didn't really know how. They also stated that they were intermittently active. In other words, they participated in some events but not all due to work schedules, location or other reasons. The "active" members of the group invited the others to attend upcoming meetings, support groups and other activities to help them identify ways to become more active. The men who stated they were passive were not without a desire to be more active, but explained that they were passive either because they weren't familiar with the "goings on" in the city, didn't know who the "leaders" were or they didn't have time to dedicate to being active. Only one gentleman stated that he wasn't interested in being more active. He indicated his displeasure with Dallas and said that he "didn't fellowship" (hang out or date) with very many African American MSM.

The men in Houston were very similar to those in Dallas in terms of the division between those who were active, ambivalent or passive. Of the men in Houston, the majority considered themselves to be very active. Some of the men worked in the field as outreach workers, or prevention coordinators while there were others who did not work in the public health field at all and instead volunteered their time to support causes and events in the MSM community. These men included individuals who were college students, ministers, or were otherwise gainfully employed. They described their activism in terms of participating or spearheading events in their community, educating others, and or volunteering on community advisory boards and organizations. Similar reasons were provided for the select few who categorized themselves as either ambivalent or passive.

In Fort Worth, the opposite occurred. More of them categorized themselves as ambivalent or passive as opposed to being "active". Of those who stated they were ambivalent or passive, they shared similar beliefs and attitudes about activism as those who were ambivalent or passive in Dallas and Houston. The men in Fort Worth explained that although they know active individuals in their community, they didn't have the time it took to be as active as those individuals. Additionally, one participant stated that he believed the population of African American MSM in Fort Worth was too segmented and sparse to try to be active. The more active

members of the group challenged the reasoning for not being active held by others in the group. They gave examples of how individuals could become more active and offered support for anyone who needed it.

QUOTES

"Well I can say that before about the last 2 or 3 months I was very much passive, very much in denial about the problem, very much in denial about certain activities that I participate in, but seeing the need for myself, to, before it has touched my life negatively, I chose to become active in educating not only myself but other individuals I don't know, the only reward I get is that at least I shared the information…" (Dallas participant)

"I'm like I'm like more active because being HIV positive being 16 years Monday, I like, I want to help anybody that I can and try to lead by example and let them know that just because you are doesn't mean your life is over for you."
(Houston participant)

"I'm the exact opposite of him, I'm way out there. I've done churches, TV, million man march, bunch of stuff um, and I will continue to do so although some, sometimes it does get weary because I, um, like when you go to a lot of different things you start seeing the same people and you wondering like is someone else listening, does anyone else care? Uh, but I still get out there and do it, because there is somebody in my community that looks like me, that felt like I did back when I wasn't sure of who I was and I want to be able to speak for that person."
(Houston participant)

"I didn't want to speak for him but I think he, he does more quietly than a lot of people who are on the front lines. He's always been a sounding board for me, he's always encouraged me, he adds always, he was already on the care team when I got there. If you didn't talk to him about it you didn't know what he did, so I just want to say that some people are doing things behind the scenes" (Houston participant)

Participants who said they were active, were asked who or what motivated them to become more involved in HIV/AIDS related issues and causes

The responses were very similar from one group to the next. About 1/3 of the men from the three areas combined described how the motivating factor for them to become more active was either their own positive HIV diagnosis or the diagnosis or death of a close friend. Similarly, another third stated that they had a mentor or role model who encouraged and or motivated them to become more active. The last third stated that it was their own desire to learn more and to a source of information for their peers that led them to become more actively involved.

QUOTES

"The fact that I saw a real need for people to be educated. Um, it made me afraid to um actually participate in anything so um, I really wanted to you know just get

all the knowledge I could because maybe I could help somebody just anywhere that I could." (Houston participant)

"I think it was uh, for me it was like um, I guess you're hearing these, you hear these alarming numbers, one out of every five or like that and then you think ok why aren't these people really you know trying to help themselves out? Why are they engaging in these risky behaviors or do they know that this is considered risky behaviors, unprotected sex or um any type of unprotected sex whether it's oral, whatever kind of sex they're having? Do they understand what could happen? Do they know the severity of what's going on of their action…" (Houston participant)

"I actually got drawn into this field by a friend of mine" (Houston participant)

"I think what motivated me to become more active in things like this was having it affect me or somebody in my community" (Dallas participant)

"For me uh, its been generations of openly uh, gay men in my community, I can remember when I was little girl, (laughter) but anyway there was always guys who went to high school in women's clothes in my community from forever cause they were out there fighting…. I knew I needed to be one of the people to take care of my friends…" (Houston participant)

"I think with me was the other challenges I had since I've been HIV positive, going through the drug addiction, going through the cancer and knowing that you can go through other phases of life and come back and still be, it doesn't change being HIV positive, that you still want or share that with other people that don't know. That just made me more want to get the word out." (Houston participant)

"It makes it easier for us especially once we're educated to go out and talk about subjects with others who have not attended the group or don't know the information, it gives you an empowerment that you have that you can share with your brothers." (Fort Worth participant)

Participants were asked what they thought would help motivate others to become more active
The responses were nearly identical from every city. Participants stated having more support groups, educational workshops or meetings would be an essential component to motivating others who may be ambivalent or passive to become more actively involved. The sentiment expressed by nearly everyone interviewed was that education was the key. According to the participants, education provides the catalyst to helping individuals become more active because they become more informed and they understand that they have something to contribute to the cause no matter how great or small. Lastly, participants across the board agreed that the more educated a person is the more confident they become hence the more they will be inclined to assist others. Another emerging theme was the need for more individuals to serve as positive role models for their peers. One participant stated that he saw how passionate his friends were about

volunteering and learning more about HIV and protecting themselves that it motivated him to become more actively involved.

QUOTES

"The majority of the guys that I know, they're all on the DL and they're not going to step up or step out, they still go home to their wives and then do whatever the do and their wives and family, no one knows." (Fort Worth participant)

"I think like, uh, having groups such as this, having the ability to be able to dialogue with each other, um, I think that is one way, for letting people know there is a different way to do things…" (Dallas participant)

"not everybody's gonna put themselves as speakers, some people are organizers some people are planners, that's what they are.." (Dallas participant)

"I guess helping them understand the impact that they can literally have on a community if they would participate in a group um that will um you know support the gay black community and sometimes we don't realize to what degree that we can actually impact and actually help somebody or each other so if we can just kind of give them a mindset that hey this small step just between the few of us can make this impact." (Fort Worth participant)

Test Seeking Behaviors and Healthcare

Participants were asked where they went for information on HIV/AIDS
A large majority of the participants acknowledged using the internet as a primary source of information on HIV/AIDS. Other sources included peers, the health department, physicians, educational workshops, community based organizations, on-the-job-training, the library, life experience or family members. A small percentage of Houston participants indicated that they received information from a local church that had an outreach ministry program while only one participant in Dallas stated that he received information from his church.

QUOTES

"I would say that um, the life experiences like he was talking about family, my mother educated me, but my father also did too. My father died of AIDS when I was ten, um so just that reality of it let me know that the DL brother does exist."
(Dallas participant)

"*I uh, was diagnosed in 96 but I didn't really start getting educated till I went to Red Cross…"* (Houston participant)

"By using the internet and um signing up for different um websites"
(Dallas participant)

"I would still say at the health department, that's where I got my information and stuff from." (Dallas participant)

"From my own personal working experience" (Fort Worth participant)

"...we all attended the same church and they did outreach and so I got information from the street fairs they would do…" (Houston participant)

Participants were asked if they thought individuals in their community knew where to obtain information on HIV/AIDS in their area

The responses on this subject were mixed. About one half of the participants believed that individuals in their community knew where or how to obtain information on HIV/AIDS due to outreach efforts, advertisements and public service announcements. The other half disagreed with that assertion and stated they didn't think there was enough information readily available in communities designated as "high risk". Ironically, virtually all of the participants held similar views and opinions that a large segment of the African American community, MSM or otherwise, didn't think HIV/AIDS was of any relevance to them. Therefore their knowing where to obtain information was of no consequence if they didn't think they were at risk. The discussion on this topic evolved into a more passionate discussion about how certain obstacles and barriers exist in the community that prevent individuals from seeking information on HIV/AIDS, including seeking an HIV test.

QUOTES

"For some of the people that [are] around my neighborhood, uh, sadly, I don't think they care. So I doubt if they probably know where to go."
(Dallas participant)

"A lot of times people don't want to seek it out because of the, you know, the negative, the backlash they feel they are going to get." (Dallas participant)

"No, unfortunately not… think it's a selective ignorance. And I won't even put this on race, I think it's a selective ignorance that people do not know in the city of Houston… the message of HIV does not stick until it gets close enough to you…"
(Houston participant)

"Yeah, I know they, they don't want to know but I think if the information is still set out there." (Dallas participant)

"I think there is a large group that is knowledgeable then there, then there is a component of the community that don't know." (Fort Worth participant)

Obstacles and barriers to seeking information on HIV/AIDS

Several mediating factors were given as reasons why individuals may not seek to find out more about HIV/AIDS. Some of the major factors that were discussed included: stigma, fear and apathy.

Stigma

Participants in every group mentioned stigma as an underlying factor as to why individuals do not openly seek to learn more about HIV/AIDS. Participants explained how stigma was a major problem in the African American community in particular for AA MSM. Participants stated that AA MSM already have three strikes against them (being black, gay and male) and when you add HIV/AIDS to the equation then the problems are compounded. Several men talked about how this stigma made it difficult for them to disclose their sexuality to family members and peers and even harder for them to openly seek services or information. Most importantly, it provided a constant source of stress in terms of men reconciling their sexual preferences and their religious beliefs. Participants stated their belief that the church should play a more prominent role in HIV/AIDS activism. Many of the participants explained how the church once served as the central location for funneling information into the community. They believe that the church could serve that same role in HIV/AIDS education all the while helping to break down the negative stigma associated with the disease. In similar discussions, participants explained how HIV is now being categorized as a chronic health condition yet there is still a lot of negativity surrounding it because individuals are not educated and are ignorant to how it is transmitted thus perpetuating the stigma issue.

QUOTES

> *"I was ignant, I didn't say ignorant; I said ignant, spell it right, ignant…For fear of, damn somebody see me going or this place to tell you about AIDS, they going to think I got AIDS, folks think I want to be my friend and you know I'm going have this stigma of being sick or you know so, ignorance."* (Fort Worth participant)
>
> *"I think that its also a part of the shame that uh, we've attached, the shame that's been attached to sex, and with sex being the primary way that HIV is transmitted in 2007, we don't want to talk about it…"* (Houston participant)
>
> *"…a lot of our families do not accept the fact that this has happened to you and this is what is going on in your life. And some families will be acceptable to it and some are not acceptable to it and then your peers around you stay away from you and then that's a whole ballgame in itself."* (Houston participant)
>
> *"Maybe more discretion, they don't want to be seen going into an office like that and they don't want to go to the family doctor or their regular doctor because even people within that office would find out."* (Dallas participant)
>
> *"I came from a home you know that was real religious and um, me and my mother we just, we never, it was like a big pink elephant that was in the room that nobody ever discussed it, we never discussed it."* (Fort Worth participant)

Fear

According to a solid majority of the participants, most individuals avoid getting tested for HIV out of fear. Individuals are afraid to find out if they are infected and or being seen at or near an HIV affiliated venue. A Dallas participant indicated that individuals fear being "tagged" as HIV

positive by the health department so they avoid being tested at all costs. While others in the various groups believed that individuals were more afraid of how their life may change if they received a positive result. Another group of participants believed individuals in their community were afraid of being seen at a testing facility because they feared what rumors might be started about them. One Dallas participant explained how individuals want a level of discretion or privacy when seeking an HIV or STI test however when individuals go to various health departments or testing sites the signs on the door broadcast what you are there for *STD Clinic* or *HIV testing*. Some participants asserted that the lack of privacy instigated this fear many individuals experience. Contrasting views about fear were given by other participants in the groups, who contend that keeping testing venues discreet and private support the fear phenomena. One participant explained that keeping and promoting secrecy when it comes to HIV testing instills a strong fear in individuals that fuels the idea that there is something to be ashamed of and that anything related to HIV should be kept private. Lastly there were participants who believed that African Americans didn't test because they were afraid of needles.

QUOTES

> *"I was going to agree with him, and a lot of people just have pride at stake. And that's just a lot, that has a lot to do with it, you know what, what decisions people make is um, on what you think other people will think about you. I mean everybody tells you not to worry about what people say about you but shit, its still a fact."* (Fort Worth participant)

> *"My fear was well, being tagged by the health department and who would they share this information with…"* (Dallas participant)

> *"Because a lot of people that, that feel that they may have it are afraid or scared to go to find out."* (Dallas participant)

> *"…And then there's people out there that's scared of needles…"* (Dallas participant)

> *"Mainly because of there uh, fear of the results."* (Houston participant)

> *"Generally the reason people don't want to get tested is because they're afraid they are going to be seen. So you have to be at a safe enclosed environment or something that's not as obvious."* (Houston participant)

Apathy

A large majority of participants believe that there are individuals who do not care one way or the other and those who do not think HIV is a major threat. Participants across the board agreed that there are some MSM, especially younger MSM (25 and younger) who simply do not view HIV as a major threat. Participants of varying ages from all three cities stated that younger MSM do not fear contracting HIV. Therefore their high risk and promiscuous behaviors continue to persist. Participants added that due to this "attitude" towards HIV, younger MSM tend to not test or seek additional information about HIV. Participants explained that this attitude possibly exists due to a combination of factors including their age, maturity level and lack of knowledge.

Several of the older participants (30 yrs and older) explained how the younger generations of MSM do not view HIV the same way they do because the younger MSM live in a time where men are not dying at the same rate they did during the late 80s and into the 90s. Similarly, participants discussed how the commercials or advertisements on HIV in the media depict "healthy looking" males who take medication which inadvertently feed into the younger MSM apathetic attitude about HIV not being a major threat.

QUOTES

> *"And then a lot of people are still believing, even though his is 2007, still believing this is a gay man's disease. So, not being well educated and well informed they will not go get tested or try to find resources or information…"* (Dallas participant)

> *"I think some people feel that they are invincible as though regardless of who they are that they'll never catch it regardless of what they do and who they do things with…"* (Houston participant)

> *"They're invincible and they're saying well I'm not going to get it because I'm not gay, I'm straight but I still like to have sex with men…"* (Houston participant)

Overcoming barriers and obstacles

Participants offered a broad mixture of suggestions for overcoming obstacles and barriers to testing; however, the one salient suggestion that emerged was the idea that education is the best way to overcome these obstacles. Participants stressed the importance of educating individuals in the community about their risks, how to protect themselves and where to seek treatment. Additionally, the participants indicated that organizations should work harder to get community buy-in and the public's point of view on various healthcare issues including HIV. Participants felt strongly the better informed individuals were, the more apt they would be to make better decisions in regards to their risk taking behaviors. A variety of participants believed that "normalizing" discussions about HIV, sex and STIs would assist in overcoming barriers to testing and the stigma associated with HIV/AIDS. There were participants who believed that if home testing were available, then individuals wouldn't have to fear going to a public venue to seek testing. Other participants discussed the importance of involving the church and how the church should be a fixture of information for the community. Many of the participants agreed with the role of the church and some added that the media should also play a larger role. Participants believed the more recent commercials on urban stations like MTV and BET were helping to erase some of the stigma and fear associated with HIV and getting tested among younger populations. However, one participant did suggest that the individuals depicted in the commercials should include individuals who actually are HIV positive and not models playing the role of someone who is positive.

QUOTES

> *"I think that other organizations should start working with other organizations, because especially being in the nonprofit arena it's always a competition for funding…"* (Dallas participant)

"…we have to bring about a normalcy to this discussion whether it be about HIV, sexuality, sex, whatever, it has to be a normalcy about it…" (Houston participant)

"Education." (Dallas Participant)

"Yeah and change some of the negative stereotypes that are attached to it." (Dallas participant)

"If there was a way for this top be done in the privacy of your home, like EPT, you know where its, I mean where its you know nobody knows but you where you know you could take a blood sample and mail it in and you, just something you know where you don't have to sit in a waiting room of some AIDS Resource center and have everybody staring at you…" (Dallas participant)

"If there were information, infomercials on television with real people, real people speaking that hey I have HIV, but HIV is not me and if you take your pills you will live your life span…" (Dallas participant)

"I don't know how to answer that because it depends on the person. I mean, you can tell a person all day and all night, protect yourself, have safe sex…" (Fort Worth participant)

"Well one of the main things that I personally I think that the churches, especially the black churches can take more of a stance in accepting and not being so condemning about the sexual aspects of the disease…" (Fort Worth participant)

"Well I think that if we do, if we continue to help educate our communities then that would help the families be more educated and so that would help them in their education and being more able to accept when they have family members that come up positive." (Houston participant)

Integration of HIV services into existing traditional health care settings

Participants were asked their opinions on integrating HIV services into routine care
Two consistent themes emerged during the discussion of this question. One theme was the idea of a "one stop shop" of sorts, where individuals could receive treatment and care for a variety of issues including HIV, primary care, social services, mental health, housing assistance, etc. Several individuals believed it was extremely difficult to travel to multiple locations for different services. They commented on their desire to have medical and social services located in the same facility or at least within walking distance of each other. Various individuals believed that the services they seek are often times linked or associated in some way. Therefore having the agencies located closer together would make it easier to conduct their business and to keep appointments. Another key theme resulting from the discussions was the idea of having satellite facilities within the community. A large proportion of the participants commented that most health departments or wellness centers are not located within the confines of the neighborhoods

that need them most. Participants in both Dallas and Houston commented about their cities being extremely large with multiple suburbs and outlying areas where there is limited public transportation. The participants indicated that the public transportation is unreliable and that most of the public service offices are located in a centralized location near the city center. The participants went on to state that many individuals lack reliable transportation and can not travel all over town to various appointments. They believe if satellite venues were located in the neighborhood, then community members would have greater access to care services.

QUOTES

> *"Like a one-stop shop, on-stop shop, bus passes, housing, food, nutrition center, exercising, you know all the information right there. Don't send me to Irving, don't send me to Oak Lawn, don't send me to Dallas I mean NW Dallas, East Dallas you know, one-stop shopping."* (Dallas participant)
>
> *"Seems like there also needs to be more clinics like all over, like around the metroplex than just what we have, more smaller ones…"* (Dallas participant)
>
> *"Like he said, I have private insurance so, but I understand some of my friends they go to Amelia Court. I don't think they should schedule uh, individual's appointment 3 months out…"* (Dallas participant)
>
> *"Black, gay physicians or public health care workers. I mean just, that which is familiar is easiest."* (Fort Worth participant)
>
> *"I'm in real estate so our big motto is location, location, location, I don't want to have to go to the white community to seek help…"* (Fort Worth participant)

Participants were asked to describe what an ideal health care setting might look or feel like
The participants expressed how an ideal setting would include more compassionate and empathetic service providers, clean offices, warm and welcoming atmosphere, non-judgmental providers or staff, common courtesy, respect, ongoing and consistent care from the same provider and shorter waiting times. Nearly all of the participants indicated their concern of how healthcare and social service providers treat individuals who seek their assistance. Participants expressed their displeasure with how individuals of certain races, socioeconomic status, education level, etc., are often mistreated and talked down to when seeking assistance. According to the participants, if an HIV diagnosis is added to the above variables and the treatment can be even more harsh and severe. Several individuals who disclosed their HIV status spoke passionately about how doctors, nurses, front desk staff, social workers, etc., were blatantly rude, disrespectful and often times allowed their personal opinions of their patient's status to impact how they treated that patient. Additionally, there were participants who stated their dissatisfaction with having different medical interns rotating as their physician from month to month. Participants commented on how they would build a rapport with one doctor, only to have another doctor assigned to them on their next visit. Participants stated how they never knew if they were going to have the same doctor treating them until they arrived at their appointment. This feeling of discomfort often impacted whether or not individuals would keep their medical

appointments. On the other hand, there were a good number of participants who had private insurance and thus never had this experience. However they had friends who experienced this very thing and commented that several of their friends had expressed the same sentiments regarding not having consistency in their care.

QUOTES

"welcoming people and very warm and you know open minded people" (Participants from every city)

"You know the first time that I actually thought about getting it done you know the people were just kind of very rude…, I'm already nervous enough and you just kind of really don't care. This is your job yes I know but you should take more pride in your job and just be more considerate…" (Houston participant)

"Common courtesy" (Participants from every city)

"…and it's a rotating of interns that go thorough that facility and you have to realize that this month here you might have this intern and the next month you have a different type of intern… then they're really not, you know not warm that I have, like I have at the setting with a private doctor…I refuse to go…" (Houston participant)

"I've heard too many bad things about it and its terrifying, I took a friend there and I know, it was scary. It was really scary…" (Houston participant)

"you have to be compassionate and love what you do because you know, sometimes some people just go to work just because it's a job and they need to pay bills, but you're dealing with someone's life, you're dealing with someone's state of mind, you're dealing with someone's future, past and present." (Houston participant)

"Just a warm friendly environment, I mean you're going into a place that you may be reluctant to enter anyway so I mean someone warm and friendly may you know ease some of that tension for us." (Houston participant)

"I don't mind waiting because I know you have to wait, but sometimes it can be excessive" (Houston participant)

"You can't personally have that one on one experience, it's just almost impossible that, you know how health care is nowadays." (Houston participant)

Other issues of importance

Participants were asked if there were any other issues they wished to discuss that were of importance to them as African American men

Several of the men indicated that poverty, homelessness, education and mental health were issues that concerned them. Additionally, there were participants who stated that finding gainful employment was a major concern. Others were concerned with affordable health and life insurance, while others mentioned other diseases like prostate and colon cancer as a major concern.

QUOTES

"Mental health…" (Dallas participant)

"Lack of unity." (Fort Worth participant)

"high blood pressure runs in my family, you know um, high blood pressure can affect your kidneys you know, diabetes can affect you kidneys. Um, like you said, there are other ways to die, you know, opposed to just being HIV positive…we've had a really significant amount of education being flooded, oh just strap a condom on, you know whatever but, there is a lot if issues that affect our community and I feel like if there is an awareness of it…I don't want to look up at 55, and say ok well, you have a gall bladder thing, how about you never checked on it, alright I have a cramp its just a hernia, no, you probably had prostate cancer you should of checked up on it, you know, we have a lot of issues that we just do not take an awareness of…" (Dallas participant)

"Um, and as a people, as a people and as gay men I think we shouldn't be afraid to see a psychologist or therapist because some of them sometimes they can actually help you work through situations where you can't go to your friends or to your family…" (Dallas participant)

"Yeah I would advocate for mental health too so, mental health, health insurance…" (Houston participant)

"To be specific, I don't want herpes; I don't want nothing I can't get rid of. I ain't trying to be funny but like he said, anything that's STD I don't want it, I don't want to be leaking, pussing, passing out and breaking out and none of that. That's my biggest concern." (Fort Worth participant)

"Education." (Houston participant)

"dealing with management of finances and actually, career establishment, and you know, things like that, truly getting to that place of actually having some sense of stability…" (Dallas participant)

IV. Conclusion

The data revealed that there is significant room for improvement in efforts to recruit and retain African American men who have sex with men (MSM) in HIV prevention interventions. The more salient issues that were exposed included that approaching men in typical "gay-identified" locations may not be the most effective for reaching this population, word-of-mouth and trust in the messenger can be powerful motivators, and mainstream media may be the best way to reach many men. The data clearly support the use of more technology based approaches including the internet, although there were pros and cons to its use. The men in our groups felt that men would be more likely to come to a program if it incorporated other health issues and were not "sold" as a HIV program. They also encouraged recruitment at more mainstream venues like barbershops.

The role of churches was a dominant theme throughout the groups. The data seemed to point to a role for churches in distribution of educational materials. Thoughts were expressed about the good that churches could do toward reducing stigma, but in the same sessions the role of the churches in maintaining stigma was discussed.

There was a strongly felt need for social support, whether the men were talking about what made it easier for them to continue participating in a prevention program to how they felt about the existence of a gay Black community in their city. The men said that the main things that kept them coming to a program were the supportive relationships they had established with the staff and the other participants and that they themselves got something out of participating. They did not like to see the small group session interventions end, just as they had developed a bond with the other participants. Their need for this bond was strong. Being personally motivated to change was also important to successful retention. These two factors are important messages to agencies planning on HIV prevention interventions – emphasize the social support, find a way to allow small groups to continue informally at least, and focus on interventions with components to increase motivation to change behaviors.

Of course, the men also wanted programs that were culturally relevant, convenient, and well organized. Stigma was seen as a barrier to recruitment, people being concerned as labeled as "gay" or suspected of being HIV positive.

The men were asked about the existence of an African American gay community in their cities. Dallas and Houston participants recognized a community of sorts but stressed that it was fractured by the presence of cliques that competed and did not collaborate. Several suggestions were made to bring the cliques together, primarily through social events; again the need for social support and a venue to meet other men as friends. Fort Worth respondents said that the majority of African American men who have sex with men were non-gay-identifying and so were not a community.

Men responded to the questions about what got them active in their community or active around HIV issues by saying that they got educated about the issues and had a peer role model who showed them how to get involved. They primarily got information about HIV

and STDs on the internet and were quite concerned about the younger men who they thought did not see HIV as such a serious problem and so did not feel the need to get educated.

Stigma, fear, and apathy came up as discussion topics again in the context of obstacles to seeking information. Men reported significant stress around being Black, gay, and men. The stigma and fear of HIV was just too much stress. Strong feelings of possible family rejection, violation of medical information privacy, and lack of support surfaced. Fear of knowing one's HIV status and also being seen in a HIV testing location were expressed. Apathy was demonstrated in the belief by some that HIV was not a threat to them. The ways to overcome these obstacles were education and normalizing information about HIV.

Much discussion revolved around the ideal of a one-stop location for medical, mental health, and social services assistance. Men did not want to go to the white community for these services; they wanted to feel comfortable and valued. They wanted satellite locations in their neighborhoods. At the same time they expressed concern about "being seen" in agencies identified with HIV.

It is clear from these discussions that a feeling of community, support of one's peers, and friendships and belonging are all highly valued by this population and should be incorporated in recruitment and retention efforts by HIV prevention agencies as well as taken into consideration in planning for expansion of HIV testing into routine medical care.

Acknowledgments

UT Southwestern Medical Center staff would like to thank the following individuals for their assistance and contributions during this study.

Special Thanks To

The Dallas Prevention Training Center
F.U.S.I.O.N. Center - Houston Texas
Health Education Learning Project (H.E.L.P) - Fort Worth Texas
Bread of Life - Houston Texas
AIDS Foundation Houston
The Texas Statewide Community Planning Group
Texas Department of State Health Services
Community Prevention and Intervention Unit Staff

Appendix A

Demographic Data

Demographics

Table 1. African American Males (N=47)

Age	
18-24	5
25-35	20
36+	20
Missing	2
Education	
< HS	2
High School Graduate	12
Some College	21
College Graduate	12
Race	
American Indian/Alaskan Native	-
African American	45
Asian or Pacific Islander	-
White	-
Other (Biracial)	2
Gender	
Male	47
Female	-
Sexual Orientation	
Heterosexual	5
Homosexual	39
Bisexual	2
Transgender	-
Missing	1
Currently have health insurance	
Yes	35
No	12
Been to a Dr in last 12 months	
Yes	43
No	4
Offered an HIV Test during Dr visit?	
Yes	29
No	17

Missing	1