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BGRG New Orleans Workgroup Report

Priority Recommendations for Consideration in the 2012 Black Gay Men's Research Agenda

This report is a brief summary of a 2-day working group meeting held in January 2012 in the process of updating the Black Gay Men's Research Agenda, first published in 2007.

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Brief Summary of the Black Gay Research Group (BGRG) Research Priorities
Workgroup meeting in New Orleans: January 2012

On January 17th and 18th, 2012 in New Orleans, Louisiana, key researchers and policy stakeholders met to review and discuss the research priorities laid out in the 2007 Black Gay Men’s Research Agenda with the aim of updating the agenda. The revised and expanded agenda will be used to inform policy decisions related to research, practice, and funding related to the lives of Black gay men (BGM) in the United States. Those gathered for the meeting included leaders and members from the Black Gay Research Group (BGRG) and the National Black Gay Men’s Advocacy Coalition (NBGMAC), as well as representatives from various other organizations and institutions who either conduct research or provide services to Black men who have sex with men (MSM). This document is a brief summary of the ideas and strategies generated from these meetings. A more extensive report in the form of a fully revised and updated Black Gay Men’s Research Agenda will be released in July, 2012 to coincide with the International AIDS Conference in Washington, DC.

Background

In 2007 the BGRG released its first research agenda to articulate and respond to the lack of direction nationally on the issues impacting the lives of BGM. The 2007 agenda called attention to the need for interdisciplinary research conceptualized and led by BGM scholars. The 2007 agenda also revealed the need for a comprehensive investigation of the effectiveness of the research currently being conducted on BGM. Beginning in January 2011, the BGRG commissioned a series of workshops conducted around the United States (Atlanta, Chicago, New York) to stimulate conversations regarding the need for paradigm shifts in the ways that research is conceptualized for and conducted on Black MSM. These conversations culminated in January 2012 in New Orleans where workgroups were convened over a 2-day period to review the 2007 research agenda in consideration of (1) all that was learned over the preceding 12-months and the current state of the knowledge regarding Black MSM and (2) the socio-political, historical, and relational environments (micro-, meso-, and macro-) in which they develop and experience both wellness and illness. The objective of this report is to briefly summarize the process and outcomes of work groups conducted in preparation for an update to the Research Agenda.
The Current State of Black Men

Black men have some of the worse health and social outcomes in the country when compared to any other racial subgroups of men. They suffer disproportionately with high rates of certain cancers (Prostate 226/100,000; Lung 95.1/100,000 and; Colorectal 62/100,000) and HIV/AIDS. In fact Black men have a 1 in 16 lifetime risk of acquiring HIV/AIDS and accounted for over 70% of all HIV cases in Blacks in 2009 (11,400). Between 2006 and 2009, the HIV incidence rate of young (age 13 -29) Black MSM increased by 48%, the highest among any segment other racial category group of MSM. Over one-third of Black men are considered obese (BMI >30%) and we also have a 50% lifetime risk of acquiring type II diabetes. Couple this with a 29% incidence of hypertension in Black men and the overall state of the health of black men is understandably one of concern. Black men have one of the lowest (47%) high school graduation rates (Schott Foundation for Public Education, 2012) and just over one-third of all Black men who start college ever graduate (American Council of Education, 2010; Journal of Blacks in Higher Education, 2007). In the United States the incarceration rate of Black men is six times that of White men (4,618/100,000 vs. 773/100,000 White male incarceration rate) and triple that of Hispanic men (Bureau of Justice Statistics, 2008).

Other health and social outcomes of Black men include early initiation of sexual activity (24.9% before age 13) with 39.4% reporting four or more sexual partners (Centers for Disease Control & Prevention [CDC], 2010). Finally Black men have the highest homicide rate in the country at 37.8% (CDC, 2011). The reasons for these disparate health and social outcomes are multilayered and are partially attributed to the daily micro-aggressions with which Black men have to contend. Micro-aggressions are brief and commonplace daily verbal, behavioral, or environmental indignities—whether intentional or unintentional—that communicate hostile, derogatory, or negative racial slights and insults toward people of other races (Geronimus, Hicke, Keene, & Bound, 2006). BGM are further impacted by the intersecting effects of racism, homophobia, and stigma making the need for a Black Gay Research Agenda even more important. Furthermore, while it is all too easy to find research evidence that points to issues that ail Black men and their communities, far less research attention is given to describing or understanding the assets of Black men and their communities in a diaspora context that is often hostile to their cultures, spiritualties, sexualities, and masculinities.
Methodology

Four interdisciplinary work groups, consisting of 65 BGM and our allies attending the 2012 Black Gay Research Summit, were conducted over a two day period (January 17-18, 2012). Participants represented national and international agencies, organizations, and academic institutions engaged in research/programs related to the lives of BGM and other Black MSM. Workgroup discussions were recorded, transcribed and subjected to summative analysis (Rapport, 2010). What follows in this brief report is a summary of the meeting and the major topical issues that emerged among those present. These sets of meetings were intended to solicit direct community input into the updated Black Gay Men’s Research Agenda.

Brief Results

Social Determinants, Cultural and Artistic Expressions, Research Methods, HIV/AIDS, and Other Health Issues, emerged as the five major topical areas around which the updated research agenda should be organized. Other substantive topics/issue such as incarceration, poverty, multicultural competency, and integrated care were also raised and will be incorporated with specific research recommendations related to them. Policy recommendations in each of the key topical areas were also suggested for inclusion in the Black Gay Men’s Research Agenda.

Brief Recommendations

What follows is a brief compilation of the topics and sub-topics which arose during the work group sessions. These were all seen as being priority research areas for BGM and will be expanded upon in the updated full version of the Research Agenda. It will be up to individual organizations, and institutions to prioritize the recommendations based on their area of focus/expertise or interest as this document, as well as the forthcoming updated research agenda is meant to provide guidance.

Social Determinants

- Identify which social determinants most influence Black gay men’s exposure to factors, states, and situations that increase their vulnerabilities to experiencing negative health and social outcomes, including identifying the physiological mechanisms by which these social issues impact on the health of BGM.
○ **Poverty**
  - Research with BGM should be considered within the broader contexts of poverty and material deprivation that characterize many (but not all) Black communities in the United States.
  - In what ways is the racialization of poverty and material deprivation structural (versus behavioral) and how can it be addressed through community and structural interventions?
  - What are the processes by which BGM develop resilience against poverty and/or the social impacts of poverty?
  - In what ways do the larger gay communities either mitigate or exacerbate the impacts of poverty on Black men within these communities?

○ **Incarceration**
  - What are the physical and psychological health effects of incarceration on BGM, including residual effects that may manifest during re-integration?
  - What factors (social, environmental, political, behavioral) affect the likelihood of incarceration for BGM?
  - What are the comparative rates of incarceration for BGM and heterosexual Black men?
  - How does incarceration and sex in prison affect inmates perceptions of same-sex attraction and homophobia, post custody?

○ **Violence** as a health disparity must be addressed among BGM
  - How is intimate partner violence (IPV) experienced within same-gender relationship contexts?
  - How do the criminal justice and social service systems, and Black community’s handling of IPV among BGM compare to how IPV is addressed in Black heterosexual relationship contexts?
  - What roles do the intolerance of gender identity diversity and gender non-conformity have in the perpetration of violence against BGM?
Other Social Determinants

- Social issues such as housing, education, employment, racism and homophobia also have to be considered in future research on BGM as these factors impact their health status as well as their social well-being.

Cultural & Artistic Expressions: There is a serious dearth of studies in the cultural and artistic fields that specifically focus on the lives of BGM. Recommended research areas and/or questions are:

- In what ways can and does art generate cultural phenomena in the lives of BGM?
- What is the reciprocal relationship between activism and art for BGM and the communities in which they live?
- What constitutes art for BGM?
  - What is the process by which certain forms of expression are considered to be art and others are excluded?
- How do societal expectations of body image and beauty influence BGM’s artistic expressions?
  - How do BGM make self-relevant artistic images more visible and market relevant?
- What is the comparative effectiveness of arts therapy with BGM when it is culturally reflective of Black communities versus gay (not necessarily Black) communities?

Research Methodologies: Traditional scientific paradigms have neither yielded the most optimal outcomes nor have they been able to accommodate the full breath of the multiplicities of phenomena that impacts the lives of BGM. Recommendations in this area seek to begin to address this issue.

- Develop research frames that are situate anti-racism and anti-oppression as central to the study design and implementation processes.
- Research methodologies must be culturally grounded and responsive to the lives of BGM.
- More research should focus on unmasking the politics of knowledge generation and dissemination, with particularly attention to risks of disempower of BGM’s communities.
➢ Research methods used should maintain responsible levels of diversity within the areas of
gender, class, and ethnicity, at all of levels of research
➢ Research methods should employ healthy levels of creativity and imaginative subversive
thinking.

**HIV/AIDS:** We are in a national state of crisis with regard to HIV/AIDS among Black MSM and
thus research in this area must be expedited to slow the rates of HIV/AIDS infection and
mortality. Research in this area must also address emerging bio-medical advances in HIV
primary and secondary prevention, with specific attention to the interests of BGM.
➢ What infrastructures are needed at testing sites to effectively link BGM to HIV care
services?
➢ Research should focus on the importance of mental health for BGM in the age of pre-
exposure prophylaxis (PrEP).
  o How can access to mental health services be facilitated for BGM at high-risk for
HIV/AIDS?
  o What are the efficacies of interventions aimed at reducing stigma associated with
the receipt mental healthcare services among BGM and other MSM in Black
communities?
➢ What systems changes are needed to ensure broad and unimpeded access to PrEP among
BGM and other Black MSM at high-risk for HIV infection?
  o What are the preferred access points for PrEP?
  o What are the barriers and facilitators PrEP utilization and related preventive care?
  o What are the most effective strategies for reducing PrEP stigma?
➢ How will the real-world availability of PrEP impact BGM’s utilization of other HIV
prevention technologies?
  o What will be the impact on condom use among BGM?
  o What are the most effective means for promoting BGM’s use of integrated
biomedical (PrEP) and behavioral (condom use) prevention strategies?
  o What are the long term physiological effects of PrEP on HIV negative BGM?
➢ What are the most effective strategies for recruiting and retaining BGM anal microbicide
trials (MTN 017)?
What is the efficacy of a structural level intervention(s) that organizes HIV/AIDS prevention for BGM within a broader sexual health framework that includes attention to, other sexually transmissible infections as well as gender and sexuality development?

What are the most effective ways for integrating local community-based organizations (CBO) into prevention structures that have greater emphasis on the implementation of bio-clinical intervention models, such as PrEP and HIV treatment as prevention?

- How do we include CBOs in the current medical care to be effective for BGM?

What processes are most effective for engaging faith based communities in HIV prevention for BGM, including their contributions to the development of primary and secondary prevention interventions?

Other Health Issues: There are also many other health issues that impact the lives of BGM and research is needed to address these areas as well. Some recommendations are:

- The normalization of health education for BGM
- The utilization and influence of alcohol and drugs in the lives of BGM
- Exploring the health protective factors of BGM (not just a deficit model approach)
- Self-esteem related to the health perceptions of BGM
- Black masculinity and its effect of the health of BGM
- Mental health and socialization elements that promote the use of mental health services among BGM
- Identifying ways of integrating educational curricula which support the development and pursuit of our healthiest selves
- Trauma reconciliation and other opportunities to promote optimal health within the communities where BGM’s lives are situated.
- What are the venues that support the physical fitness of BGM?
- What is the impact on how we socialize on the health of BGM?
- What is the impact of family dynamics on the health of BGM?
**Brief Policy Considerations:** Any research into the lives of BGM must be able to inform and influence health policy at local, state, and national levels on the issue(s) targeted by the research. Some health policy research recommendations are:

- Use results from health and social science research to inform education policy for BGM.
- Examine the response of science policy makers to the Institute of Medicine report that found National Institute of Health funding to be preferential to non-Black researchers.
  - Major policy adjustments are needed to remedy the entrenched bias in how research grants are allocated
- Fund social policy research which considers the challenges and opportunities to expand access to healthcare for all residents of the United States.
  - The impact of the Affordable Care Act (ACA) policies on the lives of BGM
- Examine the impact of social service policies on the lives of BGM.
- Develop healthcare and social service policies to better support aging BGM.
- Evaluate the impacts of the implementation of the National AIDS Strategy on the lives of BGM.
- Evaluate the impact of policies that promote civil rights equality (e.g., same-sex marriage) on the health and social well-being of BGM.

**Conclusion and Next Steps:**

The task of updating the BGRG research agenda has successfully begun and is well underway. The next steps in this process will be to complete the analysis of all of the data collected so that the priority areas are further refined. The updated research agenda, once complete, will provide guidance and policy recommendations on funding initiatives/planning activities of national, as well as international agencies involved in conducting research on the lives of Black gay men and other Black MSM. The final version of the Black Gay Men’s Research Agenda is scheduled for publication in July, 2012.
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